

Trust name	Number of current staff bank employees*	Current staff bank employees* in post for longer than...			*: excluding those who hold substantive posts
		1 year	3 years	5 years	
University Hospitals Bristol NHS Foundation Trust	1660	897	345	161	

Standard Operating Procedure

TEMPORARY STAFFING BUREAU

SETTING	Trustwide
FOR STAFF	All areas requiring Temporary Staff.
ISSUE	To clarify processes and procedures for Temporary Staff within the Trust

Standard Operating Procedure (SOP)

The function of the Temporary Staffing Bureau (TSB) is to provide short term staffing solutions across the University Hospitals Bristol NHS Foundation Trust.

The largest staff group is Nursing and Midwifery, however the TSB also provide:

- Administrative and Clerical
- Allied Healthcare Professionals
- Interpreters
- Ancillary staff
- Agency doctors and dentists

The staff that undertake temporary work can either be either

- substantive post holders who volunteer to work additional hours or
- staff employed solely with the TSB on a zero hours contract with no mutuality of obligation to either be offered work or to seek to work.

This Standard Operating Procedure will set out clear guidance and principles which are based on the principles and recommendations within this paper and include:

- Processes for recruiting and eligibility criteria for TSB staff
- Procedure for requesting temporary employees
- Processes for temporary workers to seek work with the TSB
- Procedures for cancelling of shifts or assignments
- Processes and safeguards to ensure accuracy of recording, payment and audit of the use of temporary staff
- Procedures for the reporting and management of complaints, poor performance and misconduct of TSB staff.

The guidance within this document is not exhaustive and for any issue or circumstance which is not covered please contact a member of the TSB Management team for clarification.

This Standard Operating Procedure must be adhered to at all times unless explicit instructions have been issued at Executive Director level authorisation.

It is important to note that non-agency Medical Staffing are not currently covered within this document

1. Purpose and Scope

- 1.1 The key principle for the use of temporary staffing must be to fill a gap in staffing levels created by a vacancy, short term sickness, and increases in workload including extra capacity beds or to provide specific or special care to a patient i.e. when a patient may be at risk of harm or be a risk to others.

- 1.2 As a general guide these shortfalls in staffing levels will be within the total funded establishment for that location except when additional needs have been identified i.e. extra capacity beds or patients who require specialist care.
- 1.3 Temporary staff shall not be used to fill longer term gaps in staffing such as long term sickness, Maternity leave or annual leave unless this has been authorised by Head of Nursing/ Divisional Manager in exceptional circumstances, i.e. when staffing levels would be dangerously low and patient care would be compromised.
- 1.4 All requests for temporary staff must be authorised by the Ward/Department Manager. Exceptions to this would be for critical or short notice requests when all other options have been explored. Authorisation will be given by the Matron (or Clinical Site Manager out of hours).
- 1.5 Use of Agency staff should be avoided wherever possible. Decision to go to Framework agencies must be authorised by a Matron. Non-framework requests must be authorised by Chief Nurse or deputy.
- 1.6 Any assignment or shift booked with the TSB cannot be less than 2 hours in duration; neither must bookings exceed 12 weeks. All assignments should be reviewed at a minimum of every 4 weeks by the department head to ensure that the assignment is still required and that fixed term contracts are considered when appropriate.
- 1.7 It is expected that Bank only staff work at least 2 shifts per 3 month period in order to stay active on the Bank. Reports are compiled quarterly regarding hours worked by Bank only staff. Failure to show regular work patterns may result in removal from the Bank.

2. RECRUITMENT AND ELIGIBILITY TO WORK

- 2.1 All recruitment to the TSB must be administered by the Resourcing Team and in compliance with the Trust Recruitment Policy. The recruitment process will be the primary responsibility of the Resourcing Team, however for recruitment to specific or specialist staff groups, the recruiting manager will be responsible for adherence to the Trust Recruitment Policy and with the full knowledge of the Resourcing Team and the TSB.
- 2.2 All newly appointed staff will receive an offer letter from the Resourcing Team which will give details of the post and how to proceed to Induction, appointment and registration with the TSB.
- 2.3 All staff appointed solely as TSB employees must attend the Trust Induction programme prior to commencement of work. The DoH "Code of Practice" states that all temporary staff are subject to the same requirements in respect of quality and clinical governance as permanent staff.
- 2.4 All TSB pay rates are set at fixed spine points on the Agenda for Change pay scale which is an agreed local rate of pay. All temporary staff will be paid at the Band of the requested assignment and not the Band of the member of staff filling this assignment, i.e. a Band 6 may take a Band 5 assignment and will be paid at a Band 5 rate.
- 2.5 Pay rates for a Band 5 are at two spine points.
Band 5A: This Band will be assigned to a Registered Nurse with **up to 4 years** post registration experience.
Band 5B: This Band will be assigned to a Registered Nurse who **has 4+ years** post registration experience.
Compliance will be subject to review of candidates CV's to prove continuous service as a registered nurse.
- 2.6 Substantive staff who wish to have an additional assignment with the TSB may do so when they

have worked in their substantive post for **3+ months**. A Manager may decide to allow a new member of staff to do additional hours in their own department prior to the three-month limit; however this should be discussed with the TSB Manager to ensure that the staff member is limited to that area. There must be no unresolved competence or conduct issues with staff wishing to join or transfer to the TSB.

For substantive domestic staff: Must have completed 3 months' probation period and completed all of the required competencies and achieved food level 2 certificate.

- 2.7 Substantive staff who are leaving their post but would like to remain on bank need to apply for reappointment during their notice period. This process must be completed before their termination date of their substantive role. Failure to apply for reappointment within this timeframe will require a full application process for new staff.
- 2.8 All staff are expected to comply with the Working Time Directive. Staff who sign the 'opt out' form and choose to work in excess of the 48 hour limit may be restricted if there are concerns about the individual's health or ability to perform their role effectively. This will be discussed with the individual and Occupational Health advice may be sought. Staff must also declare if they are working additional hours for another employer.
- 2.9 All Agencies must provide documents for approval by the TSB manager prior to placement at the Trust. Once cleared to work, documents will be saved on the shared drive for the Allocations staff to check clearance if required.

3. PROCEDURES FOR REQUESTING TEMPORARY STAFF

- 3.1 All requests for temporary staff must be made using the correct booking process for that staff group.

For Nursing and Midwifery, Allied Health Professionals and Ancillary Staff : Bookings are made via Health Roster facility.

For A&C and Interpreter staff, - booking form to be completed. (on HR Web)

- 3.2 All planned N&M requests should be made as soon as possible in advance of the assignment or shift to allow optimum time for allocation.

It is possible for a manager to nominate an individual to work the shift or assignment; however it is the responsibility of the requestor to ensure that the individual nominated does not have any conflict such as a rostered shift or assignment elsewhere in the Trust, which would prevent the allocation of that individual into the assignment.

- 3.3 Requests made with less than 24 hours' notice are critical unplanned shifts. Shifts need to be uploaded into system by the manager as per normal requests but in addition should be made by direct phone contact with the TSB or via the duty Matron.
- 3.4 Requests for temporary staffing can only be made by an authorised person within the department or a designated deputy. The individual manager for each area must take ultimate accountability for all temporary staff requests. When a critical request is required, authorisation must be given by Matron (or Clinical Site Manager out of hours). All use of temporary staff will be monitored by the TSB and monthly reports will be reviewed at Board level.
- 3.5 All critical requests made outside of TSB office opening hours must be made through the Clinical Site Team. Non critical requests should wait until the next TSB office operating time.
- 3.6 Requests for 1:1 or RMN shifts must be authorised by the duty Matron (or Clinical Site Manager

out of hours).

4. BOOKING OF SHIFTS

- 4.1 Staff may book shifts by either nominating themselves for a shift via Employee On Line (EOL) or calling the TSB call centre.
- 4.2 Staff are also able to post their availability by accessing their account on EOL. TSB Allocation staff will contact the employee if they are required.
- 4.3 All Temporary staff will be contacted either via SMS text or e-mail if there are any shifts that remained unfilled 7 days in advance.
- 4.4 The TSB team will review unfilled shifts one week prior to shift date in order for focused booking to be achieved.

5. CANCELLING AND NON ATTENDANCE

- 5.1 The principles of temporary staffing are to fill shortfalls in expected staffing levels or to provide additional support when deemed appropriate i.e. for patient safety or extra capacity requirements. It is recognised that staffing requirements may change at short notice therefore shifts or assignments may be cancelled up to two hours before commencement of the shift with no penalty incurred providing the shift is being cancelled because of changes in workload/clinical need.

It will not be possible to cancel staff to accommodate another member of staff into that shift unless the original member of staff can be redeployed elsewhere and/or there is a valid reason for making the change. Reasons for cancellation will need to be given and will be audited by the TSB.

- 5.2 Any shift cancelled with less than two hours' notice will incur a charge being made against the location to compensate the member of staff if the TSB are not able to re-allocate the member. The normal rate of compensation will be for the first two hours of the shift.
- 5.3 Agency shifts can be cancelled up to two hours prior to commencement of the shift with no penalty incurred for Framework Agencies. However, if a Framework Agency Nurse arrives for the shift and is then sent away the Agency is entitled to charge for the first 4 hours of the shift. If the nurse has commenced the shift, then the total shift will be charged to the location.

Agencies not on the BBW Framework may charge a cancellation fee or charge for the first 4 hours of the shift. The Trust has no right of redress as there is no Service Level Agreement with these Agencies.

- 5.4 TSB employees may cancel their shift/assignment in advance of 2 days. This will be monitored by the TSB and staff will be asked for the reason for the cancellation. Should it become apparent that an individual is persistently cancelling shifts, they will be invited in to discuss their reliability with the TSB manager or deputy.

Shifts cancelled with less than 2 days' notice will be monitored and persistent offenders may have restrictions placed upon them. Continued unreliability by a member of the TSB staff may result in disciplinary action or removal from the TSB.

- 5.5 The TSB office must be notified immediately of any non-attendance by a TSB employee or agency staff member. This must be done by telephoning the TSB office at the earliest opportunity so every effort to replace the individual. A 'issues form' will be logged for audit and monitoring purposes.

6. COUNTER FRAUD MEASURES AND AUDIT PROCESSES

- 6.1 Where applicable Timesheets must be received by 09.00hrs each Thursday to be processed for payment the following Thursday unless: there is a discrepancy with the information, the time sheet has not been completed correctly, or we have no record of the shift. Time sheets which cannot be verified will be returned either to the department or the individual depending on the reason.
- 6.2 All shifts worked as a temporary assignment must be finalised on Health Roster Department within 3 days of the shift. Staff may check that their shift has been finalised by logging into their account on EOL. It is the responsibility of the individual finalising the shift to check the accuracy of the information prior to approval.
- 6.3 Time sheets must never be signed retrospectively and never by staff who were not present for the shift. Authorisers must be able to account for the time claimed for unless by agreement with the TSB Manager and Departmental Head.
- 6.4 For Allied Health Professionals and Ancillary staff: - All assignments carried out by external agencies must be recorded on the Health Roster system and it will be the responsibility of the Manager to provide this information to the TSB.
- 6.5 For Nursing and Midwifery and Admin and Clerical: - All agency use must be booked through the TSB, failure to do this will result in none or late payment of invoices.
- 6.6 All queries relating to payment for temporary assignments must be made to the TSB in the first instance during office hours (8am-5pm Mon-Fri). Pay queries outside of this time cannot be dealt with.

7. PROCEDURES FOR DEALING WITH COMPLAINTS, COMPETENCE, CONDUCT AND INCIDENTS INVOLVING TSB STAFF

- 7.1 It is best practice to discuss at the time, any issue or concerns relating to a member of staff supplied by the TSB, and to follow this up with a written summary of the issue and actions, a copy of which needs to be sent to the TSB.
- 7.2 All complaints or issues which cannot be addressed or resolved at the time must be reported to the TSB at the earliest opportunity and followed up with a written summary within 24 hours of the incident.
- 7.3 The TSB will acknowledge receipt of any written complaint within 24 hours of normal operating times (excluding weekends and Bank Holidays). Complainants can expect a resolution to their complaint within 5 working days unless this escalates under the Trust Disciplinary Policy or further investigation is required.
- 7.4 Where a substantive member of staff is involved, the individual's line manager will be informed. The Line manager should also consider informing TSB if a member of their staff is undergoing performance management, as restrictions may need to be in place for any TSB work they may undertake.
- 7.5 Any member of the TSB staff involved in an incident on site that may have caused any degree of harm to a patient, member of the public or the staff member must be reported to the TSB manager. Datix report must be completed for investigation to be undertaken.
- 7.6 TSB staff have the same rights of employment as all other staff and as such are subject to the same terms and conditions in relation to policies, processes or procedures. However, when it is necessary to prevent an individual from working temporary assignments and because there is a mutuality of no obligation to accept or offer work, this will not be considered as a suspension

under the Trust Policy.

- 7.7 TSB staff who have concerns should raise these with the ward or department at the time and follow this up by informing the TSB at the earliest opportunity. Any issues which cannot be resolved must be put in writing to the TSB Manager for further action. The same time frame of 24 hours should be followed.
- 7.8 Failure of any party to provide written details of complaints or issues may seriously hinder the ability of the TSB to make a full and thorough investigation.

8. TRAINING AND INDUCTION

- 8.1 Staff employed solely as TSB staff must attend induction training prior to commencement of work.
- 8.2 Primary TSB staff may have other training supported, if applicable to their place of work. This will need to be approved by the TSB manager prior to undertaking the training.
- 8.3 Primary TSB staff must take responsibility to keep their essential training up to date at all times. They must access their Kallidus account regularly to check when this training is due. Failure to keep up to date with essential training will result in staff being blocked from booking shifts until the training is complete.
- 8.4 All staff employed by the TSB will have the opportunity to request an annual appraisal. For staff whose primary employer may be another NHS Trust, this can be a postal appraisal. All training and development needs will be identified and discussed through the appraisal process.

RELATED DOCUMENTS	Temporary Staffing SOP for Health Roster
SAFETY	Ensure provision of competent Temporary Staff to all clinical areas.
QUERIES	Contact the TSB on Ext 22265 for query or guidance. Contact [REDACTED] for staff management issues/complaints.