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		Status: Ratified
Target Audience: Trust Wide		Divisional and Department: Clinical Governance and Quality
Author / Originator and Job Title: Tracy Burrell, Assistant Director of Nursing and Quality Natalie Hill, Non-Medical Workforce Bench and E-rostering Manager		Risk Assessment: Not Applicable
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<i>Review dates and version numbers may alter if any significant changes are made</i>		Review Date: 01/11/2019

Blackpool Teaching Hospitals NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that they are not placed at a disadvantage over others. The Equality Impact Assessment Tool is designed to help you consider the needs and assess the impact of your policy in the final Appendix.

CONTENTS

1	Purpose.....	3
2	Target Audience	3
3	pOLICY.....	4
3.1	Workforce Planning.....	4
3.2	Responsibilities	4
3.2.1	Manager	4
3.2.2	Resourcing and Contracts team	5
3.2.3	Executive Director (or nominated Deputy)	5
3.3	Principles of Engaging a Temporary Worker.....	5
3.3.1	Qualified and unqualified Nursing, AHP and medical staff.....	6
3.3.2	Administrative staff	7
3.4	Mandatory and Statutory Training	7
3.4.1	Trust Bench Workers / Internal Locums engaged on a contract for service....	7
3.4.2	Bench Only Workers.....	7
3.4.3	Agency Workers	7
3.5	Quality and Safety.....	8
3.5.1	NHS Employment Checks	8
3.6	Local Induction for Temporary Workers	8
3.7	Working Time Regulations	9
3.8	Complaints	9
3.8.1	Nursing/AHP/Admin Bench Only workers.....	9
3.8.2	Agency Workers booked through the Managed Service provider	9
3.8.3	Medical Locums (all).....	9
3.9	Review	9
3.10	Suspicion of fraudulent activity.....	10
4	Attachments	10
5	Procedural Document Storage (Hard and Electronic Copies)	10
6	Locations this Document Issued to.....	10
7	Other Relevant / Associated Documents.....	10
8	Supporting References / Evidence Based Documents.....	10
9	Consultation / Acknowledgements with Staff, Peers, Patients and the Public	11
10	Definitions / Glossary of Terms	11
11	Author / Divisional / Directorate Manager Approval.....	11
	Appendix 1: Placement Feedback Form	12
	Appendix 2a: Bench Authorisation Process - Temporary Staffing Decision tree – Bench Authorisation Process for Hospital Settings.....	13
	Appendix 2b: Bench Authorisation Process - Temporary Staffing Decision tree – Bench Authorisation Process for Community Settings	14
	Appendix 3: Booking Request Form	15
	Appendix 4: Bench Authorisation Process	16
	Appendix 5a: Engagement of Temporary Workers process (Medics).....	17
	Appendix 5b: Engagement of Temporary Workers process (AHPs)	18
	Appendix 5c: Engagement of Temporary Workers process (Nursing)	19
	Appendix 6: Equality Impact Assessment Form.....	20

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/566
Revision No: 1	Next Review Date: 01/11/2019	Title: Policy for the Engagement and Use of Temporary Workers including Medical Locums
Do you have the up to date version? See the intranet for the latest version		

1 PURPOSE

The Trust needs to call on reliable temporary workers, often at short notice, to cover shortfalls in core staffing and to maintain service provision.

A temporary worker is an individual who is engaged by the Trust to meet a short term demand by the service which cannot be covered by core staff and is likely to be unforeseen e.g. sickness absence, and therefore, could not be met by good workforce planning.

Temporary workers may also be required at times to meet a need to cover additional work for a short period of time or to provide cover for longer term absences, such as covering job vacancies undergoing a recruitment process. This policy outlines the use of temporary workers and should be read in conjunction with the Trust's Recruitment and Selection Policy (Ref CORP/POL/532) Equality and Diversity in Employment Policy (Ref CORP/POL/206) and Corporate Bench Registration, Management and Use Policy – Non-Medical Workforce (Ref CORP/POL/565).

2 TARGET AUDIENCE

This policy aims to ensure that the Trust uses and manages its Temporary Workforce in a consistent manner which is in line with Employment legislations and Trust policies and procedures. This policy governs the engagement arrangements for all temporary and agency workers booked through the Trust's temporary staffing providers. These are currently NHS Professionals, bench workers who contract their services to the Trust (contractors / consultants) and medical locums.

The purpose of this policy is to provide clear information for the engagement and use of temporary workers and 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, Trust and local policies and procedures and employment legislation. This policy is intended to:

- Minimise agency and other temporary staffing costs.
- Ensure that the health, safety and welfare of service users is not compromised by ensuring appropriate NHS Employment Checks are undertaken for each temporary worker.
- Ensure that the Trust complies with current employment law.
- Meet current Care Quality Commission (CQC) and NHS Litigation Authority (NHSLA) standards.
- To harmonise and provide fair and transparent temporary staffing arrangements.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/566
Revision No: 1	Next Review Date: 01/11/2019	Title: Policy for the Engagement and Use of Temporary Workers including Medical Locums
<i>Do you have the up to date version? See the intranet for the latest version</i>		

3 POLICY

3.1 Workforce Planning

Poor departmental workforce planning and rostering, Recruitment challenges, patient acuity needs to safely manage patient care and increased escalation needs can all be contributory factors to an increased need for temporary workers. This is not an exclusive list. Managers should have an understanding of the work patterns and preferences of substantive workers to give an indication of when potential staff shortages might occur.

Careful identification of service activity and demands will help the service area / department predict where and when the need for staff will occur, allowing shifts to be filled and activities covered with the flexible use of substantive staff within contracted hours.

There has to be a justification for requesting a temporary worker, which can include:

- A risk to patient safety that will impact on attaining Trust targets / quality goals.
- Adverse effects on the health and safety of staff.
- Temporary increase in activity to meet e.g. project milestone.
- There is a fully funded vacant post and the work cannot be covered from within the existing workforce.

Temporary resources should not be engaged to cover planned annual leave, study leave or additional workloads as existing resources should be organised to cover these periods. A number of options can be promoted amongst substantive staff where appropriate to meet service needs.

3.2 Responsibilities

3.2.1 Manager

- Ensure plans are in place to reduce the need for temporary workers i.e. workforce plans, robust annual leave and absence management systems in place.
- Ensure all necessary checks have been undertaken to comply with the NHS Employment checks.
- Ensure all agency and bench workers receive a local induction (see Corporate and Local Induction Policy ref: CORP/POL/045).
- Monitor the performance of agency and bench workers and deal with concerns appropriately.
- Adhere to the 'Engagement of Temporary Workers' process (ref Appendix 5) and ensure appropriate approvals have been gained prior to making a booking i.e. budget holder, Divisional Financial Manager, Deputy Director of Operations / Assistant Director of Nursing (Nursing and Allied Healthcare Professionals (AHP) only) and Director of Operations (Medics only).
- Verify and authorise timesheets in line with authorised signatory arrangement.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/566
Revision No: 1	Next Review Date: 01/11/2019	Title: Policy for the Engagement and Use of Temporary Workers including Medical Locums
<i>Do you have the up to date version? See the intranet for the latest version</i>		

- Advise the Resourcing and Contracts team of new bench workers and provide information required for the drawing up of terms of engagement.
- Ensure leaving processes are appropriately managed, ensuring equipment and ID are returned, exit report completed (if appropriate) and Information, Communication and Technology (ICT) accesses are revoked.
- Responsible for completing feedback forms on Medical Agency Locums to both the agency provider and/or Trust Revalidation Team (Appendix 1 for Placement Feedback Form).
- Responsible for ensuring the bench worker undertakes or has undertaken mandatory / statutory training relevant to the role / placement.

3.2.2 Resourcing and Contracts team

- Provide advice on the use and engagement of temporary workers.
- Carry out the initial and on-going annual audits on agencies to ensure compliance with the NHS Employment Checks and training requirements.
- Conduct pre-employment checks for bench workers, issue statements of engagement and maintain record of signed statements of engagement.

3.2.3 Executive Director (or nominated Deputy)

- Director of Operations to provide approval for all medical requests in line with 'Engagement of Temporary Workers' process (ref Appendix 5).
- Provide authorisation for all agency requests above £5,000.
- Provide approval for the agency booking process if the requirement is for in excess of three months OR rate is in excess of framework agreement OR agency provider is not on the Trust approved framework.

3.3 Principles of Engaging a Temporary Worker

- Effective workforce planning allows managers to identify and book available shifts at an early stage. This provides the Managed Service provider, with notice to secure suitably skilled agency workers from their supply chain for the booking and avoids the Trust having to resort to a more expensive option. Good planning and submission of requests 3-4 weeks in advance support managers in making savings on their temporary staffing spend.
- Agency and bench workers should only be used on a short term basis. For shortfalls of six months or more e.g. to cover maternity leave / to cover a specific piece of work / project managers must advertise a fixed term appointment/secondment by following the recruitment process in line with the Trust's Recruitment and Selection Procedure. Any such appointment will be subject to the approval of the vacancy control process.
- Use of temporary workers (including, where essential, overtime) will be carefully monitored at Executive Director level. Managers are responsible for efficient

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/566
Revision No: 1	Next Review Date: 01/11/2019	Title: Policy for the Engagement and Use of Temporary Workers including Medical Locums
<i>Do you have the up to date version? See the intranet for the latest version</i>		

workforce planning to control / minimise temporary staffing spend and for providing reports as required.

- Managers should make every effort to ensure that there is a satisfactory skill mix among qualified / unqualified and substantive/temporary staff. Temporary workers may not have received the same level of training as substantive staff.

3.3.1 Qualified and unqualified Nursing, AHP and medical staff

3.3.1.1 Nursing & AHP Bench / Internal Medical Locums

- Any nursing or AHP staff employed by the Trust wishing to work occasional additional shifts / work are required to do so via the Trust Corporate Bench and be signed up to Trust's Bench Register. (CORP/POL/565). Medical staff follow a separate process as they currently use a stand-alone rostering system.
- It is important that requirements are registered through the Health Roster (for non-medical workforce) as soon as they are identified giving a minimum of 3-4 weeks' notice wherever possible. This will give the Corporate Bench Co-ordinator a better chance of meeting demand from its supply of bench workers without having to resort to a more costly agency fill.
- The provider will endeavour to fill shifts from within its own temporary workforce or, where this is not possible, place unfilled posts with the Trust's Managed Service provider which ensures compliance with Trust Clinical and Corporate Governance standards and manages agency providers which are on the Trust approved list and where preferential rates have been negotiated.
- Only authorised staff can book temporary workers and sign off timesheets.

3.3.1.2 Nursing, AHP and Medical Agency

- All nursing and AHP temporary staffing requirements must be passed to the Corporate Bench (Nursing ~& AHP) or Rota Coordinators (Medics) in the first instance, following the Bench Authorisation Process (Appendix 2).
- Nursing and AHP shifts that cannot be filled by bench staff within 72 hours of the shift commencing, will be highlighted on Health Roster as vacant shifts. Within the community setting the ALTC Bench will highlight this via a separate process through the professional line management structure. The divisional management team would then highlight this to the Associate / Assistant Director of Nursing (ADoN) / Head of Service in division who will review their staffing requirements and authorise in writing the use of agency.
- Nursing and AHP shifts requiring agency workers will then be requested by the relevant appointed person in division.
- All nursing and medical agency workers must be channelled through the Trust's Managed Service provider, through completion of an approved Agency Booking Request form (Appendix 3) The Onsite service provider team will post the requirement onto Envoy system to ensure automatic vend to the Supply Chain.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/566
Revision No: 1	Next Review Date: 01/11/2019	Title: Policy for the Engagement and Use of Temporary Workers including Medical Locums
<i>Do you have the up to date version? See the intranet for the latest version</i>		

- Direct bookings agreed between managers and agency providers OR are outside of the Managed Service supply chain will be avoided at all costs.
- Exceptionally, if a direct booking is made, approval must be obtained from an Executive Director and Purchase Order raised immediately. No invoice will be paid to an agency provider outside of the Managed Service supply chain without a purchase order reference number.

3.3.2 Administrative staff

- Administrative and Clerical agency workers must be booked through the Trust's approved supplier with which the Trust has a service level agreement.
- Temporary Administrative Bench staff will be incorporated onto the Corporate Bench as and when demand for this is identified by BTH finance and the e-rostering and Corporate Bench manager.

3.4 Mandatory and Statutory Training

In order to comply with the Care Quality Commission (CQC) and NHSLA standards, the Trust is required to ensure that all temporary workers including medical locums undertake mandatory and statutory training relevant to their role / placement.

3.4.1 Trust Bench Workers / Internal Locums engaged on a contract for service

Trust Bench Workers / Internal Locums engaged on a contract of service complete mandatory and statutory training relevant to their role as part of the Corporate Induction.

3.4.2 Bench Only Workers

Bench Only Workers complete mandatory and statutory training relevant to their role in line with CQC and NHSLA requirements as part of the appointment process. Mandatory and statutory training is monitored on an on-going basis and a booking cannot be made if any mandatory and statutory training is out of date.

3.4.3 Agency Workers

Agencies supplying temporary workers to the Trust must deliver mandatory and statutory training. The Resourcing and Contracts team writes to all Trust approved agencies on an annual basis requesting evidence that all pre- and post- employment checks and required mandatory and statutory training is being provided.

Identity checks should be carried out prior to allowing any individual to commence any form of work within the Trust. Photographic evidence of identity must be provided in line with the requirements of the NHS Employers pre-employment checking standards and a copy of the evidence must be retained on the recruitment file

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/566
Revision No: 1	Next Review Date: 01/11/2019	Title: Policy for the Engagement and Use of Temporary Workers including Medical Locums
<i>Do you have the up to date version? See the intranet for the latest version</i>		

3.5 Quality and Safety

- Quality and safety must be a priority when services choose to engage temporary workers. Poor performance of agency workers must be reported using the relevant service provider 'Incident / Events Reporting Policy for Managed Services'.
- For those temporary workers employed through the managed service provider Managed Service supply chain or other employment agencies it would be their organisation's policies and procedures which apply.
- Trust Policies apply to Bench workers / Internal Locums who also have a contract of employment with the Trust.
- Concerns relating to Nursing and AHP Bench Only workers will be handled using the Trust's Corporate Bench Registration, Management and Use Policy (Ref CORP/POL/565).

3.5.1 NHS Employment Checks

All temporary workers must be appointed in line with the NHS Employment Check Standards. These standards outline the legal and mandatory checks that all NHS employers must carry out for the appointment and on-going employment of all individuals in the NHS. The Trust will need to evidence its compliance with these standards as part of the Care Quality Commission's (CQC) Annual Health Check.

The 6 NHS Employment Check Standards are as follows:

- Verification of identity.
- Confirmation that the worker has the right to work in the UK in the capacity for which they are engaged.
- Registration with the regulatory body and qualifications check.
- Two written references and employment history check.
- Occupational Health Assessment.
- DBS (Disclosure and Barring) check, as appropriate.

3.6 Local Induction for Temporary Workers

In order to comply with the CQC and NHSLA standards, the Trust is required to provide a workplace induction for all temporary workers. The local induction should be completed on the first working day and if this is not possible it must be undertaken within the first week of the placement.

It is the responsibility of the line manager to ensure that all temporary workers, agency or locum staff are adequately inducted to the unit, whether they are working for a day or for a longer period of time (see Corporate and Local Induction Policy). This will ensure that all staff working within the Trust are briefed about basic health and safety and emergency issues.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/566
Revision No: 1	Next Review Date: 01/11/2019	Title: Policy for the Engagement and Use of Temporary Workers including Medical Locums
<i>Do you have the up to date version? See the intranet for the latest version</i>		

3.7 Working Time Regulations

All temporary workers are subject to the Working Time Regulations. Therefore, all working hours must be declared regardless of where the hours are worked or with which employer.

The Working Time Regulations apply to all temporary workers including:

- 11-hour rest break between shifts.
- All staff working a 6 hour shift / day or longer are required by the Working Time Regulations to take a minimum 20 minutes unpaid break during the working period, and should **not** be taken at either the beginning or end of the working day. Longer breaks may be agreed locally with the line manager.
- The e-Rostering and Corporate Bench Manager / Bench Co-ordinator will monitor hours worked for staff groups enrolled onto the Corporate Bench (non-medical workforce) and Rota Co-ordinators will monitor for Internal Locums.

3.8 Complaints

All complaints relating to temporary workers must be reported and acted upon as follows:

3.8.1 Nursing/AHP/Admin Bench Only workers

Day to day management issues should be addressed through line management in accordance with the Trust's Corporate Bench Registration, Management and Use Policy (Ref CORP/POL/565).

3.8.2 Agency Workers booked through the Managed Service provider

Complaints must be taken up with the managed service provider in line with their 'Incident / Events Reporting Policy for Managed Services'

The service provider must be informed by completing and emailing an incident / event form – currently to MSEventreporting@medacs.com .

3.8.3 Medical Locums (all)

All concerns relating to a medical locum (agency and Trust employer) must be submitted using the Placement feedback form to the Trust's Revalidation Team (ref Appendix 1). If the medic is an agency locum, the Trust's Revalidation Team will ensure the Managed Service provider or agency supplier is informed.

3.9 Review

This policy will be reviewed 6 months' time from the date of implementation, or earlier if required in light of changes in the law or service needs.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/566
Revision No: 1	Next Review Date: 01/11/2019	Title: Policy for the Engagement and Use of Temporary Workers including Medical Locums
<i>Do you have the up to date version? See the intranet for the latest version</i>		

3.10 Suspicion of fraudulent activity

Any suspicion of fraudulent activity will be referred to the Trust's Counter Fraud Specialist for investigation, in accordance to the Trust's Counter Fraud and Corruption Policy.

4 ATTACHMENTS	
Appendix Number	Title
1	Placement Feedback Form
2	Bench Authorisation Process - Temporary Staffing Decision Tree – Bench Authorisation Process For Hospital Settings
2b	Bench Authorisation Process - Temporary Staffing Decision Tree – Bench Authorisation Process For Community Settings
3	Booking Request Form
4	Bench Authorisation Process
5a	Engagement Of Temporary Workers Process (Medics)
5b	Engagement Of Temporary Workers Process (Ahps)
5c	Engagement Of Temporary Workers Process (Nursing)
	Equality Impact Assessment Form

5 PROCEDURAL DOCUMENT STORAGE (HARD AND ELECTRONIC COPIES)
Electronic Database for Procedural Documents
Held by Procedural Document and Leaflet Coordinator

6 LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	Location	Date Issued
1	Intranet	22/11/2016
2	Wards, Departments and Service	22/11/2016

7 OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
CORP/POL/045	Corporate and Local Induction http://fcsharepoint/trustdocuments/Documents/CORP-POL-045.docx
CORP/POL/206	Equality and Diversity http://fcsharepoint/trustdocuments/Documents/CORP-POL-206.docx
CORP/POL/532	Recruitment and Selection http://fcsharepoint/trustdocuments/Documents/CORP-POL-532.docx
CORP/POL/221	Working Time Directive Policy http://fcsharepoint/trustdocuments/CORP-POL-221
CORP/POL/565	Corporate Bench Registration, Management and Use Policy – Non-Medical Workforce

8 SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS
References In Full


Blackpool Teaching Hospitals NHS Foundation Trust	ID No. CORP/POL/566
Revision No: 1	Next Review Date: 01/11/2019
Title: Policy for the Engagement and Use of Temporary Workers including Medical Locums	
Do you have the up to date version? See the intranet for the latest version	

9 CONSULTATION / ACKNOWLEDGEMENTS WITH STAFF, PEERS, PATIENTS AND THE PUBLIC		
Name	Designation	Date Response Received
	ADoN's	
	DDOP's	
	ADoFinance	
	Director of Nursing	
	Director of HR	
	Director of Finance	

10 DEFINITIONS / GLOSSARY OF TERMS	
ADoN	Associate / Assistant Director of Nursing
AHP	Allied Healthcare Professionals
CQC	Care Quality Commission
DBS	Disclosure and Barring
ICT	Information, Communication and Technology
NHSLA	NHS Litigation Authority
NI	National Insurance

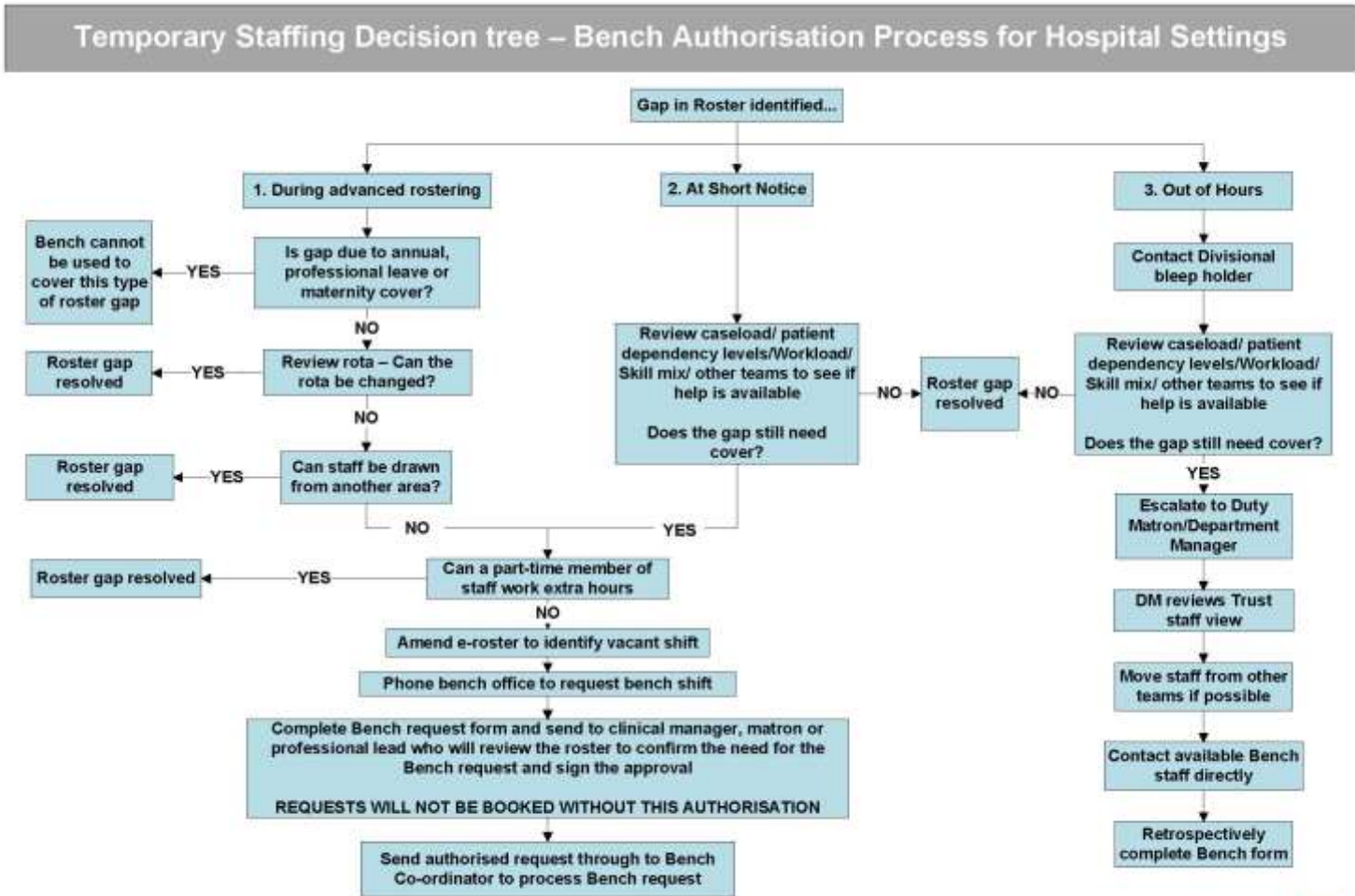
11 AUTHOR / DIVISIONAL / DIRECTORATE MANAGER APPROVAL			
Issued By	Tracy Burrell	Checked By	
Job Title	Associate Director of Nursing and Quality	Job Title	HR Policy Group
Date	November 2016	Date	September 2016

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/566
Revision No: 1	Next Review Date: 01/11/2019	Title: Policy for the Engagement and Use of Temporary Workers including Medical Locums
<i>Do you have the up to date version? See the intranet for the latest version</i>		

APPENDIX 1: PLACEMENT FEEDBACK FORM	
Blackpool Teaching Hospitals  <small>NHS Foundation Trust</small>	
(For Responsible Officer and Blackpool Teaching Hospitals Revalidation Team)	
Doctor Name:	
GMC Number:	
Job Title:	
Period of Employment:	
Head of Department Name:	
Key Duties:	
Any Issues/Concerns/Feedback: Yes or No – If yes please specify and provide written details	
Additional Comments (if applicable):	
Please return this form to the Revalidation Team at Revalidation.Team@bfwhospitals.nhs.uk or telephone 01253 951060	
Alternatively please send to: Revalidation Team, Medical Education, Education Centre, Blackpool Victoria Hospital, Whinney Heys Road, FY3 8NR	

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/566
Revision No: 1	Next Review Date: 01/11/2019	Title: Policy for the Engagement and Use of Temporary Workers including Medical Locums
<i>Do you have the up to date version? See the intranet for the latest version</i>		

APPENDIX 2A: BENCH AUTHORISATION PROCESS - TEMPORARY STAFFING DECISION TREE – BENCH AUTHORISATION PROCESS FOR HOSPITAL SETTINGS

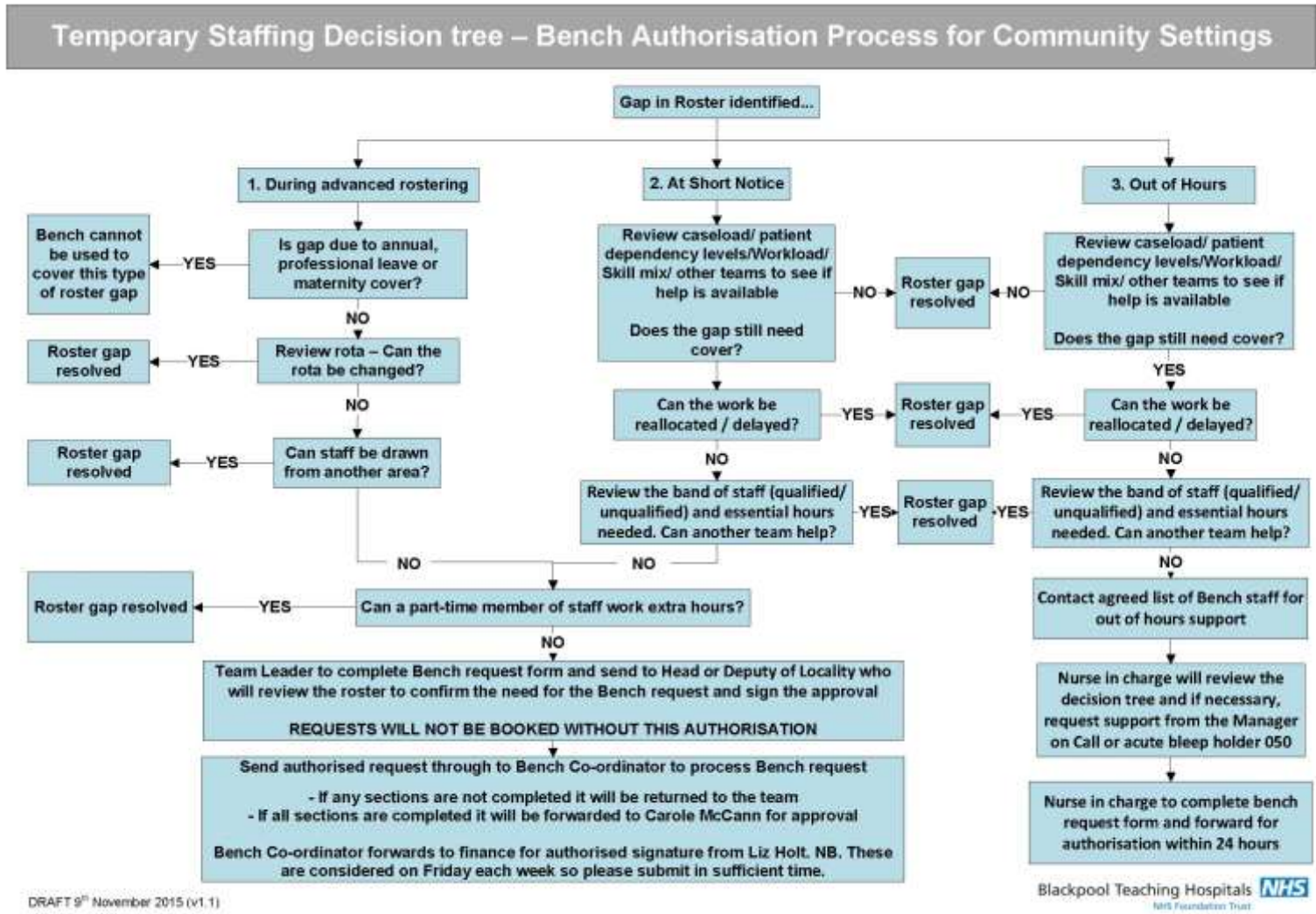


DRAFT 13th November 2015 (v1.2)


Blackpool Teaching Hospitals NHS Foundation Trust

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/566
Revision No: 1	Next Review Date: 01/11/2019	Title: Policy for the Engagement and Use of Temporary Workers including Medical Locums
<i>Do you have the up to date version? See the intranet for the latest version</i>		

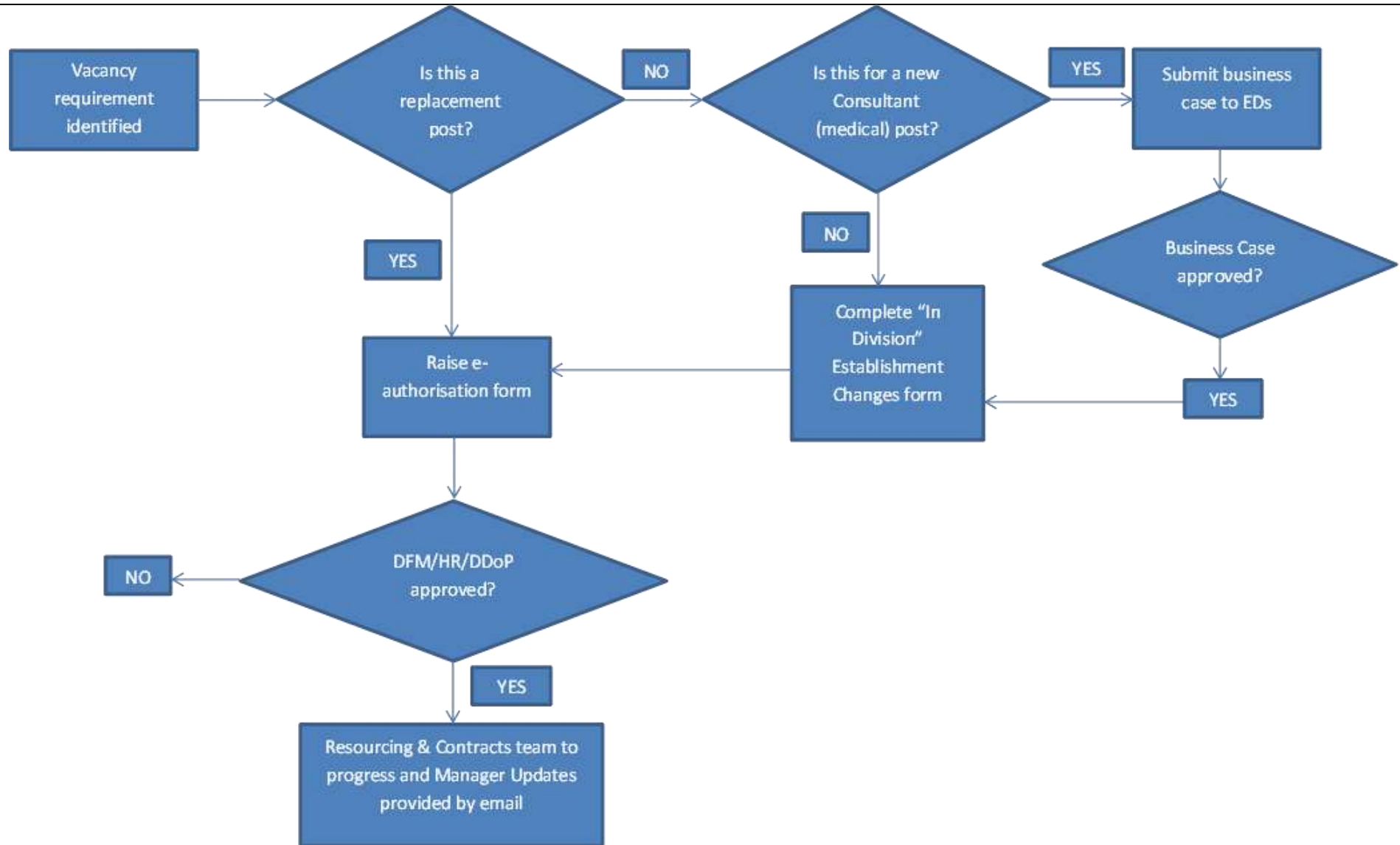
APPENDIX 2B: BENCH AUTHORISATION PROCESS - TEMPORARY STAFFING DECISION TREE – BENCH AUTHORISATION PROCESS FOR COMMUNITY SETTINGS



Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/566
Revision No: 1	Next Review Date: 01/11/2019	Title: Policy for the Engagement and Use of Temporary Workers including Medical Locums
<i>Do you have the up to date version? See the intranet for the latest version</i>		

APPENDIX 3: BOOKING REQUEST FORM		
Blackpool Teaching Hospitals		 NHS Foundation Trust
Trust-wide Agency Booking Request Form		
Request made by	Name	Date Time
Shifts to cover	Pay Band/Grade of worker: Area of Work: Reason for booking request (chosen from list below): Date: Time:	
Operational Reason for Request <i>(To be completed by person making request)</i>		
Financial Information attached to request <i>(to be supplied by DFM)</i>	Position Number associated with request: Financial Code associated with request: Reason for booking confirmed:	
1 st Authorisation	Directorate Manager/Matron Signature / email	
2 nd Authorisation	DFM Signature / email	
3 rd Authorisation	DDOP/ADoN Signature / email	
4 th Authorisation	Executive Director Signature / email	
Compliance check	Medacs Signature/ email	
Consultant Clinical Sign off	Name:	
Shift covered by	Agency Workers details:	
Details of actual hours booked	Pay Band/Grade of worker: Area of Work: Date: Time:	
Bench/Rota/Admin Coordinator–booking complete	Sign	Date
Reasons for Booking:		
Annual Leave Cover	Activity Peaks	
Sick Cover	Target Provisions	
Maternity Cover	1:1 Patient Specialising on Ward	
Vacancy Cover	Deanery Rota Gap	
Study Leave	Service Expansion	
Compassionate Leave	Winter Pressures	
Waiting list Initiatives	Disciplinary Dual Running Cost	
Increased Capacity Need		

APPENDIX 4: BENCH AUTHORISATION PROCESS



Blackpool Teaching Hospitals NHS Foundation Trust

ID No. CORP/POL/566

Revision No: 1

Next Review Date: 01/11/2019

Title: Policy for the Engagement and Use of
Temporary Workers including Medical Locums

Do you have the up to date version? See the intranet for the latest version

APPENDIX 5A: ENGAGEMENT OF TEMPORARY WORKERS PROCESS (MEDICS)

Engagement of Temporary Workers Process Flowchart (Agency Authorisation - Medics)

Guidelines to be followed:

- Effective Rostering
- Planning
- Junior staff options
- Is it genuine need
- Re allocation of duties/priorities
- Leave authorisation policies

Guidelines to be followed:

- Only Suppliers on approved SLA
- Approved agency rates only
- Only where there is significant clinical risk should off-framework agencies be used
- Has to be within approved financial constraints as agreed with Finance
- *Director of Ops has had sight of the initial request and signs the request form as part to the overall process*

Dashboard Contents:

- Off-framework bookings (all rates)
- Non-Framework bookings (above rates)
- On-framework (High Value: in terms of rate and length of booking)

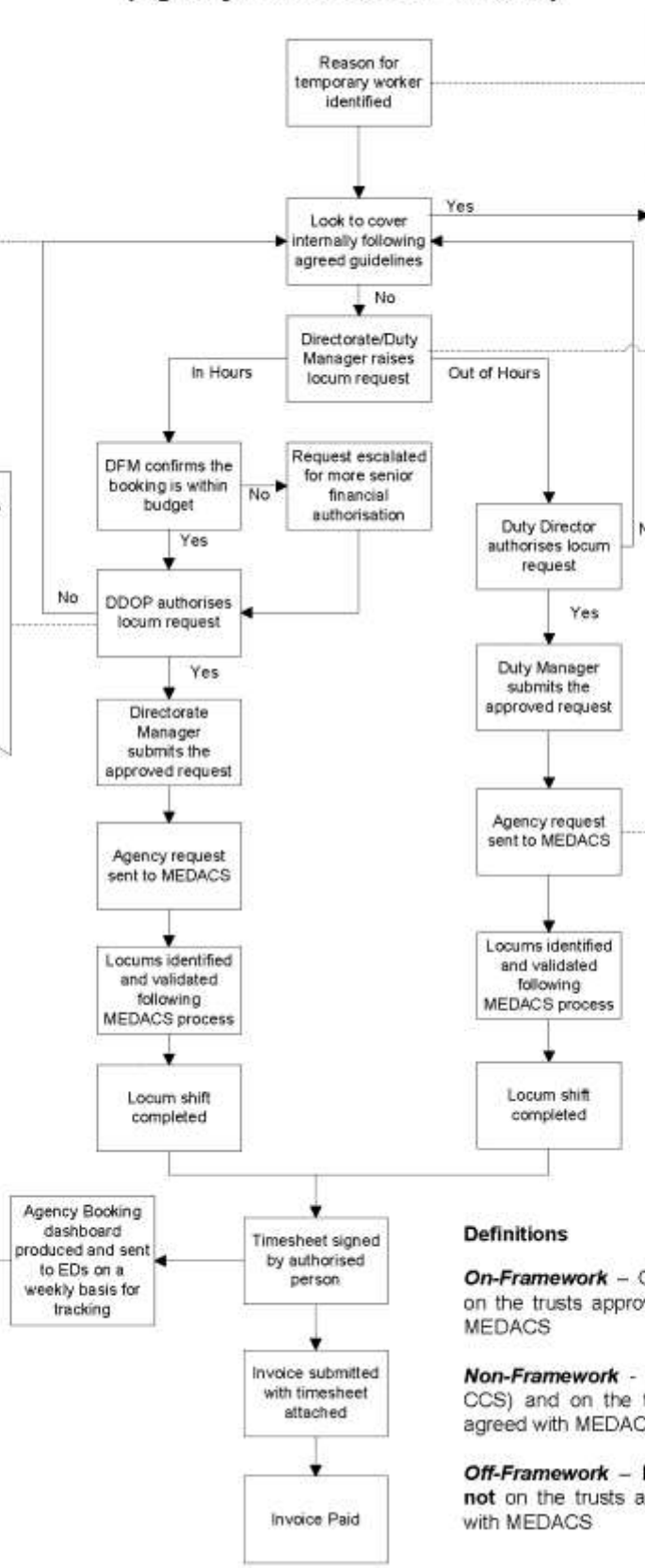
Bank Holiday Cover
Annual Leave
On-Call Cover
Other Leave/Absence
Sickness
Vacancy – Trust Post

Guidelines to be followed:

- The risk of not covering the shift
- Exhaust ALL other options
- Cover from appropriate level to role they will fulfill

Guidelines to be followed:

- MEDACS must be notified of all out of hours bookings
- All bookings need to be recorded on the MEDACS system
- The detailed process is held within the MEDACS booking process flow



Definitions

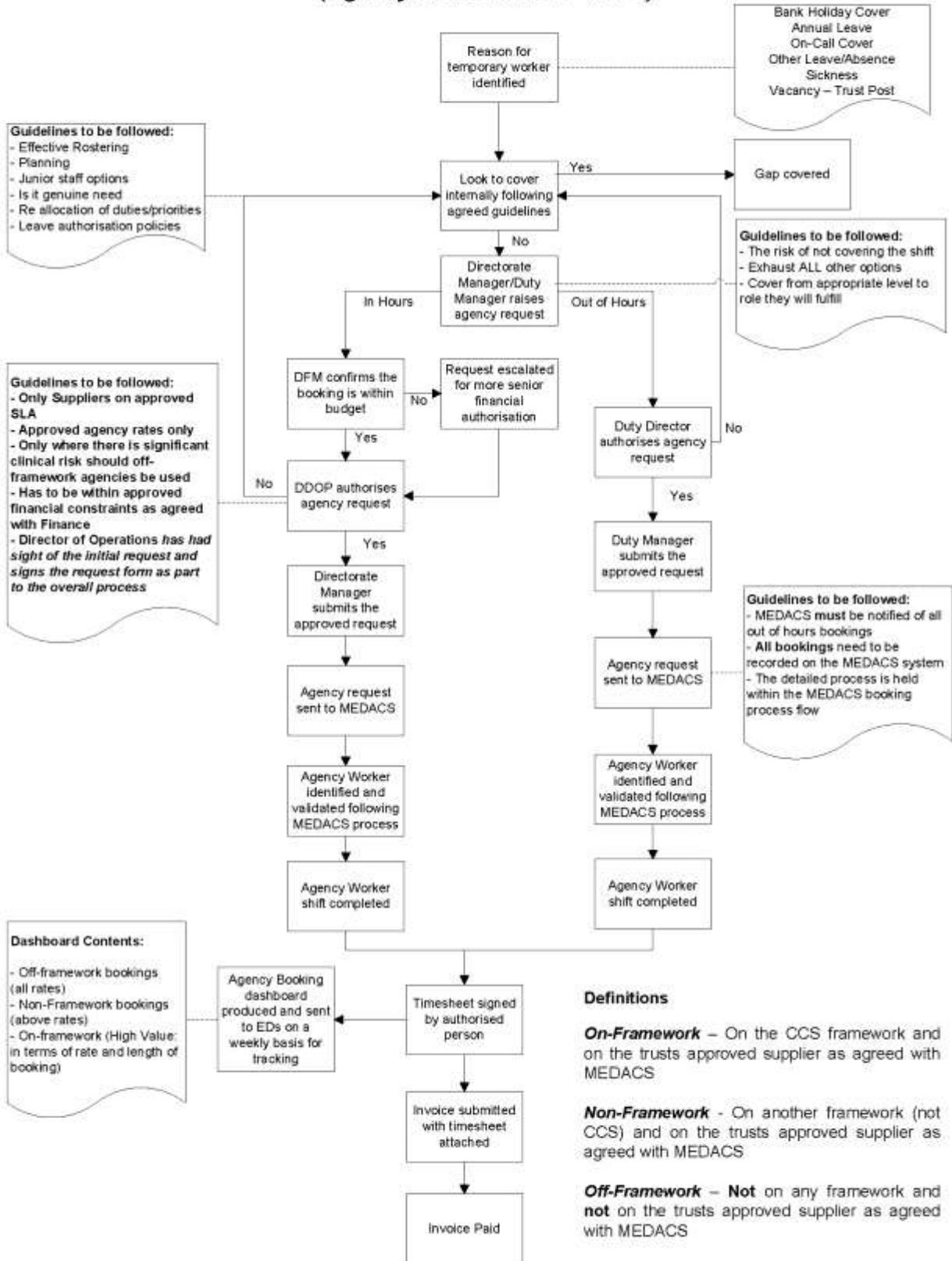
On-Framework – On the CCS framework and on the trusts approved supplier as agreed with MEDACS

Non-Framework - On another framework (not CCS) and on the trusts approved supplier as agreed with MEDACS

Off-Framework – **Not** on any framework and **not** on the trusts approved supplier as agreed with MEDACS

APPENDIX 5B: ENGAGEMENT OF TEMPORARY WORKERS PROCESS (AHPs)

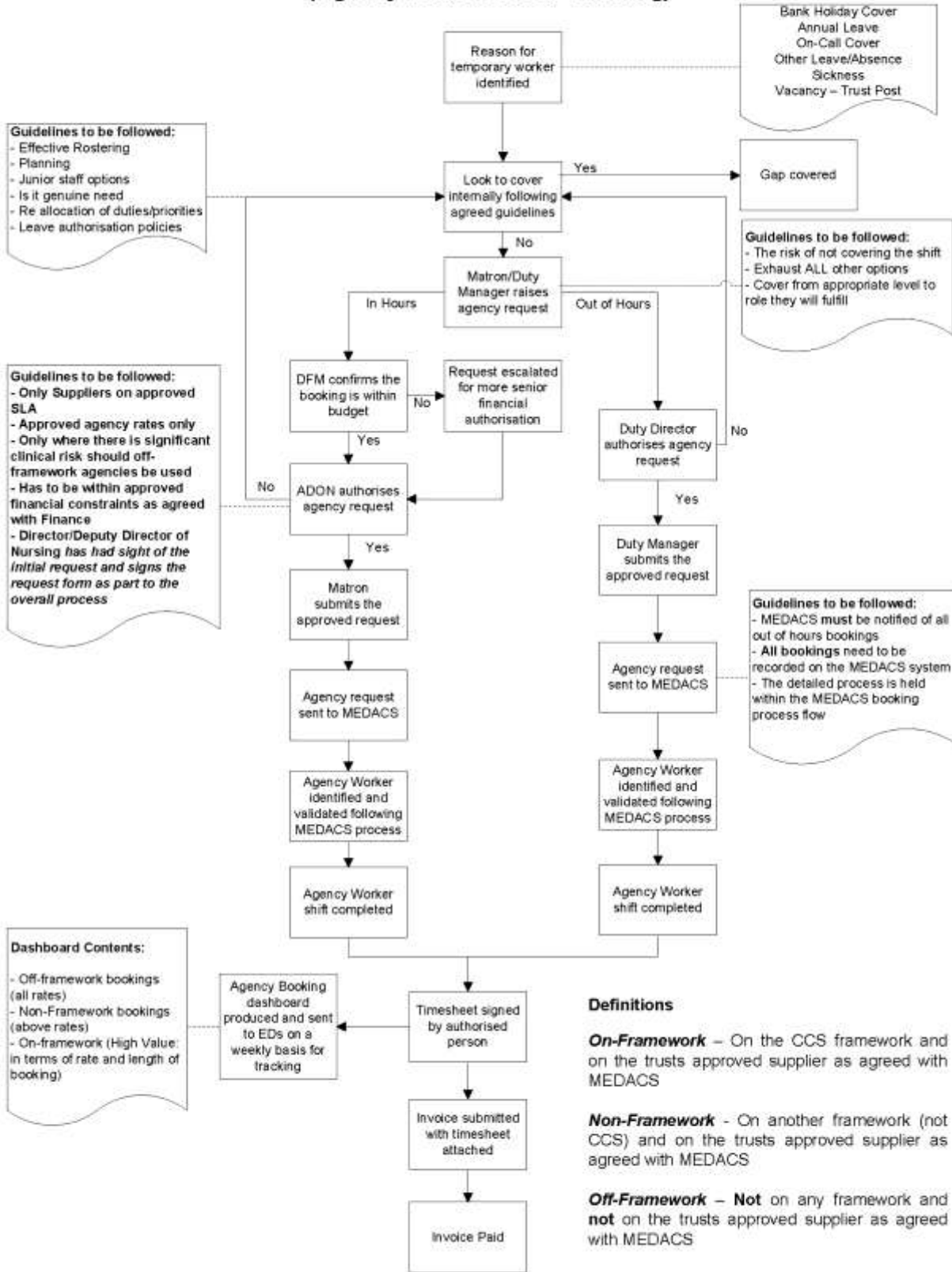
Engagement of Temporary Workers Process Flowchart (Agency Authorisation - AHPs)



Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/566
Revision No: 1	Next Review Date: 01/11/2019	Title: Policy for the Engagement and Use of Temporary Workers including Medical Locums
Do you have the up to date version? See the intranet for the latest version		

APPENDIX 5C: ENGAGEMENT OF TEMPORARY WORKERS PROCESS (NURSING)

Engagement of Temporary Workers Process Flowchart (Agency Authorisation - Nursing)



Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/566
Revision No: 1	Next Review Date: 01/11/2019	Title: Policy for the Engagement and Use of Temporary Workers including Medical Locums
Do you have the up to date version? See the intranet for the latest version		

APPENDIX 6: EQUALITY IMPACT ASSESSMENT FORM					
Department	HR	Service or Policy	Workforce	Date Completed:	19.10.15
GROUPS TO BE CONSIDERED					
Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED					
Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.					
QUESTION	RESPONSE		IMPACT		
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	Refer to the 'purpose' section of the procedure				
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	No				
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No				
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No				
How does the service, leaflet or policy/ development promote equality and diversity?	Defined process for requesting agency workers				
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	No – however, the procedure provides a defined process for requesting agency workers				
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Yes				
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	No				
Does the service, leaflet or policy/ development promote equity of lifelong learning?	No				
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	Yes – monitoring the working hours of temporary workers				
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	No				
Does the service, leaflet or policy/ development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	No				
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	No				
Does the policy/development promote access to services and facilities for any group in particular?	Yes – temporary workers				

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Does the service, leaflet or policy/development impact on the environment	No			
<ul style="list-style-type: none"> • During development • At implementation? 				
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis		No		
Name of Author: Signature of Author:	Tracy Burrell	Date Signed:		
Name of Lead Person: Signature of Lead Person:	Tracy Burrell	Date Signed:		
Name of Manager: Signature of Manager	Simone Anderton	Date Signed:		

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