The Newcastle upon Tyne Hospitals NHS Foundation Trust

Bank and Agency Nurse Identification Policy

Effective: March 2009 Review: March 2012

1. Introduction

This document is intended to complement Trust guidance on the need for vigilance and Identification of unauthorised personnel. It should be read in conjunction with *Nursing Policy – Maintenance of Nursing & Midwifery Council Registration.*

This document will be of interest to managers, qualified nurses and all Nurse Bank and Agency staff employed within the Trust.

2. Individual Responsibilities

2.1 It is the responsibility of individual nurses working for the Nurse Bank and agencies, to ensure that at all times whilst on Trust premises, they wear their Identification badge. When arriving for each shift, bank and agency staff must identify themselves to the nurse in charge of the ward or department and show their Identification badge, which must be worn in a visible place at all times whilst on duty.

2.2 It is the responsibility of the individual nurse to keep their Identification badge in a safe place.

2.3 It is the responsibility of the individual nurse to inform Security immediately if they discover their Identification badge has been lost or stolen.

2.4 It is the responsibility of the individual nurse to return their Identification badge to the Nurse Bank manager on their last working day within the Trust.

2.5 It is the responsibility of the individual nurse to comply with the Trust's Dress Code/Uniform Policy at all times whilst on duty

3. Responsibilities of the Nurse Bank

3.1 The Nurse Bank is responsible for checking an individual's registration prior to commencement of employment and for holding this record in the individual's personal file and for maintaining checks in accordance with the policy for maintaining registration.

3.2 The Nurse Bank will ensure that all staff employed via the Nurse Bank will have a Trust Identification badge. When necessary, for example, if Bank Nurses are not already Trust employees, this will be issued as per Trust arrangements. Authorisation will be issued by the Nurse Bank manager which should be taken to the RVI or Freeman Identification badge issue. The person responsible for checking the details and issuing the badge will then endorse the authorisation, which should then be returned to the Nurse Bank to be kept in the individual's personal file.

3.3 The Nurse Bank will be responsible for ensuring that those nursing agencies used check individual registrations and maintain an up to date record.

3.4 The Nurse Bank will be responsible for ensuring that agencies used issue their staff with an Identification badge, which bears a photograph of the nurse.

4. Responsibility of the Nurse in Charge of the ward or department

4.1 At the time the bank or agency nurse arrives for duty, the nurse in charge must check that they have valid Identification and that this is being worn in a visible place. If no valid Identification badge can be produced then the bank or agency nurse must not be allowed to work the shift. Nurse Bank should be advised at the earliest opportunity.

4.2 The nurse in charge of the ward or department will be responsible for signing the bank or agency nurse claim form at the end of the period of work. At the time of signing all details including start and finish times, hours worked, ward or department and grade to be paid must be completed. No form is to be signed unless these details are complete and correct.

5. Monitoring

This policy will be reviewed every 3 years. Comments, queries and suggested amendments should be addressed to the Deputy Director of Nursing and Patient Services.

Author: Deputy Director of Nursing and Patient Services

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Bank and Agency Nurse Identification Policy	Policy Author:	Mr Peter Savage, Nurse Bank Manager
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? *(If "yes", please answer sections 4(b) to 4(d)).*	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d)	Can we reduce the impact by taking different action?		

Comments:	**Action Plan due (or Not Applicable):**

Name and Designation of Person responsible for completion of this form: Carol Gair, Deputy Nurse Bank Manager Date: 4 August 2009

Names & Designations of those involved in the impact assessment screening process: Peter Savage Nurse Bank Manager – Carol Gair Deputy Nurse Bank Manager

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Helen Lamont, Director of Nursing, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.