The Newcastle upon Tyne Hospitals NHS Foundation Trust

Staff Bank Policy

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<thead>
<tr>
<th>Version No.:</th>
<th>1.2</th>
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<td>Effective From:</td>
<td>05 July 2018</td>
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<td>25 June 2018</td>
</tr>
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<td>Ratified By:</td>
<td>Employment Policies and Procedures Consultative Group</td>
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1 Introduction

1.1 This policy provides the framework and guidance for the use of non-medical temporary staff booked through The Newcastle Hospitals and Community Services Staff Bank.

This includes staff working for the Staff Bank Agency staff (Administrative and Clerical and Nursing and Midwifery only) and the process for obtaining staff for patients who have been identified as having Mental Health needs.

1.2 This policy will make specific reference to:

1.2.1 The recruitment and engagement of these staff (including training and induction)

1.2.2 The local management of these staff (including reporting)

1.2.3 The booking process for Bank and Agency workers

1.2.4 The processing of Bank and Agency timesheets and payment authorisation

1.2.5 The core functions of the Staff Bank and operational arrangements

1.3 Any decisions made under this policy and any allocation of workers will be made objectively and free from unlawful discrimination. No worker will receive less favourable treatment on the grounds of their age, disability, race, nationality, ethnic origin, sex, sexual orientation, religion and belief, gender re-assignment, marriage, civil partnership, pregnancy and maternity.

2 Scope

This policy refers to all non-medical Bank staff, and all Administrative and Clerical and Nursing and Midwifery Agency staff. Separate arrangements are in place, via the Medical Staffing team for Medical and Dental staff and via the Locum Appointment Procedure (Medical and Dental Staff). For other Agency workers via Human resources and the Agency Workers (Non-Clerical & Secretarial, Non-Medical & Dental, Non-Nursing) - Booking Procedure.
3  **Aims**

The aim of this policy is to define the core functions of the Staff Bank, to clarify roles and responsibilities and provide guidance in the utilisation and management of Bank and Agency workers across the Trust.

4  **Duties (Roles and responsibilities)**

4.1 The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with the policy.

4.2 Directorate Managers and Heads of Service are responsible to the Executive Team for ensuring policy implementation. Managers and Matrons are responsible for ensuring policy implementation and compliance in their areas.

4.3 All Staff and Bank workers (including Agency workers) are responsible for complying with this policy.

4.4 The Staff Bank Team is responsible for adherence to this policy

5  **General Principles**

5.1 Staff registered with the Staff Bank are not employees and are classified by the status of ‘worker’.

5.2 The key function of the Bank is to fill short-term staffing shortfall by the use of the staff registered on the Bank (short notice requests identify the requirements for the following 48-72 hours) – where this is not possible consideration of Agency usage may be made.

5.3 The local Manager will be required to provide feedback to the Bank on any individuals deployed where the placement is for three months or more and this will be co-ordinated by the Staff Bank team. A feedback questionnaire will be sent to Managers to ensure workers are adhering to the principles and policies of the Trust, including Professional Leadership Behaviours (PLB’s). Any concerns can be raised directly with the Staff Bank Manager or Deputy Staff Bank Manager.

5.4 The Staff Bank office will be the key contact for communication with Agencies and temporary worker supplies for Nursing and Midwifery and Administrative and Clerical (A&C) staff.

5.5 Any Agency bookings should be performed in line with Trust Protocol. Please see Appendix 9 – Agency Override Protocol.

6  **Recruitment and Engagement of Temporary Staff**

6.1 Nursing and Healthcare Assistant and Admin and Clerical recruitment in the Staff Bank will take place routinely in January, May and October each year
(depending upon demands) to support ongoing requirement over the year. The process is aligned to the Trust Recruitment policies. All such recruitment activities will be advertised on the NHS Jobs website. Additional recruitment will be undertaken if required, for example, to meet the demand for Registered Nurses and this would include a more flexible approach to this group of staff out with the regular process.

6.2 The Staff Bank Steering Group will quarterly review data of staff hours and fill rate for nursing/midwifery teams and admin roles to agree target recruitment numbers for the year ahead.

6.3 All employees of the Trust (exclusive of Medical staff) appointed through the Trust’s recruitment processes, will be offered the opportunity to also register with the Staff Bank. This can be completed once their contract registration is complete.

6.4 A Fast Track process is available to Trust staff where registration with the Staff Bank can be made if the interested party is already a contracted member of Trust staff. Expressions of interest may be made to the Staff Bank Applications email account NurseBankApplication@nuth.nhs.uk and the details of the recruitment information will then be provided in the form of an automated response.

6.5 The utilisation of staff groups for both Agency and Bank is subject to RCG approval with the exception of 1:1 Supervision nursing care needs and short notice cover for Nursing and Midwifery shifts or where the need for cover is for short durations and occasional staffing requirements.

6.6 The decision on variation of pay rates and incremental progression for individual workforce groups working on the Staff Bank will be taken by the Executive Team.

7 NHS Employment Check Standards

7.1 All workers registering for Bank work will be required to satisfy NHS Employment Check Standards in line with the Recruitment and Selection (Non-Medical) Policy and the Pre-Employment Checks And Use Of The Disclosure And Barring Service (DBS) Policy.

7.2 All workers being appointed to the Bank will be required to undertake DBS checks as part of the pre-employment clearance process. Contracted staff may have a prior online recorded DBS clearance. If not, they will be required to perform an updated DBS check. Bank only workers (i.e. those who don’t have a contract of employment with the Trust) are subject to an annual DBS check, unless registered with the DBS Update Service – in which case a status check will be undertaken annually. The Bank Office has robust monitoring in place to ensure compliance and workers will not be allocated work without a valid and appropriate disclosure. Failure by workers to update this accordingly will result in their removal from the Staff Bank.
7.3 Workers who require a professional registration for their Bank work will be required to maintain and meet the necessary requirements to remain professionally registered. Professional registrations and fitness to practise will be checked at recruitment and on an annual basis by the Staff Bank team. Regular monitoring will take place to identify any lapses in registration and workers will not be allocated to work if their professional registration has lapsed. If workers are shown to be lapsed, they will be identified as inactive on the electronic Bank system and will be contacted by letter and text message advising of their status. Workers will be responsible for ensuring professional registration is maintained at all times. Lapses of registration will result in non-allocation of work and may result in termination of registration from the Staff Bank. If the individual is working in a placement for a prolonged period of time the Department Manager/Ward Sister/Charge Nurse will be notified if this occurs.

8 Identification

8.1 All staff registered with the Staff Bank will be issued with a Trust identification badge. Where bank staff are not already Trust employees, the Staff Bank will issue identification badges.

8.2 At the time the Bank or Agency member of staff arrives for duty, the Manager/Nurse in Charge must check that they have valid identification from the Trust or relevant Agency and that this is being worn in a visible place. If no valid identification badge can be provided then the Bank or Agency member of staff must not be allowed to work the shift. The Staff Bank should be advised at the earliest opportunity.

8.3 It is the responsibility of the individual to comply with the Trust's Dress, Appearance and Uniform Policy at all times whilst on duty.

9 Booking Process

9.1 The purpose of the Bank is to provide short term, temporary cover. It may be used against established posts which are not covered, e.g. to cover maternity leave or vacant posts or in circumstances where care may be compromised for example short term sickness or unexpected enhanced care needs such as 1:1 supervision

9.2 Before booking a member of staff via the Staff Bank, all other options to cover the staffing short fall should be considered, including:

- Reconfiguring the duty rota
- Attempts to seek help in the same specialty
- Attempts to seek help from other wards of different specialty
- The working of additional hours by part-time staff
- Full time staff working the shift and taking time back at a later date

9.3 All Staff Bank cover, with the exception of Nursing and Midwifery requests will not be processed without appropriate Recruitment Control Group (RCG)
approval. Agency use will only be considered if the Bank is unable to fill the request and this will also be subject to explicit RCG approval.

9.4 All bookings for Bank and Agency Staff should be made through the Staff Bank system. No manager should engage with or book directly with an Agency for Administrative and Clerical or Nursing and Midwifery cover.

9.5 Should a requirement for mental health support be required this will also be requested via the Staff Bank Office within hours. Out of hours the request can be made via the Patient Service Co-ordinators. They will contact the Northumberland Tyne and Wear (NTW) staff Bank – Any requests to NTW must be supported by a Close Observation request form (this will be supplied by the Staff Bank Office) see Appendix 8 - Staff Bank Department Close Observation Request. Out of hours the Patient Service Co-ordinators will contact the NTW Staff Bank for their assistance.

9.6 All of the Agency bookings will undergo a series of pre-engagement checks in accordance with the NHS Employers Check Standards before confirmation of a booking is made, i.e. the right to work, verification of identity, employment history and references, criminal record and barring, professional registration, qualifications and medical clearance. An assessment against the working time directive will also take place throughout their registration with the Staff Bank to ensure there is no breach, in accordance with the Working Time Regulations Policy – this is calculated via the Staff Bank Booking system.

10 Authority to Book

10.1 All bookings will be handled by the authorised booker within the directorate/department. This person should be an employee of the Trust who has the appropriate delegated responsibility for expenditure in relation to the engagement of consultancy, legal, agency and Bank staff who are not on the Trust’s establishment (for guidance please see the Trust’s policy; Revised Standing Orders, Reservations and Delegation of Powers and Standing Financial Instructions).

10.2 Bank Requests

10.2.1 Once a requirement has been determined and where necessary approved the request will be placed on the Bank system, where possible and in the first instance by the booking department (i.e. the requester). This will provide an electronic audit trail associated with the request.

10.2.2 Managers and Department leads will receive training regarding the booking and authorising process by the Staff Bank or appropriate department. This will be undertaken on a 1 to 1 basis by staff within the Staff Bank Office. Departments that are new to using temporary staff will also be provided with some standard operating procedures regarding the booking process.
10.3 Agency Requests

10.3.1 If Agency usage has been approved by either the RCG process or following executive discussion the booker from the Staff Bank Office will approach an appropriate agency. They must be on an approved Agency Framework - for example the Crown Commercial Service (CCS) or HealthTrust Europe (HTE) If the agency cannot find a suitable candidate within a reasonable time, another agency will be approached to source coverage where possible. The booking department or ward will be advised of this. The Agency must be abiding by the NHS Improvement guidance on capped rates.

10.3.2 The booker must obtain copies of all relevant documentation and a completed declaration form (which can be found on the HR & Training section of the Trust Intranet site) from the agency verifying that all the relevant NHS Employment Check Standards have been fully satisfied prior to the agency worker commencing in the Trust. More specific guidance regarding the NHS Employment Check Standards can be sought at:


10.3.3 The booker will also check and verify with the supplier that the rate chargeable for the booking is in accordance with the rates agreed by the Crown Commercial Service and Frameworks in conjunction with the recommendations of NHS Improvement

10.3.4 The booker must observe the Agency Worker Regulations relating to pay and other working conditions that are applicable after an agency worker has completed a 12 week qualifying period. (Please refer to section 13 – below).

10.3.5 The Agency workers’ details will be uploaded to the bank system to create a record of the booking. This will provide an audit trail and the means to confirm payment for any shifts worked and claimed.

11 Agency Responsibilities

11.1 Prior to the Agency worker starting with the Trust, the Agency will ensure that the individual has provided and completed the relevant documentation in order to satisfy the NHS Employment Check Standards.

11.2 The agency must provide a full, up to date employment history for each worker (to ensure the Trust meets its commitment to the Agency Worker Regulations.

11.3 It is extremely important that an Agency worker understands confidentiality and what they must and must not do with regard to confidential information. This is to help safeguard the person who the information relates to and also
the Agency worker who may use or have access to confidential information as part of their normal duties. A signed statement must be held on record by the Agency for all agency workers supplied to the Trust (Appendix 2).

11.4 The Trust is committed to the highest standards of ethical conduct and integrity in its activities. It is a requirement that all temporary workers including agency staff comply fully with the Trust’s Anti-Bribery Procedure and Standards of Business Conduct as well as acting in accordance with the Bribery Act 2010. In doing so agency workers:

- Will not offer, promise, give, request, and agree to receive or accept any bribes in the course of their engagement with the Trust, when conducting Trust business or when representing the Trust in any capacity.
- Agree that they will report any suspicious conduct that may amount to the bribe being offered, promised, given, requested or accepted (either involving them or another agency worker or person acting for or on behalf of the Trust) immediately to the Local Counter Fraud Specialist or Finance Director
- All Agency staff are required to read and sign the Trust's Anti-Bribery Statement and this is kept on their file in the Staff Bank Office.

11.5 In addition, the Agency will also issue the ‘Important information document’ Appendix 6 and ensure the individual is aware of the content. The authorised booker should seek confirmation that this has occurred. This is to help staff understand what is expected of them when they work for the Trust and to assist with their induction/orientation to the Organisation.

11.6 The Agencies will ensure that all invoices have the relevant authorised timesheet attached.

12 **Bookings – Manager’s Responsibilities**

12.1 Where an Agency worker is working within an area for more than 4 weeks they will require a Trust ID badge. Please note the requirement for the employee to present photo ID (passport/photo driving licence) when collecting the ID badge from the Staff Bank. Transient Nursing and Midwifery Agency staff (i.e. they may only cover the occasional shift) will collect an Agency badge from the designated collection point and return it at the end of the duty. This process will be clearly relayed to the Agency for them to share with their staff.

12.2 Managers must provide local induction to the Agency/Bank worker on commencement of the work. Agencies will provide a copy of the completed Local Induction document for the Staff Bank Office to retain – Bank staff, where appropriate; will return their document direct to the Staff Bank Office. This will then be processed via the Electronic Staff Record system (ESR)

12.3 Where the booking is anticipated to last for the three months or more, the Agency worker must attend the Trust Corporate Induction. The Staff Bank will
arrange the date that this can be undertaken for Nursing and Midwifery and Admin and Clerical staff. For all other Agency workers this will be arranged by the Departmental Managers.

12.4 Coverage by Agency and Bank workers should not exceed the hours approved by the Local manager or, in the case of RCG approval, the amount of hours stipulated by the Recruitment Control Group.

12.5 Managers must ensure Agency and Bank workers are treated no less favourably than a comparable worker or employee in relation to access to collective facilities and amenities provided by the Trust.

12.6 Managers must ensure Agency and Bank workers are notified of the right of access to all Trust collective facilities (i.e. canteen, hopper, shower facilities, common rooms)

12.7 Agency and Bank workers should be made aware of where to access Trust information regarding vacancies.

12.8 Pregnant Agency and Bank workers are subject to a health and safety risk assessment, in accordance with the Pregnant Workers policy.

13 Rights after 12 weeks in the same job for Agency Staff

13.1 The Agency Worker Regulations give Agency workers, who satisfy a 12 week qualifying period, the right to the same basic employment and working conditions as a comparative employee.

13.2 The 12 week qualifying period is triggered by working in the same job (or if a new role, it is not substantially different, e.g. a Medical Secretary in a different directorate/department) within the Trust for 12 calendar weeks. The right accrues regardless of whether the worker has been supplied by more than one agency during the course of the 12 week qualifying period and the following applies:

- A full qualifying week is accrued regardless of the number of hours worked each week
- A gap of less than 6 weeks (or up to 28 weeks if due to sickness or injury or other leave to which the worker is entitled to e.g. maternity, jury service) will pause the clock which will continue when the worker returns.

13.3 When an Agency worker accrues the 12 week qualifying period, the worker attains rights to equal terms and conditions as a comparator employee (*Includes*: basic pay, overtime, unsocial hours, increments, annual leave, time off for antenatal appointments and classes. *Excludes*: Occupational pay for sickness, maternity, paternity, adoption, redundancy, notice, pension, trade union duties and expenses).
14 Timesheets and Claims

14.1 All Timesheets will be authorised by an appropriate manager (or designated deputy).

14.2 A copy of the timesheet should be retained by the Department for at least a period of two years for audit and inspection purposes in Accordance with the Corporate Records Policy.

14.3 Agency Timesheets and Claims

14.3.1 On completion of the shift worked the approved signatory must check the completeness and the accuracy of the timesheet, including breaks taken. They can then authorise the timesheet for payment.

14.3.2 There is a Standard Operating Procedure for processing Agency timesheets that reiterates the need for the booking to be made via the Staff Bank system (Appendix 1).

14.3.3 The member of staff will retain a copy that they will forward to their employing Agency.

14.3.4 The Agency will invoice the Trust via the Accounts Payable Department in Finance.

14.3.5 The Accounts Payable Department will log all invoices and forward them to the Staff Bank Office for processing via the Finance Process Management (FPM) system.

14.3.6 The invoice will be checked and authorised by the processing department to ensure:

- Each invoice has the relevant authorised timesheet attached
- The correct charge rates are being used
- Any discrepancies are raised with the claiming Agency
- The invoice is coded to the relevant cost centre
- The approved invoice is returned to the finance department.

14.3.8 If a discrepancy cannot be resolved it will be referred to Finance to advise as how to proceed in particular with the FPM system.

14.3.9 Any issues relating to attempted fraud will be immediately reported to the respective manager who will liaise with the senior HR manager and involve the Counter Fraud Office as necessary.

14.3.10 Where an invoice is incorrect and a credit note required, the invoice will not be passed for payment until the credit note is received – both will be processed for payment together.
14.4 Bank Timesheets

14.4.1 All departments using Bank staff will have access to the Staff Bank Booking system and should process these before the monthly cut-off date for payroll submission. The monthly dates for submission are published on the Staff Bank Web Page.

14.4.2 The timesheet should be checked as per Agency timesheets in 14.3.1.

14.4.3 All Bank staff timesheets have a unique reference number to support the booking.

14.4.4 Bank timesheets should only be dealt with by the Staff Bank Office by exception and these will include:

- Claims for training and education
- Complicated claims where a member of staff has worked between multiple departments
- A claim where a member of staff has been moved to another department

All of the above issues should be clearly identified on the claimant’s timesheet.

14.4.5 Any queries relating to the processing of Bank timesheets can be identified and directed via the audit trail against the booking. Attached to each booking is an audit trail that identifies the individuals involved in all parts of the booking and payment processes – identifying who has been involved in any part of the process – from initial booking to finalising for payment.

15 Induction and Training

15.1 All temporary (both Bank and Agency) workers are required to undertake Local Induction – ideally this will be on the first duty.

15.1.1 Agency workers will complete their Local Induction, led by their supervising manager – The Staff Bank Office will retain a record to this effect in accordance with record keeping policy.

15.1.2 Bank staff will have their Local Induction details recorded via ESR by the Bank Staff team.

15.1.3 All Bank staff will attend Corporate Induction, before commencing work. For Agency staff, Corporate induction is mandated where the initial booking is expected to cover a period of greater than 12 weeks. See Trust Induction Policy.
15.1.4 Bank staff will be supported to maintain their Statutory and Mandatory training requirements and also any formal training required for them to undertake their role, e.g. E-Record. Subject to completion of a timesheet, workers may claim up to 30 minutes for each online element completed.

15.1.5 The Health Care Academy must be attended by all Health Care Assistants new to the Trust (excludes Medical and Nursing students). Recruitment to these posts will be pursued via NHS Jobs and dependent on Academy places being available.

15.1.6 All temporary workers have a responsibility to ensure their mandatory and statutory training is updated as appropriate.

16 Conduct and Performance

16.1 Managers are expected to take initial responsibility for dealing with any conduct/performance issues in order to safeguard patients/clients. This must be done in accordance with the relevant Trust policies, and escalated at the earliest opportunity to the Staff Bank (Patient Service Coordinators, out of hours). Any issues relating to Agency staff will be reported through to the relevant Agency for their investigation by the Staff Bank.

16.2 All staff will be sent self-assessment Appraisal document on an annual basis to coincide with their registration with the Staff Bank – the staff will complete the documentation and return to the Staff Bank where it will be processed – Individuals are given the opportunity for a one to one appraisal

16.3 Conduct, performance or professional issues for non-Nursing staff groups will be managed by the relevant departmental managers with whom the individual is placed and who maintain the responsibility for the worker. In the case of Staff Bank staff, this will be managed by the Staff Bank Office.

17 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way services are provided and the way staff are treated reflects their individual needs and does not unlawfully discriminate against individuals or groups. This policy has been properly assessed.
18 Monitoring Compliance

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<tr>
<td>Agency/Bank worker employment checks</td>
<td>Documentary audit of recently active Agency/Bank Workers</td>
<td>Director of HR</td>
<td>HR Heads of Department</td>
<td>Annually</td>
<td></td>
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<tr>
<td>Processing of Agency/Bank worker timesheets</td>
<td>Check of compliance with process for dealing with timesheet – inspection of departments retention from at least 10 departments</td>
<td>Staff Bank team</td>
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<tr>
<td>Ensure Bookings where required have the appropriate RCG approval</td>
<td>Ensure maintenance of spreadsheet advising of RCG approvals</td>
<td>Staff Bank team</td>
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19 Consultation and Review

The policy has been reviewed in consultation with the Staff Bank Task and Review Group and the Employment Policies and procedures Consultative Group

20 Implementation (including raising awareness)

A summary of the key changes should be notified to managers following implementation. Further advice and guidance should be available from the Staff Bank Office.

21 References

- Agency Worker Regulations
- Crown Commercial Service and Frameworks
- NHS Employment Check Standards

22 Associated Documents

Please consider this policy is to be read in conjunction with:

- Agency Workers (Non-Clerical & Secretarial, Non-Medical & Dental, Non-Nursing) - Booking Procedure
- Corporate Records Policy
- Fraud, Bribery and Corruption Policy and Response Plan
- Induction Policy
- Locum Appointment Procedure (Medical and Dental Staff)
- Pre-Employment Checks And Use Of The Disclosure And Barring Service (DBS) Policy
- Recruitment and Selection (Non-Medical) Policy
• Standing Orders, Reservations and Delegation of Powers
• Standards of Business Conduct
• Uniform, Dress and Appearance policy
• Working Time Regulations Policy
Agency Worker Booking Process

1. Relayed to Bank
2. Agency informed of requirement
3. Booking filled
4. Allocated to shift
5. Shift completed
6. Ward/dept sign timesheet & keep copy
7. Manager must enter hours of work via Staff Bank system (entered)
8. Timesheet faxed to agency by agency worker
9. Invoice sent to Accounts Payable
10. Loaded onto FPM
11. Processed by Bank

Out of hours: Agency bookings to be co-ordinated by the PSCs. These bookings will be relayed to the Staff Bank who will create and confirm the bookings with the respective agency.
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Anti-Bribery Statement

The Newcastle upon Tyne Hospitals NHS Foundation Trust (the Trust) is committed to the highest standards of ethical conduct and integrity in its activities. This statement outlines the Trusts position on preventing and prohibiting bribery, in accordance with the Bribery Act 2010 and Standards of Business Conduct. The Trust will not tolerate any form of bribery by or of, all stakeholders in the Trust’s business including, but not limited to employees (regardless of position held), as well as volunteers, non-executive directors, governors, staff engaged with the Trust via an agency, honorary contract holders, local authority and university employees who work on Trust premises or who are integrated with the Trust, consultants, vendors, contractors, and/or any other parties who have a business relationship with the Trust. A bribe means a financial payment or other form of reward or advantage, whether direct or indirect, that is intended to induce or influence, or has the effect of inducing or influencing, an individual, company or public body to perform their functions, including business and public duties, improperly. For the avoidance of doubt, improper performance includes, not acting in good faith; not acting impartially; and not acting in accordance with a position of trust.

By signing and accepting this statement you agree that you will not offer, promise, give, request, agree to receive, or accept any bribes and comply with all applicable bribery and corruption laws:
- in the course of your engagement;
- when conducting Trust business; or
- when representing the Trust in any capacity.

You agree to comply with the Trust’s anti-bribery procedures and Standards of Business Conduct that are in force. You agree that you will report any suspicious conduct that may amount to a bribe being offered, promised, given, requested or accepted (either involving you or another employee or person acting for, or on behalf of the Trust) immediately to the Local Counter Fraud Specialist or the Finance Director.

If the Trust suspects a contractor of bribery, it is entitled to remove the contractor from Trust premises, and report suspicions of criminal activity in line with the Trust’s Fraud Policy, which may result in a criminal investigation and prosecution.

I have read and understood this statement and accept my obligations.

Employer: ........................................................................................................

Name: ........................................ Signature: ........................................

Post: ........................................ Date: ........................................

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The Newcastle upon Tyne Hospitals NHS Foundation Trust
Confidentiality of Medical, Employment Records, E-mail and Internet Usage Statement

Medical Records
A medical record is any record of the physical or mental health of a patient made by a health professional in connection with the care of the patient. Staff are only authorised to access medical records in relation to their specified duties i.e. the records of a patient in whose treatment they are involved, and only for the purposes of such treatment or in relation to associated administrative duties. Specifically, staff may not access their own medical records, or those of relatives or acquaintances, or any person in whose care they are not involved, other than through the formal access procedures for patients, as provided for under the Data Protection Act 1998 and the Access to Health Records Act 1990.

Employment Records
Employment records are those records, either manual or computerised, which contain information regarding individual members of staff, both past and present. Individuals on whom employment information is held have the right to amendment and erasure of inaccurate information and compensation for damages caused by inaccuracy unless the source of the information is the individual concerned or on identifiable third party.

E-Mail Internet Information
An employee of the Trust shall only access, read, retrieve or disseminate information from E-mail and Internet services at the Trust that relates specifically to their duties. Access to the Internet for personal use is permissible for up to one hour per day, however restrictions apply and access shall be in the employee’s own time – see ‘Workforce Policy on Internet Security at Work’ and ‘Email Policy’. The distribution of any information through E-mail and the Internet is subject to the scrutiny of the Trust which reserves the right to determine the suitability of this information.

All such records, medical and employment – computerised or manual – must be:

- confidential and secure against unauthorised access,
- identifiable and readily accessible,
- clear, accurate and readable,
- accessible to authorised persons only,
- accessible to patients on request (medical records)

Unauthorised access, modification, transfer, disclosure or deletion of computer held records are criminal offences under the Computer Misuse Act 1990 and make the offender liable to a fine, or five years imprisonment or both. These offences constitute gross misconduct and may result in summary dismissal of the offender. Unauthorised access, modification, transfer, disclosure or deletion of manual records will attract similar disciplinary action as may misuse of the Trusts’ E-mail and Internet services.

Any queries regarding access, confidentiality, E-mail or Internet usage can be raised with either your line manager, the Trust’s Data Protection Officer, the Trusts IM&T Security Officer or the Human Resources Department. Policies can be found on the Trust’s Intranet.
Appendix 4

Prevention and Control of Health Care Associated Infections (HCAIs)

It is a condition of your employment that so far as is reasonably practicable, you minimise the risk of infection to yourself, colleagues, patients, relatives and visitors and, in so doing, you must:

- Be familiar with, and adhere to Trust policies and guidance on infection prevention and control.
- Attend Trust Induction Programme(s) and statutory education programmes in infection prevention and control.
- Include infection prevention and control as an integral part of your continuous personal/professional development.
- Take personal responsibility so far as is reasonably practicable, in helping ensure that effective prevention and control of health care acquired infections is embedded into everyday practice and applied consistently by you and your colleagues.

Information Governance

It is a condition of your employment that you comply fully with Information Governance standards and responsibilities with regard to data protection, confidentiality, and information security. In doing so you:

- Must regard all identifiable personal information relating to patients and staff as confidential and at all times maintain appropriate standards of confidentiality.
- Must not disclose confidential information to any other person unless in pursuit of your duties or where specific permission is given.
- Must familiarise yourself with Trust policies and procedures for the control and appropriate sharing of patient information with other agencies, taking account of relevant legislation.
- Are responsible for implementing good records management (where appropriate) in line with the Trust’s records management policy and following the Trust’s guidelines for enabling information to be disclosed within the requirements of the Trusts’ Freedom of Information policy.
- Must ensure Information Governance is an integral part of your continuous personal/professional development.
- Must take personal responsibility so far as is reasonably practicable, in helping to ensure that Information Governance is embedded into everyday practice and applied consistently by you and your colleagues.

I have read and understand this summary and accept my obligations in relation to medical, employment records, Internet usage, HCAI and Information Governance.

Name: ................................................. Signature: ...........................................

Post: .................................................. Date: .............................................
The Newcastle upon Tyne Hospitals NHS Foundation Trust
Contract for the Supply of Agency Workers – Clerical and Secretarial
Health Declaration

Please read the following statement carefully.

If you have a health problem and are therefore unable to sign this declaration, please discuss this with your Recruitment Consultant.

1. My general health is good.
2. I have not had any condition requiring antibiotic treatment in the last three months. If you have, please discuss this with the Head of Department on your arrival.
3. I am not receiving treatment for any medical condition at this moment.
4. I had a BCG injection (or positive skin test in TB) in . . . . . . . . . . (year).
5. I have not previously worked in an MRSA contaminated area.
6. I have not recently worked abroad.

Surname: ..........................................................
Forename: ..........................................................
Address: ..........................................................

Date of Birth: ..............................................

Signed: ....................................................... Date: ......................
THE NEWCASTLE UPON TYNE HOSPITALS NHS TRUST
IMPORTANT INFORMATION FOR AGENCY STAFF WORKING WITHIN THE TRUST

1. **CONTROL OF INFECTION**

You must comply with the Trust’s Control of Infection Regulations. If you have or acquire an infectious illness or condition, you should consult with your manager and/or the Occupational Health Department.

2. **CONFIDENTIALITY**

a) Working in the Trust may result in you having access to confidential information about patients. **ALL** information about patients is confidential, even the fact that they are patients in hospital. You must always respect the confidential nature of this information and you must not discuss such matters with, or release such information to, unauthorised persons. Similarly, any confidential information regarding other members of staff must not be released except in the normal course of your duties. If you are in any doubt about the release of information you should consult your manager immediately.

If you are requested to disclose information over the telephone, the greatest care must be taken to establish the identity of the person making the request and that they are authorised to receive what they have asked for.

In addition, you must not permanently remove any hospital or related documents from any of the Trust’s premises.

b) The Trust has an established procedure for the dissemination/disclosure of information about the Trust and its activities to third parties and the press and media. You must act in accordance with this procedure. For further information please contact your manager.

3. **HEALTH AND SAFETY**

The Trust attaches the greatest importance to the health, safety and welfare of its employees and other persons who visit or work in its premises and wishes to encourage them to work together positively to achieve safe and healthy working conditions compatible with the provision of proper services to patients.

The Trust undertakes, so far as is reasonably practicable, to provide and maintain a safe working environment, equipment and safe systems of work. You are required to exercise reasonable care for the health, safety and
welfare of yourself and all other persons who may be affected by your acts or
omissions at work.

You must cooperate with the Trust as regards any duty or requirement
imposed upon it by any relevant statutory provision.

a) **Fire**

1. A detailed fire procedure document is available on all wards and
departments. It is your responsibility to familiarise yourself with the
content and to act in accordance with it. You must partake in fire
drills as and when they occur.

b) **Security**

2. All staff including students and temporary workers are issued with a Staff
Identity Card. This must be worn at all times.

4. **'NO SMOKING' POLICY**

The Trust is committed to a policy discouraging smoking on any of its
premises. You are not permitted to smoke in any buildings or grounds of the
Trust.

5. **EQUAL OPPORTUNITIES POLICY**

The Trust is committed to a policy of equality of opportunity, not only in its
employment and personnel practices, but also in all the services for which it is
responsible. You must act in accordance with the Trust's Equal Opportunities
Policy and you must also comply with any relevant statutory provisions.

6. **DIGNITY AND RESPECT AT WORK POLICY**

The Trust is committed to a policy that fully supports the rights of all of its
employees, trainees and agency workers to work, train and/or learn without
harassment or intimidation. Harassment or intimidation by any employee,
trainee or agency worker toward another employee, trainee, agency worker,
patient, visitor or contractor working on behalf of the Trust, will not be
tolerated.

7. **WHISTLEBLOWING POLICY**

Employees (including temporary workers) are encouraged to raise concerns in
a confidential way about malpractices or intended malpractices that they
honestly believe can harm the NHS, the Trust, staff or the public at large using
the services and facilities of the Trust. If you have any such concerns, you
should raise these with your manager or the Personnel Manager.
8. **FINANCIAL INTEREST IN CONTRACTS**

You must inform the Director of Finance of the Trust as soon as it comes to your notice that you have a financial interest in a contract into which the Trust has entered, or proposes to enter into, whether or not you are party to the contract. In the case of a married couple, the interest of one is deemed to be the interest of the other.

9. **ACCEPTANCE OF GIFTS/HOSPITALITY**

A policy document incorporating guidelines on the above has been drawn up by the Trust. A copy of the document is available from your manager. If you have any queries regarding the acceptance of gifts/hospitality in connection with your work, you should consult with your manager before you agree to accept a gift or hospitality.

10. **PERSONAL PROPERTY**

The Trust will not accept any responsibility whatsoever for damage to, or loss of, personal property and recommends that you arrange appropriate insurance to cover such items.

11. **USE OF PRIVATE MOTOR VEHICLE ON TRUST BUSINESS**

You must not use a private vehicle on Trust business unless you have appropriate insurance covering you for an accident to a third party and for business use.

12. **POLICE INVESTIGATIONS**

If you are arrested on any charge or served with a summons on a criminal charge, you must inform your Manager/Head of Department immediately.

13. **TRUST PROPERTY**

Any uniform, protective clothing, keys or other items that may be issued to you, remain the property of the Trust and must be returned when your placement ends. Any loss/cost of replacement incurred by the Trust due to your failure to return Trust property will be charged to you.

14. **CONDUCT**

You must observe a high standard of personal and professional conduct and you must adhere to the policies and procedures of the Trust.

15. **DRESS AND APPEARANCE**

Your dress and appearance must portray a professional image to all users of Trust services, whether they be patients, visitors, clients or colleagues at
work. If you are unsure about appropriate dress and appearance, please see your manager.

16. INTELLECTUAL PROPERTY RIGHTS

All inventions, improvements, system developments, enhancements, designs, artistic and literary works made by you as part of the normal or assigned duties of your placement belong to the Trust and, the Trust reserves complete freedom, in any circumstance, to decide what action (if any) should be taken in this regard.

17. COMPUTERS

From time to time you may have access to a computer as part of your work. You must only access the computer and its material (which includes programmes) as authorised by the Systems Security Officer. It is illegal (under the terms of the Computer Misuse Act 1990) to alter or modify any computer material without authority, or to access material without authority, or to use information gained from the computer without specific authority. You must also not impart any programmes or discuss without authority.

If it is discovered that you have carried out any of the illegal acts referred to above, or any other similar acts, then the Trust will take appropriate action and you will be personally liable under the terms of the Acts.
# NEWCASTLE HOSPITALS AND COMMUNITY SERVICES STAFF BANK BOOKING FORM – ADMIN & CLERICAL BANK

<table>
<thead>
<tr>
<th>Department</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
<td></td>
</tr>
<tr>
<td>Cost Code</td>
<td></td>
</tr>
<tr>
<td>RCG No (Required)</td>
<td></td>
</tr>
<tr>
<td>Contact Name</td>
<td></td>
</tr>
<tr>
<td>Tel No</td>
<td></td>
</tr>
<tr>
<td>Start Date</td>
<td></td>
</tr>
<tr>
<td>End Date</td>
<td></td>
</tr>
<tr>
<td>Hours/Days</td>
<td></td>
</tr>
<tr>
<td>Band Required (2/3/4)</td>
<td></td>
</tr>
<tr>
<td>Reason for Booking: (Sickness/Mat Leave/Vacancy etc.)</td>
<td></td>
</tr>
</tbody>
</table>

**Brief Description of Duties/Skills Required:**

<table>
<thead>
<tr>
<th>E-Record Required: (Please mark level of access)</th>
<th>Clerical High</th>
<th>Clerical Medium</th>
<th>Clerical Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name:</td>
<td></td>
<td>Designation:</td>
<td></td>
</tr>
</tbody>
</table>

**STAFF BANK office use only**

FILLED:
<table>
<thead>
<tr>
<th>Information Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital: ………………….</td>
</tr>
<tr>
<td>Ward: ……………………...</td>
</tr>
</tbody>
</table>

**Has a Psychiatric Assessment been undertaken?**
- Yes/No
- Please provide further details:
  - ________________________________________________
  - ________________________________________________
  - *(If no please be aware that this may result in the request not being accepted)*

**Are there risks to others?**
- Yes/No
- Further details______________________________

**Are they a risk to themselves?**
- Yes/No
- Further details______________________________

**Is Close Observation required?**
- Yes/No
- Further details______________________________

**Is there a care plan in place?**
- Yes/No
- Further details______________________________

**Frequency of check?**

**How many requests?**
(i.e one patient or two?)
<table>
<thead>
<tr>
<th>Shifts and dates that need covered?</th>
<th>i.e. – long days from 1/06/2015 – 05/06/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>i.e. – Nights from 1/06/2015 – 05/06/2015</td>
</tr>
</tbody>
</table>

**Any Further Information:**

Requester: ..............................................

Please return to staffbank@nuth.nhs.uk – please note the details from this form will be shared with the Northumberland, Tyne and Wear mental Health Trust to facilitate staff coverage.
AGENCY OVERRIDE PROTOCOL

INTRODUCTION
Monitor and the Trust Development Authority (TDA) have recently introduced new guidance in relation to the booking of agency staffing. As a result the Trust needs to report non-compliance against this guidance on a shift by shift basis. All non-compliance arrangements need to be signed off by a relevant Board member (Executive Director). Trust Boards need to ensure that they are following robust and effective governance systems and the exceptional circumstances could not have been avoided through effective contingency planning.

NON-COMPLIANCE LEADING TO THE NEED FOR THE OVERRIDE PROTOCOL
Non-compliance can be either or both of the following:
- Using a non-framework agency
- Exceeding the price cap imposed by Monitor/TDA

IN HOURS NON-MEDICAL STAFF
Agreement to override the new rules imposed will need to be agreed by one of the following members of staff:
Nursing & Patient Services Director
Director of Finance
Director of Business and Development
Chief Executive

IN HOURS MEDICAL STAFF
Agreement to override the new rules imposed will need to be agreed by the Medical Director and in his absence one of the Associate Medical Directors.

OUT OF HOURS NON-MEDICAL STAFF
The first port of call should be the Patient Service Coordinator to allow them the opportunity to resolve the staffing issue. If this is not possible, agreement to override the new rules outside of normal hours will need to be agreed by the Director on-call. The Director on-call can be contacted via the switchboard.

OUT OF HOURS MEDICAL STAFF
The first port of call should be the Patient Service Coordinator to allow them the opportunity to resolve the staffing issue. If this is not possible, agreement to override the new rules outside of normal hours will need to be agreed by the Medical Director/Associate Medical Director on-call. They can be contacted via the switchboard.

RECORDING THE OVERRIDE
The executive director that has agreed the override will notify the relevant booking department (staff bank, medical staffing or human resources) of the arrangement so that the exception can be included on the return to Monitor.
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

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

PART 1

1. **Assessment Date:** 22/01/16

2. **Name of policy/strategy/service:** Staff Bank Policy

3. **Name and designation of Author:** Liz Harris – Deputy Director of Nursing

4. **Names & designations of those involved in the impact analysis screening process:** Peter Savage – Staff Bank Manager, Chris Ellis – Information and Development Support Manager

5. **Is this a:**
   - Policy X
   - Strategy
   - Service
   
   **Is this:**
   - New X
   - Revised

   **Who is affected**
   - Employees X
   - Service Users
   - Wider Community

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*

   To provide the framework and guidance for the use and management of temporary (Bank or Agency) staff within the Trust

7. **Does this policy, strategy, or service have any equality implications?** Yes [ ] No X
If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

Please see below

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>HR recruitment and employment policies  Staff Network</td>
<td>Evidence shows that staff from some BAME backgrounds are less likely to be appointed and have a poorer experience of employment. Add recruitment policy to linked documents</td>
<td>All staff applying will be appointed to the Bank pending clearance of References, DBS and Occupational Health</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>As Above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>As Above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>As Above  Staff Network</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>As Above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>As Above  2 tick disability employers  Staff Network</td>
<td>Some disabled staff have a poorer experience of employment.</td>
<td>All staff applying will be appointed to the Bank pending clearance of References, DBS and Occupational Health</td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>As Above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>As Above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td>As Above  Policy covers maternity related issues</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes ☐ No ☒

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Name: Peter Savage

Date of completion: 22/1/16

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