# Booking Registered Nurse or Health Care Support Workers additional hours, bank, overtime, and agency

## Procedure information

Procedure number: *Enter procedure number (policy team)*

Classification:
Corporate/Employment/Clinical/Financial (*please delete as relevant)*

Version number:
*Detail the version number.*

Date of Equality Impact Assessment:
*Detail date of EqIA*

## Approval information

Approved by:
*Detail which group/committee has approved this document.*

Date of approval:
*Enter approval date*

Date made active:
*Enter date made active (completion by policy team)*

Review date:
Enter review date (normally three years from approval date)

Summary of document:
The aim of this document is to ensure that any staffing deficits are covered in the most cost-effective manner, maximising the correct skill mix and experience with the aim of ensuring patient safety and staff wellbeing. It aims to prioritise our own staff over agency workers. These guidelines are introduced to support this objective and will remain under review.

Scope:
This procedure applies to all clinical settings where there is a nursing provision and who may utilise additional hours, bank, overtime, and agency.

To be read in conjunction with:
*Detail any approved Health Board policy/procedures which must be read in conjunction with*

Owning group:
*Name the group with ongoing responsibility for this document.*
*Date signed off by owning group*

Executive Director job title:
*Detail who is the Executive lead for this document*

Reviews and updates:
*Provide version overview.*

Glossary of terms

- **Bank Staff**– workers who are employed via the Health Board Bank.
- **Additional hours** – Additional hours are any hours that are worked up to and including 37.5hrs.
- **Overtime** - Overtime is defined as hours, more than 37.5hrs per week.
- **Agency worker –** workers who are employed by a service provider agency on an as needed basis.

# Contents

## Scope

This procedure applies to all Registered Nurses and Health Care Support Workers across the Health Board and covers the use of additional hours, bank, overtime, and agency.

## Aim

The aim of this document is to:

- Ensure that any staffing deficits are covered by maximising the correct skill mix and experience with the aim of ensuring patient safety and staff wellbeing, in the most cost-effective way.

## Procedure

**Definitions:**

- **Bank Staff**– workers who are employed via the HB bank who are available to cover increased demand, short term absence or longer-term projects.
- **Additional hours** – for those staff working a portion of the standard 37.5 hours, additional hours are any hours worked which is above their contracted hours and 37.5 hours.
- **Overtime** - Overtime is defined as hours, in excess of 37.5hrs per week. For staff working a portion of the standard 37.5 hours, overtime starts when these staff work over 37.5 hours. All staff in pay band 1 to 7 will be eligible for overtime payments. There is a single harmonised rate of time and a half for all overtime, with the exception of work on general public holidays which will be paid at double time. The overtime rates will apply whenever overtime hours are worked, unless time off in lieu is taken, provided the employee's line manager or team leader has agreed with the employee to this work being performed as overtime (NHS Terms and Conditions of Service Handbook, 2024). Overtime rates will apply if the shift is worked on the staff member's own ward. If a staff member works on another ward, then this should be paid as a bank shift.
- **Agency worker –** workers who are employed by a service provider agency on an as needed basis.

**Fraud, bribery, and corruption:**

All staff are required to comply with the Health Board's policies and procedures and apply best practice to prevent fraud, bribery, and corruption. Staff should be made aware of their own responsibilities in protecting the Health Board from these crimes.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud or inappropriate actions and are protected by the All Wales Raising Concerns (Whistleblowing) Policy. Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption can make a referral by contacting the Counter Fraud Department by either of the following methods:

- Telephoning the office on 01267 248627,
- Emailing HDUHB.CounterFraudTeam.HDD@wales.nhs.uk
- Making an online referral at https://reportfraud.cfa.nhs.uk or

- Making an anonymous referral by telephoning Crimestoppers on 0800 028 40 60.

Staff should refer to the Counter Fraud, Bribery and Corruption Policy for further information.

**Procedure**:

- Services should be organised in a way which minimises the need to secure additional staff hours (Days, Evenings and Nights should be assigned equitably between staff).
- The booking of additional hours, bank and overtime should be prioritised over agency workers, if you are unsure, please speak to a senior nurse.
- When authorising additional hours and overtime, the staff member's sickness absence history should be reviewed for any patterns of concern. The decision to authorise additional hours and overtime should take into account the staff member's wellbeing. Where high sickness has been identified, this should be highlighted to the Senior Nurse Manager.

1. **Registered Nurses:** the booking of additional, bank, overtime hours to cover the required shift (including the banding required) must follow the escalation process:

| RN deficits | Timeline | Process | Authorisation |
|---|---|---|---|
| Bank | Available to all staff with a bank contract once the roster is published – unfilled shifts should be sent to bank as soon as the roster is published (6 weeks in advance) | Shift to be sent to bank via allocate as soon as the roster is published | Ward Manager |
| Additional Hours | Available to all substantive staff once the roster is published | Shift added by Ward Manager onto Allocate | Ward Manager |
| Overtime – all shifts | 5 days in advance of the shift | Shift added by Ward Manager onto Allocate. SNM or equivalent to mark the shift as overtime on Allocate | Senior Nurse Manager or equivalent (8a level or above) |
| Agency – sickness | Agency should only be considered once bank, additional hours and overtime options have been exhausted.<br><br>No more than 72 hours in advance of the shift (72 hours has been agreed so that episodes of sickness that create deficits over the | The shift to be marked as 'sent to agency' by the Head of Service/ nominated deputy only.<br><br>Only those with sickness as a reason will be sent to agency 72 hours in advance.<br><br>The roster will be scrutinised by the bank | Head of Service/Nursing or nominated deputy |

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|---|---|---|---|
| | weekend can be managed appropriately) | office before the shift is sent to agency | |
| Agency – all other reasons | No more than 24 hours in advance of the shift | The shift to be marked as 'sent to agency' by the Head of Service/ nominated deputy only | Head of Service/Nursing or nominated deputy |
| Agency – out of hours | no more than 24 hours in advance of the shift | The shift to be marked as 'sent to agency' by the out of hours service and the ***out of hours team will contact the agencies directly*** | Out of Hours arrangements (i.e. site manager for the acute sites & community hospitals, the out of hours team for the mental health inpatient wards). |

Where additional duties tiles are required then these should not be added to the roster until the request has been authorised.

Please note that the function which enables shifts to be sent to agency will not be available to the Roster Managers and Senior Nurse Managers. This function will only be enabled for Head of Service/Nursing or nominated deputy and the team covering the out of hours arrangements.

In the event that the unfilled shift is a Band 6 or above, the individual booked to fill the shift must have the required skill set to be able to fill the requirements of the shift.

**Planned Agency requests:**

- In the event that the agency cover is required for 'planned' requests e.g. vacancy, additional requirements due to service change or surge (this list is not exhaustive), then a request will need to be submitted to Financial Control Sub Group in advance of the shift being worked, this shift should not be booked until authorisation has been granted.
- In the event that Band 6 or above staff indicate that they can cover a RN Band 5 deficit, then this should be covered as a bank shift at Band 5. Where there is a need for a band 5 shift to be covered by staff of a higher banding then this request will need to be submitted to the Financial Control Sub Group in advance of the shift being worked, this shift should not be booked until authorisation has been granted.

**Communication and Collaboration**

- Hold regular meetings with teams to discuss temporary workforce utilisation and the reasons for this use e.g. vacancies, sickness, out of hours requests.
- Ensure clear communication channels are maintained.

**Monitoring and Evaluation**

- Regularly review the effectiveness of the escalation process.
- Monitor the reasons for requests for shifts sent to agency.
- Monitor Agency Staff shift cancellations and report those that repeatedly cancel shifts or send unknown replacements to the Senior Workforce Manager Bank and E-Rostering.

- Undertake spot audits of the authorisation process for overtime and agency.
- Undertake spot audits of the risk assessments.

**Documentation**
- Maintain records of the risk assessments and staffing plans.
- Ensure all documentation is up-to-date and accessible to relevant staff.
- All hours worked by agency staff should reflect hours actually worked and any adjustments are to be noted on allocate as soon as possible.

2. **Health Care Support Workers**

| HCSW deficits | Timeline | Process | Authorisation |
|---|---|---|---|
| Bank | Available to all staff with a bank contract once the roster is published | shift to be sent to bank via allocate as soon as the roster is published | Ward Manager |
| Additional Hours | Available to all substantive staff once the roster is published | Shift added by Ward Manager onto Allocate | Ward Manager |
| Overtime – all shifts | 5 days in advance of the shift | Shift added by Ward Manager onto Allocate. SNM or equivalent to mark the shift as overtime on Allocate | Senior Nurse Manager or equivalent (8a or above) |

**As of the 1st of November 2024, the use of HCSW agency will no longer be supported.**

**2.1 Enhanced Patient Support – Request for Additional HCSW:**
- A review of the patient requiring enhanced patient support should be undertaken every 24 hours.
- Enhanced support does not always mean that additional staff would be required.
- Where additional staff would be required to support the patient, the review should include an assessment of the clinical environment both, at ward and site level. The assessment is about what enhanced support the patient required but also how we will provide the patient with the required support.
- Where additional staff would be required, no member of staff (substantive or temporary) should be expected to be with the patient(s) for the duration of their shift – this should be rotated between all the staff on duty.
- Consideration should be given to deploying staff from within the site or service in the first instance.
- Utilising temporary staff should only be considered when all other options have been explored.

**Responsibilities**

- Ward Sister/Charge Nurse: Complete the risk assessment and ensure sign off by the Senior Nurse Manager (taking into account any additional resource already built into the ward establishment to support patients requiring enhanced support).
- Senior Nurse Managers: Support ward area with deficit taking a strategic workforce view of the site. If unable to find cover send request on to Deputy or Head of Nursing for

authorisation. The Senior Nurse Manager or equivalent (or site manager/out of hours team out of hours) will be responsible for assessing the staffing arrangement across the site/service and determining whether there are staff that can be deployed to support the patient(s) requiring EPS. In the event that there is no staff that can be deployed then the use of temporary staff can be considered.

- Head of Nursing/Service (or nominated deputy): Authorise the risk assessment and approve staffing changes.

Any request for additional staff to support patients requiring and enhanced level of care must be supported by a risk assessment and authorised by the Head of Nursing/Service or nominated deputy:

| **HCSW Enhanced Patient Support requests** | **Timeline** | **Process** | **Authorisation** |
|---|---|---|---|
| Bank | No more than 72 hours in advance of the shift | Shift to be sent to bank via allocate as soon as the shift is added to the system | Head of Service/Nursing or nominated deputy |
| Additional Hours | No more than 72 hours in advance of the shift | Shift added by Ward Manager onto Allocate | Head of Nursing/Service or nominated deputy |
| Overtime – all shifts | No more than 72 hours in advance of the shift | Shift added by Ward Manager onto Allocate. SNM or equivalent to mark the shift as overtime on Allocate | Head of Nursing/Service or nominated deputy |

Where additional duties tiles are required then these should not be added to the roster until the request has been authorised.

**Risk Assessment Appendix 1**

**Communication and Collaboration**

- Hold regular meetings with healthcare teams to discuss patient needs and staffing changes.
- Ensure clear communication channels are maintained.

**Monitoring and Evaluation**

- Regularly review the effectiveness of the enhanced support provided.
- Undertake spot audits of the risk assessments.
- Gather feedback from staff and patients to identify areas for improvement.
- Monitor Agency Staff shift cancellations and report those that repeatedly cancel shifts or send unknown replacements to the Senior Workforce Manager Bank and E-Rostering.
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**Documentation**

- Maintain records of all needs assessments, staffing plans, and risk assessments.

- Ensure all documentation is up-to-date and accessible to relevant staff.
- All hours worked by agency staff should reflect hours actually worked and any adjustments are to be noted on allocate as soon as possible.

**Review**:

These guidelines will be reviewed periodically to ensure they remain effective and aligned with the financial objectives of the Health Board. They will be reviewed in partnership with our trade union colleagues.