Managers Guide to the Use of Temporary Staff

Wrightington, Wigan and Leigh NHS Foundation Trust recognises that the use of temporary staff is essential for helping managers to meet variations in activity levels, cover vacancies and short-term staff absences, and also to bring in specific skills for short periods of time. However, the Trust is keen to ensure that the use of temporary staff is considered only when all other avenues of working within the existing workforce have been explored. High levels of poorly managed temporary staff, both medical and non-medical, can be costly and may adversely affect patient safety.

Background

Demands within public services, including the NHS, to reduce spending on temporary and agency costs has brought into focus the way that employers manage their flexible workforce. The Trust has used agency staff in a range of situations as a way to quickly fill difficult gaps and to ensure that services continue to be delivered. Each month the Trust Board receives a report on the spend apportioned to the use of temporary staff, and it has been noted that despite the pressure to reduce the pay bill in line with Monitor submissions, the amount spent on temporary staff has not reduced. Nationally total agency spend within the NHS grew by 57 per cent to £1.9 million from 2007/08 and 2008/09. This increase affected all staff groups. Further increases in costs can be expected from October 2011, when the Agency Workers Regulations, 2010 come into force. These regulations grant agency workers the same working and employment conditions as substantive employees. The net result of these new regulations is that it is expected that agencies will increase their charges in order to meet their increased costs, especially for those staff employed after the 12-week qualifying period. Without a planned approach to temporary staffing, the Trust will see a rise in the cost of using this resource in the future.

Balancing Priorities

Delivering patient outcomes, while maintaining quality and making efficiencies, is not always possible using the substantive workforce alone. A range of options for using different parts of the flexible workforce in a planned way will be needed to meet both immediate and long-term challenges that the Trust is facing.

Principles

The key principles for using temporary staff are that this resource is managed within the total staffing budget allocated for a particular ward or department. In areas were eRostering is used it is expected that rosters are developed in order to minimise the need to use additional staff through appropriate allocation of shifts, annual leave and other options such as study leave.

The use of temporary staff should be used for the following reasons:

- To cover unexpected leave/absence where other plans can not be made from within existing staff available;
- To accommodate fluctuations in activity and/or care needs above the normal service requirements, e.g. escalation ward during winter pressures
- To cover planned unpaid leave or other absences

With regard to the use of temporary staff within clinical areas, note the importance of staffing levels to ensure that the quality of care provided to patients is not affected.

The use of temporary staff should be used only as a last resort after considering all other alternative solutions.
Flexible Use of Substantive Employees

In some circumstances overtime may be agreed with a member of staff as this arrangement enables safe cover of the service. In these circumstances managers must seek appropriate agreement from senior managers (Matron/Head of Nursing/General Manager) within the division prior to any agreement with the individual.

Please note that under the terms of Agenda for Change, overtime can only be claimed by staff within Bands 1 – 7. Staff in pay band 8 and above are not entitled to overtime payments under this national agreement.

If an employee is working extra hours under a separate contract for the Trust, for example via NHSP, this is not defined as overtime. For employees who work part time additional hours will be paid at plain time rates until their hours worked exceed the standard of 37.5 per week.

Forward Planning and Forecasting

Managers must plan as far in advance as possible to cover any known absences in order to minimise the need for temporary staff or the need for overtime or additional shifts.

Staff may request to take time off in lieu as an alternative to overtime payments, and this arrangement must be agreed in advance of the work being undertaken.

Managers must bear in mind the limits on working hours laid down in the Working Time Regulations when asking staff to work overtime, especially the requirements not to exceed the average 48 hours per week and the need for minimum daily rest periods.

If a member of staff has returned to work on a phased return following sick leave then they should not be asked to work overtime until the phased return period has finished.

Unresolved shortfalls in staffing of clinical areas which results in actual or potential unsafe practice should be escalated promptly within the clinical division to the relevant Matron or Head of Nursing. Should this occur in out-of-hours service periods then the duty manager must also be informed.

It is neither desirable nor clinically effective to use temporary staff if care can be provided more effectively through fewer staff that are competent and familiar with the caseload / acuity of the patient mix specific to the clinical environment.

Reasons for Requesting Temporary Staff

The reason for temporary staffing must fall within the following categories and should only be made if the remaining staffing levels would be considered unsafe, or there are insufficient staff to provide the service:

- Specific Trust Initiative resulting in additional activity, such as the Records Destruction Project.
- Maternity, Paternity or Adoption Leave, although this would preferably be covered with a fixed term contract
- Unplanned or special leave
- Increased workload / increased acuity and dependency of the patients
- Vacancy – the timely submission of vacancy approval documentation is the responsibility of line managers and should be instigated as soon as the individual hands in their notice.
- Winter or seasonal pressures leading to escalation facilities being opened to meet short to medium term capacity demands
- Influenza Pandemic staffing aimed at supporting Trust contingency planning

Temporary staff must not be used to cover Planned Annual Leave
Temporary Staffing Policies and Procedures

This guidance document must be read in conjunction with:

- Medical Locum Booking Policy
- Temporary (Nursing and Midwifery) Staffing policy (both available on the Intranet through the Policy Library)
- Non-medical Non-Clinical Staff Agency Adecco Agreement – available via the Procurement Department
Member of staff calls in sick or planned shift uncovered

Line Manager reviews current activity / workload / acuity of patients and considers what options are available to cover the shift without the use of temporary staff

Non-Clinical

Can someone swap?

Can someone stay on as an extra?

No?

Can someone come in on a day off or during annual leave?

Can someone else help from within the division? Liaise with other managers

Receive appropriate agreement from senior managers within the division prior to contacting the relevant agency through Adecco Agreement

Clinical

Can someone swap?

Can someone stay on as an extra?

Yes?

Can someone come in on a day off or during annual leave?

No?

Can someone else help from within the division? Liaise with other managers

Medical cover only – can internal locum cover be provided in line with Trust agreed rates?

Receive appropriate agreement from senior managers within the division prior to contacting the relevant agency

Contact relevant agency and complete required documentation as outlined within the appropriate policy.

Shift / Short Term assignment covered

Line Manager continually reviews arrangements and cancels shifts if circumstances alter