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Standard Operating Procedure (SOP) Nursing and Midwifery agency requests and sign off processes

Purpose

This Standard Operating Procedure (SOP) will detail the process to ensure authorisation has been approved for the use of none-medical agency workers within the University Hospitals of Derby and Burton (UHDB).

- This process aims to standardise the process across the trust and all sites.
- The objective is to ensure that UHDB are utilising health roster effectively, considering skill mix and development of staff.
- Any gaps in staffing should be risk assessed.
- Acuity levels should be considered to help inform professional decision making.
- Every effort should be made to explore where shifts can be filled from within the service.
- All additional considerations should be reviewed including the use of Derbyshire Health Staffing (DHS), 'bank shifts.'
- Requesting approval of none-medical agency staff should only be considered when all other options have been exhausted including bank.
- There should be a clear documentary audit trail of staffing gaps requests and approval / refusal in place.
- All requests and decision making for approval of agency shifts must be in an audit trail.
- Safe care live must be updated to reflect staffing gaps, actions, mitigations, actions and red flags.

Scope

This SOP covers the following principles:

- A stepped approach to ensure safe staffing through filling shifts, assessing risks, skill mixing, mitigation or escalating for agency approval.
- The process for requesting none-medical agency staff .
- Who can sign off none-medical agency staff request.

This covers all none-medical agency requests for all areas across UHDB sites.

Actions:

- Health roster should be completed and locked down within the agreed 6-week time frame by the senior sister / charge / nurse/midwife and matron through the confirm and support process. Vacant shifts should be sent to bank at this point.

- Health roster and safe care live should be reviewed and updated on every shift, by the nurse / midwife in charge. Matrons are responsible for reviewing this. Review of the health roster may be required more than once a shift.
- Every effort should be made to provisionally fill a gap or a pending gap on each shift by the nurse / midwife in charge of the shift.
- The senior sister / charge / nurse/midwife and matron should look forward to gaps, particularly at night and during weekends and bank holidays and agree mitigation or develop a plan. This must be clearly documented. Concerns should be escalated to the Divisional Nurse Director (DNDs) / Deputy Divisional Nurse Directors (DDND) or Head of Midwifery (HOM).
- The senior sister / charge / nurse/midwife and matron should approach substantive colleagues first to see if they can cover additional hours.
- Overtime payment for full time staff needs to be agreed by DNDs / HoM. The Health and Wellbeing needs to be considered.
- The senior sister / charge / nurse/midwife and matron should alert their DNDs/ HoM of safe staffing concerns, following mitigation or the development of a plan, there remains a risk.
- Every effort should be explored to review skill mix, redeploy staff or swop rostered staff. This may leave a gap later in the week, however there will be more time to review this and cover the gap at a later time.
- Ensure staff have worked their full contractual hours, including any 'un-used' hours.
- Review staffing across all wards and divisions to ensure that there are no additional staff above agreed minimum staffing levels in another area.
- Review any non-essential training, time allocated for link / champion roles. Consider cancellation or to rearrange, in order to release required staff to fill gaps in the health roster.
- Are there any ward sisters, charge nurses, core / lead midwives or other staff rostered on supervisory or other non-clinical days that can be rostered to work the shift (this includes rostering from other wards/divisions).
- Consideration should be given to moving colleagues between sites, particularly in specialist areas, for example intensive care unit, neonatal intensive care unit and maternity services. Transport may need to be booked to support this.
- Floaters and Allocation on Arrival (AOA) are booked to fill last minute gaps and should not be planned to fill gaps in more than 24 hours notice.
- The senior sister / charge / nurse/midwife and matron should put a request for a shift on health roster to see if the shift can be covered by DHS bank colleagues.

- DHS bank colleagues should be contacted either by telephone or via 'text' alert service if available or suitable.
- Staff can also access health roster to view shift gaps on via employee on line.
- Consideration and risk assessments should be given to not opening additional bed capacity. This will require conversations with the senior manager and executive on call.

Prior to a request for agency staff, risk assessment and professional judgement must include:

- ✓ Is the shift required to maintain minimum or safe staffing levels?
- ✓ Number of level 0 patients?
- ✓ Number of level 1a patients?
- ✓ Number of level 1b patients?
- ✓ Number of DOLs?
- ✓ Is a full shift required? early, late, twilight, night or long day; if not how many hours are required?
- ✓ Have the requirements been documented on safe care live?
- ✓ Has an incident form been completed, on Datix, to log unsafe staffing levels?

- If the gap still cannot be covered, then this should be escalated to the DNDs/ HoM, (senior manager and executive on call) who will seek approval to go out of caps (OOC).
- This approval request should be in an email, stating clearly why it is necessary and DHS should be copied in so there is a clear audit trail.
- If this is approved, DHS will put the shift out for OOC and confirm if it has been filled.
- The senior sister / charge / nurse/midwife and matron should update safe care live.
- If the OOC shift is not filled DNDs/ HoM(senior manager and executive on call) who will seek approval to go out to agency.
- This approval request should be in an email, stating clearly why it is necessary and DHS should be copied in so there is a clear audit trail.
- If this is approved, DHS will put the shift out to agency confirm if it has been filled.
- The senior sister / charge / nurse/midwife and matron should update safe care live.
- If the agency shift is not filled DNDs/ HoM (senior manager and executive on call)) will identify this as a staffing risk, which should be recorded on safe care live as a red flag incident.

Procedure for use of Nurse Agencies

The National Quality Board (NQB), (2016) supports NHS providers to deliver the right staff, with the right skills, in the right place at the right time to ensure safe sustainable and productive staffing.

This concept is about putting people first is a collective and individual responsibility and is central to the delivery of high-quality care that is safe, effective, caring and responsive. The key to delivering high quality care for all is about UHDB's ability to deliver services that are sustainable and well-led.

A UHDB priority is to improve workforce efficiency, which can benefit patient care through better recruitment and retention of permanent staff, better rostering, reduced sickness absence, matching work patterns to patient need, and reduced dependency on agency staff.

All options must be risk assessed and considered prior to seeking agency approval.

External on-framework agency

Any external on-framework agency supplier usage must be approved as follows;	
Specialist areas – Emergency Department (ED), Intensive Care Unit (ITU), Neonatal Intensive Care Unit (NICU) and paediatrics	General Wards
<p>Agency shifts can be requested within the division at capped rates and have to be approved by the DND / HoM / on call manager.</p> <p>All shifts that require an over the cap rate will require the DNDs / Hom to contact the directors of nursing / chief nurse for approval. This is a professional judgment decision will be based on patient safety.</p> <p>In the event of the director of nursing / chief nurse not being available, the request should be made to the other executives, usually the chief operating officer, deputy chief operating officers or medical director.</p> <p>If agency staff are required out of hours for reasons of patient safety, the senior manager on call should speak to the executive on call for approval.</p> <p>All requests for on-framework agency should be requested in an email with DHS copied in so there is a clear audit trail of the request, rationale for the request, and approval / refusal decision.</p>	
<p>Theatres</p> <p>The planned care division will include a nursing agency report in their monthly report to Performance Management Meeting (PMM). This will also show the predicted agency usage</p>	

for the coming month. The DND for planned care will approve the bookings following this discussion at PMM.

Off frame-work agency

Off framework agency supplier usage must be approved as follows;

Specialist areas – Emergency Department (ED), Intensive Care Unit (ITU), Neonatal Intensive Care Unit (NICU) and paediatrics	General Wards
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Off framework agency must be signed off by the Chief Nurse or Deputy, in working hours, or Director on-call out of hours. The commonest off-framework agency for Nursing and Midwifery is Thornbury.

If escalation to agency is required, please follow the attached flowchart:

