Trust Policy		NHS Plymouth Hospitals NHS Trust

Policy for the Verification of the Identity of Agency Nurses

Issue Date	Review Date	Version
May 2017	**April 2022**	**V3**

Purpose

To provide assurance of the identification of all temporary nursing and midwifery workers.

Who should read this document?

All Nursing and Midwifery staff.

Key Messages

The Policy will ensure that all staff are aware of their responsibilities for checking the identification of all temporary workers and what to do if unable to verify the worker.

Core accountabilities

Owner	**Nursing Workforce Manager**
Review	**JSNC**
Ratification	**Deputy Director of HR**
Dissemination	**Nursing Workforce Manager**
Compliance	**Nursing Workforce Manager / Clinical Standards Matron**

Links to other policies and procedures

Nursing Safer Staffing Escalation Standard Operating Procedure

Version History

V3	May 2017	Review and minor update
V2	March 2011	Trust Commitment to Valuing People amended in line with the Equality Act 2010 Electronic policy paths updated
V1.2	July 2009	Reviewed/revised
V1	November 2008	Drafted

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

Contents

1   Introduction

This policy is designed to ensure that those involved operationally in managing agency workers, i.e. the Duty Senior Nurse, Ward Sisters/Charge Nurses and other Senior Nurses conduct an identity check of all staff supplied by agencies prior to the commencement of the first shift on that ward/working area and record that such checks have been undertaken.

This is necessary because of the inherent risk with such agencies not meeting the required recruitment checks that are expected of framework approved agencies.

2   Purpose

Responsibilities of the Trust

It should be noted that all temporary staff (including NHS Professionals and all agency staff) should be wearing their photographic ID badge at all times when on duty and these should be checked at the beginning of each shift.

The majority of temporary nursing staff required by the Trust are supplied via NHSP. In the absence of them being able to fill vital shifts, the Trust may make the decision to use Agency Nurses and/or Health Care Assistants. In these circumstances, the Nursing Safer Staffing Escalation Standard Operating Procedure must be followed.

3   Definitions

NHSP – NHS Professionals
RN – Registered Nurse
HCA - Healthcare Assistant

4   Duties

Responsibilities of employees

All agency Registered Nurses (RNs) and Health Care Assistants (HCAs) will be procured as per the requirement of the current SOP and in line with the Trusts Financial Controls Guidance.

Responsibility of the Duty Senior Nurse

If the decision is made to redeploy an agency worker from the ward they are booked for they must ensure that the worker feels able to work in a different clinical area. If competent to do so they must ensure Safe Care is updated and the worker is recorded on the correct ward.

Responsibility the Nurse in-Charge of the Ward

When the supplied agency/bank staff is due to commence the shift, the Ward Manager/Nurse in charge must check that the agency staff on duty is the one named by the agency and recorded in StaffBank and that they have an agency photograph identity

badge, which shows that name. (NB<Please be aware that all agencies are advised of this requirement at the time of booking).

In the event that there is any discrepancy in the identification of the agency staff supplied, including the lack of an ID badge, this must be discussed with the supplying agency and duty senior nurse to verify the credentials of the nurse supplied.

The Nurse in Charge should ascertain whether the agency/bank nurse has worked on the ward/department before. If not, a local induction should be completed and stored on the ward.

If it is impossible to verify the identity of the agency staff supplied then said person should not be allowed to continue to work. In this instance a formal incident report must be completed on Datix and a feedback form completed on the NHSP website

The nurse in charge of the ward or department will be responsible for authorising the timesheet for the bank or agency nurse at the end of the period of work. At the time of releasing the shift 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 released unless these details are complete and correct.

Responsibilities of the agency worker

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

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

Responsibilities of the Nurse Bank/Agencies

The Nurse Bank will ensure that all staff employed via the Nurse Bank will have a Trust Identification badge and that registration is current. When necessary, for example, if Bank Nurses are not already Trust employees, this will be issued as per Trust/Bank arrangements.

The agencies will be responsible for ensuring that all nurses provided to the Trust are fully compliant with NHS Employer Check Standards as per the framework agreements.

5	Overall Responsibility for the Document

This policy has been agreed with the Deputy Director of Nursing for Plymouth Hospitals NHS Trust and the Nursing Workforce Support Manager with responsibility for temporary staffing.

6	Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the group or committee and ratified by the Director.

Non-significant amendments to this document may be made, under delegated authority from the Director, by the nominated owner. These must be ratified by the Director.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

7 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring Compliance and Effectiveness

- Monitoring of Compliance
- On a monthly basis:
- Monitor Datix incidents and bank / agency complaints
- On every occasion that an Agency RN or HCA is supplied this will be accompanied by a record of an identity check on the NHSP system.

9 References and Associated Documentation

Dissemination Plan and Review Checklist	Appendix 1

Dissemination Plan	
Document Title	Policy for the Verification of the Identity of Agency Nurses
Date Finalised	
Previous Documents	
Action to retrieve old copies	

Dissemination Plan			
Recipient(s)	**When**	**How**	**Responsibility**
All Trust staff		Vital Signs	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	
	Have archiving arrangements for superseded documents been addressed?	
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Equalities and Human Rights Impact Assessment	Appendix 2

Core Information

Date	5th June 2017
Title	Verification of Agency Nurses Policy
What are the aims, objectives & projected outcomes?	This policy is designed to ensure that those involved operationally in managing agency workers, i.e. the Duty Senior Nurse, Ward Sisters/Charge Nurses and other Senior Nurses conduct an identity check of all staff supplied by agencies prior to the commencement of the first shift on that ward/working area and record that such checks have been undertaken. This is necessary because of the inherent risk with such agencies not meeting the required recruitment checks that are expected of framework approved agencies.

Scope of the assessment

This policy applies to all agency nurses supplied by all incumbent and new providers.

Collecting data

Race	There is no evidence to suggest that there is an impact on race regarding this policy however all complaints made by and in relation to agency staff are monitored by the Clinical Standards Matron and Nursing Workforce Manager.
Religion	There is no evidence to suggest that there is an impact on race regarding this policy however all complaints made by and in relation to agency staff are monitored by the Clinical Standards Matron and Nursing Workforce Manager.
Disability	There is no evidence to suggest that there is an impact on race regarding this policy however all complaints made by and in relation to agency staff are monitored by the Clinical Standards Matron and Nursing Workforce Manager.
Sex	There is no evidence to suggest that there is an impact on race regarding this policy however all complaints made by and in relation to agency staff are monitored by the Clinical Standards Matron and Nursing Workforce Manager.
Gender Identity	There is no evidence to suggest that there is an impact on race regarding this policy however all complaints made by and in relation to agency staff are monitored by the Clinical Standards Matron and Nursing Workforce Manager.
Sexual Orientation	There is no evidence to suggest that there is an impact on race regarding this policy however all complaints made by and in relation to agency staff are monitored by the Clinical Standards Matron and Nursing Workforce Manager.
Age	There is no evidence to suggest that there is an impact on race regarding this policy however all complaints made by and in relation to agency staff are monitored by the Clinical Standards Matron and Nursing Workforce Manager.
Socio-Economic	There is no evidence to suggest that there is an impact on race regarding this policy however all complaints made by and in relation to agency staff are monitored by the Clinical Standards Matron and Nursing Workforce Manager.
Human Rights	There is no evidence to suggest that there is an impact on race regarding this policy however all complaints made by and in relation to agency staff are monitored by the Clinical Standards Matron and Nursing Workforce Manager.

What are the overall trends/patterns in the above data?	None

Involving and consulting stakeholders	
Internal involvement and consultation	Senior Nursing Staff Clinical Standards Matron Deputy Director of Nursing Nursing Workforce Manager and Trust Lead for Temporary Staffing
External involvement and consultation	n/a
Impact Assessment	
Overall assessment and analysis of the evidence	This policy will ensure that patients will be treated by staff who are fully compliant with NHS Employer Check Standards including NMC registration.

Action Plan				
Action	**Owner**	**Risks**	**Completion Date**	**Progress update**
Monitor agency complaints	Nursing Workforce Manager		Ongoing	
Specific issues and data gaps that may need to be addressed through consultation or further research				