Nursing and Midwifery Workload and Workforce Planning

Managing a Staff Bank
1. Introduction

This guide has been produced by staff bank managers as a resource for those setting up or managing a staff bank within NHS Scotland. It outlines best practice in managing a staff bank and should be read in conjunction with local policies and *A Good Practice Guide in the Use of Supplementary Staffing* (Scottish Government, 2007), key elements of which are referred to throughout this guide. It provides guidance to complement the *Nursing and Midwifery Workload and Workforce Planning (NMWWP) Learning Toolkit* (NES, 2008a).

A nurse bank is a group of flexible employees, contracted to work on an as-and-when required basis, often at short notice, to cover for planned and unplanned shortfalls in staffing. The employees are referred to as ‘bank nurses’ and are NHS employees, recruited and trained within the parent NHS organisation. Bank nurses may work within a variety of clinical areas, depending on their relevant skill set and are paid at NHS rates through NHS payroll systems. Almost every area of NHSScotland has access to a nurse bank, although organisation of the bank varies widely (SEHD, 2005).

Nursing and midwifery staff working as bank managers are encouraged to utilise the *Senior Charge Nurse Education and Development Framework* (NES, 2008b) to guide their learning and development needs with regard to their leadership role. This framework offers a learning and development structure and facilitates access to appropriate learning and development activities, and/ or academic education. It can be easily mapped to the manager’s NHS Knowledge and Skills Framework (KSF) and can be used:

- for self-assessment purposes
- to identify learning and development needs
- to plan personal and professional development
- as a guide to developing personal programmes of self-directed and work-based learning
- as a guide to education and training resources
- to support the personal development planning and review (PDPR) process

Additional learning and development options, resources and examples of good practice relevant to managing a staff bank are identified at the end of each section of this guide.

Background and context

Ensuring that the required numbers of nursing staff are maintained in spite of staff leave or increased activity is a part of daily life for operational managers and nurse leaders around the country (SEHD, 2005). The recommendations of the *Nursing and Midwifery Workload and Workforce Planning Project Report* (SEHD, 2004) laid the foundation for the development of a more systematic and standardised approach to nursing and midwifery workload and workforce planning. It recommends that the use of supplementary staffing, (staffing from nurse banks and nursing agencies), must be balanced with the permanent nursing establishment. A comprehensive report on planning ward nursing (Audit Scotland, 2002) reviewed all aspects of planning ward
staffing and identified the need to reduce spending on temporary staff, improve staff information on ward staffing issues and perform more effective nursing workforce planning.

The *Nationally Co-ordinated Nurse Bank Arrangement: Report and Action Plan* (SEHD, 2005) analysed the pattern of usage of bank nurses in NHSScotland at that time. One of the recommendations of the report was that NHS boards set targets on an annual basis to reduce the proportion of supplementary staff utilised from agency as a percentage of the total nurse staff deployment. The report also recommended that NHS Boards ensure policies and procedures are in place to approve the use of non-contracted agency staff at senior level and ensure ongoing scrutiny is applied, to ensure value for money. While the report found much to be admired in the way supplementary staffing was being handled within the NHS, it also highlighted areas in which a different approach would provide better standards of care for service users and better value for money for the service.

As a result the Scottish Government *Nursing and Midwifery Workload and Workforce Planning Project: A Good Practice Guide in the Use of Supplementary Staffing* (Scottish Government, 2007) was developed by nurse bank managers across Scotland for frontline staff and managers. It highlights the organisational policies and responsibilities of those who manage the nurse/ midwife staffing resource through, for example, staff rostering, use of workload tools, managing sickness and absence and annual leave, providing both the rationale and a means of assessing the ward, care setting or organisational position.
2. Recruitment

The purpose of the recruitment and selection process is to enable you to choose the people who will contribute the most to your staff bank. It is important that you work within your organisation’s policies and with your human resources (HR) and agenda for change teams. The bank manager also has an important role to play in helping colleagues understand and control the demand for temporary staff, improve staff information on ward staffing issues and perform more effective workforce planning (See NMWWP Toolkit for more information).

Staff governance

Staff governance is a system of corporate accountability for the fair and effective management of all staff and is key to the effective and efficient delivery of services. The staff governance standard sets out what each NHSScotland employer must achieve in order to improve continuously in relation to the fair and effective management of staff. Implicit in the standard is that all legal obligations are met, including NHS employers complying with current employment legislation, and that all policies and agreements are implemented (SEHD, 2007). Staff governance has five key standards which employers are required to deliver, entitling staff to be:

1. Well informed
2. Appropriately trained
3. Involved in decisions which affect them
4. Treated fairly and consistently
5. Provided with an improved and safe working environment

Staff bank managers need to be aware of current employment legislation and guidelines as well as their own organisational policies. Your HR department can advise you on a range of recruitment and staff related issues and ensure that your recruitment practices adhere to legislation, and local and national, obligations, policies and agreements. Local policies will be developed within the framework of the Partnership Information Network (PIN) guidelines which currently cover issues such as:

- dealing with employee concerns
- dignity at work: eliminating bullying and harassment from the workplace
- equal opportunities policies
- management of employee conduct
- personal development planning and review
- management of employee capability
- managing health at work

Selection

If you want to attract the best staff you need to consider what your bank has to offer as well as deciding what you are looking for when recruiting bank staff. Accurate and up to date generic job descriptions for each bank staff role together with matched person specifications are vital to guide selection. It is essential that the job
description and person specification provide clear, accurate and current information about the role, responsibilities, knowledge, skills and experience required to adequately perform the duties expected of the post holder. This will include those relating to the role as well as the important qualities of flexibility and reliability required from bank staff.

Shortlisting and interviewing criteria should be established for each role using the person specification. This will help you or the shortlisting/selection panel to decide whether or not applicants have the required competencies for the specific role. You should also ensure that:

- the application form is completed appropriately and contains all relevant information.
- the statement in support of application identifies the appropriate knowledge, skills and experience

It may be useful to conduct interviews in partnership with, or delegate interviewing to, clinical staff who have the appropriate knowledge and skills for the particular role. Involvement of service users in this way promotes ownership and responsibility. Questions should be prepared in advance and agreed with the interview panel, and candidates should be able to demonstrate:

- a knowledge of the job/post applied for
- an awareness of the function of the staff bank

It may also be possible, through good channels of communication, to arrange for clinical staff to refer suitable applicants to the staff bank, e.g. where a candidate was suitable for a permanent position but posts were currently unavailable.

Pre-employment checks

*The same pre-employment checks used in the recruitment of nurses to the substantive workforce should be used for recruiting bank nurses* (Scottish Government, 2007). Pre-employment checks are necessary to establish the identity of the candidate and ensure that prospective staff:

- are registered with the appropriate statutory body;
- are checked against police records;
- are eligible to work in the UK;
- are competent to perform the duties that the job may require; and
- are fit for duty.

Development of a pre-employment check list is recommended and following interview you should ensure that all criteria for the appointment have been met. Where a ‘fast-tracking’ system is in operation for the recruitment of internal candidates, there are certain pre-employment checks that still need to be carried out. Employment legislation can be complicated and it is important that you check your local organisational policies and consult with your HR department. PIN guidelines give guidance on pre-employment checks that are either required by law or are good practice. Examples of pre-employment checks include:

- **References** - two satisfactory references should be obtained as per your local policy. Best practice as per NHSScotland policy (Partnership Forum, 2007).and
the national application form, indicates that this should include one from the immediate previous employer

- **Disclosure Scotland** - all staff who come into contact with patients require an enhanced disclosure. All convictions, including spent convictions, must be declared and judgements may need to be taken, with advice from HR, if the disclosure highlights convictions which could affect the person’s ability to perform in post.

- **Eligibility to work in the UK** – Work permits will not be granted specifically for bank work but may allow supplementary hours with the same employer. It is good practice, when appointing someone to the bank, to take a copy of their work permit and passport at time of completing all engagement paperwork. There are certain access/employment visas that allow bank staff to work a certain number of hours or at certain times, e.g. student visa, dependant’s visa. For staff working with ‘limited leave to remain’ there are requirements for bank managers to review eligibility to work on an annual basis. Bank managers also need to be aware of the employment registration schemes applicable to some EU countries. Further information can be obtained from the Home Office employer’s information website (see below).

- **Verification of Identity** – The documentation checked in relation to Disclosure Scotland and eligibility to work will usually satisfy the verification of identity required before making an appointment. Full details of appropriate documentation to establish identity are included in the PIN guideline *Safer Pre and Post Employment Checks: Policy for NHSScotland* (see below).

- **Occupational health screening** – Bank managers need to identify where newly appointed staff (internal and external) are likely to work so that occupational health staff can determine what screening is necessary.

---

<table>
<thead>
<tr>
<th><strong>Learning and development opportunities/ useful resources</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Office sponsorship and employer’s helpline:</strong> 0845 010 6677</td>
</tr>
<tr>
<td><strong>Web links</strong></td>
</tr>
<tr>
<td>Chartered Institute of Personnel and Development (CIPD) website: <a href="http://www.cipd.co.uk">www.cipd.co.uk</a></td>
</tr>
<tr>
<td>Home Office employer’s information: <a href="http://www.ukba.homeoffice.gov.uk/employers">www.ukba.homeoffice.gov.uk/employers</a></td>
</tr>
<tr>
<td>Information on the full criteria for work permits can be obtained from <a href="http://www.workpermit.com">www.workpermit.com</a></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th><strong>Examples of good practice</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Job descriptions and person specifications available from staff bank managers</td>
</tr>
<tr>
<td>NHS Fife, Lothian and Greater Glasgow &amp; Clyde processes for bank staff</td>
</tr>
</tbody>
</table>
3. Getting the best from your bank staff

Communication

Staff bank managers are responsible for managing a very diverse and dispersed group of people and good communication is vital. Messages and information needs to be reinforced repeatedly and finding effective ways of keeping in touch with bank staff can be challenging, costly and time consuming. Mail shots can be difficult and building up a database of email addresses and mobile telephone numbers can be useful for easier communication via email and text messaging. Some staff banks produce a regular staff newsletter.

A variety of methods should be employed to communicate with nurse bank staff (Scottish Government, 2007). It is important that staff can contact the bank office easily and that the information and messages they receive are consistent. It is good practice to have generic email accounts such as admin@, nursebank@ etc. so that emails are ‘streamed’ into the office. Preparing ‘scripted’/standardised responses to common questions or specific/topical issues helps to ensure a consistent approach and avoid rumours or confusion.

Preparing your bank staff for their role

Operational policies should be developed for staff banks that make it clear what is expected of bank staff in relation to:

- induction prior to commencement of the post
- how staff indicate their availability for work
- communicating any problems to bank office
- completion of timesheets
- how to access training

In addition, the bank manager needs to be aware of NHS Board policies and how to access these, and should enable access to such policies as well as relevant clinical protocols for their bank staff. You may wish to provide a staff handbook or information leaflet which provides information on staff bank procedures.

Bank staff should be given the same induction as substantive staff. Access to appropriate induction is not only essential in preparing newly-employed bank nurses for work within the organisation, but is also a key element of the Staff Governance Standard (Scottish Government, 2007). This will require staff bank managers to liaise with the providers of induction regarding how many staff can attend at any given time, and how this is co-ordinated between bank office and providers. Even when bank staff have attended a general induction, it is important that they get appropriate induction to the particular area they are working in (Audit Commission, 1999).

Bank staff should undergo the same risk assessments as other staff, e.g. pregnant workers, under 18 and return from maternity/long-term sick leave. The staff bank manager will need to ascertain who carries out risk assessments within their organisation.
Staff bank managers need to make sure that bank staff are aware of their responsibilities in ensuring their own health and safety and that of their patients and colleagues. They should ensure that staff are aware of the forms they need to complete if there is an issue or incident in an area they are working in and that all accidents/incidents relating to patients or staff are reported on the appropriate form in a timely manner.

**Performance and capability**

NHS Boards are accountable, through the clinical governance framework, for ensuring that the clinical care they provide is current and effective, and that nursing and midwifery staff are up to date in their practices. If bank and agency staff are not competent, they can actually increase the workload of staff on the ward (Audit Commission, 1999). Staff bank managers need to familiarise themselves with their Board employee conduct and capability policies. They should develop a communication strategy that ensures bank staff are aware of the policies that apply when undertaking bank shifts.

Bank staff need to be able to feedback concerns regarding clinical areas. It is also important that clinical staff provide feedback to the bank. Such communication strategies should be incorporated into the bank’s operational guide together with what is expected from clinical areas with regard to supervision of bank staff.

*A process should be in place to enable clinical staff to provide ongoing feedback on individual bank nurses’ performance in clinical areas* (Scottish Government, 2007). Bank nurses are accountable for their practice and clinical staff should be encouraged to deal with performance issues in the same way as they would with their substantive staff. Building relationships with your HR advisors and familiarisation with local and national HR policies is important for the staff bank manager. For more information on performance management and HR issues please refer to the NMWWP Toolkit.

**Learning and development**

*It is essential that bank nurses have access to professional development opportunities to allow them to meet the range of Knowledge and Skills Framework (KSF) elements they are required to meet. This is necessary not only for their own career development, but also for protection of patients and the public* (Scottish Government, 2007).

Education, learning and development are essential elements in developing a motivated and flexible workforce and bank staff should have the opportunity for personal development planning. Maintaining consistency and continuity of performance review and assessment of development needs for bank staff can be challenging, but it is important that they are supported in identifying their learning needs and encouraged to assume responsibility for their own continuing professional development. The staff bank manager should be able to provide information of learning and development opportunities relevant to the area of work, and will need to ensure that bank staff have realistic expectations.
### Learning and development opportunities/ useful resources

- Local conduct and capability policies
- Local learning and development/ practice development training calendars

**Web links**

- Making practice-based learning work: [www.practicebasedlearning.org](http://www.practicebasedlearning.org)
- NHS Employers: [www.nhsemployers.org/pay-conditions/pay-conditions-2989.cfm](http://www.nhsemployers.org/pay-conditions/pay-conditions-2989.cfm)
- Risk assessment: [www.sahw.co.uk/main-section/workplace-topics/risk-assessment.cfm](http://www.sahw.co.uk/main-section/workplace-topics/risk-assessment.cfm)
- Safety essentials for managers: [http://sen.skillnetonline.com/SabaWeb](http://sen.skillnetonline.com/SabaWeb)
- Safety management: [www.intute.ac.uk/healthandlifesciences/cgi-bin/browse.pl?gateway=nmap&id=108103](http://www.intute.ac.uk/healthandlifesciences/cgi-bin/browse.pl?gateway=nmap&id=108103)

### Examples of good practice

- The NHS Lothian operational guidance is a comprehensive collection of local protocols to ensure consistent management of a range of situations (including managing allocation/ usage, feedback, performance, attendance and training of bank staff)
- NHS Tayside, Greater Glasgow & Clyde and Fife clinical feedback forms
3. Working effectively with service users.

Marketing and communication

Marketing is a way of describing how the staff bank shapes the service it provides to meet the needs of the customers (users). Customer satisfaction is a major aim of any marketing activity. The staff bank has two groups of customers; the service users in clinical and non-clinical areas and the bank staff. Systems of regular audit and surveillance of service users’ views of the deployment of supplementary staff, including monitoring levels of complaints, should be in place (Scottish Government, 2007).

Producing an operational guide which outlines the services you provide/ don’t provide and what’s expected from clinical staff is essential. This helps inform those who access the service of the systems currently in place and ensures standardisation by detailing operational procedures. It is critical that the staff bank involves service users in any developments, remembering there will be constraints, legal or policy, that dictate some of the processes that you will put in place. Regularly receiving feedback and taking action accordingly enables processes to be tailored to meet customer need. You may agree to provide standard reports for service users generated for IT systems, e.g. fill rates, usage trends.

Getting to know senior clinical staff such as clinical nurse managers, lead nurses, chief nurses and directors as well as your HR and finance departments/ management accountant is important. Try to get yourself invited to regular meetings so you can both gain information and represent the views and needs of the staff bank. It is also useful to work with recruitment teams and professional development staff. It may be possible to attend recruitment fairs or speak to newly qualified nurses in universities to promote your staff bank.

Outputs of marketing activities might be:

- **Service level agreement (SLA)**
  A SLA is a signed agreement between the staff bank and its customer outlining the standards each need to operate to.

- **Balanced scorecard**
  A technique allowing the organisation to monitor and manage performance against defined objectives.

- **Brand**
  The set of physical attributes of the service, together with the beliefs and expectations surrounding it - a unique combination which the name or logo of the product or service should evoke in the mind of the audience.

Agency contracts and procurement

Staff bank managers need to be aware of currently contracted agencies, what rates they charge and when contracts are due for renewal, and therefore need to liaise with their local procurement manager. There are a number of different types of agencies that you may use.

**Agency** - “Agency nurses are flexible employees employed through a third party, a commercially driven, profit making organisation which the NHS engages to supply
staff on an ad hoc basis. The NHS pays a fee that includes an element of commission and the remuneration that will subsequently be paid to the agency nurse according to the agency's pay structure” (SEHD, 2005).

**Contract agency** - An agency that has agreed contractual terms with the NHS in Scotland having been selected in an open and transparent tendering process. The agency has agreed to adhere to a specification determined by the NHS in Scotland, including paying the agency nurse an agreed hourly rate of pay commensurate with the rate of pay substantive employees would earn for similar duties. The contract agencies are given priority over ‘off contract’ suppliers when NHS services require to secure staffing from a third party supplier. It is recommended that once the agency contracts are agreed nationally, staff bank managers work with the preferred suppliers to agree an operational plan.

**Off Contract Agency** - An agency that does not have a contract to supply staffing to the NHS in Scotland. Within the off contract agency category there are premium rate agencies, agencies that supply staff at inflated pay and commission rates. HDL (2006) 39 prohibits the use of off contract suppliers in the NHS in Scotland.

National Procurement is the division of National Services Scotland responsible for ensuring that an efficient service of the highest standards in modern procurement practice is provided to all NHS Scotland organisations from sourcing through to the delivery of products. One of their three main functions is strategic sourcing which focuses on negotiating national contracts for health service products and services.

CDSnet is a database of all national contracts negotiated on behalf of the NHS in Scotland. It contains contracts consisting of individual items covering a wide range of the goods purchased by the NHS, including all the supplementary staffing contracts and details of the most up to date personnel dealing with the contract. With a log in to the CDSnet site you can check the current suppliers and the rates applicable.

**Managing demand**

NHS Boards should take action to reduce unnecessary bank and agency use and minimise the time senior clinical staff spend arranging cover. Your NHS Board workforce planning strategy should establish targets for supplementary staff as a percentage of the total nurse staffing establishment, thus driving actions to reduce or eliminate the use of agency staff. Good communication with service managers is paramount and attending regular senior nurse meetings can prove useful. Developing protocols is important in reducing bank uses and policy documents should highlight the kind of situations in which a request for bank staff should be made, for example:

- short/long-term absences
- additional workload
- special leave
- vacancies
- patient observation
- escort duty
Managing a Staff Bank

**Demand authorisation**

The staff bank operates on a supply and demand basis. The processes that are put in place need to ensure that there is adequate scrutiny of requirements and financial probity. Ideally a clear written process for authorisation of supplementary staffing should be in place, detailing for example:

- who can order bank staff?
- who can order agency staff?
- who authorise the use of agency staff?

<table>
<thead>
<tr>
<th>Learning and development opportunities/ useful resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact your local procurement manager with a view to participation in the tendering and contracting process and the review of contracts</td>
</tr>
<tr>
<td>Finance and performance monitoring teams within your NHS Board may be able to offer assistance in developing a SLA</td>
</tr>
<tr>
<td>Standing financial instructions within NHS Board</td>
</tr>
</tbody>
</table>

**Web links**

CDSnet: [www.scotcat.scot.nhs.uk/cdsnet/cdsnet](http://www.scotcat.scot.nhs.uk/cdsnet/cdsnet)

CIPD website [www.cipd.co.uk/default.cipd](http://www.cipd.co.uk/default.cipd)

Chartered Institute of Marketing website [http://www.cim.co.uk/home.aspx](http://www.cim.co.uk/home.aspx)

Good Practice Guidelines for the Establishment of Contact Centres: [www.scotland.gov.uk/Publications/2003/01/16227/17210](http://www.scotland.gov.uk/Publications/2003/01/16227/17210)


NHS Scotland workforce information: agency and bank information: [www.isdscotland.org/isd/5685.html](http://www.isdscotland.org/isd/5685.html)
Examples of good practice

NHS Dumfries and Galloway regional nursing and midwifery bank operational Document
NHS Tayside nursing/midwifery bank and agency policy
NHS Lothian service level agreement
NHS Fife balanced scorecard
NHS Lothian operational agreement with primary agency supplier
NHS Lothian process for ordering supplementary staffing
NHS Tayside timesheet authorisation process
NHS Lothian user groups: the staff bank hosts user groups for different customer groups (community nursing / hospital nursing / admin and clerical etc). The remit of these groups includes being a decision-making forum which will drive forward the implementation operationally of NHS Lothian strategies in relation to supplementary staffing. They are also a forum by which standards of best practice in relation to the orientation, induction and management of bank staff at shift level; clinical competencies, and the transferability of skills in bank staff and the recruitment, use and deployment of bank staff are ratified. These meetings ensure that the customer’s requirements are known and where possible met by the staff bank.
NHS Lothian customer satisfaction survey: NHS Lothian has polled customers on a regular basis to understand where the service is exceeding or failing to meet the customer requirements.
NHS Lothian NMWWPP Steering Group: The steering group oversee all the work streams connected to the NMWWPP programme, ensuring that the supply and demand for supplementary staffing is embedded in a wider agenda across the organisation. This ensures the staff bank activities, processes and services are complimentary to other work going on within the organisation.
NHS Lothian project teams: Any new development has a project team established from the outset, usually led by a key player within the staff bank team. All stakeholders are represented. This may include services that support the staff bank as well as representatives from the customer base and partnership colleagues, thus ensuring that the concerns from all participants are heard early in the planning phase and the project develops with customer focus and support.

The NHS Lothian bank is central to NMWWP strategy and the bank manager contributes to delivery of NMWWP programmes for senior charge nurses using the *NMWWP Toolkit*. 
4. Bank staff deployment.

Managing expectations

Service areas determine the volume of demand. The staff bank has to have appropriate numbers of staff with the appropriate skill set to meet the demand. It is critical, to ensure customer satisfaction, that the staff allocated to clinical areas have the appropriate skills and competencies, both from the staff members perspective and that of service users.

How do you decide what staff are allocated where? To do this effectively you need to:

- know your bank staff, their knowledge, skills and experience
- know what is required from different clinical areas

Developing and documenting pre-requisite requirements, associated training and supernumerary or first shift objectives for each area is a useful approach and ensures that the bank staff are not allocated to work in areas where they lack the necessary skills and experience. It also helps identify training needs relevant to specific areas and ensures equity in access to training. Such information can be documented in a staff handbook.

Working time directives

Staff bank managers must be aware of working time regulations and staff governance issues (see page 4), and should seek advice from their HR department. The European Working Time Directive (EWTD) lays down minimum requirements in relation to working hours, rest periods and annual leave. The Directive was enacted in UK law as the Working Time Regulations (WTR) from 1 October 1998. The EWTD has applied to the vast majority of employees since 1998, with a few exceptions including doctors in training. In 2004, the EWTD provisions were extended to doctors whose maximum working hours must be reduced to 56 by August 2007 and to 48 hours from August 2009 (Healthcare Workforce Portal). The main features are:

- 11 hours continuous rest in 24 hours
- 24 hours continuous rest in 7 days (or 48 hours in 14 days)
- 20 minute break in work periods of over 6 hours
- 4.8 weeks annual leave, increasing to 5.6 weeks in April 2009

From 1 October 2008, bank staff are entitled to be paid for their statutory annual leave at the time the leave is taken. This also means that the 11.59% WTR payment will cease and instead, as and when required, bank or casual staff will be entitled to pro rata annual leave based on hours accrued and also to payment for any unsocial hours worked, in line with the AfC agreement. The new arrangements also mean that as and when required, bank or causal staff will require to have a leave sheet or appropriate record to enable annual leave to be requested and recorded (Scottish Government, 2008). The Staff Bank IT systems have functionality around applying the working time directives.
**Attendance**

Staff bank operational guides should provide information about how to report absence and the notice to be given. Protocols need to be agreed and communicated to bank staff and service users regarding attendance issues such as:

- punctuality
- cancellations
- non attendance
- ‘walking off’ the ward
- being sent home

It is best practice that bank staff are be treated the same as staff in substantive posts with regard to sickness and absence and staff bank managers should therefore be familiar with their NHS Board sickness and attendance policies. Bank staff are only entitled to statutory maternity, paternity and sick pay but are eligible for maternity and paternity leave.

---

**Learning and development opportunities/ useful resources**

Local attendance management policies

**Web links**

Changes to the way in which staff are paid during periods of annual leave: [www.sehd.scot.nhs.uk/pcs/PCS2008(AFC)12.pdf](http://www.sehd.scot.nhs.uk/pcs/PCS2008(AFC)12.pdf)


---

**Examples of good practice**

NHS Lothian usage matrix

NHS Lothian protocol for managing attendance of bank staff
5. Managing your bank office.

There should be adequate office space and resource and facilities to enable effective functioning of the bank (Scottish Government, 2007). Good customer care is paramount and those who manage the staff bank need to be customer focused. There also needs to be clear reporting structures and administrative staff need to be aware of lines of accountability and responsibility for issues such as incident reporting, pay and conditions and staff deployment. The workforce planning and staff deployment section of the NMWWP Toolkit is a useful resource for nurse bank managers.

Contributing to service development

The staff bank manager can contribute to nursing and midwifery workload and workforce planning and service development in many areas for example:

- meeting national directives
- reducing agency spend
- more effective staff bank use
- reporting against HEAT targets

Please refer to the NMWWP Toolkit Long-term planning section (page 62).

Managing finance and budgets

The majority of staff banks do not have a budget. Funds are secured through the NHS Board and all costs are re-charged to the users of the service by a variety of methods. However banks must still ‘live within their means’. It is essential to develop a good understanding about how budgets work and develop good working relationships with the appropriate link people in payroll and finance. Please refer to the NMWWP Toolkit Budgets/ financial management section (page 58).

Counter fraud

*Systems should be in place to detect fraudulent invoices, travel claims and timesheets from supplementary staff (Scottish Government, 2007).* The risk of people claiming remuneration for services not provided is a potential risk that needs to be minimised. Possible areas of counter fraud include:

- timesheet submission e.g. extending working hours, claiming for shifts not worked
- working when they shouldn’t be working, e.g. sickness/ claiming benefits

It is important to know the person in your NHS Board who is responsible for counter fraud. NHSScotland Counter Fraud Services provide a full service to NHSScotland through a centrally based, professionally qualified team of specialists dedicated only to counter fraud work. Their aim is to support and improve the services of NHSScotland helping to ensure that money is deployed for the public good in the effective delivery of frontline services. Linking to the Nurse Bank Managers Network is a good way of keeping up to date as a member of the counter fraud services attends network meetings regularly.
Information technology

Complex information systems in nurse banks require adequate IT provision. The bank should use one of the two accredited software systems for managing nurse banks in Scotland (Scottish Government, 2007). Adequate training should be provided for bank IT systems as well as those used within HR.

Data protection

All NHSScotland organisations are accountable for their performance against national standards for information governance published by NHS Quality Improvement Scotland (NHS QIS). Standard 1.0004 states: “The Board’s Information Governance plan includes appropriate training for all staff on the elements of Information Governance (e.g. confidentiality, data protection, security and professional standards in information collection and processing).”

Data protection laws protects people’s privacy and ensures that personal data is processed fairly and lawfully. The Data Protection Act 1998 seeks to strike a balance between the rights of individuals and the sometimes competing interests of those with legitimate reasons for using personal information. The Act gives individuals certain rights regarding information held about them. It places obligations on those who process data while giving rights to those who are the subject of that personal data. The way you may use the personal information you hold is governed by eight data protection principles. These require that information is:

- fairly and lawfully processed
- processed for limited purposes
- adequate, relevant and not excessive
- accurate
- not kept longer than necessary
- processed in accordance with individuals' rights
- kept secure
- not transferred to countries outside the European Economic Area without adequate protection

Learning and development opportunities/ useful resources

Web links

Information Governance in NHSScotland: A Competency Framework
www.infoliteracy.scot.nhs.uk/media/1012392/ils-hcp.pdf

NHSScotland Counter Fraud Services www.cfs.scot.nhs.uk

Information Commissioners office: www.ico.gov.uk

NES Virtual learning Centre (finance management): www.learningcentre.scot.nhs.uk/cmselib/vlc/management-skills/finance-management.aspx

NES Virtual learning Centre (IT skills): www.learningcentre.scot.nhs.uk/cmselib/vlc/it-information-skills.aspx
### Examples of good practice

NHS Lothian operational guidance is a comprehensive collection of local protocols to ensure consistent management of a range of situations (including management of annual leave, roster, TOIL etc for office based staff and contingency plans for a range of situations).
7. References


Appendix 1: Editorial group

**Fiona Ireland**, Senior Manager, NHS Lothian Staff Bank  
**Joan Main**, Clinical Nurse Bank Manager, NHS Fife  
**Jane McCready**, Acting Head of Service, NHS Greater Glasgow and Clyde Nursing and Midwifery Bank  
**Mary Richardson**, External Consultant, MER Consulting

Thanks to the Nursing & Midwifery Workload & Workforce Planning Programme Nurse Bank Representatives Networking Group for their contribution.