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C O N S O R T I U M

NATIONAL AUDIT OFFICE

Results of Census of Temporary Nursing Staff in Acute Hospital and Foundation Trusts

Final Report

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This research relied entirely upon the cooperation of the acute hospital and foundation Trusts that provided data and information on their use of, and expenditure on, temporary nursing staff. We would particularly like to express our gratitude to those Trusts that participated in the piloting exercise for their comments which were very useful in preparing the final versions of the questionnaires.

Section 1: Introduction

1.1 INTRODUCTION

The National Audit Office (NAO) commissioned York Health Economics Consortium (YHEC), in conjunction with QA Research, to undertake a census of the use and management of temporary nursing staff in acute hospital and foundation Trusts. In particular, this study focuses on the scale of Trusts' use of staff from agencies, banks and NHS Professionals (hereafter referred to as, NHSP). This census was undertaken as one of a number of strands, which will feed into a wider research programme on this issue being undertaken by the NAO. It is intended that the findings from these research strands will inform the NAO's report to Parliament on Trusts' use and management of temporary nursing staff.

The purpose of this report is to outline the results of the census. The structure of the report is as follows:

- The methodology adopted in constructing and administering the pilot, and the analysis of responses is outlined in Section 2;
- Section 3 reports the findings on use of agency nursing staff;
- Use of bank nursing staff is outlined in Section 4;
- Analysis of the use of NHS Professionals is contained in Section 5;
- Section 6 contains comparative analysis, which compares the use of the various types of temporary nursing staff;
- Trusts' demand for temporary nursing cover is investigated in Section 7;
- Section 8 concludes.

Section 2: Methodology

2.1 QUESTIONNAIRE DESIGN

The content of the questionnaire was decided by the NAO following consultation with a number of organisations, including the Audit Commission and representatives from Trusts. This process identified the most relevant issues concerning the use and management of agency, bank and NHSP nursing staff.[1] In doing so, respondents can associate with the aims of the research and view the questions as being relevant to them, which helps to maximise the item response rate.

Two versions of the questionnaire were prepared – one to be sent to users of NHSP and another for those who do not use NHSP. The areas covered in the questionnaires include the following:

- Background Trust information;
- Use of private sector agencies for the provision of temporary nursing staff;
- Expenditure on agency nursing staff;
- Use of, and expenditure on, bank/NHSP nursing staff;
- Temporary nursing cover arrangements employed within the Trust;
- Areas of good practice or concern relating to the use of temporary nursing staff within the Trust.

In addition to this consultation process, a preliminary version of the questionnaire was piloted with eight Trusts – six of which returned completed questionnaires. This sample included foundation and non-foundation Trusts; Trusts that do use NHSP and those that do not; and Trusts from different geographical locations. The pilot Trusts were asked to provide feedback on the content of the questionnaire and their experience of providing the requested information. Broadly, the feedback suggested that the questionnaire did not represent a significant burden on respondents. Comments from the pilot Trusts on the content of the questionnaire were considered by the NAO and the YHEC research team, and the questionnaire amended where appropriate.

The two questionnaires are contained in Appendix A.

[1] Nursing staff was the term used to refer to registered nurses, registered midwives, operating department practitioners (ODPs) and assistants (ODAs), and healthcare assistants and equivalents. Healthcare assistants and equivalents included healthcare assistants, nursing assistants, nursing auxiliaries and support workers. Nurse bank was defined as a bank, within a Trust, supplying any or all of the types of nursing staff defined previously.

2.2 QUESTIONNAIRE DISTRIBUTION

The questionnaires were distributed electronically to Trusts' Chief Executives, who had been previously notified of the forthcoming questionnaire through the Department of Health's Chief Executive Bulletin. The Chief Executives were asked to ensure that the questionnaires were circulated to the relevant employees within the Trust, and to sign off the completed questionnaire before returning it.

Trusts were provided with more than three weeks to complete and return the questionnaire. The following measures were implemented following the initial distribution of questionnaires, to ensure that the response rate was maximised:

- Trusts were contacted by telephone to confirm that they had received the questionnaire;
- A reminder of the deadline for returning the completed questionnaires was circulated to Trusts one week before the deadline;
- Following the passing of the deadline, a letter from the NAO was sent to Trusts who had not yet responded;
- Non-respondents were contacted by telephone.

Of the 173 Trusts that were sent a questionnaire, 169 questionnaires were returned.[2] This represents a response rate of approximately 98%. A list of all acute hospital and foundation Trusts that returned a questionnaire is reported in Appendix B.

Table 2.1 provides a summary of the characteristics of the sample of Trusts that returned a questionnaire. In the sample, the majority of Trusts did not use NHSP and were not classified as foundation Trusts during the period under consideration. The sample is roughly evenly spread throughout the regions outside London, although it does include a slightly higher proportion of Trusts from London and the North Western region.

[2] Two Trusts (which are currently operating separately) were merged as one during the period under consideration in the census. Therefore, the 169 questionnaires returned relates to 170 Trusts currently in operation.

Table 2.1: Characteristics of respondents

	Number of respondents	As % of aggregate sample
By NHSP status		
NHSP Trusts[3] [4]	36	21.3
Non-NHSP Trusts	133	78.7
By foundation status		
Foundation Trusts[5]	32	18.9
Non-foundation Trusts	137	81.1
By region		
London	31	18.3
Eastern	17	10.1
South Eastern	24	14.2
West Midlands	20	11.8
Northern and Yorkshire	23	13.6
South Western	17	10.1
North Western	29	17.2
Trent and LNR	8	4.7
By size		
Small	42	24.9
Medium	43	25.4
Large	43	25.4
Very large	41	24.2

2.3 DATA ENTRY, VERIFICATION AND VALIDATION

Data from the completed questionnaires were entered into SPSS. The data entry process was validated by re-entering 10% of questionnaire responses and checking these against the original data entered. Inconsistencies, anomalies and extreme values within the questionnaires were checked with the Trusts in order to make the data robust as possible. However, the information in this report is based on the questionnaire responses of the Trusts and the information has not been audited by either the NAO or YHEC.

[3] Two Trusts erroneously reported using NHSP for the provision of temporary nursing staff, when they only used NHSP for the provision of temporary doctors. However these two Trusts are still included in the NHSP analysis.

[4] Four Trusts joined NHSP part way through the study year and they are all included in the NHSP analysis, their figures have been re-calculated to represent a full year.

[5] Four Trusts were not accredited Foundation Trust status until April 2005. However, they are included in the Foundation Trust analyses as they were preparing for Foundation Trust status.

2.4 ANALYSIS OF RESPONSES

Analysis of questionnaire responses was undertaken using SPSS. Where relevant, means and ranges were reported. Analysis was undertaken on the full sample, as well as on sub-groups (for example, by use of NHSP, foundation status, region and size).[6] Where possible, the results from the current census were compared to those from the study undertaken by the Audit Commission.[7]

Whilst the analysis in this report is extensive it is by no means exhaustive and the content of this report was agreed with NAO to ensure that the most relevant analysis was included. The analysis is this report is intended to display the data collected from the questionnaires and is not intended to try and identify causality or draw conclusions about the effectiveness of temporary nursing staff usage.

In addition to examining the levels of expenditure on temporary nursing staff, the relationship between temporary staffing expenditure and Trust performance (as proxied by several performance indicators used in the construction of the star ratings) was examined. Following discussions with the NAO, it was agreed that this analysis would focus on the following indicators:

- Financial management;
- Hospital cleanliness;
- Human resources management;
- Staff attitudes;
- Clinical risk management;
- MRSA;
- Patient complaints.

These indicators assumed values on a scale between 1 and 5, where a score of 1 indicated poor performance and 5 good performances. A composite indicator was constructed as the sum scores for the individual indicators. While this analysis attempts to assess the relationship between expenditure on temporary nursing staff and Trust performance, it is not possible to draw any conclusions regarding the direction of the causation.

The relationship between the use of temporary nursing staff and performance was analysed using temporary staff expenditure levels and performance indicators from the star ratings. However, due to a lack of statistical significance and the likely lack

[6] Trusts were categorised by size on the basis of the interquartile range of the number of beds.

[7] Expenditure, pay rates and costs from the Audit Commission and for the 2003-4 financial year were adjusted for inflation using GDP deflators (http://www.hm-treasury.gov.uk/media/CDA/4C/gdp_deflators300605excel.xls; date accessed: 26 August 2005).

of sensitivity in the performance indicators to temporary staff expenditure, it was not possible to draw any conclusions from the results. As a result this has been omitted from this report.

Section 3: Agency Nursing Staff

3.1 INTRODUCTION

The purpose of this Section is to outline the extent to which agency nursing staffing is used in acute hospital and foundation Trusts.

3.2 NUMBER OF AGENCIES

Trusts were asked to provide a list of agencies that they used to provide temporary nursing and midwifery staff, ODAs/ODPs and healthcare assistants and equivalents during the year 2004-5. In total, 168 Trusts provided this information. Table 3.1 contains a breakdown of the mean number of agencies which each Trust used during the period under consideration. On aggregate, the mean number of agencies used by each Trust was 9.5. There appeared to be no difference in the mean number of agencies used between Trusts that used NHSP and those that did not. In comparing Trusts with and without foundation status, the results suggested that the mean number of agencies used was marginally lower for foundation Trusts. Trusts based in London reported using a larger number of agencies on average compared to those in other regions. Finally, there was no clear relationship between Trust size and the number of agencies used, although larger Trusts did use a higher number of agencies on average than smaller Trusts. It is interesting to note that the mean number of agencies used by Trusts during 2004-5 was higher than that recorded by Trusts in 1999-2000. According to the 1999-2000 study, Trusts used approximately 7 agencies on average (range = 0 to 30).

The agencies were listed as being on regional framework agreements on the basis of the lists provided by the NHS Purchasing and Supply Agency.[8] As Table 3.1 shows, the mean number of agencies used by NHSP Trusts and foundation Trusts was lower than that used by non-NHSP Trusts and non-foundation Trusts, respectively. Moreover, Trusts in London used a higher number of agencies on average than those operating in other regions. Generally, the mean number of agencies used increased with size, although large Trusts used a slightly lower number of agencies than either medium-sized or very large Trusts. Generally, the majority of agencies used by Trusts were on regional framework agreements. Indeed, on aggregate, the proportion of agencies used that were on regional framework agreements was approximately 77%[9].

[8] See http://www.pasa.nhs.uk/professionalservices/agencynursing/agencynursing.stm.

[9] Note this is not the same as the proportion of agency expenditure through agencies on regional agreements.

Table 3.1: Mean number of agencies used by Trusts during 2004-5

	N	All Agencies	Agencies on Regional Framework Agreements
All Trusts	166	9.6 (1 to 36)	7.3 (0 to 28)
By NHSP status			
NHSP Trusts	36	9.5[a]	7.4[b]
Non-NHSP Trusts	130	9.7[a]	7.3[b]
By foundation status			
Foundation Trusts	30	8.8[c]	6.9[d]
Non-foundation Trusts	136	9.8[c]	7.4[d]
By region			
London	31	12.8[e]	9.5[f]
Eastern	17	8.2	6.4
South Eastern	24	12.2	9.2
West Midlands	20	9.4	7.9
Northern and Yorkshire	22	6.0	4.5
South Western	16	9.9	7.4
North Western	28	8.5	5.9
Trent and LNR	8	7.1	5.8
Outside London	135	8.9[e]	6.8[f]
By size			
Small	42	8.3	6.1
Medium	42	10.3	7.9
Large	41	9.5	7.1
Very large	41	10.4	8.0

Notes: Range reported in parentheses.
[a] Difference not statistically significant (P-value = 0.86).
[b] Difference not statistically significant (P-value = 0.90).
[c] Difference not statistically significant (P-value = 0.38).
[d] Difference not statistically significant (P-value = 0.61).
[e] Difference statistically significant (P = 0.005).
[f] Difference statistically significant (P = 0.005).

3.3 EXPENDITURE ON AGENCY NURSING STAFF

Trusts were asked to provide data on the level of expenditure on agency staff for the years 2003-4 and 2004-5. These data were compared to expenditure on agency staff reported for 1999-2000 in the Audit Commission study. The results, presented in Table 3.2 show that mean real expenditure on agency nursing staff has statistically significantly declined over the period 2003-4 and 2004-5 (P-value for paired t-test = 0.00). While there has also been a decline in the level of agency expenditure per Trust in 1999-2000 and 2004-5, this difference was not statistically significant (P-value for paired t-test = 0.182). The reduction in expenditure was of

similar magnitude for NHSP and non-NHSP Trusts. At each time period considered in Table 3.2, the level of expenditure reported by foundation Trusts was consistently lower than that reported by their counterparts without foundation status. The mean expenditure on agency staff was considerably higher in Trusts based in London, compared to those in other regions. There appears to be a positive relationship between size and agency expenditure.

Table 3.2: Real expenditure on agency nursing staff, 1999-2000, 2003-4 and 2004-5

	1999-2000[a]		2003-4[a]		2004-5	
	N	**Mean (£)**	**N**	**Mean (£)**	**N**	**Mean (£)**
All Trusts	124	1,531,637 (2,193 to 9,713,627)	162	1,946,429 (4,056 to 9,723,952)	167	1,427,289 (0 to 7,232,000)
By NHSP status						
NHSP Trusts	28	1,836,451	36	1,953,629	36	1,505,511[b]
Non-NHSP Trusts	96	1,442,733	126	1,944,372	131	1,405,793[b]
By foundation status						
Foundation Trusts	22	1,452,787	32	1,561,323	32	1,243,298[c]
Non-foundation Trusts	102	1,548,644	130	2,041,224	135	1,470,901[c]
By region						
London	22	4,166,742	30	3,455,362	31	2,719,299[d]
Eastern	13	1,119,762	17	1,629,200	17	1,198,808
South Eastern	17	1,400,199	22	2,545,273	23	1,642,796
West Midlands	14	1,245,462	19	1,629,200	20	996,142
Northern and Yorkshire	16	510,119	22	812,375	23	689,389
South Western	14	880,798	17	1,976,330	17	1,435,389
North Western	22	742,765	28	1,153,940	28	896,459
Trent and LNR	6	937,341	7	2,070,718	8	1,326,705
Outside London	102	963,282	132	1,603,490	136	1,132,786[d]
By size						
Small	30	806,906	40	1,005,459	42	807,161
Medium	38	1,349,653	43	1,667,338	43	1,405,846
Large	29	1,839,591	41	2,359,309	42	1,472,096
Very large	27	2,262,256	38	2,807,262	40	2,054,427

Notes: Includes zero expenditure levels. Range reported in parentheses. Excludes VAT.
[a] Adjusted for inflation.
[b] Difference not statistically significant (P = 0.706).
[c] Difference not statistically significant (P = 0.410).
[d] Difference statistically significant (P = 0.000).

For Trusts that reported a breakdown of expenditure by agency and total agency expenditure during 2004-5, the mean level of agency expenditure through framework agreements was calculated and is reported in Table 3.3 overleaf. The results suggest that the majority of agency expenditure is undertaken through regional framework agreements. On average, the percentage of agency expenditure under regional framework agreements was lower for NHSP Trusts compared to non-NHSP Trusts. Foundation and non-foundation Trusts spent similar proportions of agency expenditure through framework agreements. There were some regional differences in expenditure through framework agreements, with Trusts operating in the south spending a larger proportion of agency expenditure on agreements. The proportion spent through framework agreements was higher for medium-sized and very large Trusts, compared to small and large Trusts. Trusts were asked to explain why they did not use agencies on regional framework agreements. The main reasons reported by Trusts related to an inability of these agencies to provide the required staff and at short notice. Responses received from Trusts are reported in Appendix C.

Table 3.3: Mean agency expenditure through regional framework agreements, 2004-5

	N	Mean (%)
All Trusts	81	82.8 (7.1 to 100.0)
By NHSP status		
NHSP Trusts	15	78.4
Non-NHSP Trusts	66	83.8
By foundation status		
Foundation Trusts	16	81.3
Non-foundation Trusts	65	83.2
By region		
London	16	92.3
Eastern	10	93.0
South Eastern	10	75.2
West Midlands	9	80.9
Northern and Yorkshire	10	88.0
South Western	8	86.8
North Western	13	67.2
Trent and LNR	5	74.4
Outside London	65	80.5
By size		
Small	21	75.5
Medium	19	87.8
Large	20	80.1
Very large	21	88.2

Notes: Range reported in parentheses.
Trusts were asked to provide expenditure on each agency used and in total. There were some discrepancies between the aggregate agency expenditure calculated as the sum of the expenditure on individual agencies and total agency expenditure reported. The above has been calculated for those Trusts where the difference between the two totals is within the range of ±£5,000.
This table does not indicate the amount of agency expenditure going through regional framework agreements agencies, so direct comparisons should be made with caution.

The approximate breakdown of total agency expenditure by category of staff is reported in Table 3.4 overleaf. Overall, the majority of agency expenditure is on registered nurses. The pattern of expenditure by staff category is similar irrespective of use of NHSP, foundation status, region or Trust size.

Table 3.4: Breakdown of 2004-5 total agency expenditure by category of staff

	N	Mean (%)			
		Registered nurses	Registered midwives	ODAs/ ODPs	Healthcare assistants or equivalents
All Trusts	140	60.6	3.8	13.3	22.4
By NHSP status					
NHSP Trusts	27	59.5	5.4	15.7	20.0
Non-NHSP Trusts	113	60.8	3.5	12.8	22.9
By foundation status					
Foundation Trusts	28	63.1	1.5	14.2	21.1
Non-foundation Trusts	112	59.9	4.4	13.1	22.7
By region					
London	27	74.4	12.6	3.9	9.1
Eastern	15	41.9	3.4	28.7	26.0
South Eastern	21	55.5	4.3	15.3	24.9
West Midlands	15	59.5	1.9	22.5	17.7
Northern and Yorkshire	18	53.3	0.9	12.8	33.0
South Western	15	63.7	0.1	5.3	31.0
North Western	22	66.1	0.4	13.2	20.3
Trent and LNR	7	59.7	0.1	11.3	28.9
Outside London	113	57.3	1.7	15.6	25.5
By size					
Small	36	64.6	4.5	11.0	19.9
Medium	35	60.8	4.2	11.8	23.3
Large	34	49.8	5.2	19.3	26.3
Very large	35	66.7	1.5	11.7	20.2

3.4 AGENCY PAY RATES

The basic rates of pay for three categories of agency staff (D grade nurse working in a general medical ward, E grade agency nurse working in an intensive care unit (ICU), and an E grade agency midwife) are reported in Table 3.5. As Table 3.5 demonstrates, the basic rates increase with the degree of specialisation, so that the basic hourly rate for an E grade ICU nurse is greater than that for a midwife of the same grade. The pay rates for all three grades of staff were similar for both NHSP and non-NHSP Trusts, as well as foundation and non-foundation Trusts. There were noticeable regional differences in pay rates, however. Generally, the pay rates in London were lower than those in the rest of the country. Finally, smaller Trusts were faced with higher rates than larger Trusts.

The commission charged on the three categories of staff, expressed as a percentage of the basic hourly rate, is reported in Table 3.6. For all Trusts, the commission charged on an E grade ICU nurse is higher than that charged on either a D grade

nurse or an E grade midwife. The commission charges paid by NHSP and non-NHSP Trusts depends on the staff category – the commission faced by NHSP Trusts was higher for an E grade ICU nurse than that faced by an non-NHSP Trust. In contrast, non-NHSP Trusts pay higher commission on D grade nurses and E grade midwives than their NHSP counterparts. The commission paid by foundation Trusts was consistently lower than that for non-foundation Trusts, irrespective of the staff category. Trusts outside London typically paid a higher rate of commission than those operating in London. Very large Trusts paid the lowest commission rates.

The agency rate for a D grade nurse in 2004-5 is more than that recorded by Trusts in 1999-2000 (mean = £11.07). However, there was little difference in the commission charged by agencies for the same staff category with the mean commission rate in 1999-2000 being 20.19%.

Table 3.5: Basic hourly rate for agency staff, 2004-5 (£ per hour)

	D grade nurse in general medical ward		E grade nurse in ICU		E grade midwife	
	N	**Mean (£)**	**N**	**Mean (£)**	**N**	**Mean (£)**
All Trusts	157	14.70 (6.00 to 26.79)	135	20.92 (11.50 to 43.00)	60	19.58 (12.13 to 37.33)
By NHSP status						
NHSP Trusts	35	14.69[a]	34	20.95[d]	13	20.10[*]
Non-NHSP Trusts	122	14.70[a]	101	20.91[d]	47	19.44[*]
By foundation status						
Foundation Trusts	30	14.87[b]	25	20.10[e]	11	19.59[*]
Non-foundation Trusts	127	14.65[b]	110	21.11[e]	49	19.58[*]
By region						
London	31	13.96[c]	30	19.94[f]	22	19.46[*]
Eastern	16	14.49	12	20.65	3	18.81
South Eastern	23	15.60	21	21.80	8	22.19
West Midlands	17	13.64	16	20.72	7	17.01
Northern and Yorkshire	21	14.84	18	20.69	8	22.01
South Western	15	15.23	12	23.53	4	21.28
North Western	26	15.42	20	20.46	8	16.59
Trent and LNR	8	13.88	6	20.93	0	-
Outside London	126	14.88[c]	105	21.20[f]	38	19.66[*]
By size						
Small	39	16.04	36	22.83	10	21.59
Medium	39	14.03	34	20.91	18	18.73
Upper middle	39	14.41	31	19.58	14	19.02
Very large	40	14.31	34	20.14	18	19.75

Notes: Range reported in parentheses.

[a] Difference not statistically significant (P-value = 0.992).

[b] Difference not statistically significant (P-value =0.764).

[c] Difference not statistically significant (P-value =0.208).

[d] Difference not statistically significant (P-value =0.688).

[e] Difference not statistically significant (P-value =0.610).

[f] Difference not statistically significant (P-value =0.455).

* Insufficient number of observations to carry out tests of statistical significance.

Table 3.6: Commission charged for agency staff as a percentage of basic hourly rate, 2004-5 (% per hour)

	D grade nurse in general medical ward		E grade nurse in ICU		E grade midwife	
	N	Mean (% per hour)	N	Mean (% per hour)	N	Mean (% per hour)
All Trusts	144	19.30 (6.28 to 65.81)	119	21.13 (7.00 to 97.28)	56	18.54 (9.19 to 47.61)
By NHSP status						
NHSP Trusts	34	17.90	31	22.48	13	18.26
Non-NHSP Trusts	110	19.73	88	20.65	43	18.63
By foundation status						
Foundation Trusts	24	18.90	21	18.75	10	18.32
Non-foundation Trusts	120	19.38	98	21.63	46	18.59
By region						
London	29	17.25	26	17.95	20	17.70
Eastern	15	20.20	10	22.44	3	18.90
South Eastern	22	18.27	18	18.69	8	16.20
West Midlands	17	19.23	14	28.86	7	23.28
Northern and Yorkshire	16	20.96	15	16.59	7	17.16
South Western	14	19.37	11	29.91	4	21.25
North Western	23	20.64	19	20.68	7	18.57
Trent and LNR	8	20.70	6	18.58		
Outside London	115	19.81	93	22.01	36	19.01
By size						
Small	35	17.38	29	18.85	10	18.63
Medium	37	19.93	30	21.36	17	18.76
Large	37	20.91	29	27.81	12	19.58
Very large	35	18.84	31	16.78	17	17.53

Note: Range reported in parentheses.

Table 3.7 reports the basic pay and commission rates for Trusts according to their level of agency expenditure which is through regional framework agreements. Although the small number of observations makes generalisation difficulty, there is a trend towards lower basic rates and commission charges for Trusts for which more than 75% of total agency expenditure is through regional framework agreements.

Table 3.7: Association between basic pay and commission rates and agency expenditure through regional framework agreements (using 2004 - 5 agency expenditure)

		Trusts with less than 75% of agency expenditure on regional framework agreements	Trusts with at least 75% of agency expenditure on regional framework agreements
D-grade nurse in general medical ward			
Basic pay rate (£)	N	19	57
	Mean	17.05	14.33
Commission (%)	N	19	53
	Mean	23.60	19.06
E-grade nurse in ICU			
Basic pay rate (£)	N	17	49
	Mean	22.92	20.91
Commission (%)	N	16	43
	Mean	25.20	22.06
E-grade midwife			
Basic pay rate (£)	N	5	25
	Mean	19.42	18.84
Commission (%)	N	5	25
	Mean	22.48	17.77

Note: The above has been calculated for those Trusts where the difference between the two totals is within the range of ±£5,000.

In general, there was a negative correlation between basic agency pay rates and commission charged and the number of agency shifts. This indicates that Trusts that use agency staff to cover more shifts pay lower basic rates and commission.

3.5 NUMBER OF AGENCY SHIFTS

The mean total number of agency shifts for the month of March 2005 is reported in Table 3.8. On average, the number of agency shifts was greater for NHSP Trusts compared to non-NHSP Trusts. Foundation Trusts also recorded a lower number of agency shifts compared to non-foundation Trusts. On aggregate, the mean number of shifts reported by London Trusts was greater than that recorded by those operating outside London. Finally, the number of agency shifts increased with Trust size.

Table 3.8: Mean number of agency shifts, for the month of March 2005

	N	Mean number of shifts
All Trusts	144	689.89 (3.00 to 3194.00)
By NHSP status		
NHSP Trusts	29	801.66
Non-NHSP Trusts	115	661.70
By foundation status		
Foundation Trusts	27	639.32
Non-foundation Trusts	117	701.56
By region		
London	29	1034.25
Eastern	13	555.54
South Eastern	23	904.88
West Midlands	16	489.67
Northern and Yorkshire	18	493.78
South Western	17	700.00
North Western	21	407.43
Trent and LNR	7	591.10
Outside London	115	603.05
By size		
Small	37	310.87
Medium	34	697.56
Large	36	782.80
Very large	37	971.45

Note: Range reported in parentheses.

3.6 QUALITY CHECKS

Respondents were asked to outline which checks were preformed on temporary agency staff and which organisation (the Trust and/or the agency) was responsible for carrying out these checks. From the results presented in Table 3.9, almost all Trusts knew whether and by which organisations checks were performed.

Furthermore, it appears that Trusts typically rely on agencies to undertake these checks.

Table 3.9: Checks performed on agency staff[a]

Checks performed by:	Agency only	Trust only	Agency and Trust separately	Neither Agency nor Trust	Don't know
Check the nurse's identity[b]	66	1	100		
Check registration with the NMC (where appropriate)	124	1	42		
Ensure that non-registered nursing staff have previous experience or training in a caring role	134		30	1	
Examine original certificates of nurse's qualifications	161		5		1
Establish nurse's eligibility to work in the UK	159		8		
Check knowledge of written and spoken English	153		13		1
Take up references from two employers	163		4		
Check that nurse has the necessary qualifications to perform the type of duties required	134		32		
Check that nurse has had a formal health assessment at an Occupational Health Department within the last two years	158		6	2	1
Check that nurse has completed a health declaration form and examine certificates of immunisation and evidence of immunity	161		5		1
Obtain CRB/police checks	161		6		
Check that an alert has not been raised against any new nurse that comes on to their books	135	3	28		
Check that training is up to date for:					
Moving and handling	150	1	16		
Infection control	149	1	15	1	
Basic life support	147	1	17		
Control of substances hazardous to health	151	1	12		3
Risk of fire	144	1	19		1

Notes: [a] Excludes void responses where a respondent ticked two options which were inconsistent.
[b] For the purposes of this question, the term 'nurse' was used to refer to registered nurses, registered midwives, ODPs/ODAs, and healthcare assistants and equivalents.

Where these checks were performed by agencies, Trusts were asked to specify what methods were adopted to monitor this aspect of agency performance. As Table 3.10 shows, the majority of Trusts generally have a service level agreement with agencies, as well as holding performance management meetings. Examples of other measures in place to monitor agencies included (a full list is contained in Appendix D):

- Ad hoc checks;
- Regular visits to agency offices by operational manager;
- Agencies audited by staff bank;
- Audits of agencies compliance;
- Letters to agencies requesting confirmation that mandatory training has been received by agency nursing staff.

Table 3.10: Methods used by Trusts to monitor agency performance

	Number of responses
A service level agreement	135
Performance management meetings	112
Other	58

Trusts that did not use NHS Professionals were asked which unit or department within the Trust was responsible for managing the relationship with nursing agencies on a daily basis. The results, presented in Table 3.11, suggest that for the majority of respondents, the responsibility for overseeing this relationship falls to the nurse bank office. Maintaining a single point of contact between the Trust and the agency may facilitate better monitoring of, and greater control over, use of agency staff. The comments reported under the 'other' category generally relate to the arrangements in place for contacting nursing agencies out of hours (see Appendix E).

Table 3.11: Management of relationship with nursing agencies

	Number of responses
Wards and other units contact agencies directly	19
The nurse bank office manages the interface with agencies	120
Other	21

3.7 SUMMARY

- On average, Trusts dealt with more than nine nursing agencies during the 2004-5 financial year. This represents an increase in the mean number of agencies used per Trust in 1999-2000. The majority of agencies used by Trusts in 2004-5 were on regional framework agreements.

- In total, Trusts spent £238 million on agency nursing staff during 2004-5. This equated to agency expenditure of approximately £1.4 million per Trust, which represented a reduction on previous figures for 1999-2000 and 2003-4. The majority of agency expenditure in 2004-5 was on agencies which were on regional framework agreements.

- The mean number of agency shifts in March 2005 was less than 700. There was a positive relationship between Trust size and the mean number of agency shifts.

- Agency basic pay rates varied according to the category of staff supplied. There was a noticeable trend which suggested that Trusts that use agencies on regional framework agreements pay lower basic rates and commission charges.

- In general, a large number of respondents were aware that checks were being performed on agency. The responsibility for these checks largely fell to the nursing agencies.

- For the majority of respondents, the nurse bank office acted as the interface between the Trust and agencies.

Section 4: Bank Nursing Staff

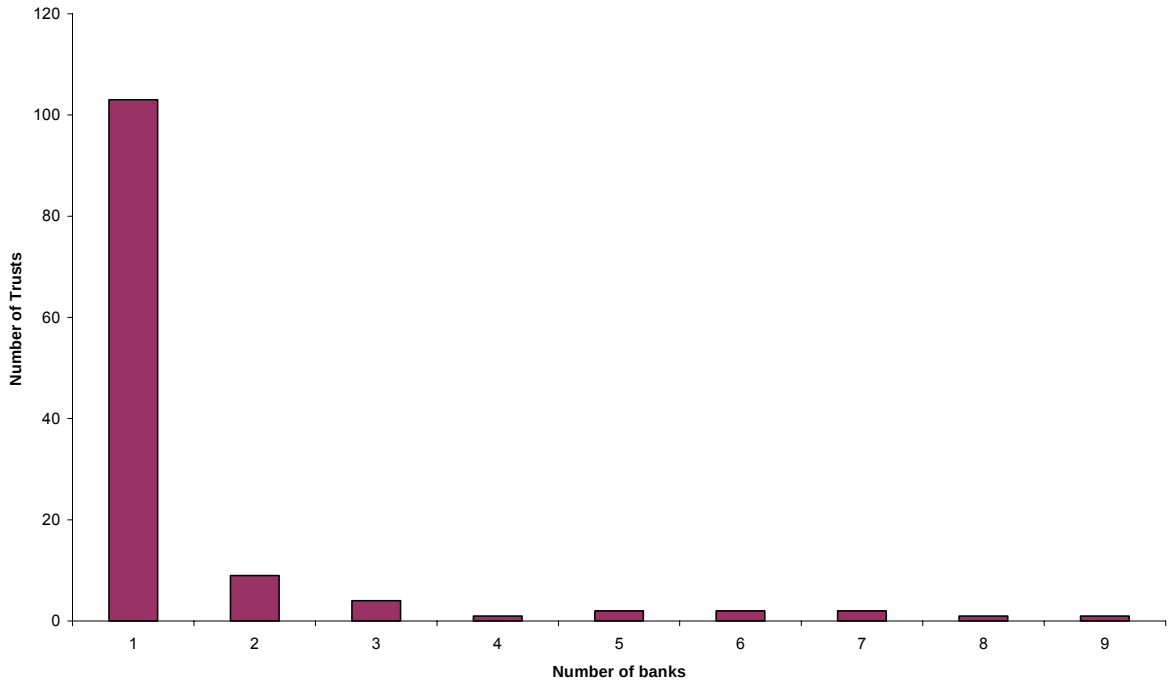
4.1 INTRODUCTION

For the purposes of this analysis, a nurse bank was defined as a bank, within a Trust, supplying any or all types of nursing staff. The staff registered on the nurse bank may or may not have substantive posts with the Trust. The purpose of this Section is to outline Trusts' use of nurse banks.

4.2 NUMBER OF BANKS

One hundred and thirty-one Trusts provided information on the number of nurse banks in operation within the Trust on 31 March 2005. Of these, six Trusts answered that no bank was in operation in their Trust. For the remaining 125 Trusts, there was approximately 1.5 (range = 1 to 9) banks in operation within these Trusts. Figure 4.1 demonstrates the number of banks in operation among these Trusts.

Figure 4.1: Number of nurse banks in operation on 31 March 2005



Note: One Trust that recorded one bank, commented that it had one central bank with two mini banks in specialised areas.

Table 4.1 shows the mean number of banks in operation on 31 March 2005 for various categories of Trust when at least one bank was in operation. The results suggested that foundation status increased the mean number of banks in operation within a Trust. Trusts outside London operated a slightly larger number of banks on average. In addition, there was no clear relationship between size and the number of banks in operation. On average, the mean number of banks in operation at the end of March 2005 was lower than that reported by Trusts in 1999-2000, when the mean number of banks was 2.2 (range = 1 to 13).

Table 4.1: Mean number of banks in operation on 31 March 2005

	N	Mean number of banks
All Trusts	125	1.5 (1 to 9)
By foundation status		
Foundation Trusts	25	1.9
Non-foundation Trusts	100	1.4
By region		
London	21	1.0
Eastern	12	1.0
South Eastern	14	1.2
West Midlands	16	1.8
Northern and Yorkshire	18	2.1
South Western	16	1.2
North Western	23	1.9
Trent and LNR	5	2.2
Outside London	104	1.6
By size		
Small	30	1.4
Medium	36	1.9
Large	28	1.1
Very large	31	1.5

Note: Range reported in parentheses.

According to Table 4.2, the mean number of nursing staff listed on the bank was in excess of 1,000.[10] The data provided by Trusts also indicated that a substantial proportion of these staff were substantive members. Matching data for those Trusts who provided data on both measures, the proportion of bank staff who hold substantive contracts with the Trust has been estimated at approximately 55% on average.

[10] It is not possible to compare bank size in 2004-5 and 1999-2000, because the latter only records the number of registered and unregistered nurses listed on the bank.

Table 4.2: Size of bank (headcount)

	Number of respondents	Mean number of staff
Total number of nurses, midwives, ODAs/ODPs and healthcare assistants and equivalents listed in the bank as at 31 March 2005	123	1011 (26 to 8700)
Total number of nurses, midwives, ODAs/ODPs and healthcare assistants and equivalents listed on the bank who also hold a substantive contract with the Trust as at 31 March 2005	110	644 (0 to 2266)
Total number of nurses, midwives, ODAs/ODPs and healthcare assistants and equivalents listed in the bank as at 31 March 2005	96[a]	1124 (26 to 8700)
Total number of nurses, midwives, ODAs/ODPs and healthcare assistants and equivalents listed on the bank who also hold a substantive contract with the Trust as at 31 March 2005		621 (0 to 2266)

Notes: Range reported in parentheses.

[a] Does not include those Trusts that provided data that suggested that the number of substantive staff listed on the bank was greater than that listed on the bank in total.

As an indicator of the level of turnover in bank staff, Trusts were asked to provide information on the number of nursing staff members that joined and left the bank between April and June 2005. As Table 4.3 shows, on average, there is a higher number of nursing staff joining the bank, compared to those leaving it. It is also interesting to note that the greatest levels of activity were recorded for registered nurses and healthcare assistants and equivalents, which were staff categories where temporary staffing expenditure were highest.

Table 4.3: Mean numbers joining and leaving the bank between April and June 2005

	Joiners		Leavers	
	N	Mean	N	Mean
Registered nurses	117	25	113	17
Registered midwives	108	2	107	1
ODAs/ODPs	105	1	103	0
Healthcare assistants and equivalents	116	32	113	17
Total	**117**	**60**	**116**	**33**

For the majority of respondents, the management of the nurse bank was the responsibility of the Trust, as shown in Table 4.4.

Table 4.4: Organisation responsible for the management of nurse bank

	Number of respondents
Trust	124[a]
Agency	2
Other	2

Note: [a] Includes one Trust who answered this question, but did not respond to the previous question regarding the number of banks operating within the Trust.

4.3 EXPENDITURE ON BANK NURSING STAFF

Annual real total expenditure on bank nursing staff is reported in Table 4.5. Responses indicate that on average, bank expenditure in 2004-5 was statistically significantly higher relative to previous levels in 2003-4 (P-value for paired t-test = 0.00) and 1999-2000 (P-value for paired t-test = 0.00). This pattern was also observed within the different sub-groups of Trusts. However, Trusts operating in the Northern and Yorkshire region did report a reduction in mean bank expenditure between 1999-2000 and 2004-5. At each time period, non-foundation Trusts recorded higher expenditure on bank nursing staff (although due to the relatively small number of foundation Trusts providing data, it was not possible to test the statistical significance of this result). Compared to the other regions, the mean level of bank expenditure was consistently higher in London at all three time periods. Finally, there is a positive association between bank expenditure and size, although the largest Trusts spend marginally less than the large Trusts.

Table 4.5: Real expenditure on bank nursing staff, 1999-2000, 2003-4 and 2004-5

	1999-2000[a]		2003-4[a]		2004-5	
	N	**Mean (£)**	**N**	**Mean (£)**	**N**	**Mean (£)**
All Trusts	103	1,809,163 (87,907 to 6,976,028)	117	3,026,484 (24,598 to 13,292,974)	124	3,331,416 (26,342 to 16,094,000)
By foundation status						
Foundation Trusts	20	1,693,934	24	2,460,754	25	2,757,708*
Non-foundation Trusts	80	1,744,244	93	3,172,479	99	3,476,291*
By region						
London	16	3,507,723	19	6,633,151	21	7,013,204*
Eastern	14	1,541,740	13	2,635,061	14	3,079,376
South Eastern	13	1,680,790	12	2,824,533	13	2,872,080
West Midlands	10	1,367,191	15	2,234,714	16	2,582,319
Northern and Yorkshire	12	2,007,969	17	1,464,953	18	1,517,272
South Western	13	1,358,626	15	3,189,136	15	3,655,475
North Western	19	1,099,403	22	2,140,765	22	2,364,935
Trent and LNR	6	1,744,536	4	1,639,962	5	1,976,256
Outside London	87	1,496,784	98	2,327,233	103	2,580,760*
By size						
Small	24	1,043,004	28	1,796,661	30	2,150,893
Medium	32	1,430,708	34	2,395,814	37	2,614,113
Large	26	1,972,333	26	4,407,900	27	4,813,559
Very large	21	3,059,446	29	3,714,795	30	4,062,682

Notes: Includes zero expenditure levels. Range reported in parentheses.

[a] Adjusted for inflation. It is possible that total bank expenditure for 2003-4 may be underestimated because expenditure on bank staff by those Trusts who started using NHSP after 2003-4 was not captured.

* Insufficient number of observations to perform tests of statistical significance

4.4 BANK EXPENDITURE BY STAFF CATEGORY

Table 4.6 overleaf reports a breakdown of bank expenditure by staff category. The majority of bank expenditure is for registered nurses and healthcare assistants or equivalents. This pattern continues to hold irrespective of foundation status, region, or Trust size.

Table 4.6: Breakdown of bank expenditure by staff category, 2004-5

	N	Mean (%)			
		Registered nurses	Registered midwives	ODAs/ ODPs	Healthcare assistants or equivalents
All Trusts	112	55.14	5.10	1.03	38.71
By foundation status					
Foundation Trusts	23	56.16	4.47	1.73	37.65
Non-foundation Trusts	89	54.88	5.26	0.84	38.99
By region					
London	19	67.72	12.16	1.10	18.96
Eastern	14	55.83	5.60	1.71	36.79
South Eastern	12	53.68	3.55	1.60	41.19
West Midlands	12	53.55	2.98	1.78	41.69
Northern and Yorkshire	17	46.35	2.67	0.38	50.60
South Western	14	50.87	3.82	0.85	44.38
North Western	19	57.13	4.26	0.48	38.13
Trent and LNR	5	47.00	0.60	0.40	52.00
Outside London	93	52.57	3.65	1.01	42.75
By size					
Small	26	55.66	6.06	0.83	37.45
Medium	33	53.21	6.05	1.34	39.31
Large	25	53.13	4.44	1.47	40.97
Very large	28	58.72	3.66	0.44	37.17

4.5 BANK PAY RATES

Tables 4.7 to 4.9 compare the basic bank hourly rate with the equivalent and overtime rate for substantive staff. Comparing the rates for the different staff grades, it appears that both bank and substantive rates are higher for staff categories that require increased specialisation. On average, the bank rates are set in between the basic and overtime rates for substantive staff. Using paired t-tests, the substantive basic hourly rate was statistically significantly higher than the bank basic hourly rate (P-value ≤ 0.01) for all three grades. However, the bank basic rate was statistically significantly lower for each grade than the substantive overtime rate (P-value for paired t-test = 0.00). There is little difference between the mean basic bank rates for foundation and non-foundation Trusts. The mean bank rates in London Trusts are greater than those operating outside London. There is no clear relationship between bank rates and Trust size.

The current bank rates reported in Table 4.7 overleaf are marginally higher than those reported by Trusts in 1999-2000, when the basic bank rate for a D grade nurse working a weekday daytime shift was £9.49 (range = 7.38 to 14.69).

Table 4.7: Substantive basic and overtime hourly rates, and basic bank hourly rate for D grade nurse working in general medical ward, 2004-5

	Substantive basic hourly		Substantive overtime hourly		Basic bank	
	N	Mean (£)	N	Mean (£)	N	Mean (£)
All Trusts	153	9.89 (8.45 to 14.00)	131	14.12 (9.32 to 19.92)	119	10.10 (8.51 to 16.88)
By foundation status						
Foundation Trusts	27	9.94	21	13.80	24	10.04*
Non-foundation Trusts	126	9.87	110	14.19	95	10.13*
By region						
London	30	10.57	22	15.40	21	11.42*
Eastern	15	9.71	9	12.94	12	9.99
South Eastern	22	9.77	20	13.96	13	9.67
West Midlands	18	9.53	15	13.80	15	10.06
Northern and Yorkshire	22	9.92	21	14.45	18	9.72
South Western	15	10.00	14	14.53	15	10.11
North Western	25	9.54	25	13.34	20	9.64
Trent and LNR	6	9.50	5	13.74	5	9.46
Outside London	123	9.72	109	13.87	98	9.83*
By size						
Small	39	9.80	33	14.08	29	10.30
Medium	42	9.77	34	13.58	37	9.96
Large	38	10.01	33	14.60	26	10.28
Very large	34	9.99	31	14.26	27	9.94

Notes: Range reported in parentheses.
* Insufficient number of observations to perform tests of statistical significance.

Table 4.8: Substantive basic and overtime hourly rates, and basic bank hourly rate for E grade nurse working in ICU, 2004-5

	Substantive basic hourly		Substantive overtime hourly		Basic bank	
	N	**Mean (£)**	**N**	**Mean (£)**	**N**	**Mean (£)**
All Trusts	147	11.19 (9.45 to 21.31)	127	16.04 (10.29 to 22.22)	112	12.43 (9.01 to 21.99)
By foundation status						
Foundation Trusts	27	11.43	21	15.96	24	12.60*
Non-foundation Trusts	120	11.14	106	16.05	88	12.39*
By region						
London	30	11.76	22	17.20	21	15.88*
Eastern	13	10.71	8	14.88	10	11.67
South Eastern	22	11.01	20	15.79	12	11.64
West Midlands	16	10.79	14	15.36	14	12.32
Northern and Yorkshire	21	11.07	20	16.06	17	11.24
South Western	15	11.32	14	16.46	15	11.39
North Western	24	11.32	24	15.79	19	11.85
Trent and LNR	6	10.80	5	15.55	4	10.80
Outside London	117	11.05	105	15.79	91	11.64*
By size						
Small	35	11.01	30	15.96	25	13.19
Medium	41	11.08	34	15.48	36	11.98
Large	37	11.22	32	16.59	25	12.77
Very large	34	11.50	31	16.15	26	12.01

Notes: Range reported in parentheses.
* Insufficient number of observations to perform tests of statistical significance.

Table 4.9: Substantive basic and overtime hourly rates, and basic bank hourly rate for E grade midwife, 2004-5

	Substantive basic hourly		Substantive overtime hourly		Basic bank	
	N	Mean (£)	N	Mean (£)	N	Mean (£)
All Trusts	121	11.56 (9.32 to 15.83)	107	16.54 (10.29 to 22.72)	94	12.51 (9.01 to 21.99)
By foundation status						
Foundation Trusts	22	11.95	17	16.57	19	12.63*
Non-foundation Trusts	99	11.47	90	16.53	75	12.48*
By region						
London	24	12.04	18	17.65	19	15.89*
Eastern	11	11.40	7	15.98	9	12.30
South Eastern	18	11.43	17	16.33	10	11.99
West Midlands	15	11.15	14	16.38	11	11.40
Northern and Yorkshire	18	11.66	17	16.56	15	11.52
South Western	12	11.69	12	17.14	12	11.72
North Western	17	11.23	17	15.26	14	11.29
Trent and LNR	6	11.63	5	17.31	4	11.62
Outside London	97	11.44	89	16.31	75	11.65*
By size						
Small	21	11.60	19	16.79	17	12.98
Medium	38	11.39	32	15.96	33	12.14
Large	30	11.66	27	17.36	21	13.42
Very large	32	11.63	29	16.24	23	11.86

Notes: Range reported in parentheses.
* Insufficient number of observations to perform tests of statistical significance.

4.6 NUMBER OF BANK SHIFTS

Table 4.10 overleaf reports the mean number of bank shifts undertaken during the months of September 2000 and March 2005. It appears that the mean number of bank shifts undertaken in March 2005 was greater than that undertaken in September 2000 (P-value for paired t-test = 0.00). This result continues to hold when sub-groups of Trusts are analysed. The results suggest that foundation Trusts used a higher number of shifts than non-foundation Trusts. London Trusts also recorded a higher number of bank shifts compared to those operating outside London. The number of bank shifts increased with size, although very large Trusts recorded a slightly lower mean number of bank shifts compared to large Trusts.

Table 4.10: Mean number of bank shifts undertaken in September 2000 and March 2005

	1999-2000		2004-5	
	N	**Mean**	**N**	**Mean**
All	82	1,560 (15 to 5,149)	114	2,650 (29 to 18,853)
By foundation status				
Foundation Trusts	14	1,683	24	2,733*
Non-foundation Trusts	68	1,535	90	2,628*
By region				
London	14	2,293	19	3,738*
Eastern	10	1,580	11	3,074
South Eastern	13	1,440	14	3,308
West Midlands	8	1,681	14	2,838
Northern and Yorkshire	10	1,619	16	1,226
South Western	10	1,469	16	3,348
North Western	13	753	19	1,648
Trent and LNR	4	1,798	5	1,347
Outside London	68	1,409	95	2,433*
By size				
Small	21	912	30	1,576
Medium	24	1,215	30	2,350
Large	19	1,625	27	3,678
Very large	18	2,707	27	3,150

Notes: Range reported in parentheses.
* Insufficient number of observations to perform tests of statistical significance.

4.7 BANK OPERATING COSTS

Trusts were asked to report their annual operating costs for those banks that were internally and externally run (see Table 4.10). In aggregate, the mean costs of operating an internal bank in 2004-5 were higher than that for reported in 1999-2000. The 2004-5 costs of operating an external bank also increased relative to their 1999-2000 level. This may explain why more Trusts operate their own banks. In 2004-5, the mean cost of operating an internal bank was substantially lower than that for an external bank (with the exception of foundation Trusts).

Three Trusts provided data on the commission charged by the external organisation for running the bank during the year ending 31 March 2005. The commission charged ranged from 5.5% to 12% of the hourly rate, with a mean of 8.17%.

There was a positive correlation between the number of services provided by the central bank office and the operating costs of internal banks (correlation coefficient = 0.127).[11] However, for externally run banks, there was a negative relationship between operating costs and the services provided (correlation coefficient = -0.998).

[11] Estimated by the average bank operating cost for the number of services provided, irrespective of what those services are.

Table 4.10: Annual mean real operating costs per bank, 1999-2000 and 2004-5

	1999-2000				2004-5			
	Internal operating costs		External operating costs		Internal operating costs		External operating costs	
	N	Mean (£)	N	Mean (£)	N	Mean (£)	N	Mean (£)
All Trusts	72	102,838 (2,886 to 611,138)	10	147,392 (0 to 538,696)	106	132,559 (0 to 1,462,713)	3	452,397 (80,000 to 881,000)
By foundation status								
Foundation Trusts	10	102,821	2	280,515	21	118,667*	1	80,000*
Non-foundation Trusts	62	102,840	8	114,111	85	135,991*	2	638,596*
By region								
London	13	207,415	2	294,600	16	220,644*	2	638,596*
Eastern	7	44,886	0	-	10	146,338	0	-
South Eastern	12	100,662	2	189,904	14	93,166	0	-
West Midlands	8	120,154	1	78,562	15	90,305	0	-
Northern and Yorkshire	11	67,156	3	44,855	15	105,969	0	-
South Western	6	92,048	0	-	15	210,337	0	-
North Western	12	69,924	1	0	17	74,459	0	-
Trent and LNR	3	31,487	1	291,785	4	97,075	1	80,000
Outside London	59	79,795	8	110,590	90	116,899*	1	80,000*
By size								
Small	15	99,650	0	-	28	75,031	0	-
Medium	21	94,937	2	71,546	29	138,902	0	-
Large	18	116,409	2	64,533	21	174,096	2	638,596
Very large	18	101,141	6	200,294	28	152,365	1	80,000

Note: Includes zero expenditure levels.

- Insufficient number of observations to perform tests of statistical significance

Paired Sample T Tests to measure the statistical significance of the mean differences in trust run bank operating costs

	1999-2000 vs 2004-5
N	52
T value	-1.854
P value (significance)	0.07

Table 4.10a: Annual mean real operating costs per bank, per shift, 1999-2000 and 2004-5

	1999-2000				2004-5			
	Internal operating costs		External operating costs		Internal operating costs		External operating costs	
	N	Mean (£)	N	Mean (£)	N	Mean (£)	N	Mean (£)
All Trusts	56	8.00 (0.07-80.94)	5	4.19 (0-11.84)	96	10.27 (0-129.64)	3	6.49 (5.11-8.39)
By foundation status								
Foundation Trusts	8	3.93	2	6.23	19	6.34	1	5.95
Non-foundation Trusts	48	8.68	3	2.83	77	11.23	2	6.75
By region								
London	10	9.43	1	11.84	14	7.09	2	6.75
Eastern	6	3.03	0	-	9	5.12	0	-
South Eastern	9	8.13	1	8.49	14	6.83	0	-
West Midlands	6	7.54	0	-	13	3.87	0	-
Northern and Yorkshire	9	6.99	2	0.31	13	19.39	0	-
South Western	5	5.13	0	-	14	11.85	0	-
North Western	8	14.83	1	0	15	11.05	0	-
Trent and LNR	3	3.39	0	-	4	27.63	1	5.95
Outside London	46	7.69	4	2.28	82	10.81	1	5.95
By size								
Small	12	13.56	0	-	27	12.88	0	-
Medium	16	6.26	1	0	25	8.40	0	-
Large	13	10.88	0	-	20	11.51	2	6.75
Very large	15	2.93	4	5.24	24	8.23	1	5.95

Note: Includes zero expenditure levels.

- Insufficient number of observations to perform tests of statistical significance.

Paired Sample T Tests to measure the statistical significance of the mean differences in trust run bank operating costs per shift

	1999-2000 vs 2004-5
N	42
T value	-1.47
P value (significance)	0.15

4.8 QUALITY CHECKS

Trusts were asked to outline which checks it undertook on substantive and bank only nursing staff. The majority of Trusts perform the checks listed in Table 4.11 on both substantive and bank only staff. A marginally higher number of Trusts answered that they undertook the checks on bank only staff, compared to substantive members. Compared to the checks performed on agency staff (reported in Table 3.9), it appears that Trusts are more reliant on checks performed by agencies for agency staff, but undertake their own checks for substantive and bank only staff members.

Table 4.11: Checks performed by Trust on substantive and bank only nursing staff

	Substantive	Bank only
Check the nurse's identity	117	126
Check registration with the NMC (where appropriate)	121	125
Ensure that non-registered nursing staff have previous experience or training in a caring role	102	115
Examine original certificates of nurse's qualifications	104	120
Establish nurse's eligibility to work in the UK	111	125
Check knowledge of written and spoken English	105	123
Take up references from two employers	107	125
Check that nurse has the necessary qualifications to perform the types of duties required	111	125
Check that nurse has had a formal health assessment at an Occupational Health Department within the last two years	110	122
Check that nurse has completed a health declaration form and examine certificates of immunisation and evidence of immunity	110	124
Obtain CRB/police checks	110	126
Check that training is up to date for:		
Moving and handling	106	122
Infection control	103	119
Basic life support	106	122
Control of substances hazardous to health	93	105
Risk of fire	104	122

Note: For the purposes of this question, the term 'nurse' was used to refer to registered nurses, registered midwives, ODPs/ODAs, and healthcare assistants and equivalents.

In addition, Trusts that used bank staff were asked what percentage of nursing staff (both substantive and bank only members) received checks and training during the last 12 months. According to Table 4.12, approximately two-thirds of substantive staff received the listed training and checks during the previous 12-month period. In contrast, lower proportions of bank only staff received these checks and training. Furthermore, a larger proportion of Trusts generally did not know if their bank only staff had received these measures.

Table 4.12: Percentage of substantive and bank only nursing staff receiving training and checks during the last 12 months

	Substantive nursing staff			Bank only nursing staff		
	Number of Trusts that provided %	Mean %	Number of Trusts that responded Don't Know	Number of Trusts that provided %	Mean %	Number of Trusts that responded Don't Know
A performance appraisal	68	68.6	40	58	21.7	57
A personal development plan	65	66.5	42	54	17.8	62
An assessment of training needs	56	70.8	49	49	42.7	65
Moving and handling training	68	64.4	37	72	64.4	42
Basic life support training	72	69.4	31	70	61.3	43
Infection control training	65	69.0	36	66	58.8	48
Fire training	70	66.7	34	67	65.6	46
A CRB check	60	65.1	36	72	76.9	36

4.9 USE OF BANK MANAGEMENT SOFTWARE PACKAGE

Ninety-three Trusts answered that they used a bank management software package to manage the bank. As Table 4.13 indicates, the BSMS software package appears to be the most popular choice among respondents.

Table 4.13: Frequency of use of bank management software package

	Number of respondents
Added Value Applications	3
Baum Hart Staff Bank	13
BSMS	44
Go-Nursing	1
HICOM Staffbank	3
HMT RosterPro	6
MATCHNET	3
Other	20

The following provide a number of examples of the other systems which Trusts specified under the 'other' category:

- An in-house system;
- An in-house Access database;
- Flexible Staffing System created by Vantage Technologies Ltd;
- Harlequin System;
- KEY IT;
- Mean Time Systems;
- Nurse Manager System from Siemens Nixdorf Health Solutions;
- ANSOS;
- SBMA;
- MSW Healthroster Bank and Agency module;
- Ward Nursing System;
- Wardperfect.

4.10 SUMMARY

- On aggregate, the mean number of banks operated within the responding Trusts on 31 March 2005 was one. Typically, these banks were run by the Trust.

- As at 31 March 2005, the average number of nursing staff listed on the bank was over 1,000. Over half of the bank staff members also held substantive contracts with the Trust.

- The mean number of bank shifts recorded in 2004-5 has increased from their 1999-2000 level. On average, foundation Trusts recorded a higher number of bank shifts compared to their counterparts without foundation status. The mean number of bank shifts was higher for London Trusts than those operating in other regions. In both 1999-2000 and 2004-5, there was a positive trend between Trust size and the number of bank shifts.

- Mean bank expenditure was higher in 2004-5 compared to 2003-4 and 1999-2000. Bank expenditure was highest in non-foundation Trusts and London Trusts.

- A higher number of Trusts ran their own in-house nurse bank in 2004-5. Bank operating costs varied depending on whether the bank was operated by the Trust or an external organisation. On aggregate, the mean operating costs for running an internal bank in 2004-5 were lower than those associated with a bank run by an external organisation.

- On average, bank pay rates were set mid-way between substantive basic and overtime rates. Bank rates were similar for foundation and non-foundation Trusts.

- The majority of respondents performed checks on both substantive and bank staff, although the number of respondents who answered that they performed checks on bank staff was marginally higher.

Section 5: NHS Professionals

5.1 INTRODUCTION

Since the last census on temporary nursing conducted by the Audit Commission in 2001, a new way for NHS Trusts to organise their temporary staffing arrangements, NHS Professionals (NHSP), has been developed. The objective of NHSP, which was developed by the Department of Health, is to provide 'innovative, flexible staffing solutions'.[12] During 2004-5, 36 acute hospital and foundation Trusts used NHSP to provide temporary nursing staff. The purpose of this Section is to examine and summarise use of, and expenditure on, NHSP.

5.2 EXPENDITURE ON NHSP

Thirty-six NHS Trusts used NHSP to supply temporary nursing staff during the year 1 April 2004 and 31 March 2005. In some cases Trusts started to use NHSP mid-way through the year and the figures on NHSP expenditure have been recalculated to take this into account. On the same basis, NHSP expenditure for the year starting 1 April 2003 to 31 March 2004 were also collected.

In Table 5.1 the mean level of the recalculated NHSP annual real expenditure for both years is displayed for all respondents. As can be seen from Table 5.1 the mean level of NHSP expenditure was higher for 2004-5 compared to 2003-4 (P-value for paired t-test = 0.01). When the NHSP expenditure was analysed for foundation and non-foundation Trusts, the mean level of expenditure for foundation Trusts fell between 2003-4 and 2004-5. In contrast, NHSP expenditure for non-foundation Trusts increased between the two years. The mean level of NHSP expenditure was considerably greater for Trusts operating in London. Furthermore, almost all regions recorded an increase in mean NHSP expenditure from 2003-4 and 2004-5, apart from those Trusts in the Eastern region. Finally, the increase in NHSP expenditure was also observed in all Trusts regardless of size. While very large Trusts spend more on average on NHSP staff than small Trusts, this positive relationship between size and expenditure does not hold for large Trusts.

[12] See http://www.nhsprofessionals.nhs.uk/about/; date accessed: 18 January 2006.

Table 5.1: Real expenditure on NHSP nursing staff, 2003-4 and 2004-5 (£)

	2003-4		2004-5	
	N	**Mean (£)**	**N**	**Mean (£)**
All Trusts	34	3,101,909 (0 to 12,051,872)	36	3,677,637 (8,940 to 12,822,141)
By foundation status				
Foundation Trusts	3	2,469,539	4	2,217,201*
Non-foundation Trusts	31	3,163,106	32	3,860,191*
By region				
London	8	5,058,300	9	5,695,646*
Eastern	2	1,694,766	3	1,384,440
South Eastern	9	3,126,353	9	4,038,191
West Midlands	3	2,055,696	3	2,610,109
Northern and Yorkshire	4	3,718,881	4	4,549,972
South Western	0	-	0	-
North Western	6	1,790,779	6	1,999,950
Trent and LNR	2	842,256	2	1,303,575
Outside London	26	2,499,943	27	3,004,967*
By size				
Small	8	2,314,053	10	2,239,576
Medium	5	4,328,862	5	5,330,991
Large	12	1,846,239	12	2,844,751
Very large	9	4,794,812	9	5,467,466

Notes: Includes zero expenditure levels. Range reported in parentheses.
*Insufficient number of observations to perform tests of statistical significance.

5.2.1 NHSP Expenditure by Staff Category

The approximate breakdown of total NHSP expenditure by category of staff is reported in Table 5.2. On aggregate, the majority of NHSP expenditure was spent on registered nurses, with spending on healthcare assistants or equivalents being the second highest category. This pattern expenditure was consistent across all Trusts regardless of their foundation status. NHSP expenditure patterns were similar for Trusts operating in and outside London. However, the spending pattern was reversed for the Trusts in the West Midlands and Trent and LNR regions with the majority of NHSP expenditure going on healthcare assistants or equivalents. However, these figures should be interpreted with caution given the small number of observations for both of these regions.

Table 5.2: Breakdown of 2004-5 total NHSP expenditure by category of temporary nursing staff

	N	Mean (%)			
		Registered nurses	Registered midwives	ODAs/ ODPs	Healthcare assistants or equivalents
All Trusts	30	59.53	3.77	1.22	35.48
By foundation status					
Foundation Trusts	4	54.10	1.59	0.14	44.17
Non-foundation Trusts	26	60.37	4.10	1.38	34.15
By region					
London	7	70.37	7.95	1.44	20.24
Eastern	3	50.77	5.80	0.33	43.10
South Eastern	8	64.31	3.81	2.63	29.25
West Midlands	2	38.50	0.50	0.00	61.00
Northern and Yorkshire	3	67.50	0.84	1.48	30.17
South Western	0	-	-	-	-
North Western	5	54.20	1.20	0.00	44.60
Trent and LNR	2	38.00	0.00	0.00	62.00
Outside London	23	56.23	2.50	1.15	40.12
By size					
Small	9	52.59	3.38	2.11	41.92
Medium	4	62.18	10.20	0.25	27.38
Large	8	70.86	3.73	0.39	25.02
Very large	9	55.22	1.33	1.49	41.95

5.3 NHSP PAY RATES

The basic NHSP pay rates are reported in Tables 5.3 to 5.5, together with the substantive basic and overtime rates for three categories of staff. Comparison of the mean NHSP basic rates with those for substantive staff, it appears that the latter generally is set within the range between basic and overtime rates for substantive staff. The mean NHSP basic rate was statistically significantly higher than the substantive basic rate (P-value for paired t-test = 0.00), but lower than the substantive overtime rate (P-value for paired t-test = 0.00) for a D grade nurse working in a general medical ward and an E grade nurse working in ICU. The mean basic NHSP rate is generally lower for foundation Trusts, although there is little difference between foundation and non-foundation Trusts on the NHSP rates for an E grade midwife. The mean basic NHSP rate is higher for London Trusts compared to those in other regions. Smaller Trusts faced higher NHSP rates compared to very large Trusts.

Table 5.3: Substantive basic and overtime rates, and basic NHSP rates for D grade nurse working in general medical ward, 2004-5

	Substantive basic hourly		Substantive overtime hourly		Basic NHSP hourly	
	N	Mean (£)	N	Mean (£)	N	Mean (£)
All Trusts	153	9.89 (8.45 to 14.00)	131	14.12 (9.32 to 19.92)	35	11.32 (8.73 to 15.20)
By foundation status						
Foundation Trusts	27	9.94	21	13.80	4	10.66*
Non-foundation Trusts	126	9.87	110	14.19	31	11.41*
By region						
London	30	10.57	22	15.40	9	13.03*
Eastern	15	9.71	9	12.94	3	9.25
South Eastern	22	9.77	20	13.96	9	11.71
West Midlands	18	9.53	15	13.80	3	9.49
Northern and Yorkshire	22	9.92	21	14.45	4	10.14
South Western	15	10.00	14	14.53	0	-
North Western	25	9.54	25	13.34	5	11.50
Trent and LNR	6	9.50	5	13.74	2	9.66
Outside London	123	9.72	109	13.87	26	10.73*
By size						
Small	39	9.80	33	14.08	9	11.51
Medium	42	9.77	34	13.58	5	11.40
Large	38	10.01	33	14.60	12	11.43
Very large	34	9.99	31	14.26	9	10.96

Notes: Range reported in parentheses.
*Insufficient number of observations to perform tests of statistical significance.

Table 5.4: Substantive basic and overtime rates, and basic NHSP rates for E grade nurse working in ICU, 2004-5

	Substantive basic hourly		Substantive overtime hourly		Basic NHSP	
	N	Mean (£)	N	Mean (£)	N	Mean (£)
All Trusts	147	11.19 (9.45 to 21.31)	127	16.04 (10.29 to 22.22)	34	14.32 (9.81 to 21.46)
By foundation status						
Foundation Trusts	27	11.43	21	15.96	4	12.40*
Non-foundation Trusts	120	11.14	106	16.05	30	14.57*
By region						
London	30	11.76	22	17.20	9	16.60*
Eastern	13	10.71	8	14.88	3	10.94
South Eastern	22	11.01	20	15.79	9	15.60
West Midlands	16	10.79	14	15.36	2	15.43
Northern and Yorkshire	21	11.07	20	16.06	4	11.75
South Western	15	11.32	14	16.46	0	-
North Western	24	11.32	24	15.79	5	12.97
Trent and LNR	6	10.80	5	15.55	2	10.69
Outside London	117	11.05	105	15.79	25	13.49*
By size						
Small	35	11.01	30	15.96	8	14.51
Medium	41	11.08	34	15.48	5	14.21
Large	37	11.22	32	16.59	12	15.17
Very large	34	11.50	31	16.15	9	13.07

Notes: Range reported in parentheses.
*Insufficient number of observations to perform tests of statistical significance.

Table 5.5: Substantive basic and overtime rates, and basic NHSP rates for E grade midwife, 2004-5

	Substantive basic hourly		Substantive overtime hourly		Basic NHSP	
	N	Mean (£)	N	Mean (£)	N	Mean (£)
All Trusts	121	11.56 (9.32 to 15.83)	107	16.54 (10.29 to 22.72)	26	13.07* (9.81 to 21.47)
By foundation status						
Foundation Trusts	22	11.95	17	16.57	3	13.24*
Non-foundation Trusts	99	11.47	90	16.53	23	13.05*
By region						
London	24	12.04	18	17.65	4	15.95*
Eastern	11	11.40	7	15.98	2	11.38
South Eastern	18	11.43	17	16.33	7	13.62
West Midlands	15	11.15	14	16.38	3	12.12
Northern and Yorkshire	18	11.66	17	16.56	3	11.45
South Western	12	11.69	12	17.14	0	-
North Western	17	11.23	17	15.26	5	12.97
Trent and LNR	6	11.63	5	17.31	2	11.17
Outside London	97	11.44	89	16.31	22	12.55*
By size						
Small	21	11.60	19	16.79	4	11.93
Medium	38	11.39	32	15.96	4	14.29
Large	30	11.66	27	17.36	10	13.64
Very large	32	11.63	29	16.24	8	12.32

Notes: Range reported in parentheses.
*Insufficient number of observations to perform tests of statistical significance, including paired T test.

5.4 NUMBER OF NHSP SHIFTS

Of the Trusts that use NHSP, 30 provided information about the number of shifts filled by NHSP temporary nursing staff (see Table 5.6). The number of NHSP shifts recorded by non-foundation Trusts was marginally higher than that for their counterparts with foundation status. There were significant regional differences in the number of shifts supplied by NHSP staff with the Eastern region recording the lowest number of NHSP shifts and the Northern and Yorkshire region recording the highest number. In comparing Trusts of different sizes, there appeared to be a positive association between size and number of shifts – with large Trusts recording the highest number of NHSP shifts on average.

Table 5.6: Number of Shifts filled by NHSP staff during March 2005

	N	Mean number of shifts
All	30	2,567.07 (43 to 12,271)
By foundation status		
Foundation	4	2,019.25
Non-Foundation	26	2,651.35
By region		
London	7	3,164.71
Eastern	3	608.00
South Eastern	8	2,742.63
West Midlands	2	2,539.00
Northern and Yorkshire	3	5,301.00
South Western	0	-
North Western	5	1,432.60
Trent and LNR	2	1,475.00
Non London	23	2,385.17
By size		
Small	8	1,025.13
Medium	3	1,131.67
Large	10	2,185.30
Very large	9	4,840.33

Note: Range reported in parentheses.

5.5 QUALITY CHECKS

Trusts were asked to outline which checks it undertook on NHSP only and substantive nursing staff. The majority of Trusts perform the checks listed in Table 5.7 on substantive staff. However, the number of Trusts that performed the listed checks on NHSP only staff was substantially lower. The most check performed on NHSP staff was an identity check. This may indicate that Trusts rely on NHSP to perform the necessary checks on staff that it supplies to the Trust.

Table 5.7: Checks performed by Trust on substantive and bank only nursing staff

	NHSP only	Substantive
Check the nurse's identity	26	34
Check registration with the NMC (where appropriate)	14	34
Ensure that non-registered nursing staff have previous experience or training in a caring role	12	34
Examine original certificates of nurse's qualifications	7	31
Establish nurse's eligibility to work in the UK	8	34
Check knowledge of written and spoken English	7	33
Take up references from two employers	7	34
Check that nurse has the necessary qualifications to perform the types of duties required	10	33
Check that nurse has had a formal health assessment at an Occupational Health Department within the last two years	8	34
Check that nurse has completed a health declaration form and examine certificates of immunisation and evidence of immunity	8	34
Obtain CRB/police checks	8	34
Check that training is up to date for:		
Moving and handling	11	35
Infection control	11	35
Basic life support	11	35
Control of substances hazardous to health	9	35
Risk of fire	11	35

Note: For the purposes of this question, the term 'nurse' was used to refer to registered nurses, registered midwives, ODPs/ODAs, and healthcare assistants and equivalents.

5.6 REASONS FOR USING OR NOT USING NHSP

Trusts classified as users of NHSP were asked why they chose to use NHSP to manage its temporary staffing requirements. The responses can be classified into the following broad categories:

- Consistency with national, local or Department of Health guidance/initiative;
- Use of NHSP satisfied the Trust's requirements;
- Inadequacies or lack of alternatives (e.g. bank or agency);
- Cost and/or quality issues;
- Performance of NHSP.

As Table 5.8 shows, for some Trusts, the decision to use NHSP can be attributed to a number of the above reasons. The main reason for using NHSP reported by Trusts related to the costs and level of services provided by NHSP. In addition, Trusts adopted the NHSP model to be compliant with national or local practice.

Table 5.8: Reasons for using NHSP

Reason	Example
Consistency with national, local or Department of Health guidance/initiative	• Advised that it was a National requirement to support the set up of NHS Professionals as an organisation.
Use of NHSP satisfied Trust's requirements	• With the information given at the time the NHSP appeared to offer a service that met with Trust's requirement.
Inadequacies or lack of alternatives	• Due to inefficient in house bank nurse service, NHSP was chosen in order to improve temporary staffing services and reduce expenditure.
Cost and/or quality issues	• The original decision was made to use NHSP of increased costs of temporary staff via agencies. Also changing labour markets and the need to get high quality flexible staff as and when needed.
NHSP Performance	• The Trust transferred to NHSP when it was mandatory to do so and our previous agency bank contract expired. Although NHSP now provide training, uniforms, etc. this has only been in place since April 05 and prior to this the Trust was providing these services. The Trust has become increasingly dissatisfied with NHSP and the service provided and have to invest of time and energy to ensure basic Trust needs are met.
Consistency with national, local or Department of Health guidance/initiative, and cost and/or quality issues	• The Trust supported the overall strategy to improve recruitment and retention within the NHS, which included the creation of NHSP. The combined effect of training more staff, IWL [Improving Working Lives], the agency frameworks and NHSP has enabled the NHS workforce to grow and vacancies to reduce. At the outset, the NHSP vision offered value for money, contestability and competition.
Cost and/or quality issues and inadequacies or lack of alternatives	• At the time they [NHSP] offered the most competitive, viable temporary staffing solution and as we had no house bank this was an appropriate solution.
Consistency with national, local or Department of Health guidance/initiative, and satisfaction of Trust's requirements	• The Trust has a commitment to reducing agency spend and supporting NHS wide initiatives to achieve this. We are committed to supply this National Initiative and develop relationships.

Note: The actual reasons listed by Trusts are contained in Appendix F.

Similarly, Trusts that did not use NHSP were asked the reasons for this. The main reason why Trusts did not use NHSP was that they felt that there own local arrangements were adequate; and that the costs of using NHSP, in terms of losing control and increased costs, outweighed the potential benefits. In addition, a number of Trusts also mentioned that they had previously been in discussion with NHSP, but that the latter was not able to provide the services required to the Trusts. However, a number of Trusts did mention that they were currently considering using NHSP. The frequency of reasons reported by Trusts is reported in Table 5.9.

Table 5.9: Reasons for not using NHSP

Reason	Example
Previous negative experience with NHSP	• When NHSP was first established, we attempted to use them to manage our temporary staffing requirements. However, this was fraught with communication problems, lack of continuity and poor quality temporary staff. Consequently, we re-established our own bank and have developed excellent relationships with two main agencies, and this meets our temporary staffing requirements.
Poor performance of NHSP (for example, on ability to provide the service, cost and/or quality)	• NHS Professionals advised the Trust that they were not in a position to offer the Trust a service more economically or more effectively.
Superiority of own systems	• Through local control of temporary nursing staff the Trust currently has a fill rate of 87.71%. It is felt that to lose the control of contracting with NHS Professionals the fill rate will decrease. The Trust is currently exploring opportunities to reduce bank and agency usage through electronic bank staff management and rostering systems that will also provide a more cost effective service than NHS Professionals.
Currently considering using NHSP	• The Trust is currently in discussions with NHS Professionals, however, we need to establish whether it will be financially viable and will it be in the interest of the Trust to transfer our supply to NHS Professionals.
Not suitable/insufficient demand	• Not suitable for a rural area, and the Trust did not see any benefits.
Not available	• The use of NHS Professionals is not applicable to [Trust] as we do not operate a nurse bank.
No benefit	• No apparent benefit in doing so for either the Trust or its previous bank staff (who would have to transfer to NHSP).
Inability of NHSP to provide specialist staff required by Trust	• The primary reason for not using NHS Professionals to manage its temporary staffing requirements is due to the specialist nature of the services provided by the Trust and, therefore, the specialist staff required. The Banks, which are managed with Directorates are predominantly made up of the Trust's own substantive employees. The banks are very small and has not been of added value to manage the service externally.
Started using NHSP in June 2005	• From 6th June 2005, the Trust has implemented NHS Professionals.

Note: The actual reasons listed by Trusts are contained in Appendix G.

5.7 SUMMARY

- Thirty-six Trusts used NHSP during the period under consideration in the census.

- Mean real expenditure on NHSP staff increased from £3.1 million in 2003-4 to £3.7 million in 2004-5. The mean level of NHSP expenditure was marginally lower in foundation Trusts compared to non-foundation Trusts.

- Basic NHSP rates lay between the basic and overtime rates paid to substantive staff.

- Over 2,500 Trusts were undertaken by NHSP staff within each Trust.

- Almost all NHSP Trusts perform checks on substantive members of nursing staff. However, the number of Trusts that perform these checks on NHSP only staff members was considerably lower.

- The reasons reported by Trusts for using NHSP related to compliance with national and/or local initiatives and guidance, and a lack of alternatives. Other Trusts identified cost and performance issues as the main reasons why they chose not to use NHSP.

Section 6: Comparative Analyses

6.1 INTRODUCTION

The purpose of this Section is to draw on the analysis presented in the previous Section to compare use and cost of, and expenditure on, the three types of temporary nursing staff.

6.2 EXPENDITURE ON TEMPORARY NURSING STAFF

In total, acute hospital and foundation Trusts spent approximately £773 million on temporary nursing staff. The mean expenditure per trust on each of the three types of temporary nursing staff is presented in Table 6.1 overleaf. Of the three types of temporary nursing staff, expenditure on NHSP staff was highest in the 2004-5 financial year. Both bank and NHSP expenditure were statistically significantly higher than agency expenditure (P-value for paired t-tests = 0.00). On average, foundation Trusts spent less on temporary nursing staff than non-foundation Trusts. Of the three types of temporary nursing staff, foundation Trusts spent the greatest amount on bank staff. This was also true for London Trusts.

Table 6.1: Mean expenditure on temporary nursing staff, 2004-5 (£)

	Agency expenditure	Bank expenditure	NHSP expenditure
All Trusts	1,427,289	3,331,416	3,677,637
By NHSP status			
NHSP Trusts	1,505,511	-	-
Non-NHSP Trusts	1,405,793	-	-
By foundation status			
Foundation Trusts	1,243,298	2,757,708	2,217,201
Non-foundation Trusts	1,470,901	3,476,291	3,860,191
By region			
London	2,719,299	7,013,204	5,695,646
Eastern	1,198,808	3,079,376	1,384,440
South Eastern	1,642,796	2,872,080	4,038,191
West Midlands	996,142	2,582,319	2,610,109
Northern and Yorkshire	689,389	1,517,272	4,549,972
South Western	1,435,389	3,655,475	
North Western	896,459	2,364,935	1,999,950
Trent and LNR	1,326,705	1,976,256	1,303,575
Outside London	1,132,786	2,580,760	3,004,967
By size			
Small	807,161	2,150,893	2,239,576
Medium	1,405,846	2,614,113	5,330,991
Large	1,472,096	4,813,559	2,844,751
Very large	2,054,427	4,062,682	5,467,466

6.3 SHIFTS UNDERTAKEN BY TEMPORARY NURSING STAFF

The mean number of shifts undertaken by temporary nursing staff is reported in Table 6.2 overleaf. In aggregate, the mean numbers of bank and NHSP shifts were similar, and both were greater than the mean number of shifts undertaken by agency staff (P-value from paired t=tests = 0.00). The mean number of bank shifts undertaken in foundation Trusts was higher than the number of NHSP shifts. Similarly, London Trusts recorded a higher number of bank shifts compared to NHSP shifts. The trend towards a higher number of bank shifts was also observed in small, medium and large Trusts.

Table 6.2: Mean number of shifts undertaken by temporary nursing staff, March 2005

	Mean number of shifts		
	Agency	**Bank**	**NHSP**
All Trusts	690	2,650	2,567
By NHSP status			
NHSP Trusts	802	-	-
Non-NHSP Trusts	662	-	-
By foundation status			
Foundation Trusts	639	2,733	2,019
Non-foundation Trusts	702	2,628	2,651
By region			
London	1,034	3,738	3,165
Eastern	556	3,074	608
South Eastern	905	3,308	2,743
West Midlands	490	2,838	2,539
Northern and Yorkshire	494	1,226	5,301
South Western	700	3,348	
North Western	407	1,648	1,433
Trent and LNR	591	1,347	1,475
Outside London	603	2,433	2,385
By size			
Small	311	1,576	1,025
Medium	698	2,350	1,132
Large	783	3,678	2,185
Very large	971	3,150	4,840

6.4 PAY RATES FOR TEMPORARY NURSING STAFF

The pay rates, as shown in Table 6.3 overleaf, different depending on the category of staff and the supplier. The mean agency rates were consistently higher than those for bank or NHSP staff for each staff category. In addition, bank rates were the lowest compared to either agency or NHSP rates. It appears that the difference between agency and bank rates has widened compared to that reported in 1999-2000 (mean basic rate for a D grade agency nurse working in a general medical ward = £11.07 and £9.49 for the bank equivalent).

Table 6.3: Agency, bank and NHSP pay rates, 2004-5 (mean)

	D grade nurse in general medical ward				E grade nurse in ICU				E grade midwife			
	Agency basic (£)	Agency commission (%)	Bank (£)	NHSP (£)	Agency basic (£)	Agency commission (%)	Bank (£)	NHSP (£)	Agency basic (£)	Agency commission (%)	Bank (£)	NHSP (£)
All Trusts	14.70	19.30	10.10	11.32	20.92	21.13	12.43	14.32	19.58	18.54	12.51	13.07
By NHSP status												
NHSP Trusts	14.69	17.90			20.95	22.48			20.10	18.26		
Non-NHSP Trusts	14.70	19.73			20.91	20.65			19.44	18.63		
By foundation status												
Foundation Trusts	14.87	18.90	10.04	10.66	20.10	18.75	12.60	12.40	19.59	18.32	12.63	13.24
Non-foundation Trusts	14.65	19.38	10.13	11.41	21.11	21.63	12.39	14.57	19.58	18.59	12.48	13.05
By region												
London	13.96	17.25	11.42	13.03	19.94	17.95	15.88	16.60	19.46	17.70	15.89	15.95
Eastern	14.49	20.20	9.99	9.25	20.65	22.44	11.67	10.94	18.81	18.90	12.30	11.38
South Eastern	15.60	18.27	9.67	11.71	21.80	18.69	11.64	15.60	22.19	16.20	11.99	13.62
West Midlands	13.64	19.23	10.06	9.49	20.72	28.86	12.32	15.43	17.01	23.28	11.40	12.12
Northern and Yorkshire	14.84	20.96	9.72	10.14	20.69	16.59	11.24	11.75	22.01	17.16	11.52	11.45
South Western	15.23	19.37	10.11		23.53	29.91	11.39		21.28	21.25	11.72	
North Western	15.42	20.64	9.64	11.50	20.46	20.68	11.85	12.97	16.59	18.57	11.29	12.97
Trent and LNR	13.88	20.70	9.46	9.66	20.93	18.58	10.80	10.69			11.62	11.17

	D grade nurse in general medical ward				E grade nurse in ICU				E grade midwife			
	Agency basic (£)	**Agency commission (%)**	**Bank (£)**	**NHSP (£)**	**Agency basic (£)**	**Agency commission (%)**	**Bank (£)**	**NHSP (£)**	**Agency basic (£)**	**Agency commission (%)**	**Bank (£)**	**NHSP (£)**
Outside London	14.88	19.81	9.83	10.73	21.20	22.01	11.64	13.49	19.66	19.01	11.65	12.55
By size												
Small	16.04	17.38	10.30	11.51	22.83	18.85	13.19	14.51	21.59	18.63	12.98	11.93
Medium	14.03	19.93	9.96	11.40	20.91	21.36	11.98	14.21	18.73	18.76	12.14	14.29
Large	14.41	20.91	10.28	11.43	19.58	27.81	12.77	15.17	19.02	19.58	13.42	13.64
Very large	14.31	18.84	9.94	10.96	20.14	16.78	12.01	13.07	19.75	17.53	11.86	12.32

6.5 TRAINING PROVIDED TO BANK AND NHSP STAFF

Trusts that use bank and NHSP operations were asked whether, and what type of, training was provided to nursing staff with bank or NHSP only contracts, respectively. According to the results presented in Table 6.4, the vast majority of respondents provided induction for new recruits and mandatory training courses for bank only staff. However, less than half of respondents held performance reviews for bank only staff. In general, the proportions of Trusts that provide these services to NHSP only staff were relatively lower. The most notable differences were for mandatory training courses and formal performance reviews.

Table 6.4: Training provided by Trust to NHSP and bank staff

	Bank only staff		NHSP only staff*	
	Number of respondents replying YES	As % of total number of respondents	Number of respondents replying YES	As % of total number of respondents
Induction for new recruits	123	97.6	26	72.2
Mandatory training courses	123	97.6	20	55.6
Formal performance review	59	48.0	4	11.8

* Training for NHSP staff is carried out by NHSP therefore Trusts may potentially under report training levels.

6.6 SERVICES PROVIDED BY CENTRAL BANK OFFICE AND NHSP

Table 6.5 overleaf outlines the services provide by the central bank office and NHSP. Generally, similar services are provided by both units. However, the central bank office is less likely to undertake services which are provided elsewhere within the Trust (for example, timesheet processing and payroll queries).

Table 6.5: Services provided by central bank office and NHSP

	Bank			NHSP		
	Number of responses	Number that answered yes	As a % of total number of responses	Number of responses	Number that answered yes	As a % of total number of responses
Shift requests	121	120	99.2	36	36	100.0
Liaison with agencies	121	119	98.3	36	35	97.2
Timesheet checking	121	112	92.6	36	32	88.9
Timesheet processing	121	93	76.9	36	36	100.0
Payroll queries	119	90	75.6	35	33	94.3
Management information	120	119	99.2	36	35	97.2
Recruitment initiatives	121	112	92.6	35	33	94.3
Application processing	121	115	95.0	35	35	100.0
Arrangement of training	121	117	96.7	35	34	97.1
CPD of staff	117	81	69.2	33	26	78.8
Incident/ complaint management	121	111	91.7	35	34	97.1

6.7 BENCHMARKING

Trusts were asked whether they benchmarked their use of temporary nursing staff against that of other Trusts. As Table 6.6 shows, the majority of respondents answered that they did compare their use of temporary staff with that of their counterparts.

Table 6.6: Benchmarking use of temporary nursing staff

	Number of responses	Number of respondents that replied yes	% of responses that replied yes
Benchmarking use of bank and agency nursing staff	130	71	54.6
Benchmarking use of NHSP and agency nursing staff	35	21	60.0

6.8 SUMMARY

- Expenditure on agency, bank and NHSP staff amounted to £773 million for all acute hospital and foundation Trusts. Trusts spent more on bank and NHSP staff compared to agency staff. Total expenditure on temporary nursing staff accounted for approximately 12% of aggregate expenditure on nursing staff.

- Bank and NHSP rates are lower than those for agency staff.

- The mean number of bank and NHSP shifts was similar for all Trusts. However, foundation Trusts recorded a higher number of bank shifts compared to NHSP shifts.

- Trusts were more likely to provide training to bank staff compared to those who use NHSP staff.

- Over half of Trusts answered that they undertook benchmarking of their use of temporary nursing staff against other Trusts.

Section 7: Temporary Nursing Cover

7.1 INTRODUCTION

This Section explores the following:

- Reasons why Trusts need to use temporary nursing cover;
- The adoption of other flexible working arrangements, which are considered as alternatives to temporary staffing;
- Implications for using temporary nursing staff;
- The relationship between use of temporary staff and quality of services provided by Trust.

7.2 REASONS FOR USING TEMRPORARY NURSING STAFF

As discussed in Section 1.1, temporary staffing is one method that can be utilised to deal with fluctuations in demand faced by employers and labour supply. These two reasons for using temporary nursing staff were explored in the census. Trusts were asked to identify the reasons why temporary nursing cover was used to cover shift during the month of March 2005. The responses indicate that the three main reasons for using temporary staffing were related to staff shortages (sickness absence and vacancies of less than three months) and increased workload (see Table 7.1). Trusts were less likely to use temporary nursing cover for planned staff absences (annual and parental leave). It is worth noting that requests for temporary nursing cover may be due to a number of reasons.

Table 7.1: Reasons for requesting temporary nursing staff (%)

	Agency	Bank	Bank and Agency	NHSP	NHSP and Agency
N	35	25	46	13	24
Annual leave	5.5	6.5	6.4	5.2	7.5
Sickness	23.2	33.0	24.7	6.6	15.0
Maternity/paternity	2.0	2.7	3.0	0.7	1.0
Special leave	1.2	0.4	0.9	2.9	2.2
Vacancy of less than three months	29.7	26.9	34.1	32.3	30.9
Vacancy of more than three months	6.4	1.5	4.6	0.0	7.0
Vacancy of less or more than three months[a]	7.67	1.0	3.6	18.5	10.1
Training/study leave	0.5	1.3	1.0	0.9	1.1
Increased patient dependency/workload	14.1	16.0	7.5	9.7	10.1
Other	9.9	10.5	14.1	23.4	15.1

Note: [a] Refers to percentage of Trusts that were unable to distinguish between vacancies of less or more than three months.

To investigate whether use of temporary nursing staff was due to shortages in labour supply, Trusts were asked whether they had experienced any difficulty in recruiting nurses, midwives, ODAs/ODPs and healthcare assistants and equivalents to particular specialties.[13] According to Table 7.2, there appears to be a positive correlation between the proportion of respondents recording a difficulty and the degree of specialisation required. Thus, fewer Trusts answered that they experienced difficulties in recruiting nursing staff to a general specialty compared to intensive care or operating departments, for example. The trends identified in Table 7.2 may also reflect Trusts' tendency to use temporary staff. For example, Trusts may be more inclined to use temporary staff in more general specialties, which would imply that recruitment of substantive would not represent a significant difficulty. However, Trusts may be more likely to use their own substantive staff in more specialised areas, thereby recruitment difficulties may be more significant. A number of respondents commented that difficulties in recruiting staff to specialties were not as big a problem as recruiting particular staff grades.

[13] For the purposes of this analysis, recruitment difficulties were defined as taking on average longer than three months to recruit staff.

Table 7.2: Trusts recording recruitment difficulties, by specialty

	Total number of respondents	Number of respondents replying yes	% of respondents that answered yes
General	143	9	6.3
Elderly care	131	16	12.2
Emergency care	144	23	16.0
Intensive care	146	47	32.2
Maternity	144	45	31.3
Paediatrics	139	28	20.1
SCBU/NICU	143	44	30.8
Operating departments	156	68	43.6
Other	72	17	23.6

Table 7.3 breaks down the responses in Table 7.2 by region to examine whether recruitment difficulties are concentrated in any particular region. The regional analysis exhibits similar patterns to the national trends identified in Table 7.2. For example, for all regions, the number of respondents reporting recruitment difficulties was generally smaller in general specialties. However, some regional differences were noticeable. For example, a higher proportion of respondents from the Eastern region recorded difficulties in recruiting nursing staff to maternity.

Table 7.3: Trusts recording recruitment difficulties, by specialty and region (%)

	L	E	SE	WM	N & Y	SW	NW	T & LNR
General	4.3	7.1	4.5	5.3	9.5	13.3	4.5	0.0
Elderly care	9.5	7.1	15.0	13.3	15.0	15.4	9.5	14.3
Emergency care	25.0	20.0	17.4	11.8	0.0	21.4	17.4	14.3
Intensive care	40.0	26.7	47.8	18.8	19.0	33.3	41.7	0.0
Maternity	44.0	60.0	31.8	35.3	18.2	21.4	18.2	14.3
Paediatrics	32.0	35.7	27.3	11.8	19.0	7.7	10.0	0.0
SCBU/NICU	48.1	38.5	31.8	11.8	31.8	35.7	14.3	28.6
Operating departments	46.2	40.0	62.5	55.6	26.1	26.7	48.1	25.0
Other	29.4	14.3	20.0	10.0	16.7	33.3	50.0	0.0

Notes: L, London. E, Eastern. SE, South Eastern. WM, West Midlands. N & Y, Northern and Yorkshire. SW, South Western. NW, North Western. T & LNR, Trent, Leicestershire, Northamptonshire and Rutland.
Percentage of respondents in each region that answered that they were experiencing recruitment difficulties.

7.3 ALTERNATIVES TO TEMPORARY STAFFING

7.3.1 Flexible Working Arrangements

The adoption of flexible working arrangements may reduce the need for temporary nursing staff. Such arrangements include job sharing and term-time working. Eighty-seven Trusts answered that on average, 33% (standard deviation = 21.1) of substantive nursing staff were on such flexible arrangements. Table 7.4 reports the adoption of specific types of flexible arrangements adopted by Trusts. The vast majority of respondents answered that they did provide the types of flexible working arrangements for substantive staff.

Table 7.4: Types of flexible working arrangements used by Trusts

	Total number of respondents[a]	Number of respondents replying YES	% of respondents that answered yes
Annualised hours	158	140	88.6
Term-time working	158	146	92.4
Job sharing	159	151	95.0
Other part-time work	154	147	95.5

Note: [a] Excludes void responses (for example, responses where both 'yes' and 'don't know' were ticked.

Trusts were also specifically asked if they adopted any measures to reduce the need for temporary nursing staff. As shown in Table 7.5, respondents were more likely to use self- or team-rostering as opposed to pool nursing.

Table 7.5: Alternative measures to reduce the need for temporary nursing staff

	Total number of respondents	Number of respondents replying YES	% of respondents that answered yes
Pool nursing	155	58	37.4
Self/team rostering	160	144	90.0

7.3.2 Overtime

Overtime may also be used as a means of reducing the need for temporary nursing staff. Approximately 90% of respondents answered that they had used overtime. The level of expenditure on overtime during the previous two financial years is recorded in Table 7.6. The results suggest that overtime expenditure increased between 2003-4 and 2004-5. Comparing the levels of mean overtime expenditure

for Trusts that provided data for both years, mean overtime expenditure increased by over 7% between 2003-4 and 2004-5. This increase was statistically significant (t-statistic = 1.8, P = 0.07).

Table 7.6: Real expenditure on overtime, 2003-4 and 2004-5

	2003-4	2004-5
Number of respondents who provided data on overtime expenditure	106	119
Mean real overtime expenditure for all respondents (£)	581,224 (0 to 3,246,958)	647,356 (0 to 3,393,569)
Number of respondents who reported positive values of overtime expenditure	95	108
Mean real overtime expenditure for those respondents reporting positive values (£)	648,524 (409 to 3,246,958)	713,290 (423 to 3,393,569)

Note: Range reported in parentheses.

7.4 IMPLICATIONS FOR USING TEMPORARY NURSING STAFF

Trusts were asked whether the risks posed by temporary staff were explicitly considered within its strategy to minimise the levels of Hospital Acquired Infections. Over 100 Trusts answered that they had incorporated the additional risks associated with temporary staff. Examples of how Trusts attempted to mitigate these risks included:

- A requirement for agencies to train and update their staff in infection control practice;
- Adherence to hospital policy and mandatory updates for bank staff.

The European Working Time Directive (EWTD) has implications for all Trust staff – not only substantive members. Over 88% (112) of respondents answered that they had systems in place to ensure that bank nursing staff members complied with the EWTD. This proportion was considerably higher than that for Trusts that use NHSP, with only approximately 55% (20) of these respondents ensuring compliance among NHSP staff with the Directive.

7.5 SUMMARY

- The main reasons reported by Trusts for their use of temporary nursing staff were to address staff shortages (primarily due to sickness and vacancies of less than three months) and increased workload.

- Recruitment difficulties were more prevalent in more specialised areas (such as operating departments and intensive care). Trusts also mentioned that recruitment difficulties occurred in relation to particular grades within staff categories.

- The majority of Trusts provided alternative flexible working arrangements.

- Mean overtime expenditure per Trust increased between 2003-4 and 2004-5.

- The use of temporary nursing staff had implications for Trusts, such as implementing measures to mitigate the additional risks associated with temporary staff for Hospital Acquired Infections.

- Trusts that used bank staff were more likely than those using NHSP staff to have systems in place to ensure compliance with the EWTD.

- Overall, expenditure on agency, bank and temporary nursing staff was negatively correlated with Trust performance, although there was a positive relationship between NHSP expenditure and performance.

Section 8: Summary

8.1 AGENCY NURSING STAFF

- On average, Trusts dealt with more than nine nursing agencies during the 2004-5 financial year. This represents an increase in the mean number of agencies used per Trust in 1999-2000. The majority of agencies used by Trusts in 2004-5 were on regional framework agreements.

- In total, Trusts spent £238 million on agency nursing staff during 2004-5. This equated to agency expenditure of approximately £1.4 million per Trust, which represented a reduction on previous figures for 1999-2000 and 2003-4. The majority of agency expenditure in 2004-5 was on agencies which were on regional framework agreements.

- The mean number of agency shifts in March 2005 was slightly less than 700. There was a positive relationship between Trust size and the mean number of agency shifts.

- Agency basic pay rates varied according to the category of staff supplied. There was a noticeable trend which suggested that Trusts that use agencies on regional framework agreements pay lower basic rates and commission charges.

- In general, a large number of respondents were aware that checks were being performed on agency. The responsibility for these checks largely fell to the nursing agencies.

- For the majority of respondents, the nurse bank office acted as the interface between the Trust and agencies.

8.2 BANK NURSING STAFF

- On aggregate, the mean number of banks operated within the responding Trusts on 31 March 2005 was one. Typically, these banks were run by the Trust.

- As at 31 March 2005, the average number of nursing staff listed on the bank was over 1,000. Over half of the bank staff members also held substantive contracts with the Trust.

- The mean number of bank shifts recorded in 2004-5 has increased from their 1999-2000 level. On average, foundation Trusts recorded a higher number of bank shifts compared to their counterparts without foundation status. The mean number of bank shifts was higher for London Trusts than those operating in other regions. In both 1999-2000 and 2004-5, there was a positive trend between Trust size and the number of bank shifts.

- Mean bank expenditure was higher in 2004-5 compared to 2003-4 and 1999-2000. Bank expenditure was highest in non-foundation Trusts and London Trusts.

- A higher number of Trusts ran their own in-house nurse bank in 2004-5. Bank operating costs varied depending on whether the bank was operated by the Trust or an external organisation. On aggregate, the mean operating costs for running an internal bank in 2004-5 were lower than those associated with a bank run by an external organisation.

- On average, bank pay rates were set mid-way between substantive basic and overtime rates. Bank rates were similar for foundation and non-foundation Trusts.

- The majority of respondents performed checks on both substantive and bank staff, although the number of respondents who answered that they performed checks on bank staff was marginally higher.

8.3 NHSP NURSING STAFF

- Thirty-six Trusts used NHSP during the period under consideration in the census.

- Mean real expenditure on NHSP staff increased from £3.1 million in 2003-4 to £3.7 million in 2004-5. The mean level of NHSP expenditure was marginally lower in foundation Trusts compared to non-foundation Trusts.

- Basic NHSP rates lay between the basic and overtime rates paid to substantive staff.

- On average over 2,500 shifts were undertaken by NHSP staff within each Trust.

- Almost all NHSP Trusts perform checks on substantive members of nursing staff. However, the number of Trusts that perform these checks on NHSP only staff members was considerably lower.

- The reasons reported by Trusts for using NHSP related to compliance with national and/or local initiatives and guidance, and a lack of alternatives. Other Trusts identified cost and performance issues as the main reasons why they chose not to use NHSP.

8.4 TEMPORARY NURSING COVER

- The main reasons reported by Trusts for their use of temporary nursing staff were to address staff shortages (primarily due to sickness and vacancies of less than three months) and increased workload.

- Recruitment difficulties were more prevalent in more specialised areas (such as operating departments and intensive care). Trusts also mentioned that recruitment difficulties occurred in relation to particular grades within staff categories.

- The majority of Trusts provided alternative flexible working arrangements.

- Mean overtime expenditure per Trust increased between 2003-4 and 2004-5.

- The use of temporary nursing staff had implications for Trusts, such as implementing measures to mitigate the additional risks associated with temporary staff for Hospital Acquired Infections.

- Trusts that used bank staff were more likely than those using NHSP staff to have systems in place to ensure compliance with the EWTD.

- Overall, expenditure on agency, bank and temporary nursing staff was negatively correlated with Trust performance, although there was a positive relationship between NHSP expenditure and performance.

8.5 CONCLUSION

The purpose of this report was to examine Trusts' use of, and expenditure on, temporary nursing staff. The analysis identified that Trusts' use of agency nursing staff in 2004-5 has declined from its previous level in 1999-2000. In contrast, expenditure on bank staff has increased, with NHSP expenditure at approximately a similar level. Given the higher costs (in terms of pay rates and commission) associated with agency nursing staff, this trend away from the use of agencies is unsurprising. The number of shifts by type of temporary staff also confirms that Trusts use more bank and NHSP staff compared to agency. The main motivation for using temporary nursing staff was to afford Trusts flexibility is filling staff shortages. Banks and agencies were more likely to be used for unplanned shortages (such as, sickness).

Abbreviations and Acronyms

Abbreviation	Meaning
CPD	Continuing Professional Development
CRB	Criminal Records Bureau
EWTD	European Working Time Directive
ICU	Intensive care unit
IT	Information Technology
LNR	Leicestershire, Northamptonshire and Rutland
MRSA	Methicillin-Resistant Staphylococcus Aureus
N	Number of observations
NAO	National Audit Office
NICU	Neonatal intensive care unit
NHSP	NHS Professionals
NMC	Nursing and Midwifery Council
ODA	Operating department assistant
ODP	Operating department practitioner
SCBU	Special care baby unit
VAT	Value-added tax
YHEC	York Health Economics Consortium

Glossary

Nursing staff	Registered nurses, registered midwives, ODPs and ODAs, and healthcare assistants and equivalents.
Healthcare assistants and equivalents	Health care assistants, nursing assistants, nursing auxiliaries and support workers.
Nurse bank	A bank within a Trust, supplying any of all of the following types of nursing staff: registered nurses, registered midwives, ODPs and ODAs, and healthcare assistants and equivalents.
Agency nursing staff	Nursing staff, employed by a commercial agency, providing temporary cover in an NHS Trusts. The nurse is paid by the agency, which, in turn, charges the Trust a fee. Agency nurses may be registered with several agencies as well as having an NHS job.
Bank staff with substantive posts	Nursing staff employed by an NHS Trust in substantive, full- or part-time, posts but are also contracted – sometimes at different rates of pay – to do additional work on the bank. They may work on their usual ward or unit, but do not always do so.
Bank staff without substantive posts	Nursing staff employed by an NHS Trust to work as and when required. They have no guarantee of regular work from the Trust. They may be employed in a permanent post elsewhere, registered with another Trust bank or with an agency.
P-values	These are used an indicator of statistical significance and it is standard practice to consider P values of less than 0.05 as significant.

APPENDIX A

Questionnaires

Trust ID: ……

CENSUS ON TEMPORARY NURSING STAFF IN ACUTE HOSPITAL AND FOUNDATION TRUSTS

TRUST QUESTIONNAIRE

GENERAL INFORMATION FOR RESPONDENTS

1. The purpose of this questionnaire is to obtain information on how NHS acute hospital and foundation Trusts use and manage temporary nursing staff (see glossary for definition). The questionnaire has been designed by the National Audit Office, and is being administered by York Health Economics Consortium (YHEC), in conjunction with QA Research.

2. The survey will be used to inform the National Audit Office report to Parliament on Trusts' use and management of temporary nursing staff. It is one strand, albeit a very important one, of a wider research programme on this issue currently being undertaken by the National Audit Office.

3. It would be greatly appreciated if you could please provide data on your Trust's use of temporary nursing staff.

4. The questionnaire comprises six sections, covering:

    - Background information on your Trust;
    - Your Trust's use of private sector agencies for the provision of temporary nursing staff;
    - Expenditure on agency nursing staff by your Trust;
    - Use of, and expenditure on, bank / NHS Professionals nursing staff by your Trust;
    - Temporary nursing cover arrangements employed within your Trust;
    - Areas of good practice or concern relating to the use of temporary nursing staff within your Trust.

5. It is likely that elements of this questionnaire will need to be completed by representatives from the nursing directorate / nurse bank, from HR and from Finance. Once you have completed the relevant elements of the questionnaire please save and forward to the next appropriate contact point. The questionnaire has been piloted by a sample of trusts to try and make it as useful and user friendly as possible. The results of the pilot indicate that the questionnaire takes a total of around five hours to complete.

6. In a number of questions, boxes have been inserted to allow you to tick 'Don't Know' if you are unsure of an answer to a particular question.

7. If you would like the questionnaire in an alternative format, then please contact Jacqueline O'Reilly (contact details below).

8. All Trusts that complete and return the questionnaire will receive an individual report outlining their use of temporary nursing staff against predetermined benchmarks.

9. A glossary of the terms used in this questionnaire is reported overleaf.

10. We would like to remind you that the National Audit Office has a statutory duty to report to Parliament on the economy, efficiency and effectiveness with which Government departments and other public sector bodies use their resources. Trusts are therefore required to comply with data requests from the National Audit Office. We would appreciate it if you could please complete and return the attached questionnaire by **Friday, 30th September 2005** by e-mail (to yhec@york.ac.uk); or post it to:

    York Health Economics Consortium
    FREEPOST YO405
    University of York
    Market Square, Vanbrugh Way
    YORK YO10 5ZZ

11. The questionnaire must be signed off and returned by the Trust's Chief Executive.

12. If you would like additional information or have any questions, please do not hesitate to contact Jacqueline O'Reilly at YHEC or Helen Hawkins at the National Audit Office.

Organisation	YHEC	National Audit Office
Name	Jacqueline O'Reilly	Helen Hawkins
Telephone	01904 433627	020 7798 7228 / 0788 0707147
E-mail	jmor1@york.ac.uk	Helen.Hawkins@nao.gsi.gov.uk

This survey has been developed in consultation with the Health & Social Care Information Centre (HSCIC) - Review of Central Returns (ROCR) Committee , who consider the data collection to be useful and reasonable.

We very much value your opinion and would like to thank you in advance for your cooperation.

Glossary

For the purposes of this survey, the following definitions apply:

Nursing staff means registered nurses, registered midwives, operating department practitioners and assistants, and healthcare assistants and equivalents.

Healthcare assistants and equivalents includes healthcare assistants, nursing assistants, nursing auxiliaries and support workers.

Nurse bank refers to a bank, within a Trust, supplying any or all of the following types of nursing staff: registered nurses, registered midwives, operating department practitioners and assistants, and healthcare assistants and equivalents.

Agency nursing staff provide temporary cover in an NHS trust, but are employed by a commercial agency. The nurse is paid by the agency, which, in turn, charges the Trust a fee. Agency nurses may be registered with several agencies as well as also having an NHS job.

Bank staff with substantive posts are employed by an NHS Trust in substantive, full- or part-time, posts but are also contracted – sometimes at different rates of pay – to do additional work on the bank. They may work on their usual ward or unit, but do not always do so.

Bank staff without substantive posts are employed by an NHS Trust to work as and when required. They have no guarantee of regular work from the Trust. They may be employed in a permanent post elsewhere, registered with another trust bank or with an agency.

Abbreviations

CPD	Continuing Professional Development
CRB	Criminal Records Bureau
IT	Information technology
NHSP	NHS Professionals
NICU	Neonatal intensive care unit
NMC	Nursing and Midwifery Council
ODAs	Operating department assistants
ODPs	Operating department practitioners
SCBU	Special care baby unit
VAT	Value-added tax
WTE	Whole time equivalents

How to complete the questionnaire:

1. Please 'save as' this file on your computer before filling it in.

2. Click on the shaded boxes to fill in your answers (you can only write in the boxes, the rest of the document has been protected)

There are two types of shaded box:

☐ Check boxes – click in them and a cross will appear, click a second time and the cross will disappear

Text boxes – type numbers / words into these. There is unlimited space for you to write in these boxes. Do not worry if it affects the formatting of the document

You can either use the tab key to move from shaded box to shaded box, or you can click in the appropriate space.

TRUST PROFILE

Question 1

Full trust name:	

Question 2 Name of person co-ordinating the responses to the questionnaire

Dr / Mr / Mrs / Miss / Ms	
Job title	
Contact telephone number	
Contact email address	

Question 3 Across how many main hospital sites with in patient beds does the Trust operate? (Please do not include out reach sites.)

Please correct in the space below if the information provided is not accurate

Pre-populated	

Question 4 What was the Trust's total turnover in 2004-05 (£ millions)?

Please correct in the space below if the information provided is not accurate

Pre-populated	£

Question 5 How many in-patient beds did the Trust have at 31st March 2005?

Please correct in the space below if the information provided is not accurate

Pre-populated	

Question 6 How many (headcount and whole time equivalent (wte)) substantive nurses, midwives, ODAs/ODPs and healthcare assistants and equivalents were in post at 31st March 2005?

	Headcount	wte
Number of registered nurses		
Number of registered midwives		
Number of ODPs / ODAs		
Number of healthcare assistants or equivalent		
Total		

Question 7 Does the Trust use NHS Professionals to manage its temporary nursing requirements?

Yes	☐	If yes, please contact Jacqueline O'Reilly to request an alternative questionnaire
No	☐	If no, please proceed with the questionnaire

AGENCY CONTRACTS

Question 8 Please complete the two tables below showing:

- all of the agencies that the Trust used to supply agency nurses, midwives, ODAs/ODPs and healthcare assistants and equivalents in the year ending 31st March 2005;
- the expenditure (excluding VAT) per agency on nurses, midwives, ODAs/OPDs and healthcare assistants and equivalents in the year ending 31st March 2005; and
- whether or not the agency was on a Regional Framework Agreement in March 2005 (e.g. the London Agency Project or the North West Agency Project).

Table 1	
Name of agency	Expenditure in year ending 31st March 2005 (excluding VAT)
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£

Table 2		
Was the agency on a Regional Framework Agreement in March 2005 (e.g. the London Agency Project)?		
Yes	No	Don't know
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

If the Trust uses agencies which are not on Regional Framework Agreements, please explain why in the box below.

Question 9 Please tick the appropriate column in the table below to indicate whether you would expect the following checks to be carried out by the agencies supplying temporary nursing staff, by the Trust or by both or neither of these. Please note for the purposes of this question, the term 'nurse' is used to refer to registered nurses, registered midwives, operating department practitioners and assistants, and healthcare assistants and equivalents.

	Checked by agency only	Checked by Trust only	Checked by agency and Trust separately	Checked by neither agency nor Trust	Don't know
Check the nurse's identity	☐	☐	☐	☐	☐
Check registration with the NMC (where appropriate)	☐	☐	☐	☐	☐
Ensure that non-registered nursing staff have previous experience or training in a caring role	☐	☐	☐	☐	☐
Examine original certificates of nurse's qualifications	☐	☐	☐	☐	☐
Establish nurse's eligibility to work in the UK	☐	☐	☐	☐	☐
Check knowledge of written and spoken English	☐	☐	☐	☐	☐
Take up references from two employers	☐	☐	☐	☐	☐
Check that nurse has the necessary qualifications to perform the type of duties required	☐	☐	☐	☐	☐
Check that nurse has had a formal health assessment at an Occupational Health Department within the last two years	☐	☐	☐	☐	☐
Check that nurse has completed a health declaration form and examine certificates of immunisation and evidence of immunity	☐	☐	☐	☐	☐
Obtain CRB/police checks	☐	☐	☐	☐	☐
Check that an alert has not been raised against any new nurse that comes on to their books	☐	☐	☐	☐	☐
Check that training is up to date for:					
moving and handling	☐	☐	☐	☐	☐
infection control	☐	☐	☐	☐	☐
basic life support	☐	☐	☐	☐	☐
control of substances hazardous to health	☐	☐	☐	☐	☐
risk of fire	☐	☐	☐	☐	☐

Question 10 Where you have indicated that you would expect the agencies to conduct these checks please specify whether your Trust uses the following methods to monitor these aspects of agency performance. Please tick all that apply.

A service level agreement ☐

Performance management meetings ☐

Other (please specify below) ☐

AGENCY EXPENDITURE AND USAGE

Question 11 **Approximately what percentage of total agency expenditure on nursing staff was accounted for by nurses, midwives, ODAs/ODPs, health care assistants and equivalents in the year ending 31st March 2005?**

	Approximate percentage of total agency expenditure on nursing staff in year ending 31st March 2005
Registered nurses	%
Registered midwives	%
ODAs/ODPs	%
Healthcare assistants or equivalents	%
Total	100%

Question 12 What was the Trust's total expenditure on agency nurses, midwives, ODAs/ODPs, healthcare assistants and equivalents in the years ending 31st March 2004 and 31st March 2005?

Please include commission, employer's national insurance, any introduction or "temp to perm" recruitment fees. Please exclude VAT and any fees paid to agencies for other services e.g. overseas recruitment or providing a nurse bank service. If there was no expenditure please write "nil" in the box.

	Expenditure in the year ending 31st March 2004	Expenditure in the year ending 31st March 2005
Total	£	£

Question 13 Please use the table below to record the current rates of the professionals listed. In all cases please use the rates for the agency which accounts for the largest proportion of expenditure on agency nurses in the Trust. If the Trust has already assimilated to Agenda for Change, please use rates immediately prior to assimilation.

a) The basic (excluding national insurance, allowance for working time regulations and commission charges) hourly rate of pay for an agency nurse working daytime shifts during the week.

b) The commission charged (£ per hour or % of hourly rate) by the agency for filling daytime shifts during the week.

	(a) The basic hourly rate (£ per hour)	(b) The commission charged by the agency (£ per hour or % of hourly rate)	
D grade agency nurse working in a general medical ward	£	£	%
E grade agency nurse working in an Intensive Care Unit	£	£	%
E grade agency midwife	£	£	%

Question 14 Who at the Trust maintains the day to day relationship with nursing agencies? Please tick all that apply.

- Wards and other units contact agencies directly ☐
- The nurse bank office manages the interface with agencies ☐
- Other (please specify below) ☐

Question 15 Does the Trust benchmark its use of bank and agency nurses, midwives, ODAs/ODPs and healthcare assistants and equivalents against other trusts?

Yes ☐

No ☐

NURSING BANK COSTS AND USAGE

Question 16 How many nurse banks, if any, existed within the Trust on 31st March 2005? (If the answer is none then please proceed directly to Question 34)

Question 17 Please record below the number (headcount) of nurses, midwives, ODAs/ODPs and healthcare assistants listed on the bank(s) and the number who also held substantive contracts within the Trust as at 31st March 2005.

The total number of nurses, midwives, ODAs/ODPs and healthcare assistants and equivalents listed on the bank(s) as at 31st March 2005	
The number of nurses, midwives, ODAs/ODPs and healthcare assistants listed on the bank(s) who also hold a substantive contract with the Trust as at 31st March 2005	

Question 18 How many nurses, midwives, ODAs/ODPs and healthcare assistants and equivalents joined and left the bank(s) in the quarter from April to June 2005?

	Joiners	Leavers
Registered nurses		
Registered midwives		
ODAs/ODPs		
Healthcare assistants and equivalents		
Total		

Question 19 Was the bank in operation throughout the year ending March 2005?

Yes ☐

No ☐

If no, please state the number of months for which the bank was in operation during the year.

Number of months:

Question 20 Approximately what percentage of nursing staff in the Trust have had the following within the last twelve months? (If this is not known, then please tick the 'Don't Know' box.)

	Substantive nursing staff		Bank only nursing staff	
	Percentage	Don't know	Percentage	Don't know
A performance appraisal	%	☐	%	☐
A personal development plan	%	☐	%	☐
An assessment of training needs	%	☐	%	☐
Moving and handling training	%	☐	%	☐
Basic life support training	%	☐	%	☐
Infection control training	%	☐	%	☐
Fire training	%	☐	%	☐
A CRB check	%	☐	%	☐

Question 21 Does the Trust provide nursing staff with bank only contracts with the following:

	Yes	No	Don't know
Induction for new recruits	☐	☐	☐
Mandatory training courses	☐	☐	☐
Formal performance review	☐	☐	☐

Question 22 Approximately what percentage of total bank expenditure is accounted for by nurses, midwives, ODAs/ODPs, health care assistants and equivalents in the year ending 31st March 2005?

	Approximate percentage of total bank expenditure in year ending 31st March 2005
Registered nurses	%
Registered midwives	%
ODAs/ODPs	%
Healthcare assistants or equivalents	%
Total	100%

Question 23 Please use the following table to record the total expenditure on bank nurses, midwives, ODAs/ODPs and healthcare assistants (including employers' costs such as employers' national insurance contributions and pension contributions) in the years ending 31st March 2004 and 31st March 2005.

	Expenditure in the year ending 31st March 2004	Expenditure in the year ending 31st March 2005
Total	£	£

Question 24 Please use the table below to record the current cost of the professionals listed. If the Trust has already assimilated to Agenda for Change please use rates immediately prior to assimilation.

a) The mid point of the basic (excluding national insurance and allowance for working time regulations) hourly rate for a substantive nurse working daytime shifts during the week;

b) The overtime (excluding national insurance and allowance for working time regulations) hourly rate for a substantive nurse working daytime shifts during the week;

c) The basic (excluding national insurance and allowance for working time regulations) hourly rate for a bank nurse working day time shifts during the week.

	(a) Substantive basic hourly rate (£ per hour)	(b) Substantive overtime hourly rate (£ per hour)	(c) Basic bank hourly rate (£ per hour)
D grade nurse working in a general medical ward	£	£	£
E grade nurse working in an Intensive Care Unit	£	£	£
E grade midwife	£	£	£

Question 25 Who manages the nurse bank (or the main nurse bank where there is more than one)?

	Yes	No	If yes, please provide details (e.g. which department, agency or organisation manages the nurse bank?)	
Trust	☐	☐		If yes to Trust, please go to Question 26
Agency	☐	☐		If yes to Agency, please go to Question 27
Other	☐	☐		If yes to Other, please go to Question 27

Question 26 If the Trust runs its own nurse bank(s), what was the total cost of running the bank(s) in the year ending 31st March 2005? If the nurse bank(s) is run by an external organisation please proceed to Question 27.

Total cost in the year ending 31st March 2005	£
How many banks did the Trust run in the year ending 31st March 2005?	

Please tick below if this cost includes the following and provide information on the cost of each individual element.

	Yes	No	Cost
Salary costs of the staff operating the bank	☐	☐	£
Payroll processing costs	☐	☐	£
Bank office accommodation	☐	☐	£
IT software and hardware costs	☐	☐	£
Advertising costs	☐	☐	£
Uniforms	☐	☐	£
CPD and training of bank only nurses	☐	☐	£
CRB checks	☐	☐	£
Other	☐	☐	£

Question 27 If an external organisation(s) manages the nurse bank(s), please state the annual cost to the Trust (excluding VAT) of this service in the year ending 31st March 2005 (excluding the pay costs of the nurses working through the bank). If the Trust runs its own nurse bank please proceed to Question 29.

Total cost in the year ending 31st March 2005	£
How many nurse banks were run by external organisations in the year ending 31st March 2005?	

Question 28 What rate of commission did the external organisation charge for running the bank in the year ending 31st March 2005? (In £ per hour or percentage of hourly rate.)

£ per hour		% of hourly rate
£	Or	%

Question 29 Are the nurse bank(s) managed from a central bank office?

Yes	☐	If yes, go to Question 30
No	☐	If no, go to Question 31

Question 30 What services does the central bank office provide?

	Yes	No	Don't know
Shift requests	☐	☐	☐
Liaison with agencies	☐	☐	☐
Timesheet checking	☐	☐	☐
Timesheet processing	☐	☐	☐
Payroll queries	☐	☐	☐
Management information	☐	☐	☐
Recruitment initiatives	☐	☐	☐
Application processing	☐	☐	☐
Arrangement of training	☐	☐	☐
CPD of staff	☐	☐	☐
Incident/Complaint Management	☐	☐	☐

Question 31 Please tick the appropriate columns in the table below to indicate which checks the Trust carries out on substantive and bank only nursing staff. Please note for the purposes of this question, the term 'nurse' is used to refer to registered nurses, registered midwives, operating department practitioners and assistants, and healthcare assistants and equivalents.

	Substantive	Bank only
Check the nurse's identity	☐	☐
Check registration with the NMC (where appropriate)	☐	☐
Ensure that non-registered nursing staff have previous experience or training in a caring role	☐	☐
Examine original certificates of nurse's qualifications	☐	☐
Establish nurse's eligibility to work in the UK	☐	☐
Check knowledge of written and spoken English	☐	☐
Take up references from two employers	☐	☐
Check that nurse has the necessary qualifications to perform the type of duties required	☐	☐
Check that nurse has had a formal health assessment at an Occupational Health Department within the last two years	☐	☐
Check that nurse has completed a health declaration form and examine certificates of immunisation and evidence of immunity	☐	☐
Obtain CRB/police checks	☐	☐
Check that training is up to date for:		
moving and handling	☐	☐
infection control	☐	☐
basic life support	☐	☐
control of substances hazardous to health	☐	☐
risk of fire	☐	☐

Question 32 Does the Trust have systems in place to ensure that bank nursing staff comply with the European Working Time Directive?

Yes ☐ If yes, please describe below

No ☐

Question 33 Does the Trust use a bank management software package to manage the bank?

Yes ☐ If yes, proceed with the question below

No ☐ If no, go to Question 34

If yes, which software package do you use?

	Yes	No	Don't know
Added Value Applications	☐	☐	☐
Baum Hart Staff Bank	☐	☐	☐
BSMS	☐	☐	☐
Go-Nursing	☐	☐	☐
HICOM Staffbank	☐	☐	☐
HMT RosterPro	☐	☐	☐
MATCHNET	☐	☐	☐
Other (please specify below)	☐	☐	☐

TEMPORARY NURSING COVER

Question 34 Please complete the table below showing the total number of shifts worked by agency, bank and substantive nurses, midwives, ODAs/ODPs and healthcare assistants and equivalents working in the Trust during the month of March 2005.

	Bank	Agency	Substantive
Registered nurses			
Registered midwives			
ODAs/ODPs			
Healthcare assistants or equivalents			
Total			

Question 35 Why has the Trust not chosen to use NHS Professionals to manage its temporary staffing requirements? Please comment below.

Question 36 The use of bank and agency nursing staff is only one way of providing flexible staffing. Alternatives include annualised hours, term-time working, job sharing, etc. Please indicate what percentage of substantive nursing staff work on other flexible work arrangements. Please indicate what percentage of substantive nursing staff work on other flexible work arrangements at the current time.

Percentage of substantive nursing staff on flexible work arrangements
%

Please indicate whether the Trust offers any of the following options to its nursing staff. (Please tick if option is available.)

	Yes	No	Don't know
Annualised hours	☐	☐	☐
Term-time working	☐	☐	☐
Job sharing	☐	☐	☐
Other part-time work	☐	☐	☐

Question 37 Does the Trust use pool nursing, self/team rostering and/or overtime to reduce the need for temporary nursing staff? (Please tick all that apply)

	Yes	No	Don't know
Pool nursing	☐	☐	☐
Overtime	☐	☐	☐
Self / team rostering	☐	☐	☐

Question 38 What were the levels of expenditure on overtime for nursing staff during the years ending 31st March 2004 and 31st March 2005?

	Total expenditure on nursing staff overtime in the year ending 31st March 2004	Total expenditure on nursing staff overtime in the year ending 31st March 2005
Total	£	£

Question 39 Please fill in the table below showing what percentage of the shifts covered by bank and agency staff in March 2005 were for the following reasons:
Note: The total for each column should add up to 100 per cent.

	Bank	Agency	Bank and Agency	Don't know
Annual leave	%	%	%	☐
Sickness	%	%	%	☐
Maternity / paternity leave	%	%	%	☐
Special leave (including carer's leave)	%	%	%	☐
Vacancy of less than three months	%	%	%	☐
Vacancy of more than three months	%	%	%	☐
Training / study leave	%	%	%	☐
Increased patient dependency / workload	%	%	%	☐
Other (including escort duty and interviewing)	%	%	%	☐
Total	100%	100%	100%	

Question 40 Does the Trust have a centralised data management system for filing errors, near misses and incidents?

Yes ☐

No ☐

Does the Trust monitor and separately identify errors, near misses and incidents involving bank and agency staff?

Yes ☐ If yes, proceed with the question below

No ☐ If no, go to Question 38

During 2004-05 how many patient safety incidents occurred in relation to bank, agency and substantive nursing staff? (Please complete the table below.)

	Bank nursing staff	Agency nursing staff	Substantive nursing staff
Total number of patient safety incidents			

Question 41 Within its strategy to minimise levels of Hospital Acquired Infections, has the Trust separately considered the risks posed by temporary staff?

Yes ☐ If yes, please provide details below

No ☐ If no, go to Question 42

Question 42 Are there any particular specialties into which it takes the Trust on average longer than three months to recruit midwives, ODAs/ODPs and healthcare assistants and equivalents? Please tick the relevant boxes.

	Yes	No	Don't know
General	☐	☐	☐
Elderly care	☐	☐	☐
Emergency care	☐	☐	☐
Intensive care	☐	☐	☐
Maternity	☐	☐	☐
Paediatrics	☐	☐	☐
SCBU/NICU	☐	☐	☐
Operating departments	☐	☐	☐
Other (please specify below)	☐	☐	☐

GOOD PRACTICE AND AREAS OF CONCERN

Question 43 If you have any examples of innovative or good practice in relation to the use of temporary nursing staff, please tell us about them below. Please include brief evidence of outcomes to support your examples.

Question 44 If there are any issues you would like to raise about the use of bank and agency nursing staff within the Trust which have not been covered elsewhere in this questionnaire then please provide details below.

CONFIRMATION OF QUESTIONNAIRE (To be completed by the Trust's Chief Executive)

As Chief Executive, I confirm, to the best of my knowledge, that the information contained in this questionnaire was accurate at the time of completion.

Chief Executive's name:
(Please insert your signature or type your name.) _____

Thank you for completing this survey. In analysing questionnaire responses, we may need to contact respondents again to clarify or expand on the information contained in the questionnaire. Please ensure that details of the most appropriate person to contact have been filled in at Question 2.

We would appreciate it if you could please complete and return the attached questionnaire by **Friday, 30th September 2005** by e-mail (to yhec@york.ac.uk); or post it to:

York Health Economics Consortium
FREEPOST YO405
University of York
Market Square, Vanbrugh Way
YORK YO10 5ZZ

This survey has been developed in consultation with the Health & Social Care Information Centre (HSCIC) - Review of Central Returns (ROCR) Committee, who consider the data collection to be useful and reasonable.

Trust ID: ……

CENSUS ON TEMPORARY NURSING STAFF IN ACUTE HOSPITAL AND FOUNDATION TRUSTS

TRUST QUESTIONNAIRE

GENERAL INFORMATION FOR RESPONDENTS

1. The purpose of this questionnaire is to obtain information on how NHS acute hospital and foundation Trusts use and manage temporary nursing staff (see glossary for definition). The questionnaire has been designed by the National Audit Office, and is being administered by York Health Economics Consortium (YHEC), in conjunction with QA Research.

2. The survey will be used to inform the National Audit Office report to Parliament on Trusts' use and management of temporary nursing staff. It is one strand, albeit a very important one, of a wider research programme on this issue currently being undertaken by the National Audit Office.

3. It would be greatly appreciated if you could please provide data on your Trust's use of temporary nursing staff.

4. The questionnaire comprises six sections, covering:

    - Background information on your Trust;
    - Your Trust's use of private sector agencies for the provision of temporary nursing staff;
    - Expenditure on agency nursing staff by your Trust;
    - Use of, and expenditure on, bank / NHS Professionals nursing staff by your Trust;
    - Temporary nursing cover arrangements employed within your Trust;
    - Areas of good practice or concern relating to the use of temporary nursing staff within your Trust.

5. It is likely that elements of this questionnaire will need to be completed by representatives from the nursing directorate / nurse bank, from HR and from Finance. Once you have completed the relevant elements of the questionnaire please save and forward to the next appropriate contact point. The questionnaire has been piloted by a sample of trusts to try and make it as useful and user friendly as possible. The results of the pilot indicate that the questionnaire takes a total of around five hours to complete.

6. In a number of questions, boxes have been inserted to allow you to tick 'Don't Know' if you are unsure of an answer to a particular question.

7. If you would like the questionnaire in an alternative format, then please contact Jacqueline O'Reilly (contact details below).

8. All Trusts that complete and return the questionnaire will receive an individual report outlining their use of temporary nursing staff against predetermined benchmarks.

9. A glossary of the terms used in this questionnaire is reported overleaf.

10. We would like to remind you that the National Audit Office has a statutory duty to report to Parliament on the economy, efficiency and effectiveness with which Government departments and other public sector bodies use their resources. Trusts are therefore required to comply with data requests from the National Audit Office. We would appreciate it if you could please complete and return the attached questionnaire by **Friday, 30th September 2005** by e-mail (to yhec@york.ac.uk); or post it to:

    York Health Economics Consortium
    FREEPOST YO405
    University of York
    Market Square, Vanbrugh Way
    YORK YO10 5ZZ

11. The questionnaire must be signed off and returned by the Trust's Chief Executive.

12. If you would like additional information or have any questions, please do not hesitate to contact Jacqueline O'Reilly at YHEC or Helen Hawkins at the National Audit Office.

Organisation	YHEC	National Audit Office
Name	Jacqueline O'Reilly	Helen Hawkins
Telephone	01904 433627	020 7798 7228 / 0788 0707147
E-mail	jmor1@york.ac.uk	Helen.Hawkins@nao.gsi.gov.uk

This survey has been developed in consultation with the Health & Social Care Information Centre (HSCIC) - Review of Central Returns (ROCR) Committee , who consider the data collection to be useful and reasonable.

We very much value your opinion and would like to thank you in advance for your cooperation.

Glossary

For the purposes of this survey, the following definitions apply:

Nursing staff means registered nurses, registered midwives, operating department practitioners and assistants, and healthcare assistants and equivalents.

Healthcare assistants and equivalents includes healthcare assistants, nursing assistants, nursing auxiliaries and support workers.

Nurse bank refers to a bank, within a Trust, supplying any or all of the following types of nursing staff: registered nurses, registered midwives, operating department practitioners and assistants, and healthcare assistants and equivalents.

Agency nursing staff provide temporary cover in an NHS trust, but are employed by a commercial agency. The nurse is paid by the agency, which, in turn, charges the Trust a fee. Agency nurses may be registered with several agencies as well as also having an NHS job.

Bank staff with substantive posts are employed by an NHS Trust in substantive, full- or part-time, posts but are also contracted – sometimes at different rates of pay – to do additional work on the bank. They may work on their usual ward or unit, but do not always do so.

Bank staff without substantive posts are employed by an NHS Trust to work as and when required. They have no guarantee of regular work from the Trust. They may be employed in a permanent post elsewhere, registered with another trust bank or with an agency.

Abbreviations

CPD	Continuing Professional Development
CRB	Criminal Records Bureau
IT	Information technology
NHSP	NHS Professionals
NICU	Neonatal intensive care unit
NMC	Nursing and Midwifery Council
ODAs	Operating department assistants
ODPs	Operating department practitioners
SCBU	Special care baby unit
VAT	Value-added tax
WTE	Whole time equivalents

How to complete the questionnaire:

1. Please 'save as' this file on your computer before filling it in.

2. Click on the shaded boxes to fill in your answers (you can only write in the boxes, the rest of the document has been protected)

There are two types of shaded box:

☐ Check boxes – click in them and a cross will appear, click a second time and the cross will disappear

Text boxes – type numbers / words into these. There is unlimited space for you to write in these boxes. Do not worry if it affects the formatting of the document

You can either use the tab key to move from shaded box to shaded box, or you can click in the appropriate space.

TRUST PROFILE

Question 1

Full trust name:	

Question 2 Name of person co-ordinating the responses to the questionnaire

Dr / Mr / Mrs / Miss / Ms	
Job title	
Contact telephone number	
Contact email address	

Question 3 Across how many main hospital sites with in patient beds does the Trust operate? (Please do not include out reach sites.)

Please correct in the space below if the information provided is not accurate

Pre-populated	

Question 4 What was the Trust's total turnover in 2004-05 (£ millions)?

Please correct in the space below if the information provided is not accurate

Pre-populated	£

Question 5 How many in-patient beds did the Trust have at 31st March 2005?

Please correct in the space below if the information provided is not accurate

Pre-populated	

Question 6 How many (headcount and whole time equivalent (wte)) substantive nursing staff were in post at 31st March 2005?

	Headcount	wte
Number of registered nurses		
Number of registered midwives		
Number of ODPs / ODAs		
Number of healthcare assistants or equivalent		
Total		

Question 7 Does the Trust use NHS Professionals to manage its temporary nursing requirements?

Yes	☐	If yes, please proceed with the questionnaire
No	☐	If no, please contact Jacqueline O'Reilly to request an alternative questionnaire

Question 8 When did the Trust begin to use NHS Professionals to manage its temporary nursing requirements?

Month and year:	

AGENCY CONTRACTS

Question 9 Please complete the two tables below showing:

- all of the agencies that the Trust used to supply agency nurses, midwives, ODAs/ODPs and healthcare assistants and equivalents in the year ending 31st March 2005,
- the expenditure (excluding VAT) per agency on nurses, midwives, ODAs/OPDs and healthcare assistants and equivalents in the year ending 31st March 2005 and
- whether or not the agency was on a Regional Framework Agreement in March 2005 (e.g. the London Agency Project or the North West Agency Project).

Table 1	
Name of agency	Expenditure in the year ending 31st March 2005 (excluding VAT)
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£

Table 2		
Was the agency on a Regional Framework Agreement in March 2005 (e.g. the London Agency Project)?		
Yes	No	Don't know
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

If the Trust uses agencies which are not on Regional Framework Agreements, please explain why in the box below.

Question 10 Please tick the appropriate column in the table below to indicate whether you would expect the following checks to be carried out by the agencies supplying temporary nursing staff, by the Trust or by both or neither of these. Please note for the purposes of this question, the term 'nurse' is used to refer to registered nurses, registered midwives, operating department practitioners and assistants, and healthcare assistants and equivalents.

	Checked by agency only	Checked by Trust only	Checked by agency and Trust separately	Checked by neither agency nor Trust	Don't know
Check the nurse's identity	☐	☐	☐	☐	☐
Check registration with the NMC (where appropriate)	☐	☐	☐	☐	☐
Ensure that non-registered nursing staff have previous experience or training in a caring role	☐	☐	☐	☐	☐
Examine original certificates of nurse's qualifications	☐	☐	☐	☐	☐
Establish nurse's eligibility to work in the UK	☐	☐	☐	☐	☐
Check knowledge of written and spoken English	☐	☐	☐	☐	☐
Take up references from two employers	☐	☐	☐	☐	☐
Check that nurse has the necessary qualifications to perform the type of duties required	☐	☐	☐	☐	☐
Check that nurse has had a formal health assessment at an Occupational Health Department within the last two years	☐	☐	☐	☐	☐
Check that nurse has completed a health declaration form and examine certificates of immunisation and evidence of immunity	☐	☐	☐	☐	☐
Obtain CRB/police checks	☐	☐	☐	☐	☐
Check that an alert has not been raised against any new nurse that comes on to their books	☐	☐	☐	☐	☐
Check that training is up to date for:					
moving and handling	☐	☐	☐	☐	☐
infection control	☐	☐	☐	☐	☐
basic life support	☐	☐	☐	☐	☐
control of substances hazardous to health	☐	☐	☐	☐	☐
risk of fire	☐	☐	☐	☐	☐

Question 11 Where you have indicated that you would expect the agencies to conduct these checks please specify whether your Trust uses the following methods to monitor these aspects of agency performance. Please tick all that apply.

A service level agreement ☐

Performance management meetings ☐

Other (please specify below) ☐

AGENCY EXPENDITURE AND USAGE

Question 12 Approximately what percentage of total expenditure on private sector agency nursing staff was accounted for by nurses, midwives, ODAs/ODPs, health care assistants and equivalents in the year ending 31st March 2005?

	Approximate percentage of total agency expenditure in year ending 31st March 2005
Registered nurses	%
Registered midwives	%
ODAs/ODPs	%
Healthcare assistants or equivalents	%
Total	100%

Question 13 What was the Trust's total expenditure on private sector agency nurses, midwives, ODAs/ODPs, healthcare assistants and equivalents in the years ending 31st March 2004 and 31st March 2005?

Please include commission, employer's national insurance, any introduction or "temp to perm" recruitment fees. Please exclude VAT and any fees paid to agencies for other services e.g. overseas recruitment or providing a nurse bank service. If there was no expenditure please write "nil" in the box.

	Expenditure in the year ending 31st March 2004	Expenditure in the year ending 31st March 2005
Total	£	£

Question 14 Please use the table below to record the current rates of the professionals listed. In all cases please use the rates for the agency which accounts for the largest proportion of expenditure on agency nurses in the Trust. If the Trust has already assimilated to Agenda for Change, please use rates immediately prior to assimilation.

a) The basic (excluding national insurance, allowance for working time regulations and commission charges) hourly rate of pay for an agency nurse working daytime shifts during the week.

b) The commission charged (£ per hour or % of hourly rate) by the agency for filling daytime shifts during the week.

	(a) The basic hourly rate (£ per hour)	(b) The commission charged by the agency (£ per hour or % of hourly rate)	
D grade agency nurse working in a general medical ward	£	£	%
E grade agency nurse working in an Intensive Care Unit	£	£	%
E grade agency midwife	£	£	%

Question 15 Does the Trust benchmark its use of NHS Professionals and agency nursing staff against other trusts?

Yes ☐

No ☐

NHS PROFESSIONALS COSTS AND USAGE

Question 16 Does the Trust provide nurses, midwives, ODAs/ODPs and healthcare assistants and equivalents with NHSP only contracts with the following services:

	Yes	No	Don't know
Induction for new recruits	☐	☐	☐
Mandatory training courses	☐	☐	☐
Formal performance review	☐	☐	☐

Question 17 Approximately what percentage of total expenditure on NHS Professionals was accounted for by nurses, midwives, ODAs/ODPs, health care assistants and equivalents in the year ending 31st March 2005?

	Approximate percentage of total expenditure on NHS Professionals in year ending 31st March 2005
Registered nurses	%
Registered midwives	%
ODAs/ODPs	%
Healthcare assistants or equivalents	%
Total	100%

Question 18 Please use the following table to record the total expenditure on NHS Professionals nursing staff in the years ending 31st March 2004 and 31st March 2005. This should include only nursing staff on NHSP's books. Expenditure on agency nurses supplied through NHS Professionals should be included in the response to Question 12.

	Expenditure in the year ending 31st March 2004	Expenditure in the year ending 31st March 2005
Total	£	£

Question 19 Please use the table below to record the current cost of the professionals listed. If the Trust has already assimilated to Agenda for Change please use rates immediately prior to assimilation.

a) The mid point of the basic (excluding national insurance and allowance for working time regulations) hourly rate for a substantive nurse working daytime shifts during the week;

b) The overtime (excluding national insurance and allowance for working time regulations) hourly rate for a substantive nurse working daytime shifts during the week;

c) The basic (excluding national insurance) hourly rate for a NHSP nurse working day time shifts during the week.

	(a) Substantive basic hourly rate (£ per hour)	(b) Substantive overtime hourly rate (£ per hour)	(c) Basic NHSP hourly rate (£ per hour)
D grade nurse working in a general medical ward	£	£	£
E grade nurse working in an Intensive Care Unit	£	£	£
E grade midwife	£	£	£

Question 20 What services does NHS Professionals provide for the Trust?

	Yes	No	Don't know
Shift requests	☐	☐	☐
Liaison with agencies	☐	☐	☐
Timesheet checking	☐	☐	☐
Timesheet processing	☐	☐	☐
Payroll queries	☐	☐	☐
Management information	☐	☐	☐
Recruitment initiatives	☐	☐	☐
Application processing	☐	☐	☐
Arrangement of training	☐	☐	☐
CPD of staff	☐	☐	☐
Incident/Complaint Management	☐	☐	☐

Question 21 Please tick the appropriate columns in the table below to indicate which checks the Trust carries out on substantive and NHSP only nursing staff. Please note for the purposes of this question, the term 'nurse' is used to refer to registered nurses, registered midwives, operating department practitioners and assistants, and healthcare assistants and equivalents.

	NHSP only	Substantive
Check the nurse's identity	☐	☐
Check registration with the NMC (where appropriate)	☐	☐
Ensure that non-registered nursing staff have previous experience or training in a caring role	☐	☐
Examine original certificates of nurse's qualifications	☐	☐
Establish nurse's eligibility to work in the UK	☐	☐
Check knowledge of written and spoken English	☐	☐
Take up references from two employers	☐	☐
Check that nurse has the necessary qualifications to perform the type of duties required	☐	☐
Check that nurse has had a formal health assessment at an Occupational Health Department within the last two years	☐	☐
Check that nurse has completed a health declaration form and examine certificates of immunisation and evidence of immunity	☐	☐
Obtain CRB/police checks	☐	☐
Check that training is up to date for:		
moving and handling	☐	☐
infection control	☐	☐
basic life support	☐	☐
control of substances hazardous to health	☐	☐
risk of fire	☐	☐

Question 22 Does the Trust have systems in place to ensure that NHS Professionals nursing staff comply with the European Working Time Directive?

Yes ☐ If yes, please describe below

No ☐

TEMPORARY NURSING COVER

Question 23 Please complete the table below showing the total number of shifts worked by NHS Professionals, agency and substantive nurses, midwives, ODAs/ODPs and healthcare assistants and equivalents working in the Trust during the month of March 2005.

	NHSP	Agency	Substantive
Registered nurses			
Registered midwives			
ODAs/ODPs			
Healthcare assistants or equivalents			
Total			

Question 24 Why has the Trust chosen to use NHS Professionals to manage its temporary staffing requirements? Please comment below.

Question 25 The use of bank, NHS Professionals and agency nursing staff is only one way of providing flexible staffing. Alternatives include annualised hours, term-time working, job sharing, etc. Please indicate what percentage of substantive nursing staff in your Trust work on other flexible work arrangements at the current time.

Percentage of substantive nursing staff on flexible work arrangements
%

Please indicate whether the Trust offers any of the following options to its nursing.

	Yes	No	Don't know
Annualised hours	☐	☐	☐
Term-time working	☐	☐	☐
Job sharing	☐	☐	☐
Other part-time work	☐	☐	☐

Question 26 Does the Trust use pool nursing, self/team rostering and / or overtime to reduce the need for temporary nursing staff?

	Yes	No	Don't know
Pool nursing	☐	☐	☐
Overtime	☐	☐	☐
Self / team rostering	☐	☐	☐

Question 27 What were the levels of expenditure on overtime for nursing staff during the years ending 31st March 2004 and 31st March 2005?

	Total expenditure on nursing staff overtime in the year ending 31st March 2004	Total expenditure on nursing staff overtime in the year ending 31st March 2005
Total	£	£

Question 28 Please fill in the table below showing what percentage of the shifts covered by bank and agency staff in March 2005 were for the following reasons:

	NHS Professionals	Agency	NHS Professionals and Agency	Don't know
Annual leave	%	%	%	☐
Sickness	%	%	%	☐
Maternity / paternity leave	%	%	%	☐
Special leave (including carer's leave)	%	%	%	☐
Vacancy of less than three months	%	%	%	☐
Vacancy of more than three months	%	%	%	☐
Training / study leave	%	%	%	☐
Increased patient dependency / workload	%	%	%	☐
Other (including escort duty and interviewing)	%	%	%	☐
Total	100%	100%	100%	

Question 29 Does the Trust have a centralised data management system for filing errors, near misses and incidents?

Yes ☐

No ☐

Does the Trust monitor and separately identify errors, near misses and incidents involving NHS Professionals and agency nursing staff?

Yes ☐ If yes, proceed with the question below

No ☐ If no, go to Question 30

During 2004-05 how many patient safety incidents have occurred in relation to NHS Professionals, agency and substantive nursing staff? (Please complete the table below.)

	NHS Professionals nursing staff	Agency nursing staff	Substantive nursing staff
Total number of patient safety incidents			

Question 30 Within its strategy to minimise levels of Hospital Acquired Infections, has the Trust separately considered the risks posed by temporary staff?

Yes ☐ If yes, please provide details below

No ☐ If no, go to Question 31

Question 31 Are there any particular specialties into which it takes the Trust on average longer than three months to recruit nurses, midwives, ODAs/ODPs and healthcare assistants and equivalents? Please tick the relevant boxes.

	Yes	No	Don't know
General	☐	☐	☐
Elderly care	☐	☐	☐
Emergency care	☐	☐	☐
Intensive care	☐	☐	☐
Maternity	☐	☐	☐
Paediatrics	☐	☐	☐
SCBU/NICU	☐	☐	☐
Operating departments	☐	☐	☐
Other (please specify below)	☐	☐	☐

GOOD PRACTICE AND AREAS OF CONCERN

Question 32 If you have any examples of innovative or good practice in relation to the use of temporary nursing staff, please tell us about them below. Please include brief evidence of outcomes to support your examples.

Question 33 If there are any issues you would like to raise about the use of NHS Professionals and agency nursing staff within the Trust which have not been covered elsewhere in this questionnaire then please provide details below.

CONFIRMATION OF QUESTIONNAIRE (To be completed by the Trust's Chief Executive)

As Chief Executive, I confirm, to the best of my knowledge, that the information contained in this questionnaire was accurate at the time of completion.

Chief Executive's name:
(Please insert your signature or type your name.) _____

Thank you for completing this survey. In analysing questionnaire responses, we may need to contact respondents again to clarify or expand on the information contained in the questionnaire. Please ensure that details of the most appropriate person to contact have been filled in at Question 2.

We would appreciate it if you could please complete and return the attached questionnaire by **Friday, 30th September 2005** by e-mail (to yhec@york.ac.uk); or post it to:

York Health Economics Consortium
FREEPOST YO405
University of York
Market Square, Vanbrugh Way
YORK YO10 5ZZ

This survey has been developed in consultation with the Health & Social Care Information Centre (HSCIC) - Review of Central Returns (ROCR) Committee, who consider the data collection to be useful and reasonable.

APPENDIX B

Trusts that Responded to Questionnaire

Aintree Hospitals NHS Trust
Airedale NHS Trust
Ashford & St Peter's Hospitals NHS Trust
Barking, Havering & Redbridge Hospitals NHS Trust
Barnet & Chase Farm NHS Trust
Barnsley Hospital NHS Foundation Trust
Barts and The London NHS Trust
Basildon & Thurrock University Hospitals NHS Foundation Trust
Bedford Hospital NHS Trust
Birmingham Children's Hospital NHS Trust
Birmingham Women's Health Care NHS Trust
Blackpool, Fylde and Wyre Hospitals NHS Trust
Bolton Hospitals NHS Trust
Bradford Teaching Hospitals NHS Foundation Trust
Brighton And Sussex University Hospitals NHS Trust
Bromley Hospitals NHS Trust
Buckinghamshire Hospitals NHS Trust
Burton Hospitals NHS Trust
Calderdale & Huddersfield NHS Trust
Cambridge University Hospitals NHS Foundation Trust
Central Manchester & Manchester Children’s University Hospitals NHS Trust
Chelsea & Westminster Healthcare NHS Trust
Chesterfield Royal Hospital NHS Foundation Trust
Christie Hospital NHS Trust
City Hospitals Sunderland NHS Foundation Trust
Clatterbridge Centre for Oncology NHS Trust
Countess of Chester Hospital NHS Foundation Trust
County Durham & Darlington Acute Hospitals NHS Trust
Dartford & Gravesham NHS Trust
Derby Hospitals NHS Foundation Trust - RTG
Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Ealing Hospital NHS Trust
East & North Hertfordshire NHS Trust
East Cheshire NHS Trust
East Kent Hospitals NHS Trust
East Lancashire Hospitals NHS Trust
East Somerset NHS Trust
East Sussex Hospitals NHS Trust
Epsom & St. Helier University Hospitals NHS Trust
Frimley Park Hospitals Foundation Trust
Gateshead Health NHS Foundation Trust
George Eliot Hospital NHS Trust
Gloucestershire Hospitals NHS Foundation Trust
Good Hope Hospital NHS Trust
Great Ormond Street Hospital for children NHS Trust
Guy's and St. Thomas's NHS Foundation Trust
Hammersmith Hospitals NHS Trust
Harrogate and District NHS Foundation Trust
Heart of England NHS Foundation Trust
Heatherwood & Wexham Park Hospitals NHS Trust
Hereford Hospitals NHS Trust
Hitchingbrooke Healthcare NHS Trust
Homerton University Hospital NHS Foundation Trust

Hull & East Yorkshire Hospitals NHS Trust
Ipswich Hospital NHS Trust
Isle of Wight Healthcare NHS Trust
James Paget Healthcare NHS Trust
Kettering General Hospital NHS Trust
King's College Hospital Trust
Kingston Hospital NHS Trust
Lancashire Teaching Hospitals NHS Foundation Trust
Leeds Teaching Hospitals NHS Trust
Liverpool Women's Hospital NHS Foundation Trust
Luton & Dunstable Hospital NHS Trust
Maidstone & Tunbridge Wells NHS Trust
Mayday Healthcare NHS Trust
Medway NHS Trust
Mid Essex Hospital Services NHS Trust
Mid Staffordshire General Hospitals NHS Trust
Mid Yorkshire Hospitals NHS Trust
Milton Keynes General Hospital NHS Trust
Moorfields Eye Hospital NHS Foundation Trust
Morecambe Bay Hospitals NHS Trust
Newham University Hospital NHS Trust
Norfolk and Norwich University Hospital NHS Trust
North Bristol NHS Trust
North Cheshire Hospitals MHS Trust
North Cumbria Acute Hospitals NHS Trust
North Hampshire Hospitals NHS Trust
North Middlesex University Hospital NHS Trust
North Tees & Hartlepool NHS Trust
North West London Hospitals NHS Trust
Northampton General Hospital NHS Trust
Northern Lincolnshire & Goole Hospitals NHS Trust
Northumbria Health Care NHS Trust
Nottingham City Hospital NHS Trust
Nuffield Orthopaedic Centre NHS Trust
Number of cases read: 169 Number of cases listed: 169
Oxford Radcliffe Hospital NHS Trust
Papworth Hospital NHS Foundation Trust
Pennine Acute Hospitals NHS Trust
Peterborough & Stamford Hospitals NHS Foundation Trust
Plymouth Hospitals NHS Trust
Poole Hospital NHS Trust
Portsmouth Hospitals NHS Trust
Queen Elizabeth Hospital NHS Trust
Queen Mary's Sidcup NHS Trust
Queen Victoria Hospital NHS Foundation Trust
Queen's Medical Centre, Nottingham University Hospital NHS Trust
Robert Jones & Agnes Hunt Orthopaedic & District Hospital NHS Trust
Rotherham General Hospitals NHS Foundation Trust
Royal Brompton & Harefield NHS Trust
Royal Cornwall Hospitals NHS Trust
Royal Devon and Exeter NHS Foundation Trust
Royal Free Hampstead NHS Trust
Royal Liverpool and Broadgreen University Hospitals NHS Trust
Royal Liverpool Children's NHS Trust

Royal National Hospital for Rheumatic Diseases NHS Foundation Trust
Royal Surrey County Hospital NHS Trust
Royal United Hospital Bath NHS Trust
Royal West Sussex NHS Trust
Salford Royal Hospital NHS Trust
Salisbury Healthcare NHS Trust
Sandwell and West Birmingham Hospitals NHS Trust
Scarborough & North East Yorkshire Health Care NHS Trust
Sheffield Children's NHS Trust
Sheffield Teaching Hospital NHS Foundation Trust
Sherwood Forest Hospitals NHS Trust
Shrewsbury and Telford Hospital NHS Trust
South Devon Healthcare NHS Trust
South Manchester University Hospitals NHS Trust
South Tees Hospital NHS Trust
South Tyneside NHS Foundation Trust
South Warwickshire General Hospitals NHS Trust
Southampton University Hospitals NHS Trust
Southend Hospital NHS Trust
Southport & Ormskirk Hospital NHS Trust
St George's Healthcare NHS Trust
St Mary's NHS Trust
St. Helens and Knowsley Hospitals NHS Trust
Stockport NHS Foundation Trust
Surrey & Sussex Healthcare NHS Trust
Swindon & Marlborough NHS Trust
Tameside & Glossop Acute NHS Trust
Taunton and Somerset NHS Trust
The Cardiothoracic Centre - Liverpool NHS Trust
The Dudley Group of Hospitals NHS Trust
The Hillingdon Hospital NHS Trust
The Lewisham Hospital NHS Trust
The Mid Cheshire Hospitals NHS Trust
The Newcastle-Upon-Tyne Hospitals NHS Trust
The Princess Alexandra Hospital NHS Trust
The Queen Elizabeth Hospital NHS Trust
The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust
The Royal Marsden NHS Foundation Trust
The Royal Orthopaedic Hospital NHS Trust
The Royal Wolverhampton Hospitals NHS Trust
The Whittington Hospital NHS Trust
Trafford Healthcare NHS Trust
United Bristol Healthcare NHS Trust
United Lincolnshire Hospitals NHS Trust
University College London NHS Foundation Trust
University Hospital Birmingham NHS Foundation Trust
University Hospital of North Staffordshire NHS Trust
University Hospitals Coventry & Warwickshire NHS Trust
University Hospitals of Leicester NHS Trust
Walsall Hospitals NHS Trust
Walton Centre for Neurology & Neurosurgery NHS Trust
West Dorset General Hospitals NHS Trust
West Hertfordshire Hospitals NHS Trust
West Middlesex University Hospital NHS Trust

West Suffolk Hospitals NHS Trust
Weston Area Health NHS Trust
Whipps Cross University Hospital NHS Trust
Winchester & Eastleigh Healthcare NHS Trust
Wirral Hospital NHS Trust
Worcestershire Acute Hospitals NHS Trust
Worthing & Southlands Hospitals NHS Trust
Wrightington, Wigan & Leigh NHS Trust
York Health Services NHS Trust

APPENDIX C

Trust Responses to Question: ‘If the Trust Uses Agencies which are not on the Regional Framework Agreements, Please Explain Why’.

1.	Medisec Agency - Specialist Agency for those A&C staff with AMSPAR trained Secretaries. Office Angels - Have been able to supply Histopathology staff where NFA Agencies have not. MEHT aim only to work with NFA Agencies only. However, on the odd occasion in serious risk situations have had to engage non NFA Agency to cover vacant shift as Bank and NFA Agencies have failed to cover.
2.	Local Agency Framework only recently agreed.
3.	UHL endeavours to use PASA framework agencies. The PASA Framework agencies have not always been in a position to meet our demand. The Trust no longer uses either Thornbury or Ambition and only uses PASA Agencies. This has been possible due to an improved fill rate with bank staff, which has reduced our need for agency staff.
4.	No agreement as of 31st March 2005, but work in progress.
5.	The Trust used Corinth, Orion and Dream for the supply of ODPs who until the renegotiation of the EAP were not included on the framework. No other EAP agency were able to supply.
6.	For specialist nurse provision, e.g. A & E and very short notice requests, as these are more difficult to fill via the nurse bank.
7.	Thornbury used to provide specialist nurses for ITU.
8.	BNA and 24/7 Nursing Care Services would only be used in a staffing crisis.
9.	Non-Regional Framework Agreement agencies were used whenever Regional Framework Agreement agencies were unavailable (used as a last resort).
10.	Keyman are used as a last resort.
11.	Opus (specialist renal cover). All Care Cover (highest fill rate - most cost effective). Others (framework agencies did not meet requirements / specialties needed).
12.	To enhance number range of providers to meet demand and for supply of specialist agency staff. NB. 1. Thornbury are a listed company for the South West. NB. 2. Allied Healthcare Group were trading as Balfour previously.
13.	There are occasions when agencies within agreement cannot supply and there is significant clinical risk where the Trust do use Thornbury. This decision and approval for this has be made by Director Level in escalation.
14.	All shifts booked through the Nurse bank will only be put to secondary agency on the Eastern Agency framework. Some areas of the Trust are not covered by the Nurse Bank and therefore will contact local agencies direct. Areas not covered by the bank are Midwifery, Theatres, Dental Nurses, Porters, Domestics.
15.	We have used Medical Technical on occasions when Plaster Technicians have been required in our Orthopaedics department. The agencies included in the EAP were unable to help us, and Medical Technical specialise in this field.
16.	During the last year, the Consortium has appointed a preferred agency supplier (Montagu Nurses) that has passed a PASA Agency Framework Audit. Therefore the usage of Non-Framework agencies has reduced, with usage now minimised.
17.	We do not do so now that this has been set up in the summer of 2005.
18.	The staff bank always use approved agencies to book staff, but on occasion the wards may book staff directly (usually outside of staff bank hours) and may call non-approved agencies. On certain occasions, Ambition Recruitment have rung the wards directly to see if they have any shifts and have informed the wards that the recruitment manager at the Trust has said it is OK to use them. This assertion by Ambition Recruitment is not accurate according to our records.
19.	Allcare Nursing Agency was not initially on a framework agreement, however the Trust allowed it as stopping would compromise the service. In April 2005 Allcare Nursing Agency became a subcontractor of another agency within a regional framework agreement.
20.	NHS Professionals are not counted as an 'Agency on a Regional Framework Agreement.'
21.	Trust do not use Nursing agencies that are not on the PASA framework agreement.
22.	SEAP agencies unable to provide specialised nurses or very last minute requests.
23.	Used agencies outside our framework to cover in the main short notice shift requests.
24.	NHSP bank and RFA agencies unable to fill shifts-In particular critical care.
25.	Firstpoint preferred supplier, i.e. first contact for all agency requirements, from October 2004 resulting in vast majority of agency spend through Firstpoint from that date. (All agencies authorised to use included on the Regional Framework from October2004).

26.	In March 04 the majority of our military nurses were deployed as a result of the Gulf war and 31 agency nurses were employed full time on short contracts to undertake their roles will result in the usage being high and our preferred agencies not able to Supply in adequate numbers. We engaged with the SEAP framework in 04/05 but were not totally within it until the sole agency contract was awarded in May 05. The only non SAP agency currently in use is Thornbury as neither NHSP or Nestor can supply appropriately skilled staff at short notice. However, this use is minimal last shift used was 9th September 05 and only using stringent authorisation protocols.
27.	Healthcare at Home provide specialist Chemotherapy Treatment Nurses which the Trust was unable to secure from other than this source.
28.	No Agencies were used which are not with the Eastern Agency Project.
29.	The Trust maintained historical agency usage whilst negotiating SLAs with framework agencies. After SLAs were signed there were still a lot of shifts that were not filled either by preferred agencies or others on the framework.
30.	Work based solutions used a one off basis for specialist staffing in ITU to ensure patient service provision.
31.	Necessity as these agencies have had the nurses for the last minute booking. New contract in place should remove the need for the use of these non contract suppliers.
32.	Cardiac Cath Solutions- non of the 60+ framework agencies could fill shifts within the cardiac, catherisation laboratory. Usage of this agency under constant review. Checks on CRB clearance, NMC registration and occupational health are dealt with by the Head Nurse for that clinical unit. Thornbury Nursing Services-have been used historically to fill last minute shifts especially within specialist area, Only the chief Nurse or Deputy can authorise use of Thornbury.
33.	Thornbury belong to Southern Eastern Agency Project. Thornbury excluded on the basis of cost however, NOC still have to use Thornbury for specialists purposes such as paediatrics and ITU.
34.	Theatre Professionals have been used because other agencies unable to supply sufficient numbers and quality of Theatre staff. SEAP lead made aware. The agency staff would not move over to Framework agencies, as they had alternative opportunities with same agency elsewhere. This Agency has now merged with one on the Framework.
35.	The expenditure against Portman Agency was made when they were part of the LAP 2 agreement. Portman Agency was removed from the LAP 2 list in February 2005 and they have not been used by the Trust since this time.
36.	The Trust uses Thornbury Nursing Agency. Recognising the high costs associated with this agency the Trust has continued to use this group because of the excellent quality of the staff recruited and the guaranteed fill rate and response to short notice calls.
37.	Non framework agency only used for ODPs, not used for nursing staff.
38.	As a Trust, when shifts have not been filled by agencies on the Regional Framework Agreement, then we have used agencies from outside the agreement, but locally through the internal bank office. They have ensured that the same standard of checks have been carried out by the agency not on the framework as would be expected if they were on the framework.
39.	The Trust is reliant on Alpha Care Solutions Ltd. supplying a proportion of HCAs. Although Alpha Care are not part of the regional framework agreement, the Trust has ensured contractually that Alpha Care are working to, and governed by, the NHS PASA National Framework Agreement for the supply of Temporary Nursing Staff. Increase in contracted activity ahead of recruiting additional staff has resulted in the need to use agency staff.
40.	Unable to cover with other agencies.
41.	Supply of ODPs was omitted from the South West Agency Framework Agreement; therefore Trusts had to negotiate locally. The Bristol, Bath and Weston Consortium has put into place a local contract for ODP supply, using the same quality standards as per the regional framework. Firstpoint are approved as a secondary supplier for ODPs only under this local agreement.
42.	Anthony James were used to supply specialist catheter lab staff which we were unable to source elsewhere.
43.	Ambition have been used historically and as orders are placed directly by directorate staff and not regulated through our supplies departments, they are not checked against the regional framework.

44.	Bank and Agencies unable to fill the demand for registered nurses. Workbase Resources were terminated by the Trust.
45.	Because other agencies have been unable to fill short notice or speciality shifts.
46.	Until agreement was reached regionally the Trust continued to use alternative agencies to "fill the requests." As from July 05 all agency requests are through first Point Healthcare via a central Trust contact point.
47.	Ambition was used for specialist nurses in HDU, the Central Nurse Bank was unable to cover the demand with internal bank staff or from within the framework agencies.
48.	Kernow Nursing are only used as a fourth call when the other three options have been exhausted.
49.	Where NHSP is unable to fill shifts or where agencies in the framework cannot supply. The Trust is working in partnership across the strategic Health Authority area to put in place, using the National Medical Locum controls, a small number of preferred suppliers. The same applied to A & C.
50.	Historically, the quality of service provided by those agencies working outside the regional framework has influenced usage. We are currently reviewing all of our agency staff suppliers with a view to agreeing contracts with those on regional framework agreements.
51.	Prestige was initially within the West Midlands Framework contract but was removed from the list. The Trust only used Prestige whilst it was within the contract.
52.	We do not.
53.	Ambition used as requirement for Mental Health nurse to a "special" patient and agency member was known to patient as had provided care before.
54.	Oakdale Care on Call have been supplying us with good quality Health Care Assistants for many years now and felt it would have a negative impact on staffing issue to discontinue using its service.
55.	Kare+Plus (Birmingham) Nursing Agency was working as a secondary supplier from Kare+Plus (Solihull) Nursing Agency under the West Midlands Agency Project.
56.	All agencies used by the Trust on above dates were part of SEAP framework. Note that Dartford Nursing Agency is no longer in the SEAP contract, and we have therefore now terminated our agreement with them.
57.	Non Regional Framework agencies are only used when other agencies cannot supply nurses and no other solution is available.
58.	Had we signed up to SWAP (South West Agency Project) we would be at a financial loss. It wasn't in the Trust's financial interest to sign up to the agreement, and we have been able to negotiate better rates by tendering direct with these agencies, especially BNA.
59.	We never use agencies which are not on the EAP or SEAP agreements.
60.	The Trust uses Ambition if the framework suppliers are unable to provide specialist nurses to support our Burns / ITU activity (particularly mental health nurses RMNs).
61.	The Trust only uses no approved agencies if staff could not be found from any other sources. Since 1st Sept 2005 the Trust only uses PASA approved agencies.
62.	Kare+Plus are no longer used but were mainly used last financial year for critical care nurses.
63.	Principle Nursing Agency for Welsh spinal contract only.
64.	It is Trust policy that only framework agencies are used. At least one of the above agencies supplies temporary staff for the staff crèche i.e. nursery nurses, from 05/06. The Trust has moved to NHSP as supplier and has tighter control over agency supplier.
65.	Cheviot Artus supplied Occupational Health Nurses which were not part of the Regional Framework agreement until LAP3 came in on 15th August 2005.
66.	Pre Agency SLA. Medics OPD is preferred agency for theatres. Advantage Healthcare Group is used for general nursing.
67.	Framework agencies not always able to supply particularly the urgent requests. Kare+Plus was a secondary supplier to a framework agency (Franchise) but the agency removed themselves. The secondary agency still supply to us.
68.	Caring Team and Ambition were terminated as a result of them not being LAP approved.
69.	Specialist providers were used only when regional framework providers could not fill. Mayday has now joined LAP3.
70.	We cannot provide expenditure figures, as the Trust changed its procurement system partway through the year and this information cannot be easily retrieved. Wimbourne supplied nurses when other agencies could not, so staff booked them. Use was minimal and has now stopped.

71.	Reasons for not using framework agreement: Local agreement in place, more practical. PASA did an exercise and pulled together a framework agreement nationally. The information was analysed against our current contractor at the time, and the results prove cost beneficial to move to the framework agreement, resulting in further discounts. The Trust as part of a consortium now uses a preferred agency which is part of the PASA regional framework agreement.
72.	The Trust used Ambition at the beginning of 04/05 in speciality area. In May 04 having introduced a bank speciality premia the Trust banned the use of non-framework agencies.
73.	Cheviot Artus Recruitment provides Occupational Health Nurses. This group of staff as not included in the LAP 2 agreement in 04/05. The figures included for Universal Nursing and Ambition represent accruals from the previous financial year but were not used as agencies in 04/05.
74.	Kinetic are the only agency that provides Occupational Health Nurses in South Yorkshire. As they supply nurses for staff e.g. flu vaccination programme and not for the patient care the company believed that they were not required to sign up to a regional Framework Agreement. The Trust is currently in negotiation with the company to address this issue.
75.	Portman were on the LAP2 Framework Agreement, however they were later terminated from the agreement by the LAP office, at which point we stopped using them.
76.	The Trust is part of a local cluster with other Trusts who meet monthly and discuss performance of agencies used and quality issues. All Trusts in the cluster only use agencies on the West Midlands Agency Contract. Kare+Plus was removed from the Agency Contract during 2004/05. Expenditure relates to shifts used whilst on the Agency Contract and one individual who was booked through First Point but submitted timesheets to Kare+Plus bypassing central administration systems. Full investigation undertaken in conjunction with NHS Counter Fraud and individual not allowed to work at Trust subsequently. Agency informed of nurse's actions.
77.	The Trust had a commercial company (Match Healthcare) running the nurse bank up to 4th April 2004, when the contract expired. The Trust commenced its own internal nurse bank system (Flexible Staffing Department) on 5th April 2004. Match Healthcare used Yorkshire Medical Services exclusively to supply their agency nurses. The South Yorkshire Workforce Confederation (SYWDC) were in the process of appointing a single preferred nursing agency to supply the whole of South Yorkshire. We were advised that this process could be completed by July 2004, therefore to maintain the status quo with current providers. First Point Healthcare has won the contract to supply the whole of South Yorkshire and commenced the SLA in Rotherham on 17th July 2005.
78.	Due to increased demand from Critical Care division and the reduction in supply by LAP 2 agencies, it was deemed necessary to go work out with this agreement when all other options had been exhausted.
79.	Others amount for outstanding invoices.
80.	Spend is £314,497 in total, no split available. All agencies listed are LAP 1 or LAP 2. No SLAs set up as our usage is low.
81.	In cases where patient safety is likely to be compromised because of inadequate staffing on the ward, a shift request will be forwarded to an agency not on the framework; after all other options have been explored. Some other agencies provide specific skills, e.g. cardiac path lab trained nurses, which are not provided by most agencies on the framework.
82.	Large vacancies. Other agencies not able to supply.
83.	Care provision provide mental health nurses to our PCT, there was no local alternative to use now we are able to use Crown Healthcare Ltd.
84.	N/A - We only use agencies approved by LAP.
85.	Ambition and First Call - unable to source specialist staff within LAP2 framework.
86.	Following the tendering process for nurses and midwives, First Point and Greys are no longer used; the costs are for the first six months of the financial year. The Regional Framework is part of our contract specification. In terms of Pennine Paramedical (ODAs / ODPs only), this has been identified as a supply chain initiative expected to commence imminently.
87.	These were used as a last resort to cover particular cases. These were mainly used before the framework agreement came into action in NEYNL. The Trust policy now is not to use any Agencies which are not part of the framework agreement.
88.	Unable to fill shift.

89.	Thornbury are used in exceptional circumstances with the approval of the Executive on Call. The Trust has a planned programme to eradicate the use of Thornbury as part of a new contract agreement with an alternative agency provider.
90.	The Trust has had significant problems securing Intensive Care Nurses at short notice and Ambition 24 Hours have been the only agency able to provide in these circumstances.

APPENDIX D

Other Methods Used by Trusts to Monitor Aspects of Agency Performance

1.	Internal Audit.
2.	Whilst no SLA Agreement signed, MEHT benefit from the NFA Terms and Conditions. Performance Management Meetings would be adopted. By the end of 2005 all Agencies will be subject to the SLAs being put in place.
3.	PASA regularly audit the agencies we use on their compliance with the above checks.
4.	Will be in framework agreement.
5.	As a Trust, we have not used agency resourced Registered nurses or healthcare assistants since June 2005.
6.	National Framework Agreement.
7.	South Cluster group obtains feedback via the regional quality audits carried out on all agencies.
8.	Service Level Agreement for Allied Health Agency. Local (Theatres) Contractual agreement for Pennine Paramedical Services.
9.	Nurse agencies are regularly reviewed by the LAP office to ensure that they are still complying with the LAP framework.
10.	SWAP contract to be signed.
11.	Agencies used are PASA agreed and agreed via South Agency Project.
12.	Ad hoc checks on a weekly basis.
13.	Framework Agreement.
14.	Audit of agencies within the South West agency project.
15.	Majority of agencies used are on the regional framework.
16.	The Trust conducted Audits of agencies in September 2004 using PASA audit tool.
17.	Although a formal Service Level Agreement has not been signed, the preferred agency supplier to the Trust has received and passed a PASA Framework Audit and the consortium has agreed a performance management process.
18.	We only use three agencies now: Allied, Orion and Nursing Personnel, who were identified via a strategic health authority / PASA led tendering exercise laying down standards which were mandatory for agencies working with NHS organisations in the region to achieve.
19.	Arrangements with agencies are made on the Trust's behalf by NHSP.
20.	The Trust will only use agencies that have signed into the North West Agency Framework Agreement Audit by SHA. In receipt of evidence of Interview selection process and induction for each agency we use.
21.	Six monthly meetings with Agencies who UHB have a SLA with and regular contact with Agencies work in partnership.
22.	PASA Audit.
23.	Missing data.
24.	Agency Nurse identity is checked on arrival for Agency shift.
25.	Will be commencing random audit of agency staff used each month to include above checks which are currently agency only.
26.	CSCI report reviews and PASA audits.
27.	Using the WMAP agency framework.
28.	Ward feedback reports if nurses unsatisfactory. Spot checks done for ID badges.
29.	For staff from non framework agencies the attached risk management proforma is completed the first time they work in a particular department.
30.	Customer Services Satisfaction survey with NHSP for agency services provided
31.	We have a contract with Nestor and Advantage. Shortly we will be utilising the PASA Framework terms. Using Nestor on a master vendor basis.
32.	The Trust also requires all Locum nursing and midwifery staff to complete a Ward Induction Checklist when they attend a placement. This has to be signed by the agency or bank nurse.
33.	NHSP performance Reports and Thames Valley Strategic Health Authority Stake Holder Group.
34.	We are working in a joint consortium in the south east with an over arching SLA, which the agencies have agreed to.
35.	In process of agreeing service level agreement with SHA and other Trusts.
36.	Framework proformas for all new staff to the Trust.

37.	The Bristol, Bath and Weston consortium of NHS Trusts have conducted local audits on all approved nursing agencies, using the PASA audit tool, prior to awarding them a local service agreement under the South West Agency Framework.
38.	To comply with North West Agency Framework.
39.	SLA in final stages of agreement.
40.	Very few agency staff used (own bank). Regular contact with a small group of agencies.
41.	Requirement for each Agency to provide evidence of pre and post employment check processes.
42.	The West Midlands Agency Framework Contract Steering Group established a mechanism for auditing the services provided to Trusts under the contract. The audit tool covered the areas identified above.
43.	PASA framework agreements and compliance assessments.
44.	All agencies are also regularly audited by the staff bank.
45.	First Attendance form completed.
46.	Part of contract documents.
47.	Agreements drawn up under the PASA framework, meeting with agencies to ensure best practice.
48.	Regular audits are undertaken of the agencies contracted to provide staff to the Trust.
49.	We have not entered into an SLA with any individual agency, but we do meet with all agencies on a six monthly basis to review all performance related issues and discuss ways of maintaining and improving quality standards.
50.	The bank nurse manager has developed a proforma for the agency to send prior to using any agency nurse.
51.	Letters to agencies requesting confirmation that mandatory training has been given.
52.	PASA Audits.
53.	These are also checked by the LAP audit team, who will report back if an agency is failing in these areas.
54.	London Agency Project Office audits.
55.	As part of the LAP the Agency could complete all checks.
56.	North West Agency Framework Agreement.
57.	Nurse Bank Manager involved in PASA audits.
58.	Audit of the agencies compliance with the above checks.
59.	Ad hoc meetings as required to address any specific issues. Operational manager regularly visits agency offices.
60.	Via audit processes carried out by PASA/LAP team.
61.	Now being managed as part of LAP3.
62.	The Trust has entered into a preferred agency agreement with an agency on the PASA framework, therefore is checked frequently by PASA.
63.	Via London Agency Project audits.
64.	Copies of PASA Audit and Care Inspectorate Reports.
65.	The Trust is part of a local cluster with other Trusts who meet monthly and discuss performance of agencies used and quality issues. All Trusts in cluster only use agencies on West Midlands Agency Contract. SLAs developed with an agency for cluster rather than individual SLAs for each Trust.
66.	Inquiries into any shortfall issue with nursing staff to ensure agency remains alert, reporting to LAP team as necessary.
67.	London Agency Project terms and conditions.
68.	PASA Framework Agreement (ODP).
69.	Now that SLA's have been signed by the Agencies, performance management meetings will shortly commence.
70.	Missing data.
71.	An SLA is currently in draft.
72.	SLAs in progress.
73.	These checks are all included in the terms and conditions of Southwest Agency project and are Audited by PASA.

74.	Through the SEAP, spot audits are performed on agencies to ensure the standards agreed through the SEAP are adhered to.
75.	Audits of Agency Personnel Files usually done through the LAP Office centrally.
76.	Via NHSP and framework.
77.	Local meetings with Newcross and Employment Plus Support Nurse.
78.	All the above is in the LAP3 agreement.
79.	Six weekly meetings are held with the agencies. All incidents followed up. Personnel, Finance and Occupational Health are part of the meeting. A webserver is being introduced so that photographs of the nurses will be available online.
80.	Irregular meetings have been held in the past. Within the framework agreement these will now be more formalised.
81.	Written confirmation of Ambition 24 Hour practices has just been obtained. Meeting with Southern Agency Project Representative on 12th September 2005 to explore utilising this framework for agency staff use in the future.
82.	NHS Professionals have the agreement with agencies and bank all our temporary staff.

APPENDIX E

Other Methods Used by Trusts to Maintain the Day to Day Relationship with Nursing Agencies

1.	Out of hours Service Coordinator / Lead Theatre Manager will contact Agencies direct.
2.	Agencies are only permitted to invoice us for shifts which have been officially requested via the Nurses bank office (or the Duty Managers). Agency invoices which do not have a booking reference number will be returned to the agency as the wards are not permitted to go directly to a nursing agency.
3.	Nursing agencies are managed by the Central Bank Services Coordinator and/or Clinical Lead for central Bank. However, booking requests and confirmation of these is dealt with by booking administrators in the Central Bank.
4.	ITU and Theatres provide own interface.
5.	For ODP/ODA Theatre Service Manager contacts agency directly.
6.	Nurse bank managers interface with agencies for SNs and HCAs. Nurse Bank does not cover Midwifery, ODAs/ODPs - wards will contact direct.
7.	Matrons may also contact agencies to procure staffing in out of hours emergencies. We only utilise two agencies, who supply via an SHA wide agreement.
8.	Assistant Director of Nursing responsible for managing NLAG Central Bank.
9.	The Nurse Bank Office manages the interface with the Agency except out of hours. Wards / Departments contact the preferred Agency Supplier direct out of hours, and booking confirmed by the Bank office on the next working day.
10.	For ODA / ODP in theatres. The managers of theatres interface directly with the agency intensive care nurses. The manager interfaces directly with the agency.
11.	Please note that this is referred to as the Nurse Pool office as it manages our internal substantive flexible employees.
12.	Site Managers / Matrons contact the Agencies out of hours.
13.	Finance also undertake nursing invoice authorisation and completion of purchase ledger.
14.	Between 22:00 and 07:00 Clinical Site Managers in rare circumstances would contact agencies.
15.	Out of hours contact is made via the senior hospital nurse (bleep holder).
16.	Please note the wards that contact agencies directly are under review as part of a project to centralise bookings for bank and agency of all staff groups.
17.	Out of hours - designated bleep holders interface with agencies.
18.	No agency staff can be booked without senior management authorisation to Bank Office.
19.	At weekends the Clinical site managers take over from the nurse bank and speak with agencies direct to arrange shift cover.
20.	Duty matron may contact agencies in out-of-hours periods.
21.	Directorate Manager / Matron for each Directorate (i.e. Gynae, Obstetrics, Neonates, Theatres).
22.	Out of hours – Matrons.
23.	Ward Manager contacts agency directly our of hours.
24.	Project manager for temporary staffing.
25.	Working towards bank office managing the interface.
26.	Occasionally the ward clerks on ITU, but they communicate the out of hours requests to us.
27.	Assistant Director of Nursing.
28.	For specialist areas such as Midwifery, A&E and Children's Services, they contact the agencies direct.
29.	ITU and Site Care Coordinators.
30.	Theatre Manager / Coordinator deals with the ODAs.
31.	Manager on call out of hours.
32.	Bed / Site Management team assist out of hours.
33.	Clinical Site Manager / On Call Manager.
34.	Match bank maintains relationship.
35.	Out of hours and at weekends, the point of contact is the Bed Manager. The Assistant Chief Nurse chairs the performance meeting and manages the incident and patient safety issues.
36.	Associate Director of Nursing responsible for agency issues maintains the strategic link with the main provider agency.
37.	We are currently reviewing this process and it is envisaged that by November 2005 this will transfer to the Nurse Bank Office.

APPENDIX F

Reasons for Using NHSP

1.	With the information given at the time the NHSP appeared to offer a service that met with Trust's requirement.
2.	We were a pilot site for this service. We reviewed the cost of providing the service in-house and on the basis of this review we decided to remain with NHSP.
3.	Cost effective when compared to estimated cost of in house bank potential to attract registered staff and support workers.
4.	To standardise practice.
5.	At the time they offered the most competitive, viable temporary staffing solution and as we had no house bank this was an appropriate solution.
6.	The Trust transferred to NHSP when it was mandatory to do so and our previous agency bank contract expired. Although NHSP now provide training, uniforms etc this has only been in place since April 05 and prior to this the Trust was providing these services. The Trust has become increasingly dissatisfied with NHSP and the service provided and have to invest of time and energy to ensure basic Trust needs are met.
7.	Advised that it was a National requirement to support the set up of NHS Professionals as an organisation.
8.	To assist the Trust in managing its costs associated with temporary staffing. To ensure that temporary staffing are fit for purpose.
9.	The original decision was made to use NHSP of increased costs of temporary staff via agencies. Also changing labour markets and the need to get high quality flexible staff as and when needed. A paper for this decision is available should it be required.
10.	The Trust had a small house bank but this was not able to provide the level of service required or the management information to make the supply temporary staffing efficient. Joining NHSP was compulsory at that stage and was the logical way forward for the Trust.
11.	Service level provided through Hitchingbrooke NHS Trust who manages.
12.	In 2001 the contract with the external agency that was managing our 'bank' was due for renewal. NHS professionals was the expected choice of the DOH to replace external agencies.
13.	The NHS Professionals service allows the Trust to offer a focused approach to temporary staffing.
14.	To ensure best value for money, to obtain greater quality assurance and to allow more efficient monitoring of use. Part of HR Strategy pre NHSP to move towards 'in house' agency. We participated in the NHSP pilot and continued with the service.
15.	Department of Health Directive.
16.	NHSP were chosen because they would give better fill rates and value for money.
17.	The administration of the bank and agency work had become complex and costly for the Trust to manage. It was felt that outsourcing this to NHS Professionals would free up time for staff and make it easier for the Trust to understand and manage the demand For temporary staff.
18.	Hitchingbrooke Healthcare NHS Trust responded to a clear direction from the StHA to implement NHS Professionals. After consultation we are currently in a hub and spoke model providing service to Papworth Hospitals NHS Foundation Trust and Huntingdon PCT.
19.	The hospital had only a small nurse bank and this was not meeting our temporary staffing need.
20.	Department of Health Directive.
21.	The Trust has a commitment to reducing agency spend and supporting NHS wide initiatives to achieve this. We are committed to supply this National initiative and develop relationships.
22.	In line with the London Agency Project and procurement arrangements carried out by PASA. The Trust has worked closely with NHSP in developing a value for money service.
23.	At the time the agency contract was up for renewal National guidance was issued and strongly indicated that Trusts should use NHS professionals. We believed at the time it was the most cost effective method of provision.
24.	The Trust supported the overall strategy to improve recruitment and retention within the NHS, which included the creation of NHSP. The combined effect of training more staff, IWL, the agency frameworks and NHSP has enabled the NHS workforce to grow and Vacancies to reduce. At the outset, the NHSP vision offered value for money, contestability and competition.

25.	The Trust was an early implementer site and host Trust for NHS Professionals and has worked with NHSP since its outset in 2001. NHSP have been able to fulfil a gate keeping function on behalf of the Trust, which has allowed us to year on year monitor and control the agency partners that we use.
26.	Due to inefficient in house bank nurse service, NHSP were chosen in order to improve temporary staffing services and reduce expenditure.
27.	The Trust undertook an option analysis in 2001 to identify the most cost affective service provision available which also enabled the Trust to work towards reducing clinical and corporate risk issues associated with temporary supply. from the information Obtained NHSP were identified as the preferred option. There were also significant issues in that temporary staff wished to be paid weekly rather than monthly and this was not manageable by use of an in-house solution. There was also concern regarding the amount of time spent by Senior Nurse Managers covering shifts out of hours.
28.	The Trust has worked in partnership with NHS professionals to reduce temporary staffing expenditure, reduce governance concerns and increase patient and staff confidence in the service.
29.	Solely from a clinical Governance element and Management information.
30.	Because it was a Health Authority directive. The Trust had its own Nurse Bank prior to the NHSP and it experienced a number of problems with NHSP initially, including the cost of the service. Approx, 70% of all NHSP shifts are filled by the Trust Substantive staff, and the Trust is having to pay 7.5% commission for the pleasure. However, the service provided by NHSP since April 2005 has improved considerably as a result of a new regional NHSP management. NHSP are working to an action plan which was agreed with the Trust, a significant part of which aims to achieve 90% fill rate by the end of the financial year.
31.	We were first of the London Pilot of the NHSP.
32.	Did have own internal bank-package offered by NHSP. Was felt to give a better contract and access.
33.	Thames Valley strategic Health Authority (TVHA) decided all acute Trusts and PCT's would join NHSP Oxford Consortium. This started in April 2003. Milton Keynes was the first Trust to join.
34.	Due to the transfer of WYMAS NHSP agreement with the establishment of the new call centres. The contracting out of the provision of temporary staff via NHSP fits with the Trust's current resources.
35.	The Trust was the first to use NHSP in this area (West Yorkshire) and is generally satisfied with the working relationship.

APPENDIX G

Reasons for Not Using NHSP

1.	Poor experience in other Trusts.
2.	Not implemented in this area.
3.	UBHT witnessed the transfer of the management of temporary staffing to NHS Professionals by its neighbouring acute Trusts in 2002, and their lengthy recovery from this experience. UBHT has maintained a bank fill rate of 93-97% since April 2004. UBHT has significantly reduced its expenditure on agency staff by £1.4 million between 03/04 and 04/05. UBHT Staff Bank meets all quality standards in terms of recruitment and management of bank staff and is continuing to improve the appraisal and training and development of bank staff. In summary, the UBHT Bank Service provides good value for money and has made a significant contribution to the financial recovery of the Trust.
4.	Had meeting between NHS Professionals and Director of Nursing and Human Resources. Agreed that South Devon Healthcare nurse bank was operating to NHS Professionals Standards and was cost effective.
5.	Our systems are robust and cost and quality effective and developing all the time. We had agency contracts for 12 years and have negotiated commission rates for the agencies we are contracted with at significantly less than the Regional Framework and NHSP, although the framework agreement is in our contract. There would also have been a significant cost to engage with NHSP for substantive staff usage. There are also other quality issues: We use the nurse bank to enable targeted recruitment for hard to reach groups and with local schools, i.e.: (i). NVQ2 is planned for unqualified staff on the bank, particularly for supporting staff with minority ethnic backgrounds who may not have been supported to work with us and have not been a local provider. (ii). All our bank staff can attend all our in house training programmes. This helps them gain substantive contracts. Qualified staffs are provided with a professional portfolio. (iii). The Assistant Chief Nurse maintains a patient safety overview and manages that level of interface with the agencies and wards and departments ensuring lessons are learnt and training is put in place when required. (iv). We give post 16 students on varying courses the opportunity to gain ward based experience via schemes such as Preparation for Nursing, Midwifery, Healthcare Scientists, Medical School, etc. this gives them added value for their CVs and supports the local university recruitment to professional courses. (v). We continue to allow the students when they go to university to work on the bank. (vi). Through local ownership we can manage the quality and delivery of care but also fully understand our costs and activity in a very robust way. Our discussions with NHSP did not demonstrate that they could improve quality or reduce our costs. The Trust has always worked to the National Standards set for NHSP.
6.	The Trust has a well established and maintained 'in-house' Nurse Bank which, over the years, has proven to be both cost effective and cost efficient with robust quality standards. Our main recruitment base is from the local population allowing the Trust to offer a greater degree of employment flexibility to our temporary staff and our clients.
7.	The trust is currently in discussions with NHS professionals, however we need to establish whether it will be financially viable and will it be in the interest of the trust to transfer our supply to NHS professionals.
8.	The Trust's nurse bank is well established. An in-depth sector wide review of NHS Professionals demonstrated that NHSP would cost the Trust more to provide the same service currently provided internally and were likely to provide a lower fill rate than currently achieved. This was not economically viable.
9.	Due to existing internal arrangements and experience of other Trusts moving to NHS Professionals.
10.	When NHS Professional provided these services in the past these were not at all acceptable standards, i.e. often computers down, low fill rate, no one answering phone. As a senior nurse management team we performed a SWOT analysis looking at the best formula for managing temporary nursing staff. The NBT extra, run by North Bristol Trust provided the best service for our needs and have proven to be very effective and efficient.
11.	Not suitable for a rural area, and the Trust did not see any benefits.
12.	The Trust had its own nurse bank for some considerable length of time, and to date it has not been necessary with our current bank usage, to consider using NHS Professionals.
13.	Trust bank provides a cost effective and efficient service.

14.	A Trust Board decision was made in 2002 to join the Merseyside Consortium (comprising of three large Acute trusts). This was in the light that difficulties were being experienced with the operation of NHS Professionals locally.
15.	Poor fill rates and high costs.
16.	The Trust is in a collaborative with another specialist hospital for temp staffing.
17.	Manage our own system.
18.	When NHSP was first established, we attempted to use them to manage our temporary staffing requirements. However, this was fraught with communication problems, lack of continuity and poor quality temporary staff. Consequently, we re-established our own bank and have developed excellent relationships with two main agencies, and this meets our temporary staffing requirements.
19.	We use the titled NHS P (Bedford) but are managed within the Trust. We do not work with them nationally.
20.	The current service provided is more cost effective by running this internally.
21.	The Bank at the Trust is well established, being in existence for some time. The total fill rate achieved recently has been 90%. The Trust wants to continue with the current bank office arrangements together with regionally agreed discounted agreements through PASA negotiated contracts.
22.	This is currently being strongly considered following evaluation and analysis. A board paper is soon to be submitted with the recommendation that we do use NHS Professionals.
23.	The cost was higher than the cost of using an agency. There are no staff employed by NHS Professionals within this locality.
24.	The Trust has a very well managed In House Nurse Bank. However, the option is about to be investigated with a meeting already set up to facilitate this.
25.	Too expensive and poor fill rates compared to Trust fill rates.
26.	The Trust is currently in the process of transferring to NHSP - expected completion November 2005. We requested to transfer June 2004, but NHSP were unable to accommodate due to pressure of work.
27.	Decision based on cost and quality as well as local ownership of bank.
28.	Successful Trust bank.
29.	The Trust has a centrally managed nurse bank service which adequately meets requirements for temporary staffing. The need for transferring to NHSP has not been felt.
30.	In looking at costs, it was more expensive to use NHSP for our bank. One of the areas of additional cost was the percentage tariff put on self booked and mgt shifts as the Trust deals with a large number of these.
31.	Largely because it proved to be more cost efficient to continue with our own well established bank system, which meets the majority of our needs.
32.	No apparent benefit in doing so for either the trust or its previous bank staff (who would have to transfer to NHSP).
33.	NHS Professionals, with a centralised base in Devon, would not be able to offer a personalised service, which the Trust currently benefits from.
34.	Following a cost and fill rate appraisal the Trust decided that the 'local delivery' of staff was more appropriate. We have formed a Consortium with the other Liverpool Trusts for the supply of temporary staff, meeting the national standards for the provision of staff. We currently have no requirement for agency staff and all shifts are being filled 'in house.'
35.	The primary reason for not using NHS Professionals to manage its temporary staffing requirements is due to the specialist nature of the services provided by the Trust and therefore the specialist staff required. The Banks, which are managed within Directorates, are predominantly made up of the Trust's own substantive employees. The banks are very small and has not been of added value to manage the service externally.
36.	NHSP were not in a position to provide temporary staffing to the Trust when the contract to provide temporary staffing was renewed in April 2004.
37.	In most cases we use our own bank staff who are all employed on annualised hours contracts and therefore known to the Trust. In other cases NHS Professionals are unable to provide specialist staff.
38.	NHS Professionals cannot match our in-house Bank for the % of shifts filled and the % filled by our own Bank staff. 90% of all shifts are filled, of which 96% are filled by our own Bank staff and 4% Agency staff.

39.	The Trust only introduced an in-house bank in January 2005. NHSP will only take over established banks, so that has not been possible until now. However, as this Trust pays staff to grade and increment (Whitley? AFC rates) based upon equality and fairness. For all, NHSP are unable to offer anything that is more acceptable financially, more efficient operationally and non-discriminatory.
40.	It wishes to remain as a local service. Usage of agency and bank is now very low, so unlikely to be a cost benefit.
41.	The Trust decided to stay with local arrangements, fills rates currently average at 90% for bank staff.
42.	The Trust has chosen to monitor its temporary staffing in-house. There are plans to have a hub and spoke model with the PCTs, but this is still in negotiation.
43.	In 2003, the Trust met the 40 quality standards and became a locally branded NHSP although strategically managed internally by the Trust. Transfer to SpHA would have also incurred an additional cost at expense to the Trust. Other factors considered included the potential loss of local focus / knowledge and understanding of specific WSH Trust requirements, migration of staff who did not want to TUPE.
44.	In house staff bank provides cost effective, auditable and professional service.
45.	Currently 98% bank fill, higher than NHSP.
46.	It has been felt that NHS Professionals was unable to provide an improved service at the time.
47.	The Trust is currently having ongoing discussions with NHSP. However, at the most recent review meeting and agency contract review exercise, NHSP were unable to support the Trust's requirement for another year. The Trust will be working with NHSP to develop relationships during this time.
48.	In the main the reasons are historical. The Trust took over the management of the nursing and midwifery bank in September 2003, at a time when plans for NHSP in London were not firmly established, with a view to eventual transfer into NHSP London at sometime in the future, thus ceasing its longstanding bank management relationship with BNA. The benefits of this approach to the Trust were considered to be as follows: Complete control and ownership of the processes, from booking the member of staff to final invoice payment; Improved terms and conditions for the bank office staff as a result of them becoming Trust employees, with improved allegiance to the organisation; greater opportunity to boost membership of the Trust Bank (especially in view of Agenda for Change), thus displacing agency staff; Greater freedom to develop economies of scale with other agencies, in accordance with the London Agency Project frameworks; Improved and more timely management information reports and ownership of the data; greater access to staff records; Greater involvement in the staff management process (performance management issues, etc.); Overall opportunity to manage temporary staffing more robustly; Opportunity to pave the way for incorporating the temporary staff of other groups in the future (e.g. A&C, Medical, AHPs, etc.).
49.	Because Trust has own central bank.
50.	The Trust is using NHS Professionals for Medical Staffing. However, as the Nurse Resource was developed prior to this service and continued to provide for the needs of Mayday, the change over was not felt necessary.
51.	Our in house system works well, and we are part of the London Agency Project LAP 3.
52.	We are actively considering using NHSP alongside other options.
53.	We have a compliant and effective Flexible Working Unit which manages temporary staffing within the Trust.
54.	NHS Professionals advised the Trust that they were not in a position to offer the Trust a service more economically or more effectively.
55.	Too expensive.
56.	Previous poor performance with shift filling. NHSP didn't have a pool of their own nurses that could be used at a reduced rate, therefore they were going to the agency we dealt with directly and using those nurses to fill the shifts.

57.	NB. Question 34 - Unable to separate out Bank and substantive shifts for HCA and RNs. Trust already operated central bank system at two of its sites and decided to extend this to its third site after Merger. NHSP in this Region was experiencing problems and NLAG Trust continued to put in place its own centralised system based on the NHSP standards. Costs for NHSP to deliver service that was already in place not appropriate as many staff on the bank were substantive post holders. Bank has since increased single contracted staff at local rates and has also implemented a ban on HCA Agency by putting in place HCA pool.
58.	Rural location of main hospital site, maintenance of local knowledge, effective Nurse Bank already in operation.
59.	The Trust is the lead of a collaborative with our two local PCTs. This has increased our collaborative bank employing local people. We have enough staff and are reducing agency usage as a combined effort. Theatre areas are our biggest challenge, and we are now making progress in these areas. Utilising local people who can provide continuity of care, and are part of our organisation is safer, quality driven and the best use of resources.
60.	NHS Professionals was not available in this area at the time we changed from having a nurse bank to a nursing pool.
61.	Currently being implemented - NHSP are due to take over out temporary staff management from February 2006.
62.	Agency use is very low and majority of bank nurses are already our employees. We believe that we can manage a more cost-effective service internally.
63.	The Bank Service in existence is a robust and efficient service. There were no defining factors to encourage a change in a system that is already, and continues to be successful.
64.	Small rural Trust with local population. There are no problems recruiting to internal bank. Staff do not wish to travel to other Trusts.
65.	NHSP were invited to discuss this with the Trust on several occasions, but they failed to attend.
66.	Concerns about costs, given the relatively limited bank work within the Trust, and the limited costs incurred providing the current bank, with many of the staff being Trust employees working additional hours.
67.	NHS Professionals were unable to match our fill rate. NHSP national average of 46%, our average 80% in Hereford Acute Trust.
68.	The Trust is part of a local cluster with other Trusts in South Birmingham who meet monthly and discuss performance of agencies used and quality issues. Each Trust has continued with its own Bank system with support of Temporary Staffing Project Manager for Cluster.
69.	It was decided that it was in the best interests of the service provision to the Trust and Norwich PCT to maintain local control by working closely with our Bank staff and Trust colleagues. We have a Service Level Agreement in place to provide a Bank service with Norwich PCT.
70.	An option appraisal completed by the Trust, identified three models for future bank working, including using NHS Professionals. On completion of the project the current model was adopted.
71.	We have sufficient numbers of staff working within our own bank.
72.	Cost and poor levels of fill without resource to agency.
73.	Location. SLAs to provide Bank to PCT.
74.	Due to the substantial amount of work the Trust has undertaken on its own in-house bank, it did not have the confidence that NSHOP could match the fill rates, and it would also have been more expensive.
75.	Board decision due to excellence of current provision, as audited against NHS Professionals standards. Also, cost of joining NHS Professionals outweighed benefits, as agency usage low in relation to bank therefore little to be gained.
76.	Costs are greater and fill rates with bank (as opposed to agency) staff are no better.
77.	Bank management system in place since February 02. This was upgraded in 2004. North Cumbria decided to work as a Consortia, as there are only two district general hospitals and one Mental Health hospital with very little cross trust working. PCTs to join consortia in 2006.
78.	The nurse bank at KGH works to NHSP standards.

79.	Through local control of temporary nursing staff the trust currently has a fill rate of 87.72%. It is felt that to lose the control of contracting with NHS Professionals the fill rate will decrease. The trust is currently exploring opportunities to reduce bank and agency usage through electronic bank staff management and rostering systems that will also provide a more cost effective service than NHS Professionals.
80.	The above figures include substantive contracts, too. NHS Professionals were very expensive and could not prove added value.
81.	NHSP has until recently been unable to service this Trust. We have now resumed discussions with a view to NHSP managing the temporary staffing.
82.	The use of NHS Professionals is not applicable to Moorfields as we do not operate a nurse bank.
83.	A report was presented to the Trust Board in June 05 where a decision was made to keep the Trust Bank in-house. The general consensus that there was nothing in the NHSP proposal which made it strongly attractive. In addition, the Trust bank has been built up carefully and was successful - it was difficult to see why that good will and work should be lost. Staff loyalty was an important factor.
84.	Strategic Health Authority steered us towards using the South East Agency Project (SEAP) - Service Level Agreement.
85.	Not cost effective and in-house system provides efficient service.
86.	Competitive cost comparison, quality of existing bank resources and management, control and flexibility.
87.	Successful and long established bank office - highly respected department within the organisation, could see no immediate benefits to change when NHSP was established.
88.	The Trust believed that NHS Professionals could not deliver the service required. The Trust required a service run by the Trust, for the Trust and based in the Trust. We believed that this would meet the Trust's needs in preference to the NHS Professionals approach.
89.	The decision to develop a Merseyside Consortia for temporary staffing was considered to be the most effective option, in terms of quality of care and cost effectiveness. Nursing Staff work across Trust boundaries, as opposed to making requests for nurses from external agencies.
90.	MEHT are currently finalising negotiations to move forward on implementing NHS Professionals. Completion of the implementation project should be expected February 2006.
91.	In house bank is well established, efficient and more cost effective.
92.	We have a better saving incentive agreement with the Agency running the Nurse Bank for the Trust.
93.	Because a cost analysis showed them to be the most expensive option. They also were not prepared to discuss a hybrid model which would allow us to retain a bank function.
94.	The Trust has a well established internal bank which complies with NHS professionals standards and the code of practice for temporary staff.
95.	The Trust would incur significant costs if NHS Professionals was used to manage temporary staff and hence at the present time does not use them. This is unlikely to change in the foreseeable future.
96.	Lack of local commitment (staff prefer to work for own organisation), non-competitive overheads and fill rates.
97.	Satisfaction with in-house bank management, commission rates, mixed reviews, lack of local knowledge.
98.	Agreed regional solutions to meet the same standards - Regional framework agreement.
99.	UHB Nurse Bank has been established for six years from economical, quality, local issues and with consultations with NHS Professionals. It was agreed that for UHB it would be better to continue to maintain own Bank as opposed to signing up to NHS Professionals. UHB are in a cluster group consisting of UHB, Royal Orthopaedic Hospital, Birmingham Children's Hospital, Birmingham Women's Hospital, South Birmingham PCT and Mental Health Trust. This enables us as a group to negotiate best rates and pay bands and SLAs. Also to identify quality issues and benchmark for best practice.

100.	The Trust has not chosen to use NHS Professionals as we currently have a temporary staffing office at each of our two hospitals running the bank, which provide a very good temporary staffing service. The benefits of this are that we are on site and able to undertake daily ward rounds, which has given our staff a good understanding of the wards and the types of staff required and patterns / reasons for change. Costs are also kept lower as the majority of our shifts are filled by bank staff as opposed to agency staff.
101.	Consideration was previously given to Trust hosting a local Consortium. However, this did not go ahead as issue relating to sharing of financial risks were not able to be resolved.
102.	Well managed, efficient Trust bank. Extra cost involved in NHSP. March is a high usage month and not a good representative month for bank and agency percentages.
103.	Additional cost of 7.5% and desire to maintain local control. Discussions with Bank Staff at the time demonstrated that they didn't want to change.
104.	Because we have identified a local, consortium approach, that better fits the needs of the whole health community, our staff and our patients.
105.	NHS Professionals - Does this service offer value for money compared to Trust using in-house. Recently commissioned NHS Professionals to conduct a Baseline Assessment of current service to identify what is working well and any gaps.
106.	Cost implications / regional decision.
107.	It was felt that the Trust had more central control by having temporary staffing in house, enabling temporary staffing restrictions and measures to be put in place in order to fluctuate staffing according to service delivery and budgetary availability. NHS Professionals had received bad press with regards to fill rates which weren't as successful as the in house rates. NHS Professionals had also received bad press from Trusts joining and then rapidly withdrawing from the service, a local service Stanmore National Orthopaedic Hospital being one of them. The added cost of having a surcharge of 7% on each shift made it a costly service. Having the service on site made troubleshooting easier; it was culturally integrated into the Trust and more importantly, it was specifically joined with the Trust's Business Strategy. The service also has a good reputation and is recognised as one of the bigger and better Banks within North West London.
108.	North Bristol Trust withdrew from the NHS Professionals service and returned to an in house system due to lack of clarity about future commission charges and loss of local responsiveness to service requirements.
109.	Trust Bank fill rates continually outperform that of NHS Professionals. The trust also requires a robust and reliable service to both Locum and Clerical requirements.
110.	Please note: Question 34 figures are shown in HOURS not shifts for bank and agency. NHSP were unable to match the Trust's fill rates or management information supplied by Match. NHSP were also more expensive.
111.	We did utilise NHS Professionals some time ago. However, we discontinued using them because they needed a lot of notice. They could not supply staff to fill our requirements.
112.	Bank set up prior to NHS Professionals and worked well with a good fill rate and low running costs compared to NHSP. PCT Bank was incorporated with the Acute Trust Bank in 2002.
113.	From 6th June 2005, the Trust has implemented NHS Professionals.
114.	It was felt that due to the size of the Trust, it would be more cost effective to manage temporary staffing internally. Additionally, one site used NHSP pre-merger, and fill rates were not achieved.
115.	The Trust has had a successful Bank operation. However, it is currently reviewing a proposal from NHS Professionals.
116.	LHT withdrew from NHSP in October 2003 due to escalating costs, declining Bank Fill Rate, increasing agency usage and therefore cost. Poor quality service, very poor communication with wards and departments about shift status, lack of local knowledge.
117.	Value for money and quality. The costs of the Internal nurse bank was compared with the cost of transferring the service to NHSP in 2001 (see document 27, document request provided to Nick Mapstone) and it was more cost effective to continue to run an internal nurse bank.

118.	At the time of implementation of NHSP in Kent and Medway the MTW Trust nurse bank was in the process of development. Bank usage was increasing and agency usage decreasing. Spend on agency nursing had decreased from 4.2M spend in 03/04 to 2.2M spend in 04/05. NHSP could not guarantee to maintain the Trust's bank V agency fill rate and there were unresolved issues around NHSPs SLA.
119.	NHSP are unable to take on the trust until May/June 2006. Discussions are proceeding on this basis.
120.	Strong links with NHS Professionals, but Trust assessment is that in house service is robust and comprehensive.
121.	The Trust has previously investigated the use of NHS Professionals but was not reassured that the service offered was at the level provided by the in-house staff bank. We are currently working with NHS Professionals in an audit of our bank operation with a view to establishing whether further improvements could be made through a closer partnership with NHS Professionals.
122.	Amongst other reasons, the level of service was deemed to be no better than the current service provision, and would have also incurred increased costs and upheaval in setting up.
123.	NHSP previously used on site (City) and proved less efficient and cost effective than internally run Nurse Bank.
124.	The Trust's current arrangements were considered to be more cost effective.
125.	1. In house service more efficient. 2. In house service more cost effective. 3. Distance from NHSP Call Centre problematic. 4. Difficulties in NHSP being able to supply required number / level of staff.
126.	Proposed implementation of NHSP deferred by NHSP; reviewing implementation for 2006.
127.	Meeting held with NHSP Regional Director in May 05. Due to Bank fill rate of 80% plus, NHSP felt that they could not offer a better service.