|  |  |  |
| --- | --- | --- |
| **Name of Bank Worker**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Ward/Department worked**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| Assessment Points:  0=Did not observe  1=Concerns about competence  2=Meets required competence  3=Exceeds required competence   |  |  |  | | --- | --- | --- | | Assessment Criteria | Assessment Points  Please Tick: 0 1 2 3 |  | | **Assessment & Documentation** |  |  | | Demonstrates skill in comprehensive patient clinical assessment | 0 □ 1□ 2□ 3□ |  | | Documents assessments including vital signs and acts appropriately upon information obtained | 0 □ 1□ 2□ 3□ |  | | Utilises discharge planning assessments using the trusts appropriate paperwork | 0 □ 1□ 2□ 3□ |  | | Safely administers and documents medication as per Trust Policy | 0 □ 1□ 2□ 3□ |  | | Able to recognise both subtle and obvious changes in patients conditions and acts accordingly for patient safety | 0 □ 1□ 2□ 3□ |  | | Involves significant others in care as appropriate | 0 □ 1□ 2□ 3□ |  | | **Planning/ Care Delivery** |  |  | | Manages patient work load effectively to give optimal care in a timely manner | 0 □ 1□ 2□ 3□ |  | | Is able to prioritise effectively and safely | 0 □ 1□ 2□ 3□ |  | | Adheres to infection prevention and control standards | 0 □ 1□ 2□ 3□ |  | | Uses safe and recommended Moving and handling techniques | 0 □ 1□ 2□ 3□ |  | | **Communication** |  |  | | Liaises with shift co-coordinator/Nurse in charge re any concerns | 0 □ 1□ 2□ 3□ |  | | Communicates effectively with patients and their relatives | 0 □ 1□ 2□ 3□ |  | | Communicates effectively with all members of the healthcare team | 0 □ 1□ 2□ 3□ |  | | **Professionalism** |  |  | | Arrives punctually for shifts | 0 □ 1□ 2□ 3□ |  | | Uniform and badge policy adhered to | 0 □ 1□ 2□ 3□ |  | | Works to NMC Code of Practice and does not exceed boundaries | 0 □ 1□ 2□ 3□ |  | | Demonstrates a positive attitude to work | 0 □ 1□ 2□ 3□ |  | | Would you take this worker on again in the future? | Yes □ No □ |  | | Any Other Comments |  |  | | | |

Name of Assessor…………………………………………………

Signature………………………………… Band……………….

Date…………… Ward/Unit……………………………………

**Flexible Workforce Administrator**

Date Received within Bank Office……………………………….

Date Return entered onto Data base…………………………….

Date Return Scanned……………………………………………..

Any issues highlighted Yes/No

Meeting with Worker required Yes/No

Meeting arranged for (where applicable) Date: ……………….....