

December  
2017



# App Manual

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# INTRODUCTION

## SYSTEM REQUIREMENTS

Delta Nurses 24 Hrs App is available for Apple and Android phones.



**Requires**

**iOS 9.0 or later**

*Compatible with iPhone,  
iPad, and iPod touch*



**Requires**

**Android 4.4 or later.  
Recommended min.  
5.0**

*Compatible with all Android  
Phones and Tablets*

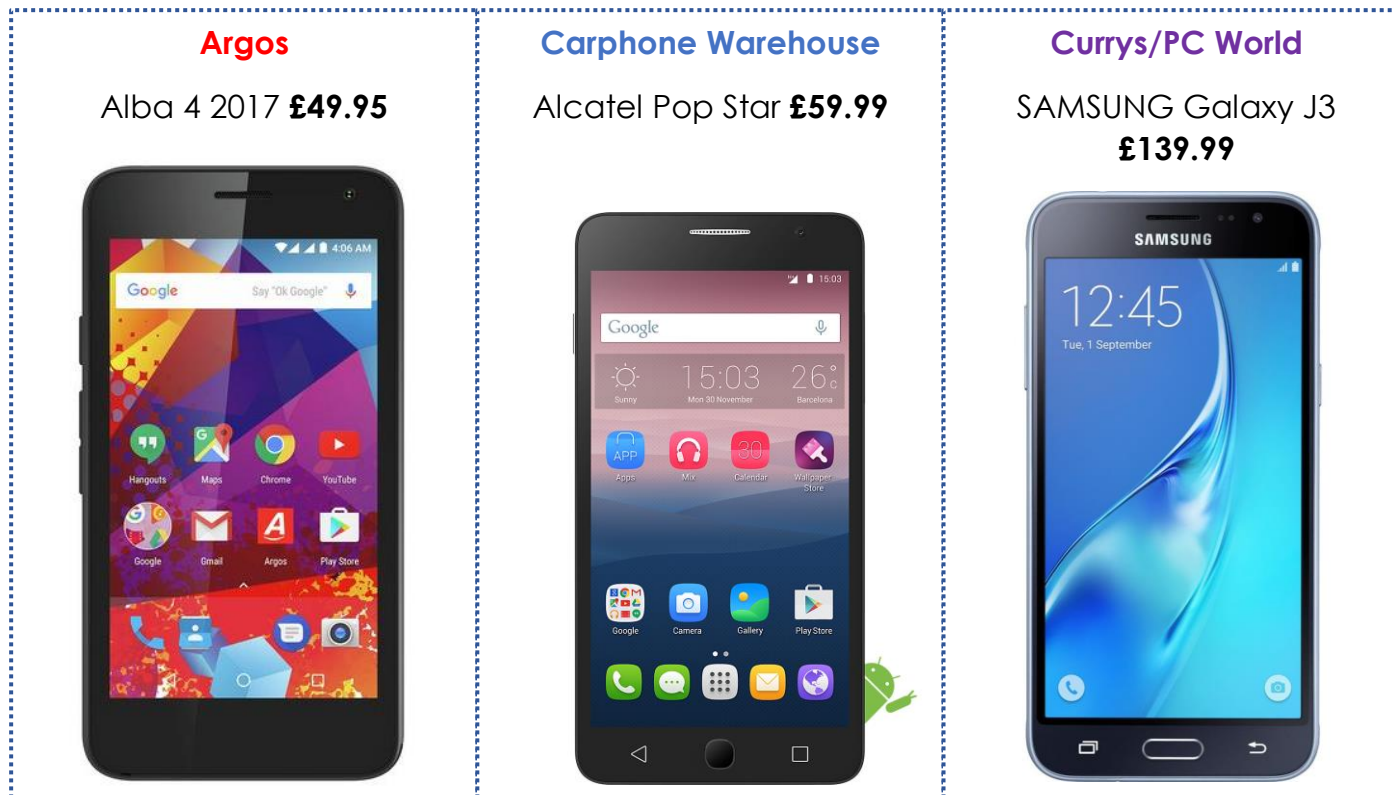
*(Samsung, HTC, LG, Sony,  
Alba, Alcatel, Moto Droid,  
Nexus, Pixel, Huawei, HP,  
Lenovo, etc.)*

# INTRODUCTION

## RECOMMENDATIONS

### Phone

In the case that some of our workers require to purchase a phone in order to use the app we recommend following budget options:



Affordable phone also can be found on online retailers such as [www.amazon.co.uk](http://www.amazon.co.uk) and [www.ebay.co.uk](http://www.ebay.co.uk)

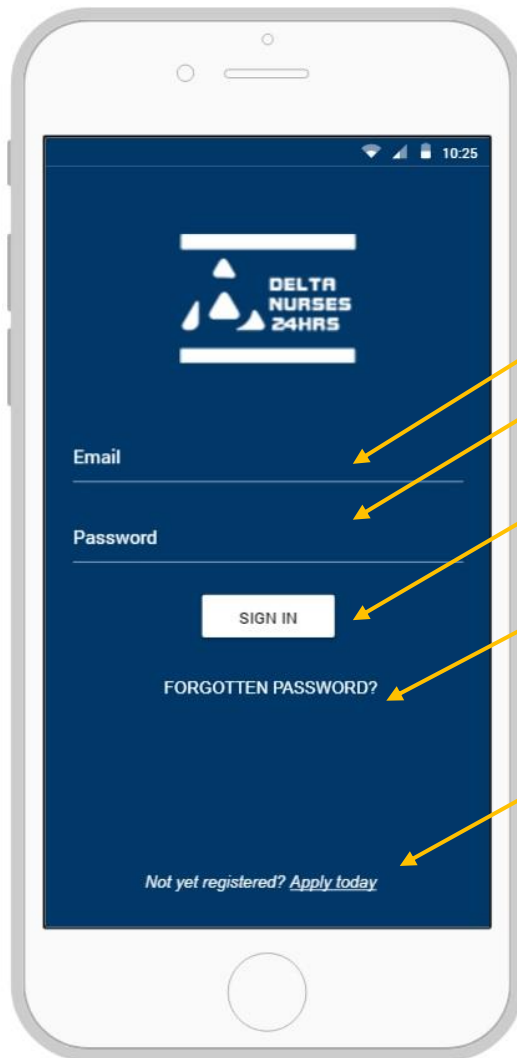
### Data

We recommend data plans with minimum **1GB** of data

## BENEFITS OF USING APP

- ✓ No need to call, email or visit our office
- ✓ Access to all live shifts
- ✓ Book your own shifts at your or own time and comfort
- ✓ Provide your availability
- ✓ Easy tracking of completed and upcoming shifts
- ✓ Compliance Reminders
- ✓ Update your compliance
- ✓ Book your training
- ✓ Upload documents
- ✓ Contact us via Instant messaging incorporated into the app
- ✓ **NEXT DAY PAY**

# HOW TO USE APP - LOGIN



Enter your email address.

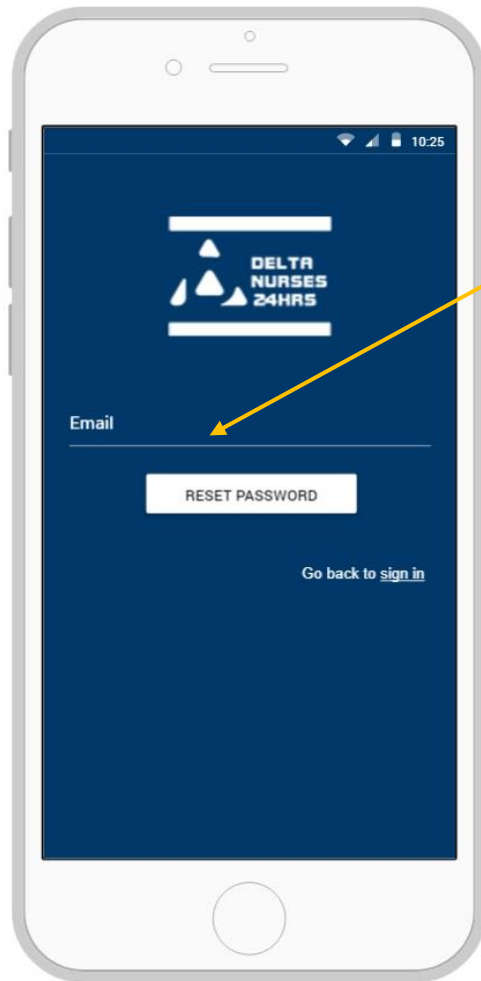
Enter your password issued to you by our Recruitment staff.

Press 'Sign in'

In case you forget your password click here.

If you have not registered with Delta Nurses 24 Hrs but you would like to do so click here.

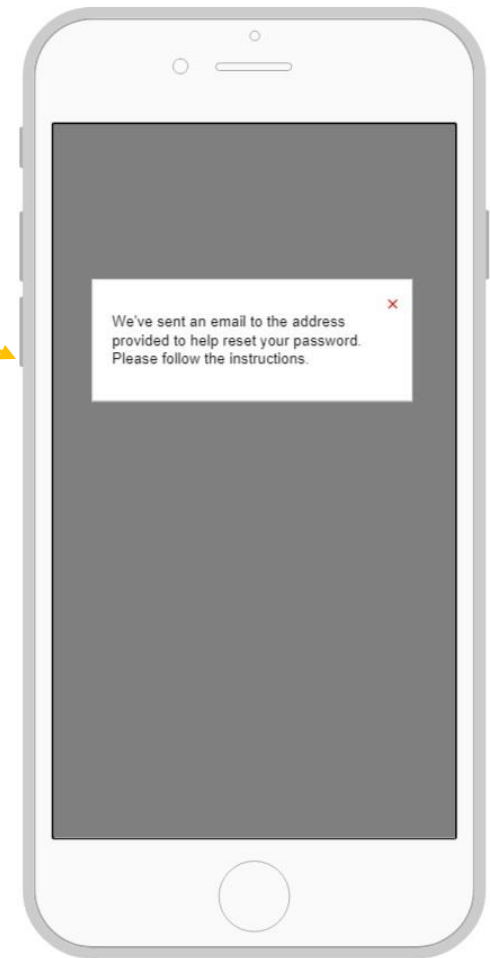
# HOW TO USE APP - PASSWORD RESET



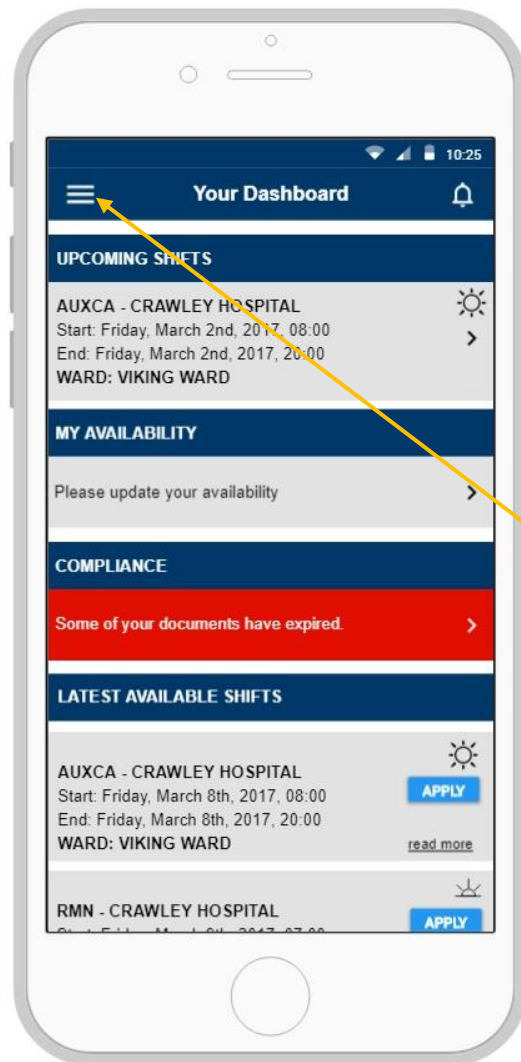
If you have forgotten your password, simply enter your email address here.

You will receive a notification like this.

The app will send you an email with a link to create a new password.



# HOW TO USE APP – DASHBOARD & NAVIGATION



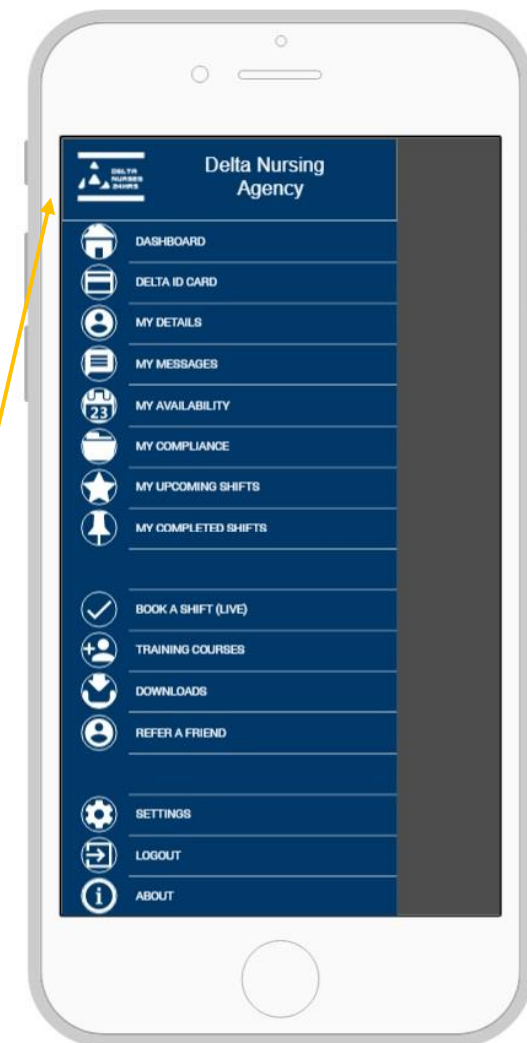
When you login into the app, the first thing you will see is Dashboard which consists of the summary of latest used functionalities.

Because this is your first login, the page will be blank which is normal. It will be populated with data once you start using the app.

To access all app functionalities, known as Navigation Menu, click here.

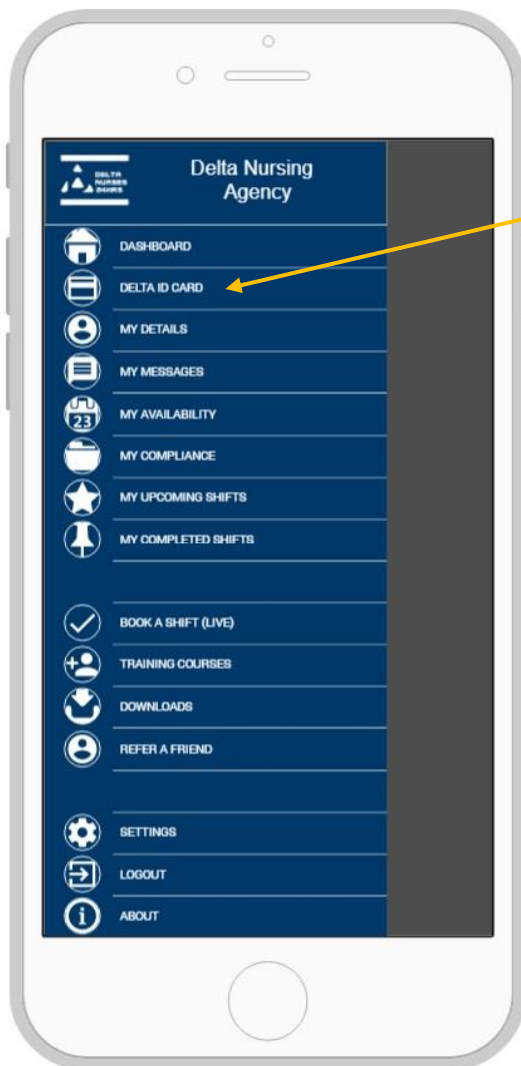
This is how Navigation Menu will display all functionalities.

We will explain them in more details below.





# HOW TO USE APP – ID CARD

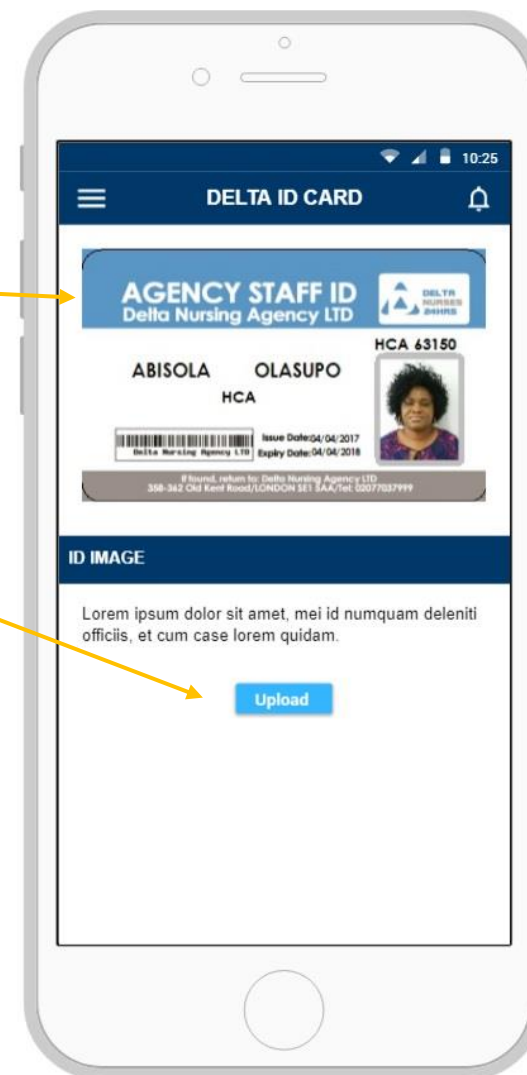


## 'ID CARD'

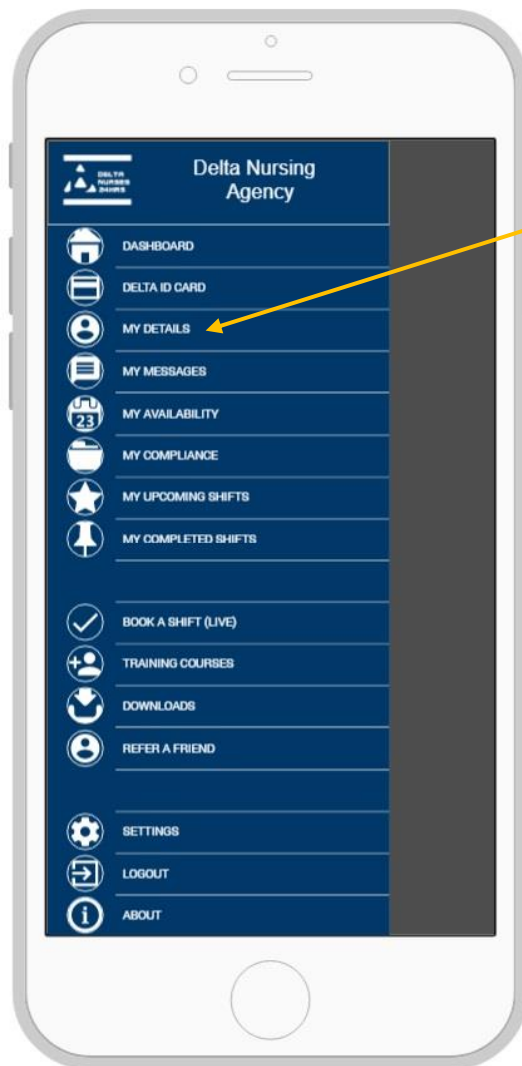
The first option in Navigation Menu.

This section will enable you to see your ID card. It can be used in case of emergency if you lose or damage your plastic card and you are about to start your shift.

It will also enable you to upload your most recent picture if your ID card is expired and pending renewal.



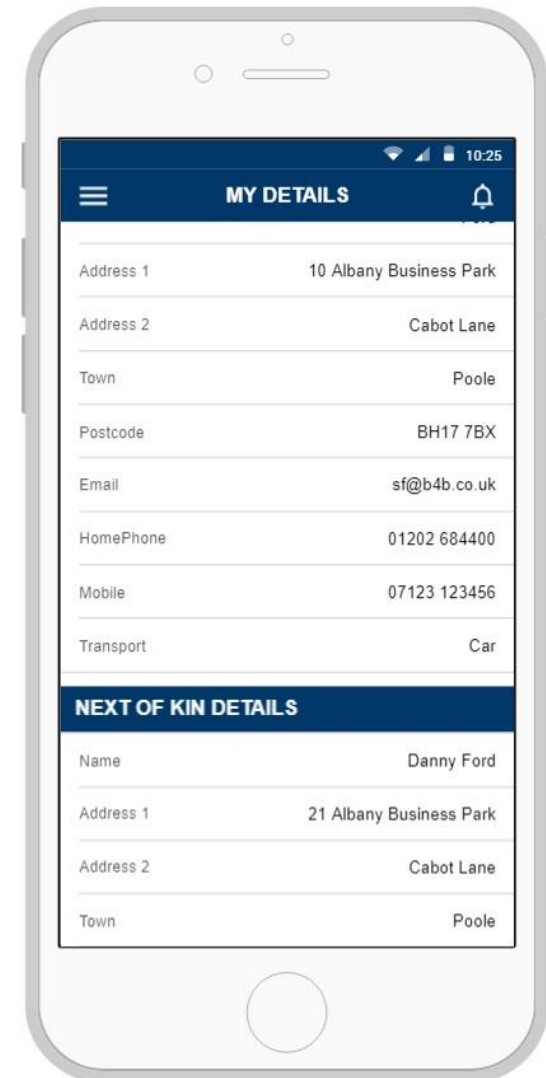
# HOW TO USE APP – MY DETAILS



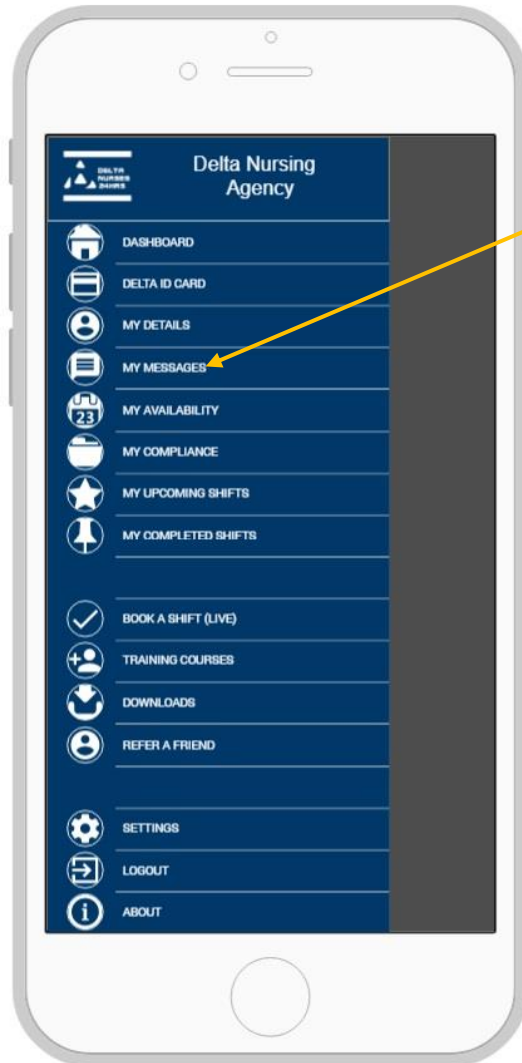
## 'MY DETAILS'

This section will display the current details we have in the system about you, such as address, email, contact phone number and next of kin.

As your details might change over the time, this section will also enable you to update your details and keep your information up to date.



# HOW TO USE APP – MY MESSAGES

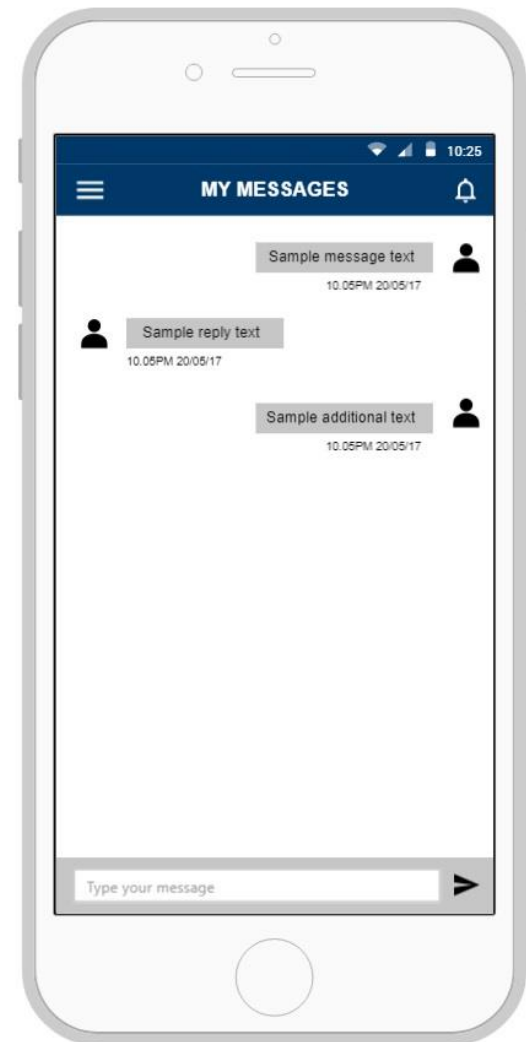


## 'MY MESSAGES'

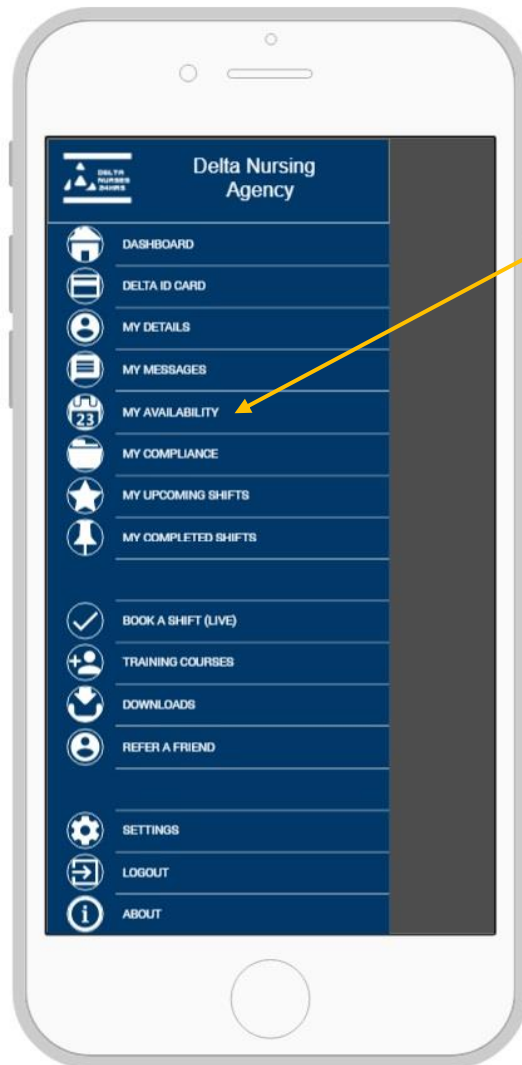
In this section, you are able to send and receive messages instantly.

You can contact our office in regards to any queries you might have about your Compliance or Shifts bookings.

It is a convenient and easy way to communicate with us.

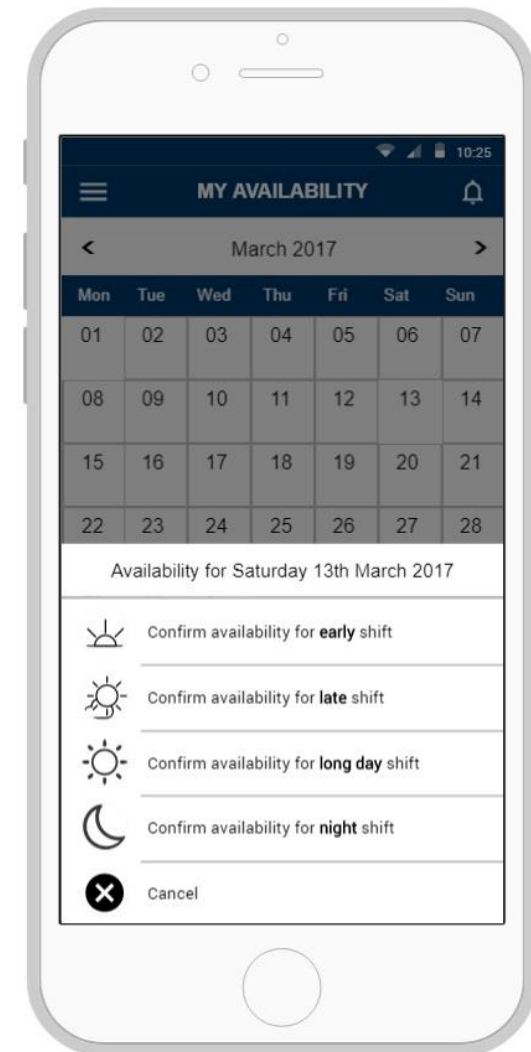


# HOW TO USE APP – MY AVAILABILITY



## 'MY AVAILABILITY'

In this section, you are able to provide your availability by simply clicking on the date in the calendar and choosing shift types such as early, late, long day and night.



# HOW TO USE APP – MY COMPLIANCE PART 1



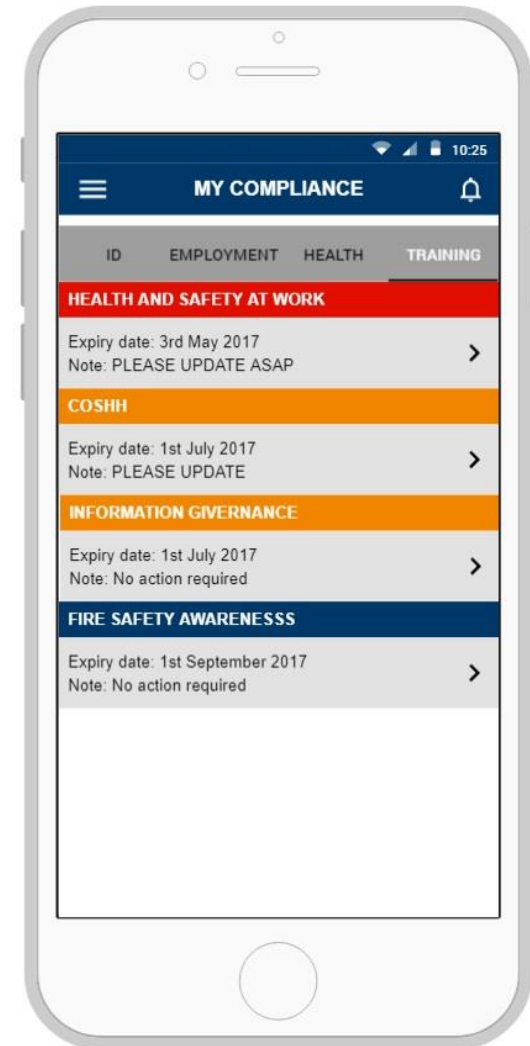
## 'MY COMPLIANCE'

This section is divided into 3 categories: *View Compliance, My Complaints & My Suitability.*

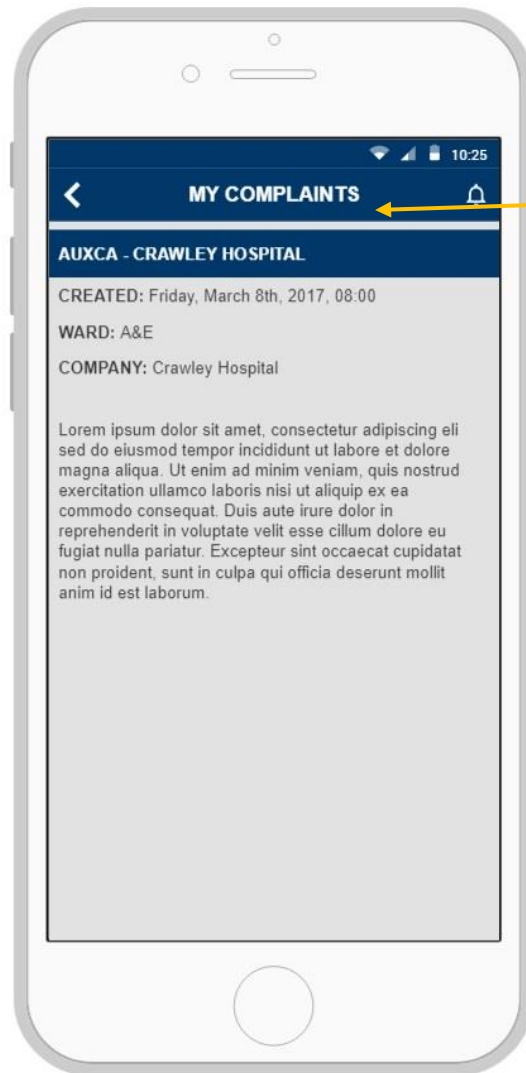
We will explain each section separately.

### 1) View Compliance

All mandatory requirements such as ID, DBS, OH & Annual Training are included in this section. You will receive reminders when documents are due to expire and by a simple click on any section, you will be able to upload an image of new a document.



# HOW TO USE APP – MY COMPLIANCE PART 2



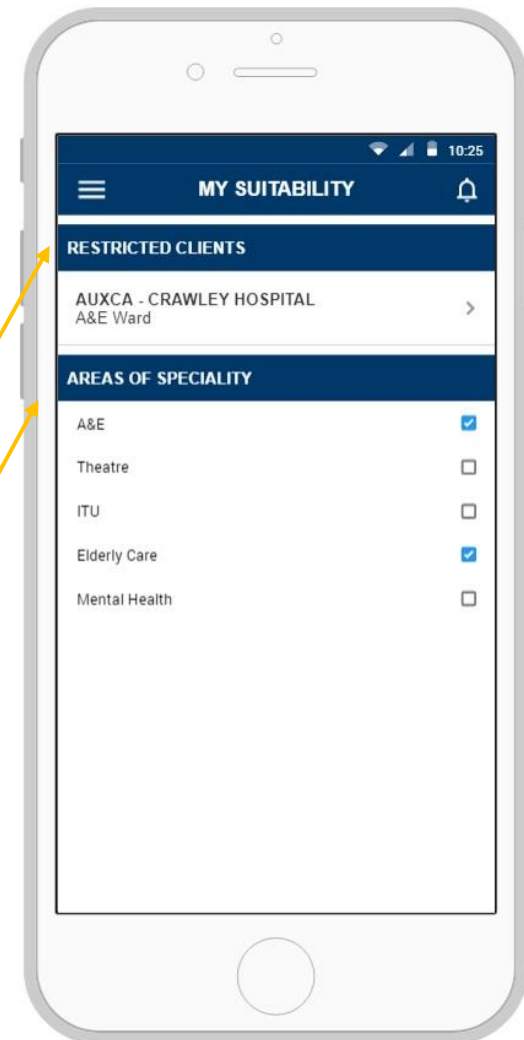
## 2) My Complaints

This section shows any clients complaints we have logged in the system against you. You will be able to monitor status and outcome of the complaint.

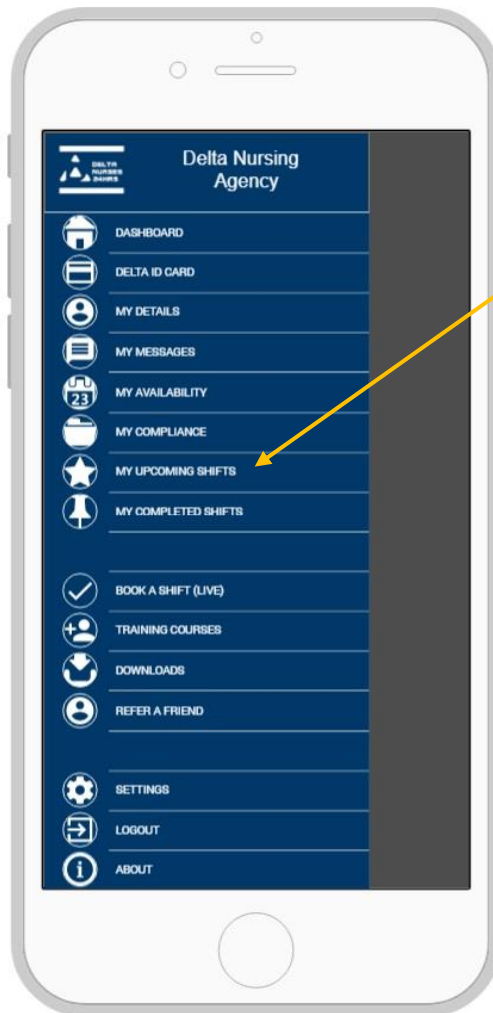
## 3) My Suitability

**Restricted Clients** – you will be able to see all clients you are banned from.

**Areas of Speciality** – this section shows all areas of your specialty. I.e. clinical areas you are able to work in.



# HOW TO USE APP – MY UPCOMING SHIFTS

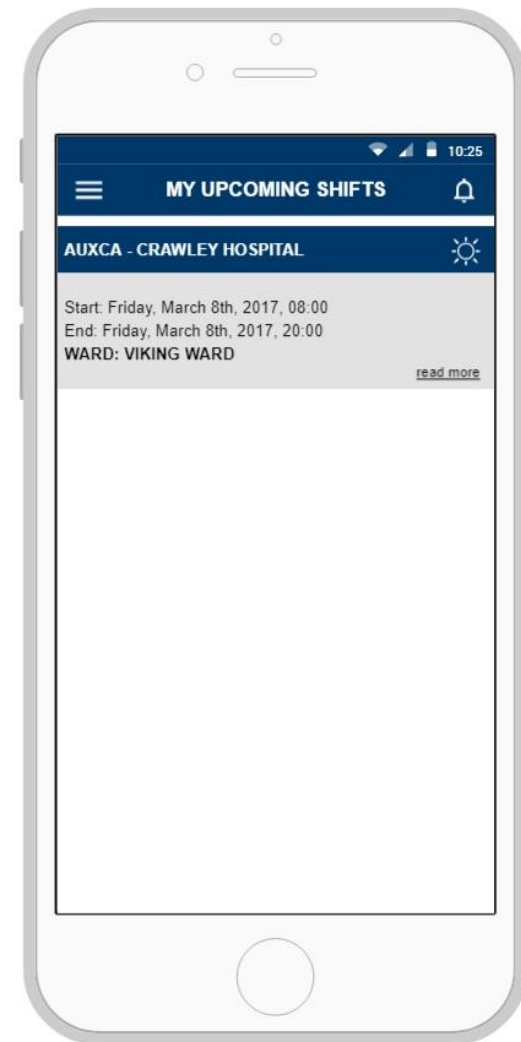


## 'MY UPCOMING SHIFTS'

This section will show a list of all your upcoming booked shifts.

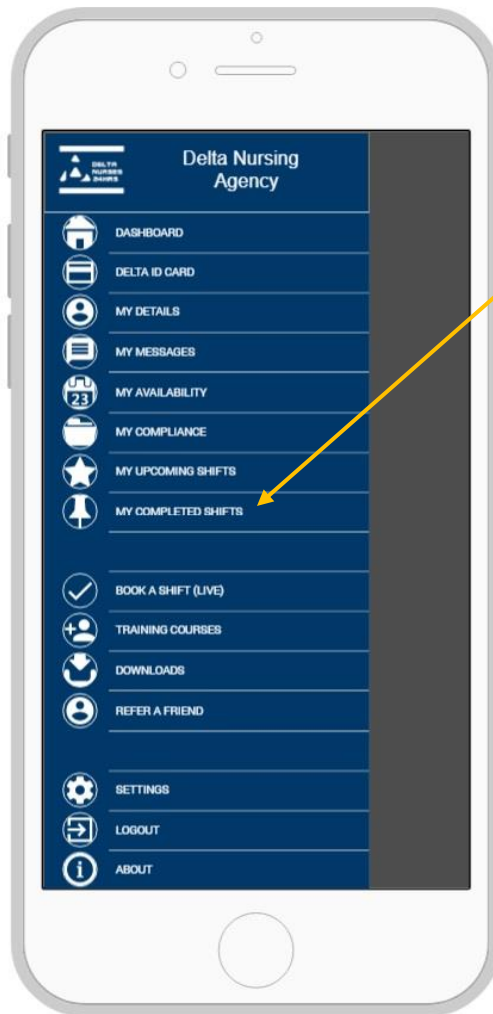
By click on the shift will be able to see details such as location, start and finishing time, ward, etc.

You will also receive reminders for all your upcoming shifts.





# HOW TO USE APP – MY COMPLETED SHIFTS PART 1



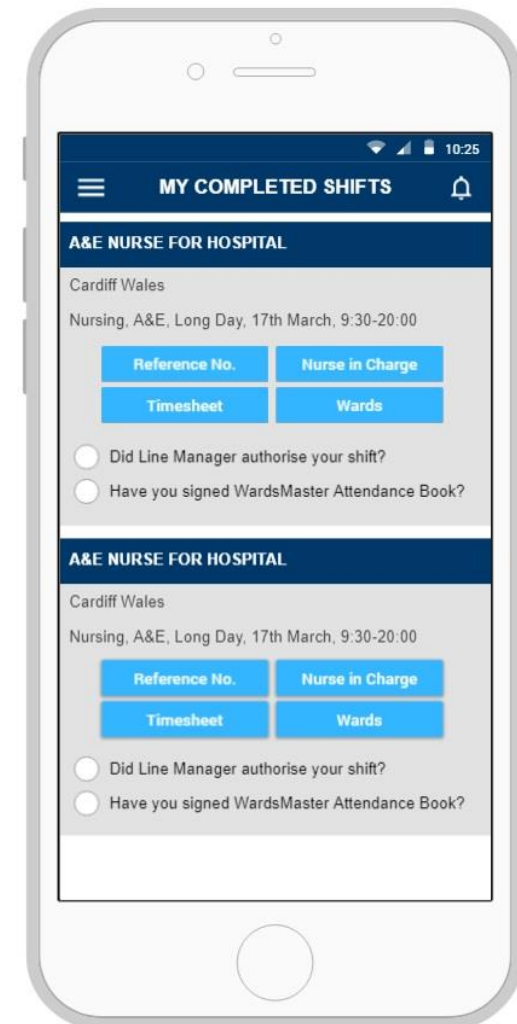
## 'MY COMPLETED SHIFTS'

This section will display all shifts you already completed.

It will also require you to enter additional information so we can effectively bill the client and pay you.

By clicking on each blue button, you will be able to enter Reference No, Nurse in Charge, Upload Image of Timesheet and Ward details.

All sections are displayed below.



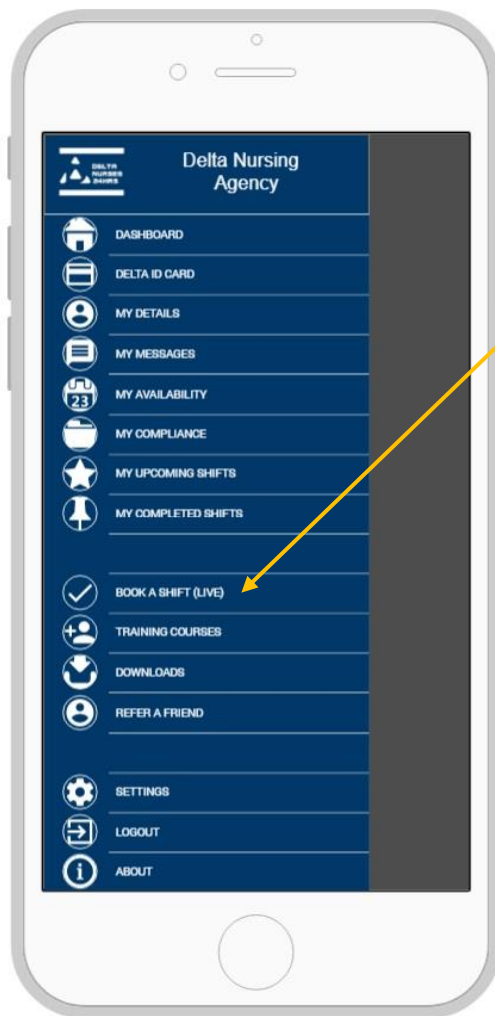


## HOW TO USE APP – MY COMPLETED SHIFTS PART 2

The image displays four smartphone screens, each showing a different screen from an app used for logging shifts. Each screen has a grey background and a white modal form in the center.

- Screen 1: AUTHORISATION NO.**
  - Text: "Please add your authorisation number below."
  - Input field: "Authorisation Number"
  - Buttons: "Close" and "Save"
- Screen 2: NURSE IN CHARGE**
  - Text: "Please ensure your shift is authorised while on site. Add details of the nurse in charge or supervisor who was on duty:"
  - Input fields: "Name", "Job Title", "Email", "Telephone No."
  - Buttons: "Close" and "Save"
- Screen 3: TIMESHEET UPLOAD**
  - Text: "Please upload your signed timesheet / or ward attendance booklet"
  - Buttons: "Close" and "Upload"
- Screen 4: WARD DETAILS**
  - Text: "Ward No." (with a dropdown arrow)
  - Text: "Did you work on the expected ward?"
  - Text: "Yes" (with a dropdown arrow)
  - Text: "If 'No' please specify why" (with a text input area)
  - Text: "Please add any additional Ward Numbers that you worked on during this shift:"
  - Text: "Additional Ward No." (with a plus icon)
  - Buttons: "Close" and "Save"

# HOW TO USE APP – BOOK A SHIFT PART 1



## 'BOOK A SHIFT (LIVE)'

This section will show a list of all Live Shifts available in our system. You can scroll through them or narrow your search by using the search field.

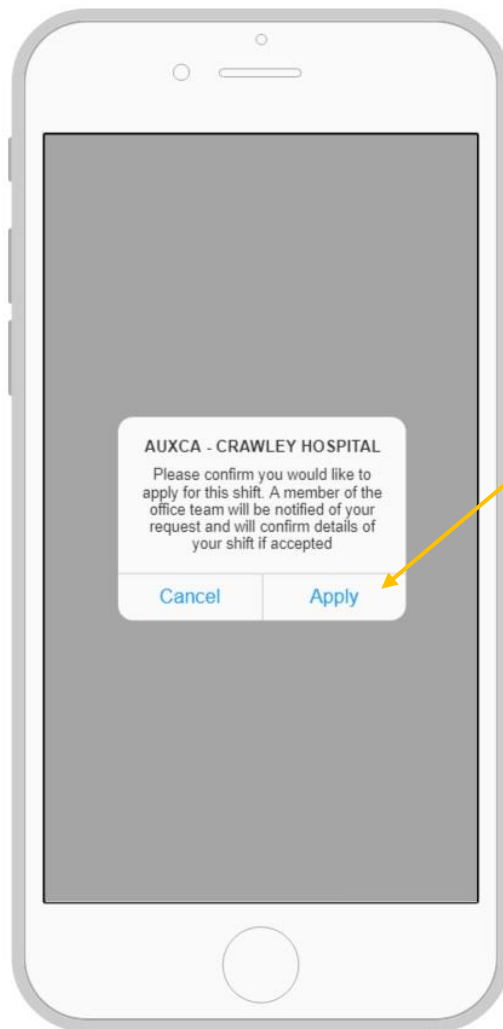
To read more details about the shift click 'read more'.

To apply for the shift, click on the blue button.

See below how to proceed further.



## HOW TO USE APP – BOOK A SHIFT PART 2



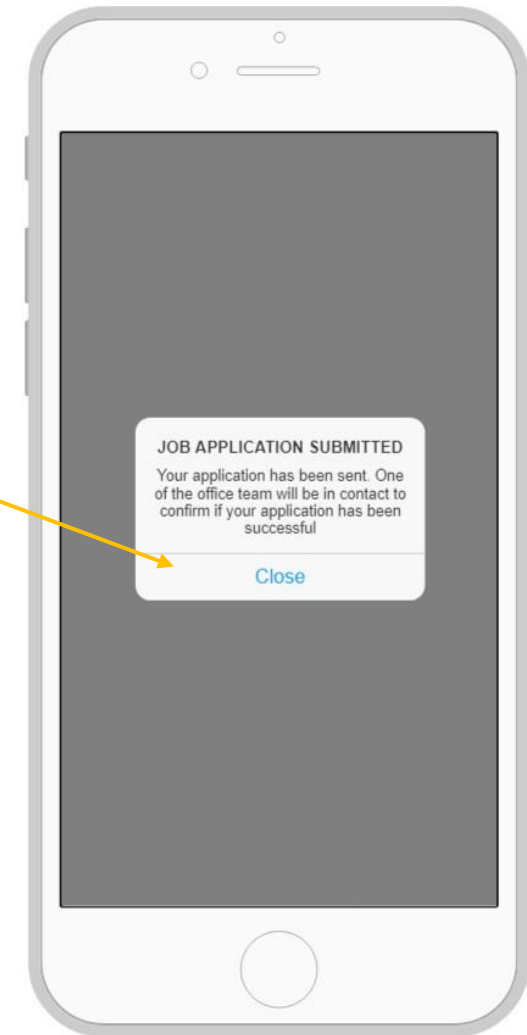
The system will then ask you to confirm second time if you would like to apply for that particular shift.

You simply need to click apply again.

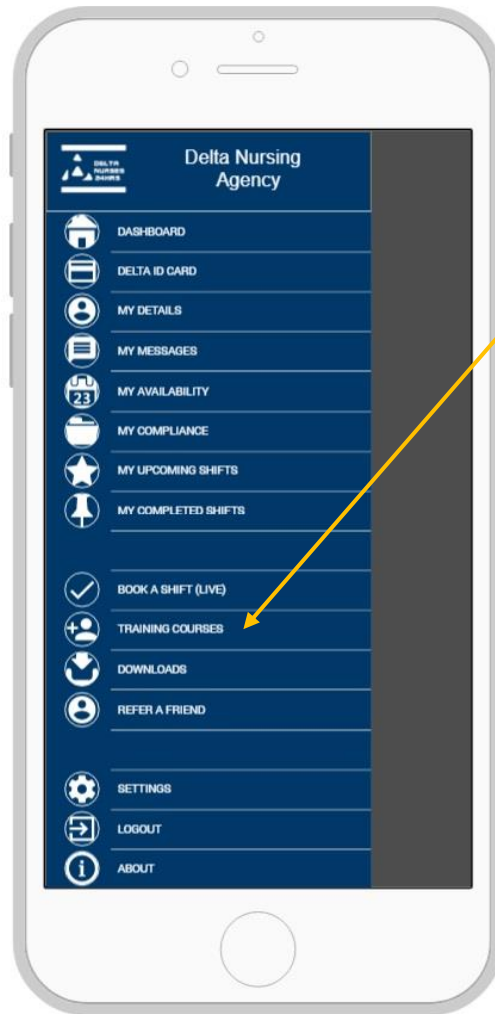
You will then receive notification confirming that your request has been sent.

You need to close notification window and a process is now completed.

You will receive notification via app once your shift has been confirmed by our office.



# HOW TO USE APP – TRAINING COURSES PART 1



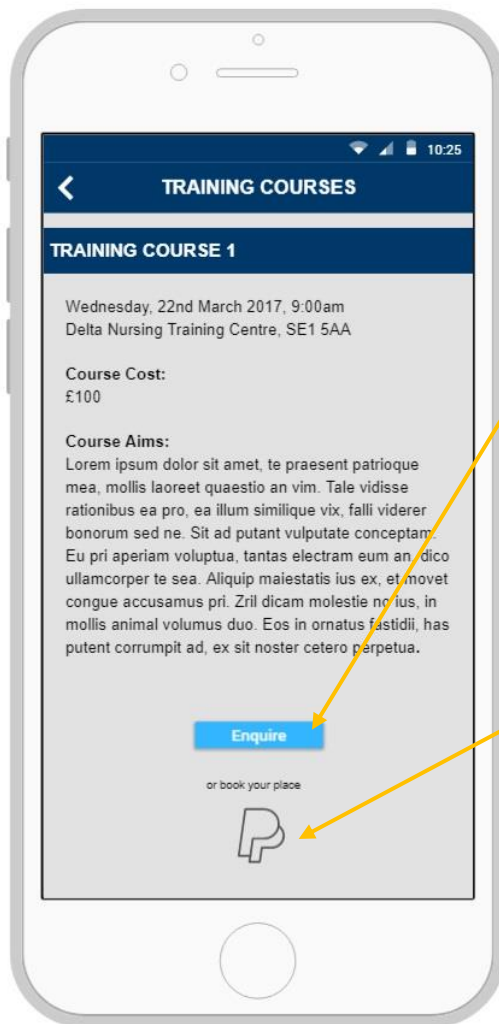
## 'TRAINING COURSES'

This section will show list and dates of all upcoming **Mandatory Training sessions**, as well as training for workers who wish to expand their skills.

To book yourself for the training, follow steps below.



## HOW TO USE APP – TRAINING COURSES PART 2

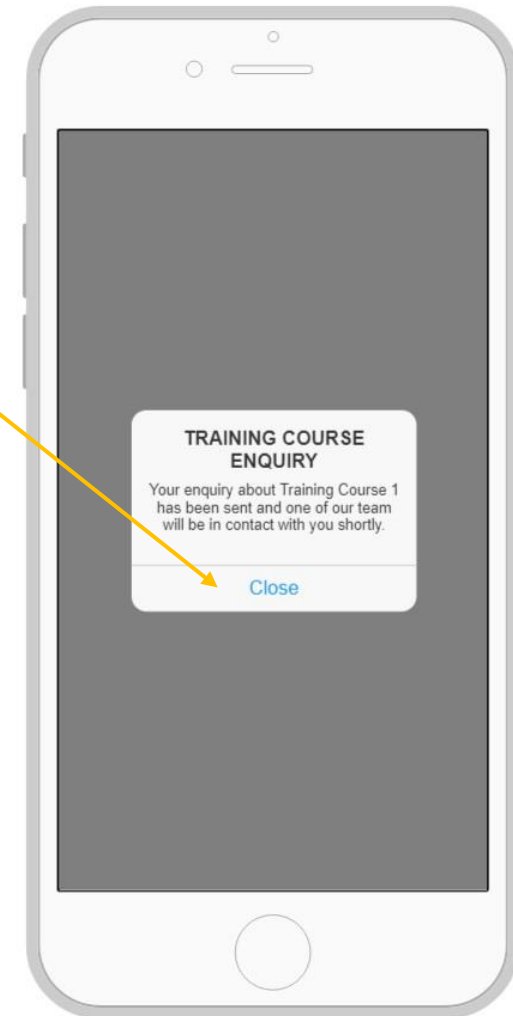


To book yourself for the training, simply click blue enquire button.

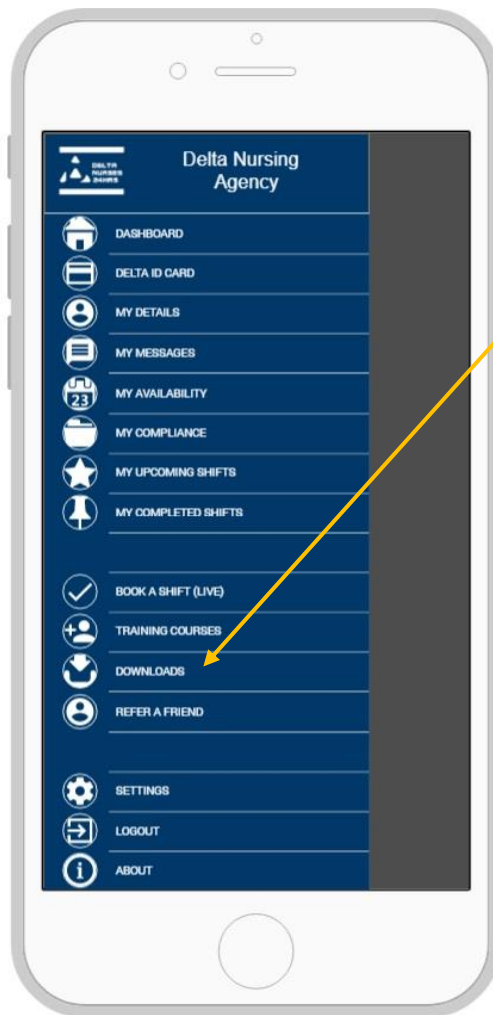
You will receive messages confirming that your enquire about training has been sent.

Our office staff will confirm your training booking and will confirm it via app messaging service.

You can also pay for the training via the app using PayPal button.



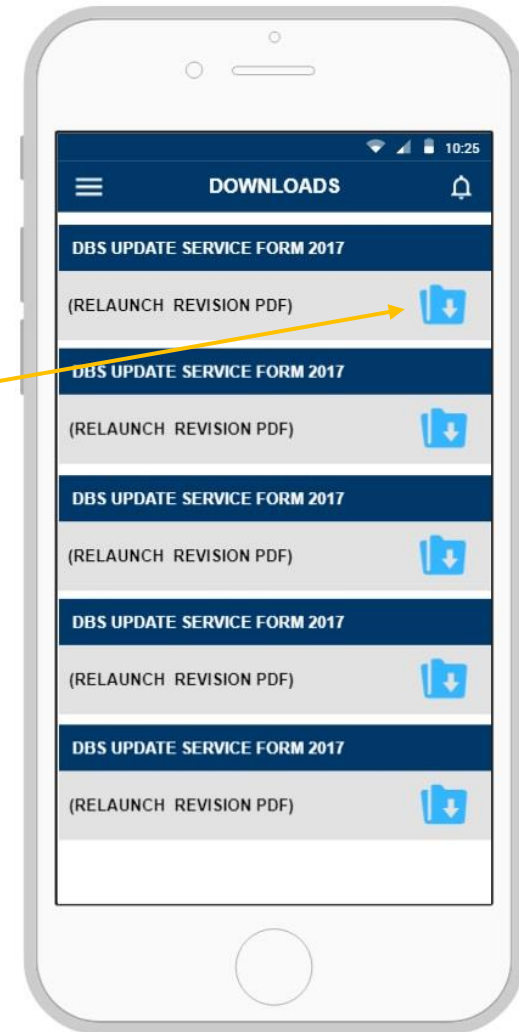
# HOW TO USE APP – DOWNLOADS



## 'DOWNLOADS'

This section provides downloads of all forms required to be completed or updated.

To download the desired document, simply click blue folder icon and download to your device will automatically start.



## HOW TO USE APP – REFER A FRIEND



### 'REFER A FRIEND'

Delta Nurses 24 Hrs has referral scheme running continuously for years.

If you wish to refer your friend, you just need to send us their contact details and we will do the rest.

The image shows the 'REFER A FRIEND' form within the app. The form is titled 'REFER A FRIEND' and includes a placeholder text: 'Lorem ipsum dolor sit amet, eleifend in corrupte in pri. Dicta ridens ne usu, id meis mollis moderatus eam.' Below the text are input fields for Name, Qualifications, Email, and Mobile No. At the bottom, there is a radio button next to the question 'Did your friend confirm their interest to for work Delta Nurses 24 Hrs Ltd?'. The form has 'Cancel' and 'Send' buttons at the bottom right. A yellow arrow points from the text in the central box to the radio button.

# HOW TO USE APP – SETTINGS

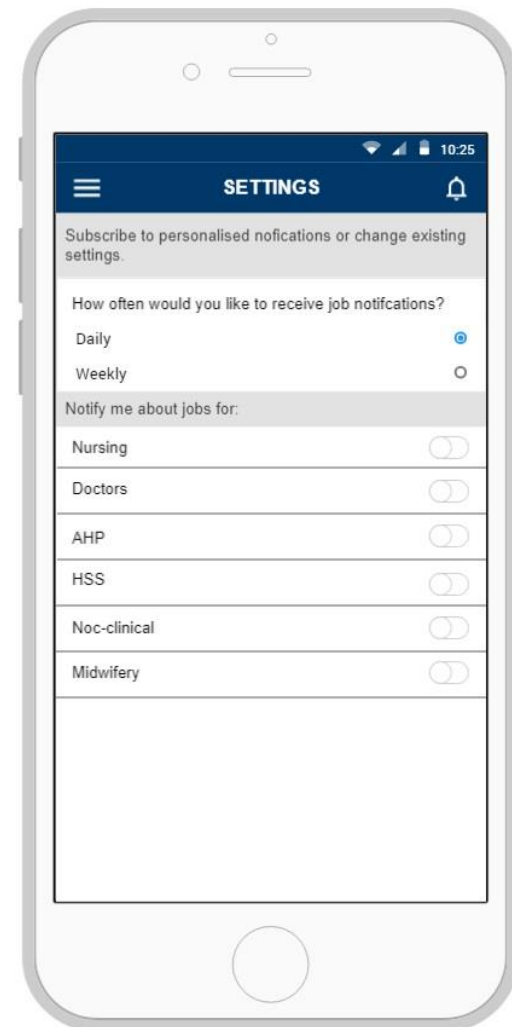


## 'SETTINGS'

In this section you can adjust your settings.

You can choose how often you want to receive the summary of job notifications or which kind of jobs you can be notified about.

Note that our system will automatically filter shifts as per your qualifications so you will not be overwhelmed with notifications not relevant to you.





# HOW TO USE APP – LOGOUT & ABOUT



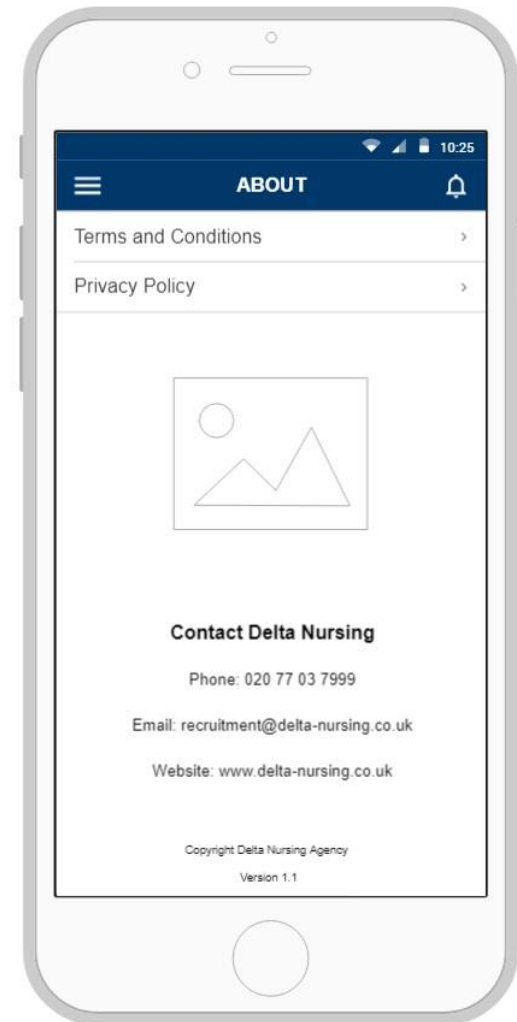
## 'LOGOUT'

There is no need to logout, as the app will run in the background without disturbing your other activities on the phone.

If you still wish to logout simply click 'Logout' section.

## 'ABOUT'

In this section you are able to see Terms & Conditions, Privacy Policy and our contact details.



# IMPORTANT

|

**In order to get your payment quickly, make sure that all fields below are completed with correct details:**

Shift Details

COMPLETE JOB INFORMATION

Reference Number

Timesheet File

fileindex-5a157610e9875.jpg

SELECT FILE

Did line manager authorise shift?

☒

Did you sign the WardsMaster Attendance book?

☒

Nurse in Charge Name

Nurse in Charge Job Title

Nurse in Charge Email

Nurse in Charge Telephone Number

SAVE

Shift Details

Ward Number

Did you work on the expected ward?

☐

If no, please specify why

Additional Ward Numbers

Ward #1

Ward #2

Ward #3

Ward #4

SAVE

When you upload timesheet, make sure that image is clear and sharp and all text is readable. Below are examples:

**DELTA NURSING AGENCY LTD**  
358 Old Kent Road, London SE1 5SA  
Tel: 0207 703 7999 | Fax: 0207 183 6485  
Email: payroll@delta-nursing.co.uk | Website: www.delta-nursing.co.uk

**TIME SHEET** 715677

**BLOCK CAPITAL LETTERS**

NAME: \_\_\_\_\_

BAND/GRADE/SPECIALTY: S

NAME OF HOSPITAL/HOME/HIRER: Royal Surrey

ADDRESS: \_\_\_\_\_

WARD/UNIT/DEPARTMENT: Plastic Ward

DAY	DATE	Start Time	Finish Time	Hours Day	Hours Night	Grade/Band	Dept/Ward	General	Psychiatric	Shift Reference No.	Signature of Person in Charge
MON		Am	Am								
TUE	28/11/17	7.50 Am	8 Am		12.50						
WED		Am	Am								
THU		Am	Am								
FRI		Am	Am								
SAT		Am	Am								
SUN		Am	Am								

TOTAL HOURS EXCLUDING BREAKS 11.5

**DECLARATION SIGNED BY AGENCY STAFF**

I declare that the information I have given on this time sheet is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this time sheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this time sheet to and by the Healthcare Provider/NHS Body/Hirer and the NHS CFMS (Where Applicable) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Induction - I can confirm that I undertook the Healthcare Provider/Hirer Induction/Orientation prior commencement of my first shift at the Healthcare Provider/Hirer stated on this time sheet.

AGENCY STAFF SIGNATURE DATE 29/11/17

**AUTHORISATION SIGNED BY HEALTHCARE PROVIDER/HIRER**

I am an authorised signatory for my ward/unit/department/Healthcare Provider/NHS Body/Hirer. I am signing to confirm that both the band/grade/specialty of agency staff and the hours/shift that I am authorising are accurate and I approve payment I consent to the disclosure of information from this time sheet to and by the Healthcare Provider/NHS Body/Hirer and the NHS CFMS in England (Where Applicable) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

HOURS WORKED BY AGENCY STAFF 11 1/2 hrs OVERT

AUTHORISING NAME \_\_\_\_\_

POSITION SSW

SIGNATURE DATE 29/11/17

TERMS & CONDITIONS APPLY TO THIS ASSIGNMENT

Delta Nursing Agency Ltd Registered in England & Wales 3536347 | Registered Office: 358-362 Old Kent Road, London SE1 5AA | VAT 813040442

**DELTA NURSING AGENCY LTD**  
358 Old Kent Road, London SE1 5SA  
Tel: 0207 703 7999 | Fax: 0207 183 6485  
Email: payroll@delta-nursing.co.uk | Website: www.delta-nursing.co.uk

**TIME SHEET** 715677

**BLOCK CAPITAL LETTERS**

NAME: KARLEEN

BAND/GRADE/SPECIALTY: S

NAME OF HOSPITAL/HOME/HIRER: Royal Surrey

ADDRESS: \_\_\_\_\_

WARD/UNIT/DEPARTMENT: Plastic Ward

DAY	DATE	Start Time	Finish Time	Hours Day	Hours Night	Grade/Band	Dept/Ward	General	Psychiatric	Shift Reference No.	Signature of Person in Charge
MON		Am	Am								
TUE	28/11/17	7.50 Am	8 Am		12.50						
WED		Am	Am								
THU		Am	Am								
FRI		Am	Am								
SAT		Am	Am								
SUN		Am	Am								

TOTAL HOURS EXCLUDING BREAKS 11.5

**DECLARATION SIGNED BY AGENCY STAFF**

I declare that the information I have given on this time sheet is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this time sheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this time sheet to and by the Healthcare Provider/NHS Body/Hirer and the NHS CFMS (Where Applicable) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

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I am an authorised signatory for my ward/unit/department/Healthcare Provider/NHS Body/Hirer. I am signing to confirm that both the band/grade/specialty of agency staff and the hours/shift that I am authorising are accurate and I approve payment I consent to the disclosure of information from this time sheet to and by the Healthcare Provider/NHS Body/Hirer and the NHS CFMS in England (Where Applicable) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

HOURS WORKED BY AGENCY STAFF 11 1/2 hrs OVERT

AUTHORISING NAME \_\_\_\_\_

POSITION SSW

SIGNATURE DATE 29/11/17

TERMS & CONDITIONS APPLY TO THIS ASSIGNMENT

Delta Nursing Agency Ltd Registered in England & Wales 3536347 | Registered Office: 358-362 Old Kent Road, London SE1 5AA | VAT 813040442

*case you are experiencing any problems with using our app contact us: In*

Delta Nurses 24 Hrs Ltd

358 Old Kent Road

SE1 5AA London

TEL: 0207 703 7999

EMAIL: [app@delta-nursing.co.uk](mailto:app@delta-nursing.co.uk)

[www.delta-nursing.co.uk](http://www.delta-nursing.co.uk)

