

Regional Agency Reduction Project

**Guidance on engaging agency nursing and midwifery workers
within Health and Social Care Trusts in Northern Ireland**

Draft Version 7

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1.0 Introduction

Health and Social Care Services in Northern Ireland have witnessed a growing reliance on temporary workers engaged through high cost and non-contract Agencies. Whilst this supply has met a short term need it has contributed to destabilising the workforce and places a significant demand on constrained financial resources.

The Minister for Health issued a statement to the Health and Social Care system in October 2022 stating that the reliance on agency had to be reduced and that the use of non-contract agency workers had to be stopped. A regional approach has been adopted to ensure that the HSC as a whole manage this change effectively and a number of work streams have been identified.

Work stream	Subject
1	Development of a Nursing and Midwifery Agency Framework
2	Reform of Nursing and Midwifery Bank
3	Development of Agency Rules and Monitoring for NI (Nursing and Midwifery)
4	Development of Medical/Dental Agency Framework
5	Development of Social Worker Recruitment Strategy
6	Development of Agency Rules and Monitoring for NI (Medical/Dental)
7	Development of a Communications Strategy

The Guidance on engaging agency nursing and midwifery workers is presented in two parts.

Part 1: The Guidance on employing agency nursing and midwifery workers

Part 2: Internal Monitoring Arrangements

Part 1: Guidance on engaging agency nursing and midwifery workers.

2.0 Guidance on engaging agency nursing and midwifery workers.

This document presents the 'Guidance' for engaging agency nursing and midwifery workers through the Agency Nursing and Midwifery Framework (2023). The guidance presented in this document has been informed by 'The Agency Rules, NHS England (2019) and agreed by all Health and Social Care Trusts in Northern Ireland.

The Guidance has been designed to:

- Manage the reduction on the reliance on agency nursing and midwifery workers
- Contribute to stabilising the nursing and midwifery workforce by encouraging agency workers to return to permanent and bank working within Trusts
- Reduce the level of expenditure on agency nursing and midwifery workers
- Improve transparency on agency spend
- Improve the governance and accountability arrangements to ensure compliance with the Agency Framework

3.0 Organisations that the Agency Rules apply to

The guidance on engaging nursing and midwifery agency workers will apply to all of the organisations listed below.

- Belfast Health and Social Care Trust
- Southern Health and Social Care Trust
- South Eastern Health and Social Care Trust
- Northern Health and Social Care Trust
- Western Health and Social Care Trust
- Northern Ireland Ambulance Service
- Northern Ireland Blood Transfusion Service
- Including other HSC Organisations that employ nurses and midwives

(Adapted from the Agency Framework for Nursing and Midwifery in Northern Ireland 2023. The organisations are referred to as 'the Client' in the Agency Supply Framework Agreement)

4.0 Staff Groups that the Guidance applies to

The guidance will apply to the following staff groups within the Agency Framework for Nurses, Midwives and Health Care Support Workers.

- Registered Nurses (Lot 1)
- Registered Midwives (Lot 1)
- Health Care Support Workers (Lot 2)

(In the HSC context Health Care Support Worker roles will include Senior Nursing Assistants and Nursing Assistants)

5.0 Reasons why agency nursing and midwifery workers are engaged

The most commonly reported reasons why agency nursing and midwifery workers are engaged include

- Short term absence
- Recruitment challenges and/or delays to recruitment
- Peaks in demand for services
- Specific skills deficit

6.0 Nurse and Midwifery Bank Processes

Each of the organisation listed at Section 3 have existing procedures for accessing bank staff as their first source of temporary staffing. Work Stream 2 will be tasked to Reform Nursing and Midwifery Bank processes within each of the organisations to achieve standardisation.

7.0 Good Rostering Practice

Each HSC Trust have Rostering Policies and procedures in place. The Chief Nursing Officer has commissioned a project to review roosting practices across the HSC Trusts an outcome of which will be agreed roosting principles. Draft roosting principles are outlined below but may be subject to change following the regional review of roosting practice.

Principle	Description
Roster planning	Rosters should be planned six weeks in advance and approved four weeks prior to the start date of the roster period. Roster planning enables staff to better manage their personal arrangements whilst providing more time to fill vacant shifts.
Demand for temporary staffing (Bank or Agency)	Rosters should capture the employment of all temporary staff to supplement nursing and midwifery teams.

Roster patterns	Roster managers to ensure that roster patterns used within the service provides for consistent staffing per rota to meet the service demand.
Contract hours	Roster managers to maintain an accurate account of contract hours worked by all members of the Team, including additional hours worked and time owing. The aim to maintain a balance over 4 weekly period.
Planned and unplanned absence allowance	Nursing and midwifery staffing establishment have an allowance included for planned and unplanned leave as set out in the <i>Delivering Care: Nurse staffing in Northern Ireland (2015)</i> . Rosters should account for the regular allocation of annual leave to all staff throughout the leave year to avoid accumulation of leave at year end.
Absence Management.	Roster managers should ensure that nursing and midwifery staff absence in managed in accordance with their Trust's policy.
Safe Staffing	Trust should ensure that systems and processes are in place to access patient acuity and ensure the effective management of the staffing resource to ensure safe staffing levels are achieved using flexible, fair and consistent rosters.
Skill mix	Trust should ensure that the skill mix within nursing and midwifery teams reflect the skill mix to meet the demands of the service in line with Delivering Care.
Leadership	Senior staff should be rostered to provide leadership and management cover for the service across the working week.
Fairness and equity	Rostering practice must demonstrate the equitable allocation of shifts to staff in accordance with their contract of employment
Flexibility	Rosters managers to review rosters regularly to manage short notice unplanned absence within the team resources if possible
Data quality and integrity	Changes to rosters should be updated in a timely manner to ensure that they accurately reflect the daily staff available to support service delivery.

8.0 Managing peaks in demand

In the day to day management of services, Managers are required to review staffing levels and deploy staff to meet the immediate service needs to maintain patient safety and staff wellbeing. Peaks in demand for additional staffing can be experienced through the following triggers:

- A sudden increase in staff absence within a service
- A peak in demand for the service and need to create additional capacity
- A peak in vacancies within a service – recruitment delays or poor availability of specialist skills
- An increase in patient acuity and complexity

In response to the ‘*Triggers*’ listed above, Trusts should ensure that they have processes in place to inform the appropriate management of peaks in demand. Examples include:

- Full Capacity Protocols
- Extreme Nurse Staffing Protocols
- Safe Care – Patient Acuity Assessment
- Risk assessment of the impact on patient/ client safety

(Content may be amended with the outputs from WS 2 Reform of Nurse Bank)

9.0 Actions to take when the supply sources of temporary nursing and midwifery staff do not meet demand.

In the event that the available rostered staff are unable to meet the service and patient acuity demands the following stages need to be followed.

9.1 Stage 1: Trust Nursing and Midwifery Bank protocol to include

- Trust nursing and midwifery bank staff
- Trust agreed ‘enhanced shift payment’ options
- Contract Agency supply – Tier 1
- Contract Agency supply – Tier 2

9.2 Stage 2: Escalation processes

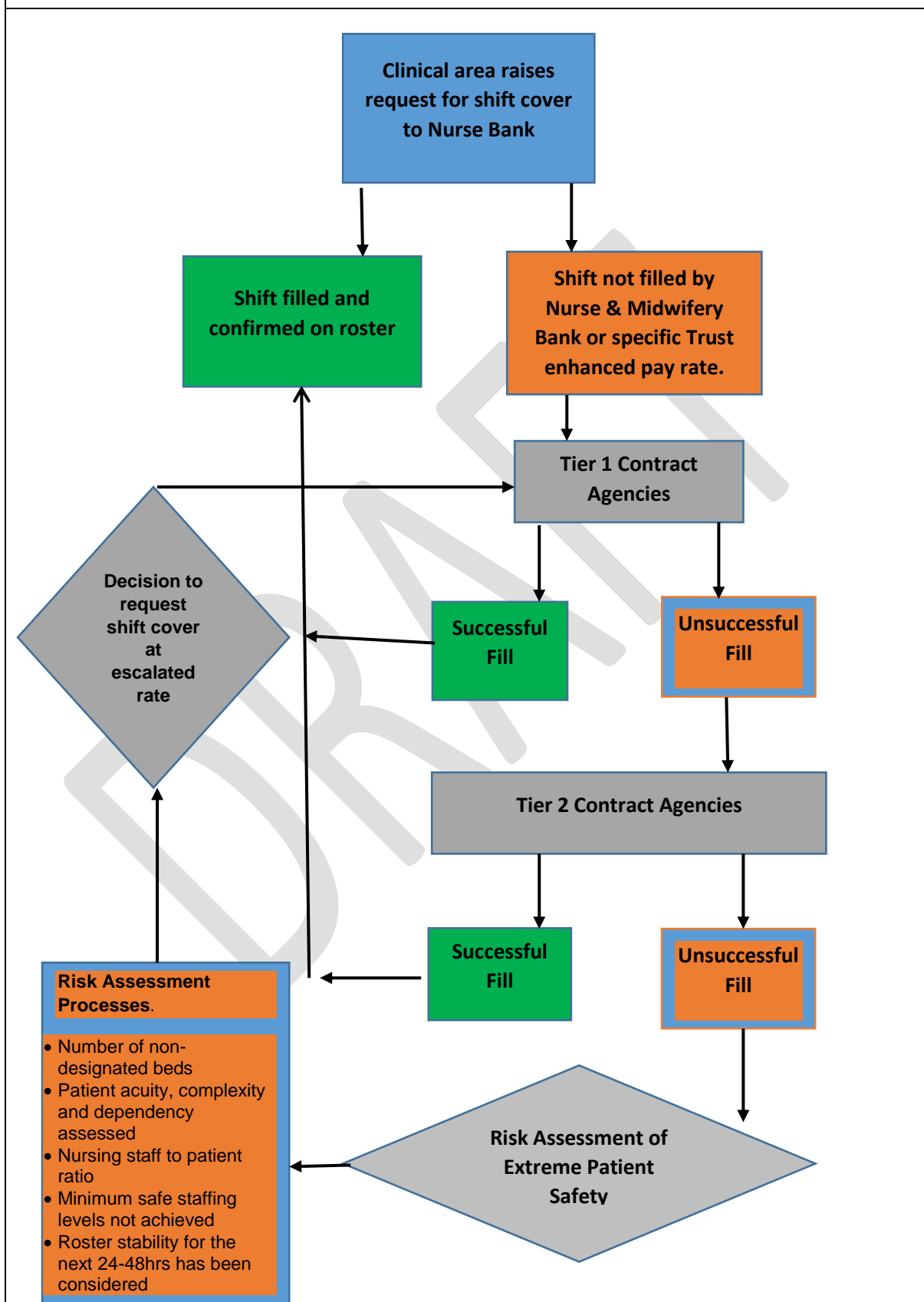
In the event that sufficient staff cannot be supplied through **Stage 1**, the Nursing and Midwifery Agency Framework includes the option to request shift cover from the contracted suppliers at an **escalated hourly pay rate up to a maximum of 10% increase of the core hourly rate.**

The decision to request shift cover at the escalated pay rate can be taken by the Lead Nurse/Divisional Nurse or Head of Service, the budget holder, when the outcome of risk assessment processes listed below highlights exceptional patient safety.

- (i) Confirmation that all of the sources of supply at **Stage 1** have been exhausted. These actions will be recorded through the Nurse Bank Office.

- (ii) An assessment of the exceptional patient safety risk has been undertaken using the following sources of information:
- Number of non-designated beds in situ
 - Patient acuity, complexity and dependency within the clinical area(s)
 - Nursing staff to patient ratio
 - Minimum safe staffing levels for this clinical area are not achieved
 - Roster stability for the next 24-48hrs has been considered
- (iii) To support the risk assessment processes each Trust should ensure that the following structures are in place.
- A patient safety 'Control Room' structure to facilitate safe staffing discussions across the services or hospital site.
 - An accurate oversight of nursing and midwifery rosters to identify staff available from the roster system.
 - Agreed processes for how the oversight of staff rosters can be accessed at weekends and public holidays.
 - Safe staffing Action Cards for each clinical area/team followed considering the staff to patient ratio or nursing hours per patient required
 - The above risk assessment processes may need to be activated in circumstances outside of site escalation Red, Amber, Green, and Black.
- (iv) Escalated shift rates are applicable only to ***next shift cover or next day cover for non-24hrs services***.
- (v) The Escalated shift rate will only apply to a shift that **has not** previously been offered to the Agencies to cover.
- (vi) A Contractor is bound by the Call-off Terms of the Framework.
- (vii) In the event that the budget holder is not on duty, weekends, public holidays or night shift, the decision can be taken by the Senior Nurse on duty or on-call and update the budget holder on their return to work.

Figure 1: Flow chart illustrating the process for raising requests to contracted agencies.



The Contractor must not supply an Agency Worker to a Client if the Agency Worker is currently employed on a substantive or bank contract with that Client organisation, or has resigned their substantive/bank contracts from that Client organisation within the previous 6-month period.

The Client will not accept an agency worker for any shift/placement who holds a substantive or bank contract with that Client or has resigned their substantive/bank contracts from that Client organisation within the previous 6-month period. (*Agency Framework 2023*).

In the descriptors above the 'Client' refers to the HSC Organisation.

10.0 Specialist Rates

10.1 Specialist Nurse Rates are available within the Agency Nursing and Midwifery Framework but apply only when a request has been raised for a nurse or midwife with specific clinical skills and experience. In such circumstances the Service Manager must engage directly with the Nurse Bank Office to define the specific skills and experience required.

10.2 Definition of specialist skills and experience

Within this document the post registration experience and skills of the nurse define the 'specialist skills' not the clinical area.

To qualify for a specialist rate shift, the nurse must have;

- A minimum of 18 months post registration experience in the clinical area and
- Have completed additional post-registration training to enhance clinical skills and decision making relevant to the clinical area.
- The shift must be requested by the clinical area as a specialist shift to identify the need for a nurse with specialist skills and experience.
- If a shift not identified as a specialist shift, is filled by a specialist nurse, the specialist rates will be payable only if the Lead Nurse confirms that the nurse was required to use their specialist skills. Otherwise a normal shift rate will be paid.

The supplying Agency will be required to provide evidence of the specialist experience and training that the nurse has. The SS19a Pricing Schedule includes an automatically calculated Specialist Rate for each of the shift categories in each band. This rate is a 10% uplift to the submitted Total Charge Rate.

11.0 Price Caps. To be updated when Agency Framework available.

- The Nursing and Midwifery Agency Framework has applied a cap on the total amount chargeable to the Trust by Agency Suppliers (Contractors) for each of the shift categories for each band as per the Lot 1 SS19a Pricing Schedule. The cap will be subject to review after an initial 6 month period.
- Contractors found to be charging rates which are above the contracted rates will be subject to the Performance Improvement Remedies detailed in section 4 Framework Agreement Schedule 5 in the SS71 Framework Agreement.

Part 1: Guidance on engaging agency nursing and midwifery workers within Health and Social Care Trusts in Northern Ireland was reviewed by the Regional Agency Reduction Implementation Group members at their meeting on 3 May 2023 and approved for circulation as Draft Guidance to inform the implementation of the Agency Framework for Nursing and Midwifery Workers 2023.

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Part 2: Monitoring of Agency Rules.

Work in progress.

Internal Monitoring – by Trusts

External Monitoring – by SPPG

Minimum Data Set

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