



Protocol for the use of Bank Staff & Agency Workers

Nurses, Midwives & Nursing Assistants

With reference to the HSC Agency Framework:

**Agency Workers - Nurses and Healthcare
Support Workers**

Framework Ref	3063890
Framework Start:	15 May 2023
Framework End:	14 May 2025

Covering:

**Lot 1 Nurses, Midwives, Health Visitors
Lot 2 Healthcare Support Workers**



Southern Health
and Social Care Trust



Working together



Excellence



Openness & Honesty



Compassion

HSC Values

Version 1.0 Sept 2023

Version 1.0 September 2023	Effective Date	1st October 2023

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SECTION A – INTRODUCTION AND GENERAL GUIDANCE

1.0 Introduction

The Trust is committed to providing an excellent service to all patients and clients within its catchment area. The Trust recognises the difficulties faced by managers trying to cover temporary staff shortages whilst meeting the need to balance the provision of ongoing high quality services within financial restraints of the budget.

As such there may be instances when it is necessary to utilise the services of either staff employed on the Trust's Nurse Bank or employment agencies in order to continue to deliver services where there is no other viable alternative.

Bank Staff and Agency Workers can offer a great deal of flexibility to the Trust in fulfilling urgent, short term needs for staffing.

However, the use of bank staff and agency workers should be kept to a minimum and must only be engaged in line with rules as set out in this Protocol.

1.1 Purpose

This Protocol aims to:

- Set out general principles for the use of bank staff and agency workers;
- Clarify circumstances when the use of bank staff and agency workers may be appropriate
- Ensure the Trust, as an employer, utilises only those agency workers who have the necessary skills and competencies to carry out the post in question
- Ensure that managers are clear on the arrangements for booking bank staff and agency workers and understand the importance of specifying requirements to the authorised personnel, in relation to booking of agency workers;
- Ensure that managers understand their roles and responsibilities regarding any bank staff and agency workers they may use.

1.2 Compliance with this Protocol

This protocol must be adhered to particularly in relation to the contractors to be used. Any manager deliberately failing to follow this protocol may be subject to disciplinary action.

1.3 Review

This protocol will be reviewed on a regular basis by the Head of Resourcing for effectiveness.

2.0 Engaging bank staff and agency nursing & midwifery workers.

This Protocol sets out how managers within the Trust must engage:

- bank staff and
- agency nursing & midwifery workers through the Agency Nursing and Midwifery Framework (2023).

The Framework applies 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)

The Trust Protocol 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

2.1 When can bank staff and agency workers be engaged?

Generally managers require bank staff or agency workers because of:

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

2.2 When should bank staff and agency workers not be engaged?

Bookings of bank staff or agency workers must not be used to:

- Circumvent normal recruitment processes and/or financial approval processes

- To cover long term absences without an accompanying recruitment exerciser
- Work for longer than 6 months without being reviewed

3.0 Good Rostering Practice

Each HSC Trust have Rostering Policies and Procedures in place including the Southern Trust. The Chief Nursing Officer has commissioned a project to review rostering practices across the HSC Trusts an outcome of which will be agreed rostering principles.

Draft rostering principles are outlined below but may be subject to change following the regional review of rostering 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.

3.1 Managing peaks in demand

As part of 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.

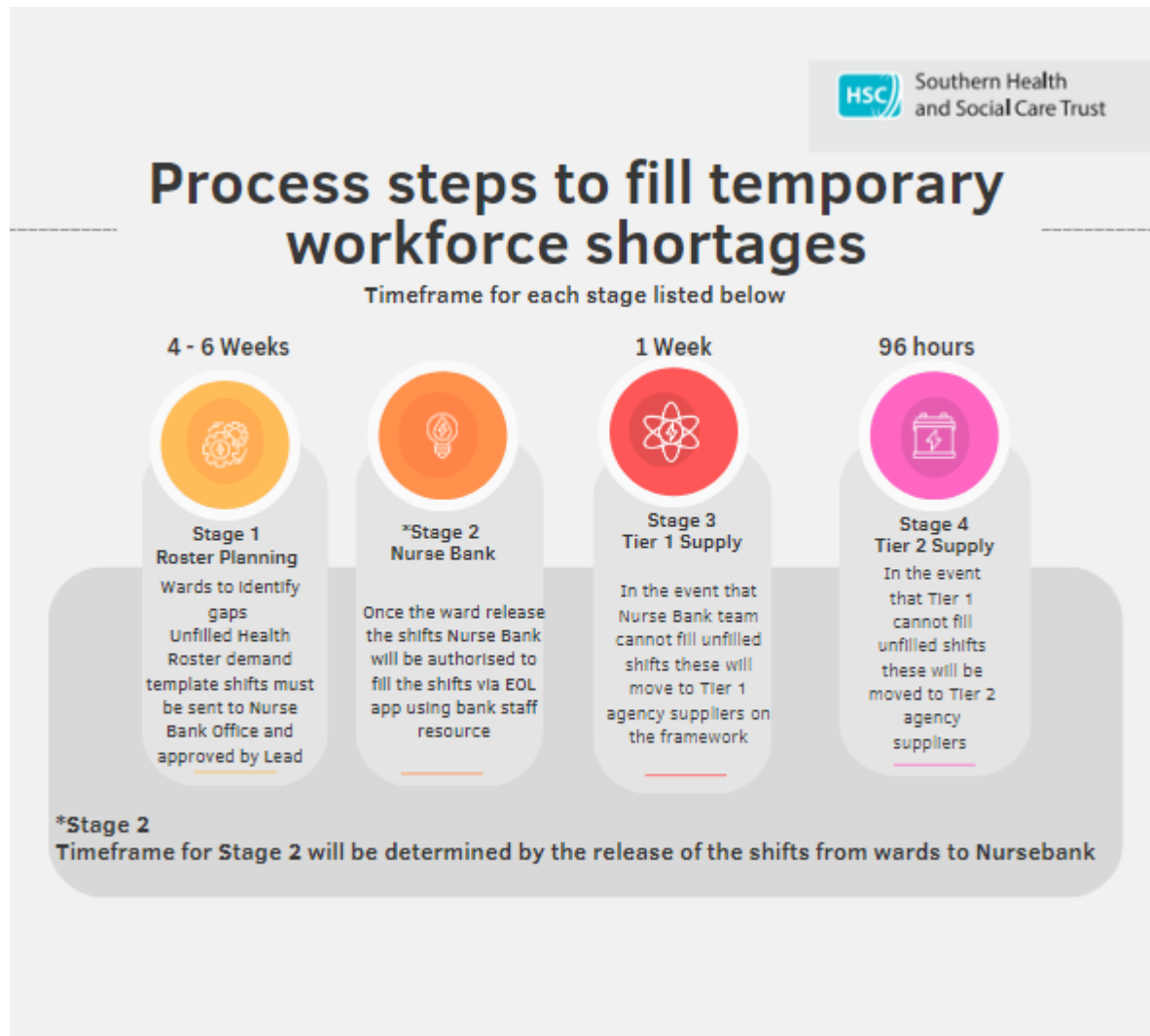
Examples include:

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

In the event that that the available rostered staff are unable to meet the service and patient acuity demands the following rules in Section 2 must be followed.

4.0 Process steps to fill temporary workforce shortages

Timeframes – Registered & Unregistered Staff



ED Craigavon and DHH & Mental Health

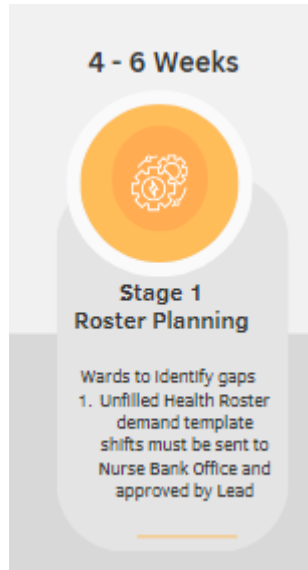
*For ED shifts and Mental Health Band 5 nurse shifts, these shifts will be released to Tier 1 and Tier 2 for full month. This will be subject to review based on the data presented.

- Please note that once the shift is approved via Health Roster this will automatically reach the Nurse Bank and automation takes place for onward requests to agencies.
- **No staff member is permitted to engage with any agencies directly on the framework or off the framework to fill agency shifts.**

4.1 Bank and Agency Rules

Stage 1 Roster Planning

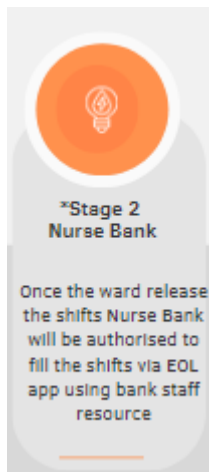
Owner/Responsibility: Roster Manager/Lead (defined within the SOP)



- Roster planning will be the responsibility of the roster manager with second approval by the Lead including the approval of the temporary resource required.
- In the event of managing peaks in demand and staff absences, the first step for roster managers is to ascertain they can fill this cover from within their own team. Roster Manager/Leads need to retain documentary evidence of their attempts to fill these shifts within their own teams.
- **All requests to nurse bank MUST be made through the HealthRoster** The Lead must ensure that approval has been completed on the HealthRoster so that the shifts go to the bank at the earliest possible opportunity to ensure appropriate time is given to enable the shift to be filled by Nurse Bank.
- HealthRosters should be updated timely to capture the employment of all temporary staff to supplement nursing and midwifery teams.
- Agencies have been advised not to accept bookings from anyone other than authorised personnel of whom they have been advised. The process for filling shifts when the bank office is closed is set out below in the OOH process document.

Stage 2 Arrival of the shifts into the Nurse Bank Office

Owner/Responsibility: Nurse Bank Manager & Bank Co-ordinators

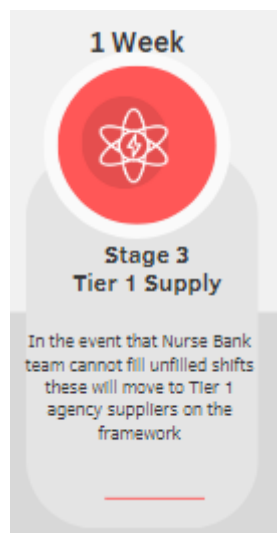


Timeframe for Stage 2 will be determined by the release of the shifts from wards to the Nurse Bank team.

- a) The Nurse Bank team are responsible for putting the shifts out to all staff registered on the bank available for work.
- b) The Nurse bank team will ensure that the bank staff have completed the necessary mandatory training.
- c) When the timeframes have been exhausted at stage 2 the shifts will be available to move to on contract agencies (stage 3 and stage 4)
- d) Monitoring arrangements will be put in place to ensure that shifts are rostered allowing enough time for Nurse bank team to try and fill these and therefore reducing reliance on agency usage.

Stage 3 Contracted out to Agency Supply – Tier 1

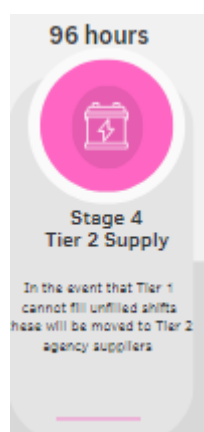
Owner/Responsibility: Nurse Bank Manager & Bank Co-ordinator



- Tier 1 suppliers have access to Allocate bank staff system and therefore these agencies will be able to see any shifts that are available to engage agency workers.
- It is vitally important that any shift added to the roster has the correct detail included, as this is the information, the agency will have access to see.
- A specialist Nurse rate will only apply when a request has been raised for a nurse or midwife with specific clinical skills and experience.
- To request a specialist shift it this needs to be clearly requested on HealthRoster otherwise the shift will be paid at normal rate. **refer to definition of specialist skills and experience see 5.0*
- Wards / Managers are not permitted to liaise directly with any Recruitment Agencies for bookings. All shifts will be shared via Nurse Bank team using the Allocate bank staff system.
- Shifts booked outside of eRoster and Nurse bank will NOT be paid.

Stage 4 Contracted out to Agency Supply – Tier 2

Owner/Responsibility: Nurse Bank Manager & Bank Co-ordinators



- If Tier 1 agencies are unable to fill the shifts then these will pass to Tier 2 agencies who will have access to Allocate and therefore be able to see any shifts that are available for them to engage with agency workers.
- A specialist Nurse rate will only apply when a request has been raised for a nurse or midwife with specific clinical skills and experience.
- To request a specialist shift it this needs to be clearly requested on HealthRoster otherwise the shift will be paid at normal rate. **refer to definition of specialist skills and experience see 5.0*
- Wards are not to liaise directly with any Recruitment Agencies for bookings. All shifts will be shared via Nurse Bank team using the Allocate bank staff system.
- Shifts booked outside of eRoster and Nurse bank will NOT be paid.

5.0 Specialist Shifts (see appendix 5 Specialist Skills Definition)

Owner/Responsibility: Lead Nurse/Head of Service

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.

Specialist skills as listed on HealthRoster:

- (Sp) Chemotherapy Trained
- (Sp) Advanced Life Support
- (Sp) Manchester Triage Trained
- (Sp) CCU Trained
- (Sp) Lysis Trained
- (Sp) Plaster of Paris Application

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.

5.2 Requesting a Specialist shift on HealthRoster

Requesting a Specialist Shift on HealthRoster

When sending to bank, the 'Request Reason' must be 'Specialist Shift'

Send To Bank

Selected Unit Fulfilment Duties (Sending 1/1 duties to Bank)						Additional Request Information (Applies to 1 highlighted duty)	
<input checked="" type="checkbox"/>	Requireme	Location	Shift	Date	Required G/GT/GTC	Bank Unit *	Bank
<input checked="" type="checkbox"/>	RN	-	Evening	25/07/2023	RN (Adult)	Request Reason *	Specialist Shift
						Gender	-

The specific skill required should be specified in the 'Temporary Staffing Skills' field

Temporary Staffing Skills
Sp - Plaster of Paris Application

The 'Required Grade' should be specified as Band 5 RN

Required Grade
Band 5 RN

6.0 Escalation Process (Escalation use only)

Owner/Responsibility: Lead Nurse/Director Approval

Director Level Approval only – counter approval by HR/Finance Directors or Director on call

In the event that sufficient staff cannot be supplied through **Stage 1, 2, 3 and 4** 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 will only be approved at Director Level and approval confirmation must be retained by the ward. The following form must be filled in with the evidence below documented. When the outcome of risk assessment processes listed below highlights exceptional patient safety.

- Confirmation that all of the sources of supply at **Stage 1, 2, 3 and 4** have been exhausted. These actions will be recorded through the Nurse Bank Office.
- 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
- 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.

- Escalated shift rates are applicable only to ***next shift cover or next day cover for non-24hrs services***.
- The Escalated shift rate will only apply to a shift that **has not** previously been offered to the Agencies to cover.
- A Contractor is bound by the Call-off Terms of the Framework.
- In the event that the head of service 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 head of service on their return to work.

Once all options internal to your ward have been exhausted you may need to consider bank staff cover as your first external option for cover.

7.0 Process for out of hours bookings

Should the Trust require additional duties OOH then these shifts will need to be added to HealthRoster in the out of hours period to ensure that the Bank can process and staff are paid in a timely manner.

Additional duties refers to shifts created in addition to the agreed staffing levels required to facilitate delivery of care during that working period.

These will be in addition to the demand template and will increase the funded staffing level (FSL).

The OOH's period includes:

- Monday – Friday 5pm – 8am
- Saturday and Sunday
- Statutory holidays

Leads¹ must review rosters prior to the OOH's period and ensure a plan of action is in place for staffing gaps including an even distribution of staff by availing of redeployment.

If additional duties are required for the OOH's period, duties must be created prior by the Lead to minimise the impact on the Assistant Director On-Call workload.

In order to manage requests effectively the following processes must be adhered to:

- If a staff member reports a short term absence in the OOH's period
- If an additional duty is required in the OOH's period

Process

If a staff member reports a short term absence in the OOH's period

HealthRoster Principles and good rostering practice should be adhered to in order to determine if the shift is requiring to be filled by temporary staffing.

- The Roster Manager² on duty adds unavailability to the staff member's roster.

¹ The Term 'Lead' encompasses Lead Nurse/Midwife, Unit/Dept. Lead and Professional/ICT Team Lead

² The term 'Roster Manager' encompasses Ward/Dept. Manager, Ward Sister/Deputy Sister, Charge Nurse/Deputy Charge Nurse and Team Lead/Deputy Team Lead

- Shift becomes available to be reassigned in line with Trust guidelines or to be sent to nurse bank
- If sent to nurse bank, the Roster Manager must contact the Assistant Director On-Call and seek approval
- The Assistant Director On-Call must scrutinise request in line with HealthRoster Principles and good rostering practice before approving request on HealthRoster
- Once approved on HealthRoster, shift will follow nurse bank automatic process

If an additional duty is required in the OOH's period

Prior to adding additional duties, the HealthRoster Principles and good rostering practice should be adhered to.

Where a clear clinical need has been identified the following guidance should be adhered to.

- The Roster Manager discusses the need for additional shifts with the Assistant Director On-Call
- The Assistant Director On-Call must scrutinise request in line with HealthRoster Principles and good rostering practice
- The Assistant Director On-Call must create the additional duty on HealthRoster selecting the appropriate additional duty reason and send to nurse bank
- On approval the additional shift will follow the Nurse Bank automated process

Should an additional duty need to be created please refer to user guide: *How to request staff in the OOH's period*, this process will allow you to access HealthRoster V11 on a mobile device to create and approve duties. Once the bank shift has been approved this will follow the Nurse Bank automated process.

8.0 Monitoring of Agency Workers

The monitoring arrangements for this framework will consist of a number of weekly/monthly reports outlined below:

Team Responsible	Type of Reporting	Frequency
Roster Team	Roster Planning & Management	Monthly
Roster Team	Service Demand	Weekly/Monthly
Nurse Bank Team	Agency Supply	Weekly/Monthly
Pals	Quality Indicators	Monthly
Finance	Expenditure	Monthly/Quarterly

9.0 General Principles of Engagement and Invoicing

9.1 Starting an Agency Worker

On arrival, the Manager should check the worker's ID and should ensure the appropriate departmental induction is carried out, highlighting the relevant Trust's policies and procedures.

9.2 Performance of an Agency Worker

Managers should ensure that agency Workers work to the appropriate level of performance, attendance and conduct expected of any Trust member of staff.

If there are concerns about the behaviour or performance of an Agency worker, the Agencies, which supplied the worker, must be advised immediately. The Trust reserves the right to cancel the booking in such instances.

Where there is a consistent problem with a particular Agency this should be reported by email to [REDACTED]

9.3 'Rules' Of Engagement

Managers are reminded that Agencies must not provide an employee of the Southern Trust to provide Agency cover to the Southern Trust as per the FAQ document.

Where a start date and / or agreed length of booking has been determined and the individual does not take up the post at short notice, it is the responsibility of the Agency to alert the relevant booking office as early as possible and source alternative replacement Workers OR advise the booking office if a replacement is not possible so that other suppliers can be approached.

Agencies will be expected to ensure that the workers supplied are not in breach of the European Working Time Directive.

9.4 Charges and Invoicing Arrangements

Charges/rates of payment are strictly in line with the regional HSC Framework pricing arrangements and no negotiations should be entered into.

- Total charges to the Trust are made up of the pay rate, annual leave pay, Employer's National Insurance Contributions, pension auto-enrolment charge and the Agency's management fee.
- Managers responsible for bookings are required to ensure the correct hours/rates are charged and that authorised breaks have been deducted as appropriate.
- Managers are responsible for ensuring that they sign off any bank of agency timesheets checking the correct hours are worked and breaks deducted.

- Nurse Bank team will carry out the relevant checks when invoices are received to ensure any discrepancies are escalated.
- Agency Workers are paid for hours they have worked minus breaks and excluding any annual leave taken. Any updates to the relevant rates will be circulated through Assistant Directors and posted on the Resourcing SharePoint site when received.
- Travel is NOT paid unless it is part of the requirement of the Trust during a shift for a worker to move between locations.
- Cost Centres are essential and MUST be quoted; Invoices MUST also carry the name of the Officer making the booking AND the Reporting Manager. All persons making a booking should therefore be aware of this.
- Agencies have been issued with the relevant invoicing arrangements.

Appendix 1: Nurse Bank Team – team picture and name redacted

Appendix 2

1. Who are Tier 1 agencies on framework

RN's	Health Care Assistant
Timeframe	Timeframe
Axis	Axis
Medlocums	First Choice
MPA	Jark
North West	Keenan
Plan B	MPA
Pure Healthcare	North West
Red Group	Nursing & Care
Rutledge	Randstad
TTM	UK Recruitment

2. Who are Tier 2 agencies on framework

RN's	Health Care Assistant
Timeframe	Timeframe
Allied & Clinical	Ann's
BFS Healthcare	Carrik Care
Carrik Care	Direct Medics
Direct Medics	Knockdene Healthcare
First Choice	Mbands
Frontline	Next Step
Knockdene	Rutledge
Leadcare	Staffline
NC Healthcare	The Placement Group
Peninsula	Total Care Recruitment
Pulsecare (TA Oberon)	
The Placement Group (Just Nurses)	

Appendix 3 Specialist Skills Definition

It is important that each ward should have Trust employee staff who are specifically trained and skilled and therefore in most cases wards will not be requesting specialist band 5 staff from agencies. Wards must add this specialist skill request to Health roster; wards must ensure that the specialist skill is noted on the shift via Health roster.

Directorate	Area	Specialist Shift Type	Specialist Skill Required	Rationale for specialist shift
Unscheduled Care	Emergency Department	Triage nurse	Manchester Triage Training completed & Competent and 18 month experience in ED	To cover a shift in the absence of no available substantive staff on duty to fill this role.
Unscheduled Care	Emergency Department	Plaster of Paris application	Staff member should be trained in applying a simple plaster of paris and have been formally trained by a BOA recognised trainer	To cover a shift in the absence of no available substantive staff on duty to fill this role.
Unscheduled Care	Emergency Department	Advanced Life support qualified to be able to work in Resus	ALS certified and in date from Resus Life Support provider	To cover a shift in the absence of no available substantive staff on duty to fill this role.
Medicine	Medicine	CCU	Telemetry monitoring and interpretation, ALS trained and in date. To be able to work independently in this area.	To cover a shift in the absence of no available substantive staff on duty to fill this role.
Acute - Medicine	Stroke Unit	Lysis Nurse	Lysis Trained & able to autonomously work in a lysis nurse role and with 18 month experience in this area	To cover a shift in the absence of no available substantive staff on duty to fill this role
	Mandeville Unit	Chemotherapy	Chemotherapy trained and competent	In the absence of substantive staff to fill the role.

HealthRoster

Standard Operating Procedure

Introduction

This SOP outlines how to request temporary staffing on HealthRoster in the out of hours period (OOH's).

Additional duties refers to shifts created in addition to the agreed staffing levels required to facilitate delivery of care during that working period.

These will be in addition to the demand template and will increase the funded staffing level (FSL).

The OOH's period includes:

Monday – Friday 5pm – 8am

Saturday and Sunday

Statutory holidays

Leads³ must review rosters prior to the OOH's period and ensure a plan of action is in place for staffing gaps including an even distribution of staff by availing of redeployment.

If additional duties are required for the OOH's period, duties must be created prior by the Lead to minimise the impact on the Assistant Director On-Call work load.

In order to manage requests effectively the following processes must be adhered to:

- If a staff member reports a short term absence in the OOH's period
- If an additional duty is required in the OOH's period

Process

If a staff member reports a short term absence in the OOH's period

HealthRoster Principles and good rostering practice should be adhered to in order to determine if the shift is requiring to be filled by temporary staffing.

- The Roster Manager⁴ on duty adds unavailability to the staff member's roster.
- Shift becomes available to be reassigned in line with Trust guidelines or to be sent to nurse bank
- If sent to nurse bank, the Roster Manager must contact the Assistant Director On-Call and seek approval

³ The Term 'Lead' encompasses Lead Nurse/Midwife, Unit/Dept. Lead and Professional/ICT Team Lead

⁴ The term 'Roster Manager' encompasses Ward/Dept. Manager, Ward Sister/Deputy Sister, Charge Nurse/Deputy Charge Nurse and Team Lead/Deputy Team Lead

- The Assistant Director On-Call must scrutinise request in line with HealthRoster Principles and good rostering practice before approving request on HealthRoster
- Once approved on HealthRoster, shift will follow nurse bank automatic process

If an additional duty is required in the OOH's period

Prior to adding additional duties, the HealthRoster Principles and good rostering practice should be adhered to.

Where a clear clinical need has been identified the following guidance should be adhered to.

- The Roster Manager discusses the need for additional shifts with the Assistant Director On-Call
- The Assistant Director On-Call must scrutinise request in line with HealthRoster Principles and good rostering practice
- The Assistant Director On-Call must create the additional duty on HealthRoster selecting the appropriate additional duty reason and send to nurse bank
- On approval the additional shift will follow the Nurse Bank automated process

HealthRoster

How to Request Staff in the OOH's Period

This guidance document outlines how to request temporary staffing on HealthRoster in the out of hours period (OOH's).

Additional duties refers to shifts created in addition to the agreed staffing levels required to facilitate delivery of care.

These will be in addition to the demand template and will increase the funded staffing level (FSL).

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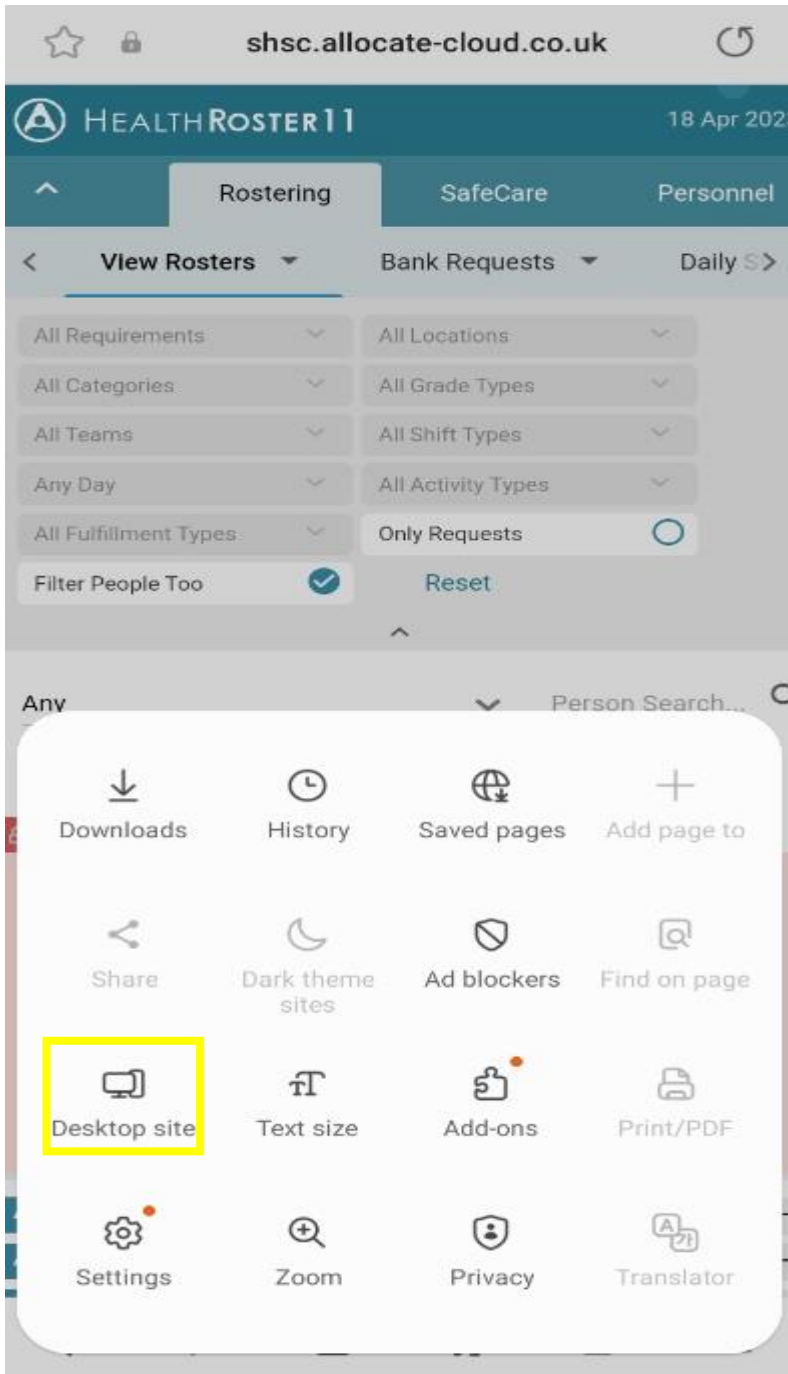
The following steps should be followed in line with the HealthRoster Principles and Standard Operating Procedure for Requesting Temporary Staff in the Out of Hours Period (Insert SOP Link once Ratified)

Note: If accessing HealthRoster V11 on a mobile device, use link below to login

[HealthRoster \(allocate-cloud.co.uk\)](https://allocate-cloud.co.uk)

When logged in on a mobile device, in order to view full screen, navigate to page settings and select Desktop Site rather than Mobile Site

⁵ The Term 'Lead' encompasses Lead Nurse/Midwife, Unit/Dept. Lead and Professional/ICT Team Lead

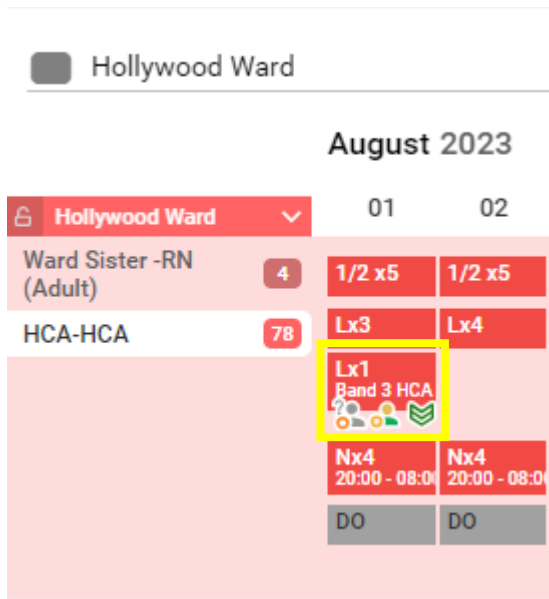


Note: These settings are dependent on mobile phone make/model.

Approving Bank Requests

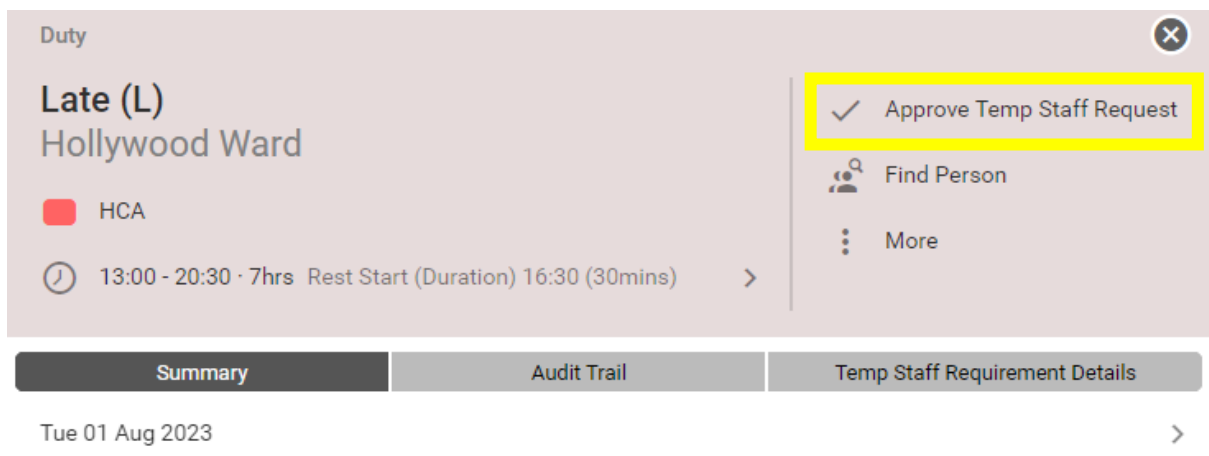
Rosters should be scrutinised in line with HealthRoster Principles and good rostering practice to confirm service need for the bank duty.

Requested bank duty is identifiable by the green person icon below, a grey person icon will also be present if the shift is pending approval, see yellow highlighted area.



If approving bank shift;

- Click on shift pending approval to expand duty panel
- Navigate to Approve Temp Staff Request



- Select OK from panel



The approved bank shift will now appear on the roster as shown below. The grey person icon will no longer appear once the shift is approved.

The approved shift will now follow the Nurse Bank automated process of sending shifts to EOL, Tier 1 and Tier 2 Agencies within the agreed timeframes.

Hollywood Ward Person Search...

August 2023

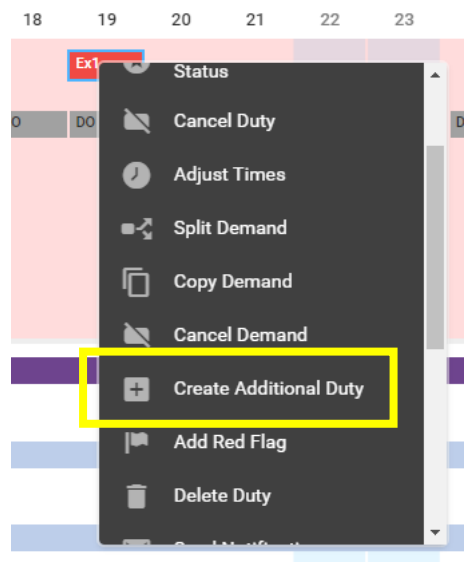
Hollywood Ward	01	02	03	04	05	06
Ward Sister -RN (Adult) 4	1/2 x5	1/2 x5	1/2 x5	1/2 x5	1/2 x5	1/2 x5
HCA-HCA 78	Lx3	Lx4	Lx4	Lx4	Lx4	Lx4
	Lx1 Band 3 HCA					
	Nx4 20:00 - 08:00	Nx4 20:00 - 08:00	Nx4 20:00 - 08:00	Nx4 20:00 - 08:00	Nx4 20:00 - 08:00	Nx4
	DO	DO	DO	DO	DO	DO

Creating an Additional Duty

- Right click on a duty from unfilled duty section of roster, ensuring it is from the correct shift group

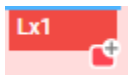
E.g. An additional HCA duty must be created from an unfilled HCA duty

- Select Create Additional Duty



- Choose the number of additional duties required
- Select relevant Additional Duty Reason from drop down menu, depending on service need
- Select required shift from drop down menu
- Click OK

The additional duty will now be available in unfilled duties and is identifiable by the red additional duty icon below



Please note that the additional shift is created on the date on which the original shift was available.

E.g. If creating an additional shift from an unfilled shift on 30th August, the additional shift will be visible on 30th August.

If the additional shift is required on a different date, the additional shift can be dragged and dropped to the required date, in the unfilled duties section.

If required, this shift can be sent to bank following the steps overleaf.

Please note, if no unfilled duties are available to click on to create an additional duty, additional duties can be created by right clicking on a shift assigned to a staff member. In this case the shift will be available in the team where the original shift was assigned and you may need to select the requirement to see the shift.

RN-RN (Adult)	2		
Ward Sister -RN (Adult)	19		
HCA-HCA	351	DO	DO

Sending Duties to Bank and Approving Bank Requests

Unfilled shifts can be sent to bank and will require approval before the bank automated system will forward out to Bank & Agency EOL to fill.

Shifts that are part of the roster demand template or created as additional duties can be sent to bank.

- Click on appropriate shift on roster, navigate to Send to Bank

Duty

Late (L)
Hollywood Ward

HCA

13:00 - 20:30 · 7hrs Rest Start (Duration) 16:30 (30mins)

Send To Bank

Find Person

More

Summary Audit Trail

Fri 14 Jul 2023

Details

Resourcing Unit Hollywood Ward

If the selected duty type has multiple duties unfilled, the system defaults to select all shifts to be sent to bank.

Please ensure only the required duties are sent to bank by unticking the duties that do not need to be sent to bank.

Send To Bank

Selected Unit Fulfilment Duties (Sending 1/4 duties to Bank)

	Requireme	Location	Shift	Date	Required G/GT/GTC
<input checked="" type="checkbox"/>	HCA	-	Late	03/08/2023	HCA
<input type="checkbox"/>	HCA	-	Late	03/08/2023	HCA
<input type="checkbox"/>	HCA	-	Late	03/08/2023	HCA
<input type="checkbox"/>	HCA	-	Late	03/08/2023	HCA

Untick relevant duties if appropriate

- Select Bank from Bank Unit drop down menu
- Select relevant Request Reason from drop down menu
- Enter Required Grade
- Enter Fallback Grade if relevant
- Select OK

Additional Request Information (Applies to 1 highlighted duty)

Bank Unit *	▼
Bank	
Request Reason *	▼
Extra Clinic	
Gender	▼
-	
Required Grade	▼
Band 5 RN	
Fallback Grade	▼
-	
Temporary Staffing Skills	...
Please select	
Cost Centre	▼
-	
Required Specialty	▼
-	
Fallback Specialty	▼
-	
Preferred Person	...
Nominate Preferred Person	
Bank Notes	
Type a Note	

Cancel
OK

Guidance for Shifts Being Sent as a Specialist Shift

If the shift is being sent as a Specialist Shift in line with the New Regional Agency Framework, please see below.

- a Click on appropriate shift on roster and navigate to Send to Bank, ensuring only the required shift is selected, as previous guidance above
 - Select Bank from Bank Unit drop down menu
 - Select Specialist Shift as the Request Reason from drop down menu

- Enter Required Grade
- Enter required Temporary Staffing Skill

To search for Temporary Staffing Skill, click on ellipsis

Additional Request Information (Applies to 4 highlighted duties)

Bank Unit *
Bank


Request Reason *
Specialist Shift

Gender
-

Required Grade
Band 5 RN

Fallback Grade
-





Temporary Staffing Skills
Please select





a) Search for required specialist skill in Skill field, then search.

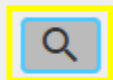
The current list of Specialist Skills are shown below:







Clusters and Skills

Clusters and Skills 6 Records    

Cluster Any 

Type Any 

Skill (sp) 

Skill	Type ↓	Cluster
 (Sp) Advanced Life Support	Normal	Life Support
 (Sp) CCU trained	Normal	Role Specific
 (Sp) Chemotherapy Trained	Normal	Role Specific
 (Sp) Lysis Trained	Normal	Role Specific
 (Sp) Manchester Triage Trained	Normal	Essential Skills
 (Sp) Plaster of Paris Applicator	Normal	Rostering Skills

- a) Select required skill
- b) Click Add
- c) Click Select
- d) OK

The completed panel should look as below, using the example of (SP) Advanced Life Support Skill as the Temporary Staffing Skill requirement.

Additional Request Information (Applies to 1 highlighted duty)

Bank Unit *

Bank ▼

Request Reason *

Specialist Shift ▼

Gender

- ▼

Required Grade

Band 5 RN ▼

Fallback Grade

- ▼

Temporary Staffing Skills

(Sp) Advanced Life Support ⋮

Cost Centre

- ▼

Required Specialty

- ▼

Fallback Specialty

- ▼

Preferred Person

Nominate Preferred Person ⋮

Bank Notes

Type a Note

Cancel

OK

a) Click on shift and navigate to Approve Temp Staff Request

The bank shift has now been approved and will follow the Nurse Bank automated process

Appendix 5 FAQ's

Ceasing the use of Off Framework Agencies to Supply Nurses/ Midwives and Healthcare Support Workers to Health and Social Care

Frequently Asked Questions (FAQs) V9

1. What are the changes to the use of agencies to supply Nurses/Midwives and Healthcare support workers?

In October 2022, the then Health Minister Robin Swann announced measures to reduce spending on agency workers in Health and Social Care (HSC). This decision is supported by the Permanent Secretary, Peter May. This includes eliminating the supply of Nurses/ Midwives and Healthcare Support workers by agencies not covered by a Framework with HSC Employers, known as “off-Framework” agencies.

HSC organisations want to maximise the number of permanent/directly employed Nurses/Midwives and Healthcare Support staff in their workforces. When this is not possible, the use of agency workers will only be permitted for shifts that are hard to fill and only if the agency has been placed on the new **HSC Agency Workers; Nursing and Healthcare Support Framework** (“the *new* Framework”).

After a period of transition, under the new measures HSC organisations will **NOT** be permitted to engage Nurses/Midwives/Healthcare Support workers supplied by agencies that are not on the *new* Framework.

In short, what are called “off-Framework” agencies will not be used as set out in the Minister’s statement.

2. What is an Off-framework recruitment agency?

These are recruitment agencies that are not included on the *new* Framework. All agencies on the *new* Framework can be found **here**.

3. What is a Framework recruitment agency?

These are recruitment agencies that are part of the *new* Framework. **25** recruitment agencies for registered Nurses/Midwives and **20** recruitment agencies for Healthcare Support are included in the *new* Framework. Only agencies listed in the *new* Framework can be used by HSC organisations and must be registered with the RQIA. For a full list of agencies on the *new* Framework **click here**

4. When will the supply of Nurses/Midwives and Healthcare Support workers by off-Framework agencies stop?

The supply of these workers engaged through off-Framework agencies will begin to be phased out as part of the transition arrangements when the *new* Framework commences on **15th May 2023**.

5. Why is this being done?

The then Health Minister, whilst he fully recognised the vital contribution agency workers have played, considered that the growing cost of agency workers is not sustainable, particularly at a time when funding for health and other public services is under severe pressure. Agencies operating 'off-Framework' are not signed up to HSC organisations' terms and conditions of contract, which means they can charge higher fees than the 'on-Framework' agencies, as they are not bound by the contract rates. From 2018/19 to 2021/22; expenditure on Off-framework agency nursing supply rose from £27m to £101m, accounting for 72.5% of all agency spend for this group.

Reducing agency spend is not just about reducing costs.

The Permanent Secretary, Peter May in his statement 9 May 2023, has also reiterated "Our staff have told us that excessive agency use is unfair and impacts on morale. It is also the case that consistent clinical teams enhance patient safety."

6. What is the alternative to the use of agencies?

Building up our own substantive and sustainable workforce is the best way to ensure safe and effective care and is vital in order to rebuild our Health and Social Care services across Northern Ireland.

We are committed to working in partnership to improve and upgrade the use of Bank working, in the first instance within Nursing and Midwifery.

We deeply appreciate the commitment of our substantive workforce and we are determined to fill our vacancies and support our teams. Working together, we are also determined to implement the recommendations of the DoH/HSC Nursing and Midwifery Retention Report, March 2022. We will continue to work in partnership with Trade Unions to strengthen the workforce and ensure that staff feel valued, the benefits of working in HSC are promoted and understood by the entire HSC workforce.

We want to encourage more health workers to have a career and remain within the Health and Social Care System employed workforce. This brings a number of attractive benefits including job security, a HSC pension, flexible working arrangements, career pathways and development opportunities.

7. I am a HSC employee. Can I work for my organisation as an agency worker?

NO.

Under the *new* HSC Framework, it will not be possible for you to work an agency shift with a HSC organisation where you are currently employed, if you:

- Hold a substantive or Bank contract
- Have been employed by your current HSC Employer within the past 6 months

This forms part of the contract terms and conditions which the agencies have signed up to.

All staff are encouraged to join their Nursing and Midwifery Bank which offers flexible working arrangements for those staff who are unable to commit to working on a full time/part time basis.

8. I am an agency worker, how can I be sure if I am engaged via an on or off-Framework agency?

You should check the list of agencies on the *new* Framework. **Here**.
If you do not see the name of your agency listed, then you are engaged via an off-Framework agency.

9. I currently work for an off-Framework agency. What does this mean for me?

If your agency is not listed on the *new* Framework then you are engaged via an Off-framework agency. Your placement with your HSC organisation via that agency will cease on the date confirmed to you by the agency, in accordance with the contract terms and conditions of your placement. We would advise that you make direct contact with your agency.

10. I am an Agency Only Worker engaged by an off-Framework agency. How can I continue to work in HSC after my placement has ended?

All agency workers are welcome to apply for direct employment with HSC organisations, should they wish to. HSC Employers regularly recruit for Nurses/Midwives and Healthcare support staff and vacancies across HSC are advertised on our website at <https://jobs.hscni.net>. A link to all current vacancies can be found **Here**. The website details a range of attractive benefits that are available should you chose to join HSC as an employee.

11. I am a Ward Manager of a specialist ward and frequently have difficulty in accessing agency workers with the skill set that I require. For this reason, I have frequently used our Trust staff who are employed by an agency as I can guarantee cover with appropriately skilled staff. Under the new arrangements, what steps can I take to cover unfilled shifts with appropriately skilled staff?

In accordance with the *new* Framework, HSC staff cannot work an agency shift in their own organisation.

Staff should be encouraged to join their Bank to enable them to undertake additional shifts outside of their substantive area.

12. I have been solely working through an agency for a number of years and I would now like to return to working within a Trust. How can I apply for employment within one of the Trusts?

HSC organisations regularly recruit for Nurses/Midwives and Healthcare support staff and the vacancies across HSC are advertised on our website at <https://jobs.hscni.net> A link to all current vacancies can be found **Here**.

13. I am considering leaving full-time employment from one of the local Trusts and begin to work through an agency on the *new* Framework. Will there be any restrictions placed on staff who resign from Trust contracts to begin working with an agency on the *new* Framework?

YES.

Under the *new* Framework, it will not be possible for you to work an agency shift with a HSC organisation where you are currently employed, if you:

- Hold a substantive or Bank contract
- Have been employed by your current HSC Employer within the past 6 months

This forms part of the contract terms and conditions which the agencies have signed up to.

14. I work on a ward that currently uses a significant volume of off-Framework agency workers. What steps are being taken to support this transition period to maintain safe staffing and protect services?

All HSC organisations are taking steps to minimise disruption for wards and departments in the coming months, as the new measures regarding the use of agency workers take effect. This may include the use of Overtime or Additional Hours for substantive staff, use of staff through the Bank or through engaging workers through agencies on the *new* Framework.