Lothian NHS Board

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Date: 13/05/2026
Our Ref: 11280
Enquiries to loth.freedomofinfomation@nhs.scot

Dear

FREEDOM OF INFORMATION – AGENCY STAFF SPEND

I write in response to your request for information in relation to agency staff spend in NHS Lothian

Question:

For the financial years 2021/22, 2022/23, and 2023/24 (to the most recent month for which data is available), please provide:

1. A dataset detailing:
a. The total annual expenditure on temporary agency staff, broken down by staff role or category (e.g., nurse, doctor, allied health professional, admin, etc.).

Answer:

The information you have requested is detailed in the table below:

Agency Staffing Spend, NHS Lothian Agency Spend	2021/22	2022/23	2023/24
Administrative Services	£243,000	£394,000	£448,000
Allied Health Professionals	£175,000	£398,000	£950,000
Health Science Services	£1,507,000	£1,835,000	£1,159,000
Medical and Dental	£5,605,000	£4,494,000	£3,710,000
Nursing	£7,478,000	£21,938,000	£17,238,000
Support Services	£321,000	£345,000	£54,000
Medical and Dental Support	£428,000	£1,205,000	£1,170,000
Total	**£15,757,000**	**£30,609,000**	**£24,730,000**

Question:

b. The number of shifts filled by agency staff, by occupational category and by month.

Answer:

The information you have requested is in the enclosed spreadsheet.

Question:

2. Copies of all contracts and service level agreements signed with third-party recruitment

agencies or staffing firms for supplying temporary or locum staff, including terms and conditions, fee structures, and expiry dates.

Answer:

The temporary and agency staff contracts are managed for all health boards in NHS Scotland by NHS National Services Scotland National Procurement. You can request information directly from them. Please refer to their website here: https://www.nss.nhs.scot/how-nss-works/freedom-of-information/.

Question:

3. The most recent internal reports, audits, or assessments produced concerning: a. The impact of agency staff expenditure on NHS Lothian's budget and financial planning.

Answer:

There has not been a recent audit report on the impact of agency staff expenditure. You can look at financial reports submitted to NHS Lothian Board to see more information on agency staff expenditure. These are within the Board papers, which can be found on our website here: https://org.nhslothian.scot/lothiannhsboard/board-papers/.

Question:

b. Strategies to reduce reliance on agency workers, or rationales for continued usage.

Answer:

The documentation from NHS Lothian's recent strategy to reduce the use of agency staffing is enclosed.

Question:

4. All procurement evaluation documents, tender award summaries, and scoring criteria used for selecting and renewing contracts with recruitment or staffing agencies since January 2021.

Answer:

The temporary and agency staff contracts are managed for all health boards in NHS Scotland by NHS National Services Scotland National Procurement. You can request information directly from them. Please refer to their website here: https://www.nss.nhs.scot/how-nss-works/freedom-of-information/.

Question:

5. Minutes and agenda papers from any Board meetings, executive team meetings, or subcommittees (including but not limited to Finance, Staffing, or Workforce committees) from January 2022 onwards, where the use of or spending on agency staff, or relevant contracts, were discussed.

Answer:

I have enclosed the following papers presented to the NHS Lothian's Corporate Management Team on agency staff spending:

Application of DL (2023) 14 Nursing and Midwifery Agency, August 2023
Agency Reduction DL, 18 December 2023
Application of DL (2024) 04 Nursing and Midwifery Agency, April 2024
Nursing and Midwifery Staffing Position and Agency Controls, October 2024.

NHS Lothian's Workforce Plan is also available on our website here: https://org.nhslothian.scot/keydocuments/workforce-planning/

Question:

6. Copies of all internal communications (including but not limited to emails, memos, or briefings) from January 2022 to the present between:
a. NHS Lothian executives/directors and heads of departments on the subject of temporary agency staff, recruitment agency selection, or related expenditure.

Answer:

I have attached a communication that was sent from the Executive Nurse Director to Nurse Directors in NHS Lothian on 27 September 2022.

Question:

b. NHS Lothian and any external staffing agencies regarding contract changes, pricing negotiations, or concerns about service provision.

Answer:

The temporary and agency staff contracts are managed for all health boards in NHS Scotland by NHS National Services Scotland National Procurement. You can request information directly from them. Please refer to their website here: https://www.nss.nhs.scot/how-nss-works/freedom-of-information/.

Question:

7. Any policy reviews, briefing papers, or guidance documents prepared internally or received from NHS Scotland or the Scottish Government since January 2022, relating to agency staff usage, procurement, or cost-control.

Answer:

I have enclosed the Scottish Government DL from October 2025.

Question:

8. The financial records and summary breakdowns that show agency staffing expenditure versus spend on permanent staff for the three financial years specified above.

Answer:

The information you have requested is detailed in the tables below:

Permanent Staffing Spend, NHS Lothian Staff Spend	2021/22	2022/23	2023/24
Administrative Services	£146,181,000	£159,296,000	£179,895,000
Allied Health Professionals	£89,167,000	£101,179,000	£110,634,000
Health Science Services	£46,725,000	£49,272,000	£51,632,000
Medical and Dental	£316,317,000	£334,439,000	£365,989,000
Nursing	£477,984,000	£503,809,000	£538,888,000
Support Services	£84,914,000	£89,563,000	£96,818,000
Medical and Dental Support	£14,625,000	£16,748,000	£17,383,000
Other Pay	£54,531,000	£54,972,000	£57,678,000
Total	**£1,230,443,000**	**£1,309,279,000**	**£1,418,917,000**

Agency staffing spend as a percentage of permanent staffing spend, NHS Lothian Staff Spend	2021/22	2022/23	2023/24
Administrative Services	0.2%	0.2%	0.2%
Allied Health Professionals	0.2%	0.4%	0.9%
Health Science Services	3.2%	3.7%	2.2%
Medical and Dental	1.8%	1.3%	1.0%
Nursing	1.6%	4.4%	3.2%
Support Services	0.4%	0.4%	0.1%
Medical and Dental Support	2.9%	7.2%	6.7%
Other Pay	0.0%	0.0%	0.0%
Total	**1.3%**	**2.3%**	**1.7%**

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at https://www.foi.scot/appeal. If

you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the reviewer at the address at the top of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: https://org.nhslothian.scot/FOI

Yours sincerely

ALISON MACDONALD
Executive Director of Nursing Midwifery and AHPs
Cc: Chief Executive

NHS LOTHIAN

Corporate Management Team
29 August 2023

Executive Director of Nursing, Midwifery & AHPs

APPLICATION OF DL (2023) 14
NURSING AND MIDWIFERY AGENCY

1 Purpose of the Report

1.1 The purpose of this report is to update CMT on the progress against the requirements of DL (2023) 14.

Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

2.1 CMT is asked to

2.1.1 **Take action** within Divisions to ensure that local controls are robust in ensuring that all mitigating actions that can be deployed are put in place, recorded and communicated as measures to reduce the reliance on off contract agency supply, thus reinforcing the break glass criteria as set out in the DL (2023) 14. (para 3.3)

2.1.2 **Approve** the application of the parameters set out at 3.5.7 for severe and enduring staffing shortfall as the requirements for all new block bookings of agency

2.1.3 **Support** the recommendations at para 3.5.10 to take **local action** in the Divisions and Partnerships to consider whether there is any other mitigation that can be put in place to reduce the reliance on block booked agency supply and to **defer** the escalation of continuing block bookings until the newly qualified registered nurse recruitment is complete described at para 3.5.11.

2.1.4 **Support and put in place the mechanisms to enable** the arrangements to improve IT and system access as set out in the SBAR at appendix 5 and summarised at 3.6.3

3 Discussion of Key Issues

3.1 The DL (2023) 14 issued on 22nd May set out that

> **from 1 June, Boards ensure that all future agency shifts are only filled by agency workers from an agency which appears on the relevant National Procurement Framework NP510, using a framework contract**. Boards may only do otherwise where it is clear that not accessing staff via an off-framework agency will result in either a clinical safety breach or suspension of a service or, otherwise, a breach of a Board's legal obligations.

Thus, revoking the flexibilities which were afforded under DL (2023) 05 which acknowledged the then extant HDL (2006) 39 mandating the use of national contracts for agency labour and permitting some flexibility around existing arrangements with non contracted suppliers pending the further guidance as described above.

3.2 Background

3.2.1 A previous paper to CMT in April 2023 set out three asks of CMT

- To endorse and ensure delivery of the plan for controlling agency use through the constituent Workforce Groups
- To ensure consistent messaging across the organisation that accurately reflect the workforce pressures, the mitigating actions and the requirement to deliver against this national programme
- To approve the escalation process and levels and to communicate these through the management line.

Additionally CMT agreed the break glass criteria and endorsed the scrutiny and governance role of the Supplementary Staffing Grip and Control group in overseeing the actions required to deliver this agenda.

3.2.2 NHS Lothian's reliance on off contract agency had increased sharply over the period of the pandemic and in 2022/23 the expenditure on nursing off contract agency exceeded £24m (having been £7.2m in the previous year and £2.9m in 2018/19).

3.2.3 In planning for the implementation of DL (2023) 14 NHS Lothian Staff Bank ensured that all the enabling actions were put in place. The Board response is shown in table 1.

Table 1 Enabling Actions and NHS Lothian Position

Enabling Action	**NHS Lothian Position**
Current NHS employees or Staff Bank workers cannot be placed on shifts within their own Health Board via an agency.	This has always been practice in NHS Lothian.
A six-month set cooling off period from termination of employment or Bank contract before person can be employed back into Lothian through an agency.	This has always been practice in NHS Lothian since the inception of a Board wide Bank in 2006.
All agency workers must only be registered with a Health Board under one agency.	This was put in place in April 2023.
All terms and condition negotiations with agencies and agency workers must be conducted via the Bank unless an emergency situation arises out of hours.	This is currently applied for medical staffing. This is a new requirement for nursing. Negotiations are ongoing with one agency and have been put in place with a second to sub contract from sister agency suppliers within the T&C of the NP500 contract.
No new names to be taken from off contract agencies	This was put in place on 27th April 2023. During June 11 new names were offered and declined. July 1 new name was offered and declined.
Off framework agency staff personal liability	This was incorporated into the agency checklist in April 2023.

3.3 Controls

3.3.1 The Supplementary Staffing Grip and Control group, chaired by the Deputy Director of Nursing was established in February 2023, endorsed in April by CMT as the key operational group applying scrutiny and governance around agency controls, and has met initially monthly and latterly weekly to ensure the Board was in a position to apply the requirements of the DL.

3.3.2 A series of processes and pro forma were developed to reinstate the pre pandemic agency controls. These have been amended in response to user feedback and suggestions.

1st June – 11th June
The initial control mechanisms as set out in the process agreed by CMT applied. Telephone call to the on call Exec Nurse Director for each escalation together with a proforma which had been completed by the CNMgr if no local mitigation possible, reviewed and escalated by AND / Chief Nurse or Deputy if no Site / Partnership mitigation possible, reviewed and escalated by Divisional Nurse Director who has sought pan Lothian mitigation and discussed alternatives with Site Director / Chief Officer.

12th June – 18th July
In order to facilitate the pan Lothian solution discussion an Agency Escalation daily meeting of the Exec Nurse Director, Divisional Nurse Directors, Supp Staffing General Manager was established.
The proforma has still to be completed and submitted to the on call Exec Nurse Director having been through the local and Site / Partnership escalation and mitigation process and confirmation with the Site Director / Chief Officer that there is no alternative plan to put in place.

19th July to date
In response to the burden of the proforma it was agreed to simplify the risk assessment. A further proposal from service to migrate this simplified version to a shared excel (as used in NHS GG&C) within a Teams Channel was made and developed. This includes fields for all the information of the proforma including the Site Director / Chief Officer Divisional Nurse Director review of alternate mitigations and residual risk.

This is the arrangement currently in use.

3.3.3 The change in process appears to have resulted in a change of threshold for submission as shown in figure 1 below at para 3.4.4. These are shifts put forward and approved for escalation (June total includes the extant off contract block bookings in the total).
The audit described at 3.6.3 will identify whether there were any opportunities for alternate actions. There is a concern that the increase is illustrative of a relaxation of the “break glass” concept for off contract agency and that it has reverted to the norm rather than the exception.

3.3.4 The top 5 user areas of agency in each Division have been identified and services have been asked to develop action plans to reduce spend on off contract agency in these areas, in line with the requirements of the national principles.

Half of the block bookings (see appendix 2) are also a top 5 user of agency. The expectation is that as new recruits start the block bookings will be reversed out on a one in one out basis. This needs to be at a Site / Directorate level and it is proposed that plans will be prepared and presented to the Executive Nurse Director and Site Directors / Chief Officers for approval. Oversight of the implementation of the exit plans will be via the Supplementary Staffing Grip and Control Group.

3.3.5 The recruitment of registered and non registered staff has picked up and data is being shared with services to ensure that all parties are fully aware of the incoming numbers. The majority of the newly qualified registered nursing staff are taking posts in the acute division. The residual establishment gap will shift with leaver numbers between August and December. Table 2 sets out the position taking account of recruitment for the business units using block bookings.

Table 2 Block Bookings and Recruitment – Residual Gap

Funded Est	Current In Post	Current Block WTE	Incoming Recruitment Unconditional	Incoming Recruitment In Progress	Residual Gap wte %
St J (excluding PAEP & Endoscopy) 501.5 wte	391.8 wte includes 13.8wte new starts up to June	58.48 wte	Band 5 61.22 wte (64 heads) Band 2 12.12 wte (16 heads)	Band 5 12.48 wte (13 heads)	23.88 wte 4.7% Does not take account of leavers from Aug to Dec

3.3.6 There are further actions being identified to services to consider options to reduce the agency reliance further. For example St John's Hospital has offered 34 ½ hour contracts to staff which if converted to 37 ½ hour contracts would generate a 13th shift per 4 week roster for each individual or c3 wte additionality per week at band 5.

3.4 Ad Hoc Break Glass Escalations

3.4.1 Ad hoc escalations are reviewed and approved up to 48 / 72 hours in advance (to accommodate weekend and Monday requests during the week day Agency Escalation meetings but placed with agencies at 24 hours notice unless the area has exceptional need.

3.4.2 There are currently 5 areas with exceptional need status that have agreement to submit and have break glass escalated at more than 24 hours notice. These are set out in table 3.

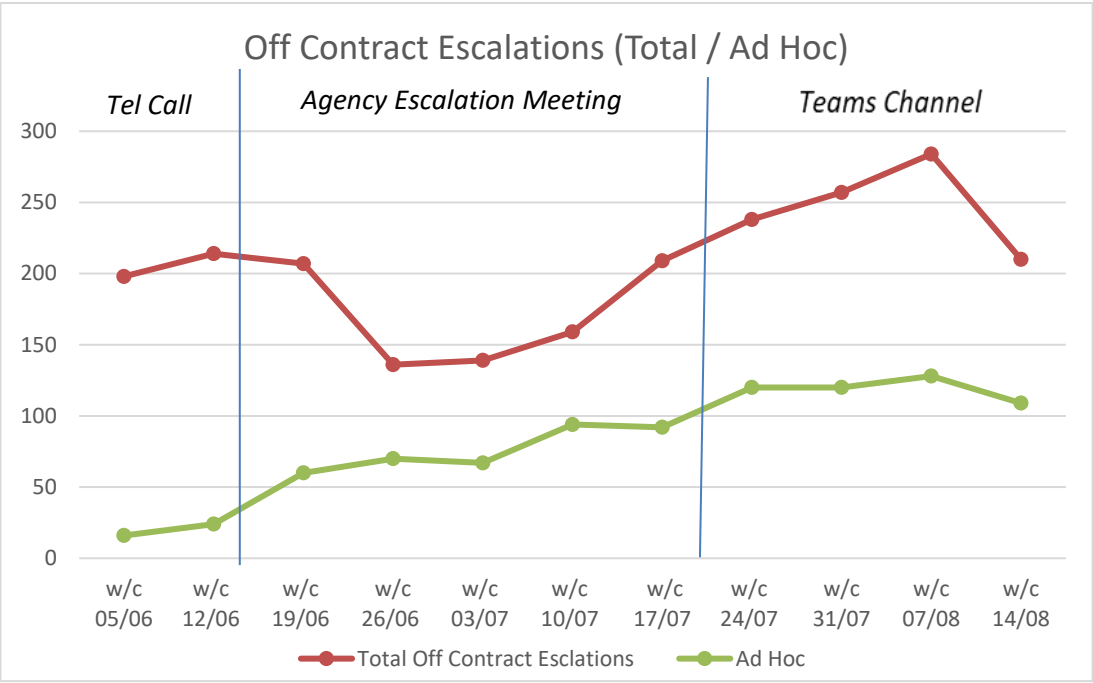
Table 3 : Areas of Exceptional Need for Early Escalation to Break Glass

Area	Dispensation	Date for Review
HMP Edin & Addiewell	Break Glass on Thursday for following week	30/09/2023
ACENS	Break Glass 1 week ahead of shift date individual patients	30/09/2023
LENS	Break Glass 1 week ahead of shift date individual patients	30/09/2023
RIE Critical Care 116/ 118	Break Glass 48 hours ahead of shift start	31/08/2023
St John's Hospital (Adult Acute)	Break Glass 48 hours ahead of shift start	31/08/2023

3.4.3 The ad hoc escalation proforma, when revised and translated to excel for Teams included capacity (patient numbers / other activity measure), staffing numbers as planned and actual to allow a greater understanding of the situation. The revised template is included at appendix 1.

3.4.4 Following a run of 7 consecutive increases in the number of break glass escalations there has been a single point reversal. Action needs to be taken locally to sustain and drive down further the total escalations and off contract escalations – in line with the actions agreed previously by CMT and set out at paragraph 3.2.1. Within Divisions the role of the triumvirate management structure to ensure that all local controls and mitigating actions are deployed, recorded and communicated as measures to reduce the reliance on off contract agency supply, thus reinforcing the escalation of only those shifts meeting the break glass criteria as set out in the DL (2023) 14.

Figure 1 Number of Break Glass Agency Escalations



3.4.5 The increasing number of ad hoc shifts being referred to off contract agency must be considered against the break glass criteria and the increasing supply from contract agency and Staff Bank. This is illustrated at para 3.7

3.5 Block Bookings

3.5.1 Prior to the implementation of DL (2023) 14 there were 11 block bookings for agency workers (appendix 2). These had been put in place to support areas with severe and enduring staffing shortfalls, in areas such as St John's and Theatres & Anaesthetics. Some had been in place for a number of years.

3.5.2 In the weeks immediately before the implementation there were a further 5 block bookings established and one ongoing booking (with SNG for a CPN in Edinburgh Older Peoples mental health service) was re-categorised as a block booking.

3.5.3 Of the 17 block bookings XX were with off contract suppliers, and of those YY were with SNG.

3.5.4 The National Principles for the Management of Agency Workforce Supply included a requirement for Boards to restrict block bookings to a 12 week duration with a review at week 8 and in line with the DL for block bookings to be made with contract agency suppliers only.

3.5.5 All extant block bookings were given end dates of 12 weeks if there was not already an end date applied.

3.5.6 The number of requests for block bookings has further increased, as shown in appendix 2. Given the known staffing pressures and pending the recruitment of the newly qualified registered nurses these have largely been approved by the Executive Nurse Director. In some instances the approval has been for a shorter period and / or has included a requirement to establish other actions to mitigate the risk more quickly.

3.5.7 To support a more robust review and approval process a definition of severe and enduring staffing shortfall has been developed through the Supplementary Staffing Grip and Control Group, building on the triggers agreed at CMT in April to set clear parameters around when block bookings are appropriate.

The original triggers were:

≥ 20% establishment gap
≥ 28% absence gap
≥ 25% unfilled supplementary staffing demand

The revised definition requires that all three of these triggers have been relevant for the 3 months prior to the block booking being requested OR that all three triggers have been relevant for at least 3 out of the last 6 months.

3.5.8 An additional analysis of the 4 week roster period is also included in the block booking review. This is to ensure that all actions that can be taken to mitigate against the need for a block booking have been realised and to offer support where there may be alternate actions around good practice in rostering.

The roster analysis highlights the number of shifts that are rostered with more staff than the template and the number of shifts that are rostered with fewer. This highlights areas for improvement in roster practice.

It has also been helpful in identifying areas where SCNs and Team Leaders have continued to work with a roster template that did not reflect changes in the ward / department's resources.

Support has been provided by the eRoster Area Support Managers to facilitate training for improvement and to rectify template issues.

3.5.9 Block booking should be a position of last resort for areas with severe and enduring staffing shortfalls and the definition and parameters are intended to support that position rather than creating an environment where agency can been booked in advance as this will restrict the opportunities for bank to fill shifts.

3.5.10 For the most part the exit plans rely entirely on the newly qualified registered nurse recruitment. It is recommended that Divisions and Partnerships consider whether there is any other mitigation that can be put in place to reduce the reliance on agency supply.

3.5.11 Whilst it was agreed, in April at CMT, to bring block bookings that were ongoing to CMTs attention and to seek alternate plans from services with blocks continuing into a 3rd period of 12 week it is recommended that the CMT review is deferred pending local actions described at 3.5.10 and that the Supplementary Staffing Grip and Control Group escalate block bookings going into a 4th period once the newly qualified registered nurse recruitment is concluded.

3.5.12 The revised proforma for request of block booking is included at appendix 3.

3.6 Safety and Patient Outcomes

3.6.1 Patient safety has been at the centre of all decision making and during the period between 1st June and 19th July all break glass escalations were approved.

3.6.2 Concerns raised by service colleagues, during June, that outcomes for patients and the patient experience were being adversely affected have been reviewed.

The concerns were around an increased number of falls, an increased number of complaints and an increased number of patients not receiving medication (as a consequence of agency and bank staff not having HEPMA access).

Using the Datix system as a reliable measure of harm recorded and complaints received the data was analysed and reviewing the Staff Bank records for the agency and bank staff these assertions were unfounded. A summary of the findings is included at appendix 4.

3.6.3 Work has been established to agree a revised arrangement for the provision of the HEPMA access password and a simplification of the distribution to the Staff Bank of IT access and TRAK access passwords along with the HEPMA access to facilitate the onward distribution to the worker. An SBAR has been considered and is attached at appendix 5.

Wards / teams will give the worker time to complete the eLearning on HEPMA and the Staff Bank will control the issue of the HEPMA access subject to receipt of the eLearning certificate.

3.6.4 An audit process is being commissioned. This will provide an independent assessment of the data on outcomes as well as a review of the processes and controls put in place to address DL (2023) 14.

3.7 Performance

3.7.1 The total number of off contract escalations (as illustrated in figure 1) and fill during June (figure 3) include residual block bookings, filled by off contract suppliers, which were in place prior to this DL being implemented (see paras 3.4 and 3.5) and one block booking with SNG which was approved to run until 27th July for Edinburgh NW CPN team for older people.

3.7.2 The application of timelines has provided more opportunity for bank and contract agency to fill shifts. Consequently the fill from these sources has increased as illustrated in figures 2 and 3.

Figure 2 Supply of Supplementary Staffing – Bank

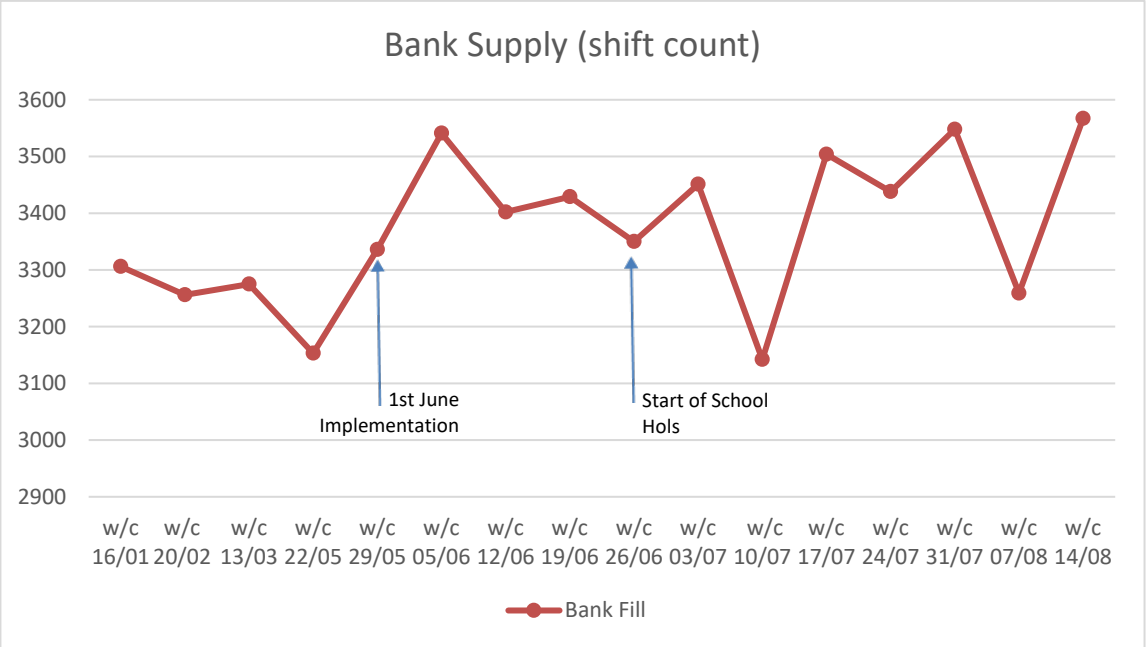
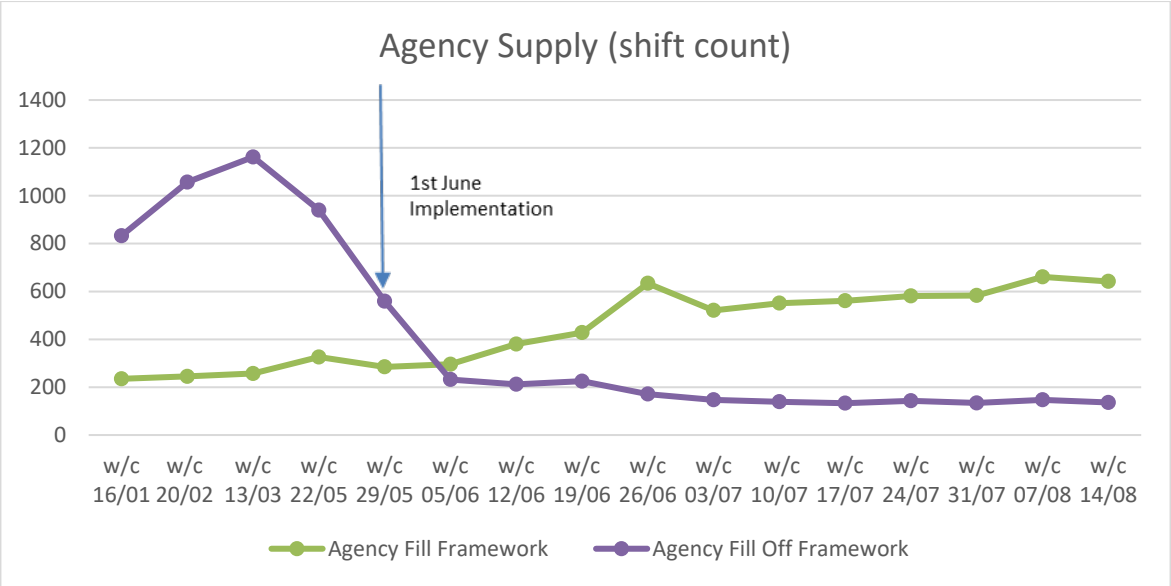


Figure 3 Supply of Supplementary Staffing – Agency



3.7.3 The expenditure across all nursing and midwifery supplementary staffing remains higher at month 4 than in the previous year. Table 3 has the details.

Agency costs in total remain £2.8m higher than in months 1 – 4 of last year, additionally bank costs are higher by £3.1m than last year.

Of the £8.2m spend on agency in months 1 to 4 £5.5m is related to off contract agency spend. Whilst there has been a reduction in off contract spend in June and July, since the DL was implemented the substantial reduction in June has not been sustained and has increased in July by 81% to £586k, of which £510k was in Acute, up from from £348k (with off sets from REAS and Partnerships £323k) in June. Table 4 summarises the off contract spend by Division / Partnership.

Table 3 Nursing and Midwifery Supplementary Staffing Expenditure Month 4

	2023/24					Increase (Reduction) from Month 3	2022/3	Increase (Reduction) YTD 22/23
	Month 1	Month 2	Month 3	Month 4	YTD Month 4 23/24		YTD Month 4 22/23	
Agency								
Reg	2,433,272	2,314,231	921,646	1,329,686	6,998,835	408,040	4,491,515	2,507,320
Non Reg	803,546	517,333	(63,576)	23,226	1,280,528	86,802	927,385	353,143
Sub Total	**3,236,818**	**2,831,564**	**858,070**	**1,352,912**	**8,279,363**	**494,842**	**5,418,900**	**2,860,463**
Bank								
Reg	1,906,250	1,934,800	1,966,857	2,157,936	7,965,843	191,079	6,863,684	1,102,159
Non Reg	2,257,944	2,301,071	2,254,000	2,469,382	9,282,396	215,382	7,314,231	1,968,165
Sub Total	**4,164,194**	**4,235,871**	**4,220,857**	**4,627,318**	**17,248,239**	**406,461**	**14,177,915**	**3,070,324**
Total	**7,401,012**	**7,067,435**	**5,078,927**	**5,980,230**	**25,527,602**	**901,303**	**19,596,815**	**5,930,787**

Table 4 Off Contract Agency Spend by Division

	Month 1	Month 2	Month 3	Month 4	YTD Month 4 23/24
Acute Services Division	1,664,997	1,591,278	348,931	510,637	4,115,843
East Lothian HSCP	1,707	-1,088	-4,320	992	-2,709
Edinburgh HSCP	140,536	156,874	-6,972	21,784	312,222
Midlothian HSCP	60,776	57,698	-9,846	-5,055	103,573
REAS	492,720	381,713	-1,175	46,745	920,004
West Lothian HSCP	70,624	27,093	-3,455	11,002	105,264

3.7.4 Across Scotland there has been a reduction in off contract agency expenditure. NHS Lothian has made a substantial reduction in the number of hours used but remains one of the highest users of off contract agency nationally. A series of national meetings are planned with Boards to account for their ongoing off contract agency use. Appendix 6 details the national position.

4 Key Risks

4.1 The financial position is not sustainable and recovery of the expenditure in the second half of the financial year will require very stringent application of the criteria for break glass.

4.2 Risk No 3828 on the Corporate Risk Register states that:
"Safe staffing levels are not maintained as a consequence of additional activity, patient acuity and / or inability to recruit to specific posts, the subsequently high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care, impacting on length of stay and patient experience".

The key risk of sub optimal staffing levels is an adverse impact on patient outcomes and staff health and wellbeing.

The risk remains very high.

4.3 There are also risks on the Divisional Risk Registers. The Nursing and Midwifery Programme Board has requested updates on these risks on a quarterly basis.

5 Risk Register

5.1 This risk will remain in the CRR and will continue to be reviewed monthly by the Executive Director of Nursing, the Associate Director of Quality, and the Risk Owner for reporting to CMT.

5.2 The local risks will be monitored at the Divisional Workforce meetings and changes in risk rating escalated to the pan Lothian Nursing and Midwifery Workforce Group.

6 Resource Implications

6.1 The resources required to support this programme of work are being managed within the current financial envelope available to Corporate Nursing.

Fiona Ireland
Deputy Director of Nursing
22/08/2023
Fiona.ireland@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Template for Break Glass Escalation
Appendix 2: Block Booking Details
Appendix 3: Block Booking Proforma
Appendix 4: Outcomes Review
Appendix 5: HEPMA SBAR
Appendix 6: National Performance against DL (2023) 14

Appendix 1 Templates for Break Glass Escalations

For completion by CNMgr Monday to Friday or equivalent out of hours (person on for site / locality / hospital) - please include your full name in column H "Name of Requester"							*Triggers Applicable*		*Staff Utilisation*		*Capacity*	*Staffing for shift* Reg + Non Reg	
Shift Date xx/xx/2023	Site / Partnership	Ward / Team	Shift Type	Bank reference number	Date Stamp Shift Submission	Name of Requester	Ad Hoc / Block Booking (Escalation of single shift)	Triggers Applicable	SafeCare Staff Utilisation %	or Hours Short if no SafeCare	Capacity / Activity / Bed Numbers	Staffing Planned	Actual Staffing

Shift Information for Break Glass

Completion by AND /Chief Nurse or deputy (see filter in row 1)						*Break Glass Approval Exec Nurse Director / Designate*			*Staff Bank Action*		
Local Deployment	Extra Hours /OT	Contract Agency	Site Approval	Date Stamp Site Approval	Site Approval Initials	Break Glass Approval	Exec Nurse Director	Date Stamp Exec Approval	Action Taken	Date Stamp Agency Action	Outcome

Site Review / Approval
Exec Review / Approval
Staff Bank Action

NHS Lothian Break Glass Agency Escalation

For all areas with Shifts for Break Glass Escalation please edit row 6 to 10 each day to reflect current situation prior to the 1:30 Review Meeting - this provides an overview of the assessment / decision making and local actions taken to mitigate risks

Divisional Review	*Nurse Director* *Name of Person completing*	*Redeployments Across Organisation* *Detail pan Lothian movement / re-assignments in place*	*Alternative Staffing Deployment* *Detail the utilisation of off ward nurses, CNMgrs, Team Leaders to clinical duties*	*Divisional Staffing Status* *Detail all teams with optimal staffing (acute level 1 / community green) staffing for consideration of re-assigning staff to share risk*
Acute				
Children's				
Partnerships				
REAS				
Women's				

Other Mitigation in Place *Detail any other actions taken to mitigate the risk*	*Residual Risk* *Detail the residual risk to be mitigated*

Daily Divisional / Partnership Review of Mitigations

Appendix 2 Block Bookings (includes annotation on top 5 areas)

Ward/Area	Required Band	Required No of Staff	WTE of Block Booked Requests	Initial Start Date	Block Booking Sequence (1/2/3)*	Current Block Booking Start Date	Current End Date	Review Date	Comments
STJ									
Ward 19A	Band 5	2 x RNS Mon - Sun	3.07 wte	20/04/2023	**2**	31/07/2023	23/10/2023	25/09/2023	3rd of Top 5 St J
Ward 19A	Band 2	2 x NRNS Mon - Sun	3.07 wte	20/04/2023	**2**	31/07/2023	23/10/2023	25/09/2023	3rd of Top 5 St J
ED	Band 5	3 day shift, 3 night shift (7/7)	12.88 wte	01/08/2022	**2**	01/07/2023	23/09/2023	26/08/2023	2nd of Top 5 St J
MAU	Band 5	4 x day shift, 3 x night shift (7/7)	15.02 wte	May-20	**2**	01/07/2023	23/09/2023	26/08/2023	1st of Top 5 St J
Ward 25	Band5	2 x day shift, 2 x night shift (7/7)	8.59 wte	17/10/2022	**2**	01/07/2023	23/09/2023	26/08/2023	

Ward 9	Band 5	2 x day shift, 2 x night shift (7/7)	8.59 wte	30/01/2023	**2**	01/07/2023	23/09/2023	26/08/2023	4th of Top 5 St J
Ward 8	Band 5	2 x day shift, 1 x night shift (7/7)	6.44 wte	29/05/2023	**2**	01/07/2023	23/09/2023	26/08/2023	
Theatres	Band 5	x 8 Scrub nurses per day Mon-Fri 0800-1800	13.3		1	30/05/2023	22/08/2023	**25/07/2023**	Is one of these recovey? Recovery is 5th of top 5 DATCC
Theatres	Band 5	x 8 Scrub nurses per day Mon-Fri 0800-1800	13.3		2	10/07/2023	08/10/2023	09/09/2023	2nd of Top 5 DATCC
WGH									
Main Theatres	Band 5	x 5 Scrub x 4 Anaes Mon - Fri 0800=1600	9.62	01/06/2023	1	29/05/2023	20/08/2023	**23/07/2023**	3rd of Top 5 DATCC
Ward 27 (Pt specific)	Band 2/3	Mon-Sunday 24/7 X 2 Staff daily / 1 night shift	5.4wte	01/05/2023	1	09/05/2023	01/08/2023	**04/07/2023**	2nd of Top 5 WGH Newcross Off Contract Supply – package of care
Ward 24	Band 5	x1 RN per day and night	4.2wte	11/06/2023	1	11/06/2023	03/09/2023	06/08/2023	

MAU (Beds/Trolleys)	Band 5	Mon-Sunday x 2 RNs per DS and NS	8.5	01/06/2023	1	01/06/2023	01/09/2023	**01/08/2023**	1st and 3rd of Top 5 WGH
Ward 54	Band 5	Mon-Sun x1 RN per day and night	4.2	17/07/2023	1	17/07/2023	13/08/2023	17/08/2023	4th of Top 5 WGH
RIE									
Theatres-Ortho 19-24	Band 5	x 3 Scrub Mon-Thurs 0800-1600	3.68	01/08/2022	1	05/05/2023	05/08/2023	**08/07/2023**	
Theatres-Obs/Gynae	Band 5	Mon-Fri 0800-1800 x 2 scrub Mon-Friday	2.3	01/08/2022	1	05/05/2023	31/082023	31/07/2023	4th of Top 5 DATCC
ITU	Band 5	x2 RNs per night and day Mon-Sunday	4.2	01/06/2020	1	25/05/2023	25/08/2023	28/07/2023	1st of Top 5 DATCC
ED	Band 5	Mon-Sun x 4 RNS D/S & 4 x RNs N/S	17.7	01/03/2023	2	24/07/2023	17/09/2023	**17/08/2023**	1st of Top 5 RIE
Ward 109 Ortho	Band 5	x2 RNs per day and night	8.5	31/05/2023	1	31/05/2023	31/08/2023	03/08/2023	
Ward 111	Band 5	1x RN per day and night	4.2	27/06/2023	2	31/07/2023	30/09/2023	19/08/2023	

PAEP Theatres	Band 5	x 2 ODPs per day Mon-Fri 0800-1800	2wte ODPs	26/06/2023	1	26/06/2023	15/08/2023	**18/07/2023**	
Theatres Day Surgery	Band 5	x 1 Scrub Mon-Friday	2		1	05/06/2023	28/08/2023	31/07/2023	
Ward 108	Band 5	2 x WTE 1 x Ld 1 x N/S 7 days per week	2 WTE	26/06/2023	1	26/06/2023	15/09/2023	18/08/2023	
HSCP's									
Edin NW & NE LOCALITY CPN Older People	Band 5	Mon - Fri x 1 wte Mon - Wed x 0.6 wte	1.6 wte		1	01/06/2023	27/07/2023	**29/06/2023**	3rd of Top 5 Edinburgh SNG
Edin SE Locality	Band 5	Mon-Fri x 2 RN per day	2wte		1	01/06/2023	24/08/2023	**27/07/2023**	
Edin NW DN TOWER	BAND 5	Mon- Fri 1 x Band 5 daily	1 wte		1	12/06/2023	04/09/2023	07/08/2023	
DDTO	BAND 5	Mon- Fri 1 x Band 5 daily (Substance Misuse)	1 wte		1	10/07/2023	02/10/2023	04/09/2023	

Edin SW Pentland and Canal Cluster	Band 5	Mon-Fri x 2 RN per day	4wte		1	01/06/2023	24/08/2023	**27/07/2023**	1st and 2nd of Top 5 Edin
Edin NW DN BRIDGE	BAND 5	Mon- Fri 1 x Band 5 daily	1 wte		1	12/06/2023	04/09/2023	07/08/2023	
REAS									
Addiewell									1st and 5th of Top 5 REAS
HMP Edinburgh									4th of Top 5 REAS

Appendix 3 Block Booking Proforma

Block Booking Nurse Agency Action and Risk Checklist
For all NEW and REPEAT Block Bookings

CNMgrs are required to complete this action and risk checklist when considering block booking
The Staff Bank Manager / eR Area Support Manager will assist with the Analysis of Staffing Shortfall / Roster Review and must be engaged BEFORE the request is put forward for approval.
Completed proformas should be saved locally by the CNMgr

Under No Circumstances will Block Bookings be referred to Off Contract Supplier
Under No Circumstances should service areas engage with agency workers directly re bookings

Block Bookings can be considered to support areas with a **severe and enduring staffing shortfall** or a **significant known pressure** arising from a clinical situation.

The purpose of the block booking is to provide one nurse to cover up to one wte over a period of up to 12 weeks to allow other mitigating actions to be put in place. The recruitment pipeline is a key indicator of the likely prospective duration of the staffing position and the recovery timelines.

Analysis of Staffing Shortfall Enter Actual Data	Over the preceeding 3 months (data from Workforce Dashboard)			If triggers not consistently met over 3 months review months 4 to 6		
Month / Year						
Establishment Gap						
UTF Supp Staffing						
PAA						
Assessment – x/3						

Roster Review Summary 4 weeks from start date	Append a roster summary for current / next roster periods (see example below)					
	Week 1	Week 2	Week 3	Week 4	Total	Status
a)Number of Shifts Over RN						
b)Shifts Under by 1 RN						
c)Shifts Under by >1 RN						
d)Total RN Shifts Short						Assessment
Net Position (a-d)						

Recruitment Pipeline (number of RN new starts scheduled)	Ward / Dept / Team	Service / Directorate
Current Month New Start Numbers		
Next Month New Start Numbers		
3rd Month New Start Numbers		

Professional Judgement / Risk Assessment – describe any other factors being taken into account

APPROVAL SOUGHT FOR	Initial Block		Repeat Block		Subsequent Repeat Block	
OUTCOME	Approved			Not Approved		
ADDITIONAL ADVISORY ACTIONS						
REVIEW DATE						

GUIDANCE NOTES

Definitions

Severe Staffing Shortfall – all three trigger factors at play - establishment gap of ≥ 20%, together with a predicted absence rate of ≥ 28% and unfilled demand from supplementary sources of ≥ 25%

Enduring Staffing Shortfall – all three trigger factors have exceeded the threshold for 3 consecutive months or for at least 3 out of the last 6 months.

Significant Pressure – a situation which is not normally managed within the normal staffing establishment of the clinical area. Examples might be a patient requiring a greater level of enhanced observation eg a patient requiring RMN / RNLD cover in an acute setting for a protracted period of multiple weeks or a patient in mental health environment who requires 2 or more nurses for enhanced observation 24/7 and will be in patient for period of multiple weeks. Routine workload does not constitute a significant pressure on staffing for these purposes.

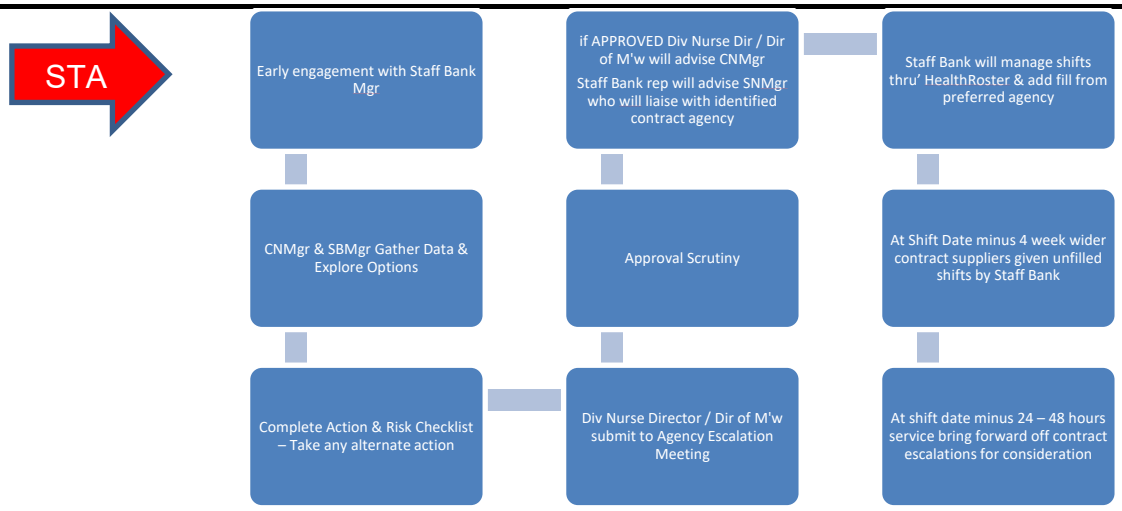
Roster Review Example

Site / Ward	Shift	Day1	Day2	Day3	Day4	Day5	Day6	Day7
Week1	Shift	Mon 26	Tue 27	Wed 28	Thu 29	Fri 30	Sat 01	Sun 02
	LD	9.5*-1	10*-1	10*-1	10*-1	10*-1	10*-1	7*-1
	SCN	1-0	0-0	1-0	0-0	0-0	0-0	0-0
	N	10*-1	11*-1	9.5*-1	11*-1	10*-1	8*-1	8*-1
Week2	Shift	Mon 03	Tue 04	Wed 05	Thu 06	Fri 07	Sat 08	Sun 09
	LD	8.5*-1	9*-1	9*-1	10*-1	10*-1	9*-1	7*-1
	SCN	0-0	1-0	0-0	1-0	0-0	0-0	0-0
	N	9*-1	10*-1	10*-1	9*-1	9*-1	7*-1	7*-1
Week3	Shift	Mon 10	Tue 11	Wed 12	Thu 13	Fri 14	Sat 15	Sun 16
	LD	9.5*-1	9*-1	9*-1	9*-1	10*-0	11*-1	8*-1
	SCN	0-0	0-0	0-0	0-0	0-0	0-0	0-0
	N	10*-1	11*-1	10*-1	9*-1	10*-1	9*-1	7*-1
Week4	Shift	Mon 17	Tue 18	Wed 19	Thu 20	Fri 21	Sat 22	Sun 23
	LD	7.5*-1	8*-1	10*-1	9*-1	9*-1	10*-1	8*-1
	SCN	0-0	0-0	0-0	1-0	0-0	0-0	0-0
	N	9*-1	10*-1	10*-1	9*-1	11*-1	7*-1	7*-1

Roster Set Up		
	LD	10+1 Mon-Sat 8+1 Sun
	N	10+1 Mon-Sat 8+1 Sun
	SCN	1 (Monday - Friday)
	Take Charge LD	1 Daily *
	Take Charge N	1 Daily *

Roster Analysis
Shift over template numbers for RN
Shift equal to template number for RN
Shift under template numbers for RN by 1
Shift under template numbers for RN by >1

Process



Requirements

In Conjunction with Staff Bank Mgr determine the Block Booking Requirements- this allows the Staff Bank Mgr to engage with agencies in the "explore options" stage of the process

Service Area (Roster Name)											
Cost Code											
Contact Name / Telephone Number for Queries											
Ad Hoc Demand to be incorporated into Block	Yes (presumed)				No						
Reason for Demand (for HealthRoster system)											
Registration Qualification (delete as appropriate)	Adult	Mental Health	Learning Disabilities	Children's	Midwife						
	Specialist Practitioner District Nursing		Other State								
Additional Skills / Qualifications / Competencies (be as specific as possible as this is the matching criteria for potential candidates, add rows if necessary)	HEPMA (remove if not req'd)			TRAK							
Unless otherwise stated requests are Band 5											
Proposed Start Date											
Duration of Block	4 weeks		8 weeks		12 weeks						
Hours Required per week											
Shift Patterns	Days		Nights		Rotation						
Additional Information											

For Staff Bank Use

Agencies Contacted / Outcome	Agency / Date /Outcome	
Diarise Add Demand	Roster Approval Date	
Diarise Review Date	4 weeks before end of block	
Escalation Reporting Actioned	For Block Bookings in Repeat	

Appendix 4 Outcome Concerns and Findings

Concern	Findings
Agency and Bank staff without HEPMA	It is acknowledged that this issue is not directly related to the implementation of DL (2023) 14 Snap shot reviews showed that of 78 agency RNs with shifts in site A during June 28 did not have HEPMA access. 12 agency RNs alleged not to have HEPMA with shifts in site B over one weekend only 5 did not have HEPMA access The 5 staff without HEPMA were identified and it was established that they had done 68 shifts, 10 shifts (HEMPA login requested), 10 shifts, 11 shifts and 35 shifts without this being brought to Staff Bank's attention. The remaining 7 staff all had HEPMA training and access and had worked 3, 8, 10, 68 +10, 8, 178 and 323 +127 shifts previously. A revised process is being put in place to ensure that bank / agency workers undertake HEPMA training during work time and are issued with HEPMA access on completion.
Site B Patient Care concerns	
• delay in patients getting medication • observations not being completed • deteriorating patients missed • documentation on TRAK poor when it is completed.	There are 2 datix reports of delays in administering medications, and in one case the staffing level was included as a contributory factor • delay in administering controlled drugs due to staff shortage • delay in administering aspirin post thrombolysis There are no Datix relating to observations being missed, deteriorating conditions being missed or TRAK documentation being inadequate.
• increase in patient falls causing harm.	There are 30 datix reports of patient falls between 1st and 21st June of which are categorised as • harm to a person – major x 1 • harm to person – minor x 13 • no known adverse effect x 16 The number of falls in the full month of June 2022 was 75 falls.
• increase in complaints raising these same issues.	There have been 13 complaints or other feedback received since 1st June. Of these 13 there are 2 which may be related to staffing levels and one which is likely aligned to staffing • unhappy with care and treatment provided • poor experience at A&E • length of time taken to get pain relief medication The number of complaints in the same period last year was 22.

Appendix 5 SBAR – Supplementary Staffing / TRAK & HEPMA Access

Situation
The implementation of the agency supplier reprofiling arising from DL (2023) 14 has resulted in a focus on the use of and contribution of agency workers in the clinical areas. It has been highlighted by service areas that not all bank and agency workers have TRAK and / or HEPMA access. Over the last month wards and departments have escalated that having band 5 registered nurses on duty without the ability to administer medications using the HEPMA system is having an adverse effect on patient care as some medications are being delayed. Wards and departments are putting in place paper based work arounds for band 5 registered nurses who do not have TRAK logins, and cannot record care given in the electronic system.
Background
The system in place over a number of years was on receipt of the IT access form the request for a login and access to clinical systems was logged with the eHealth helpdesk portal. To enable issue of IT accesses the current process is: • Once an agency has confirmed a booking the agency nurse must complete the HEMPA modules • The certificate is then forwarded to eHealth with request for ID access, TRAK and HEPMA access via the eHealth helpline portal • The provision of access is across 3 different teams within eHealth & the access information is returned by 3 different individuals to a Staff Bank e mail address • The Staff Bank Team Leads then call the agency worker with log-in details - however sometimes not all details are available and can result in multiple calls. This information cannot be sent via e mail as the agency recipient is using a non secure email address. HEPMA access is recorded as a skill against the individual bank or agency worker on the Staff Bank system. A proposal was put forward in January by the Director of Digital seeking AND / Chief Nurse support to enable the access to be issued without the certificate of learning and responsibility for ensuring the workers do the training being aligned with the senior nurses. This was not pursued owing to no feedback from the Nurse Directors at that time.
Assessment
A review of 78 agency RNs with shifts in REH during June showed that 28 did not have HEPMA access. 12 agency RNs with shifts in St J over one weekend showed that 5 did not have HEPMA access. eHealth and Staff Bank have reviewed the current process, and have identified changes to simplify the process. These are set out in the recommendations.
Recommendations
It is recommended that: eHealth amend their processes such that

- the Staff Bank use a specific form to request access which will allow these requests to be identified and prioritised
- the output from the 3 eHealth departments to be consolidated into a single email return with all account details, rather than a separate email per system.

Staff Bank amend their processes such that

- The Staff Bank Team Leaders will be assigned to issue access to bank and agency workers as part of the Duty Team Lead role each day.
- The IT login and TRAK login will be issued to enable the nurse to login on arrival on duty.
- Staff Bank Team Leads will implement a live monitoring system to capture the issue of passwords and return of certificates, and will issue the HEPMA login on receipt of the certificate.
- The returned eLearning certificates will be recorded confirming the individual having been issued with their HEPMA login the HEPMA skill on the Staff Bank system
- The eLearning certificate will be sent onto eHealth for their record.
- The agency workers entry on the Staff Bank system will be deactivated if the eLearning certificate is not returned within 7 days to prevent any further shifts being booked.

Service amend their processes such that

- Bank or agency workers will be given opportunity to undertake the eLearning during their first shift and will be paid for the time to do so if the agency worker can attend ½ hour early to do this training.

17 July 2023

Appendix 6 National Performance (Shift Count from Off Contract Suppliers)

Board	May Usage	June Usage	Total Reduction	% Reduction
Ayrshire and Arran	925	2	923	99
Borders	190	2	188	98
D&G	21	9	12	57
Fife	1,149	175	974	84
Forth Valley	800	78	722	90
GG&C	1,855	1,672	183	10
Grampian	94	0	94	100
Highland	163	76	87	53
Lanarkshire	2,298	719	1579	68
Lothian (& Borders)	4,266	894	3372	79
Orkney	0	0	TBC	TBC
Shetland	42	10	32	76
Tayside	774	211	563	72
Western Isles	20	14	6	30
TOTAL	**12597**	**3862**	**8735**	**916**

NHS LOTHIAN

Corporate Management Team
Executive Director of Nursing, Midwifery and AHPs
18th December 2023

AGENCY REDUCTION DL (2023) 14

1 Purpose of the Report

1.1 The purpose of this report is to update CMT on the progress against the requirements of DL (2023) 14 and wider issues around the use of supplementary staffing across Nursing and Midwifery.

2 Recommendations

The Corporate Management Team is asked to:

2.1 Support the strict application of the triggers for contract agency

- H&SCP / REAS – 1 Registered Nurse per ward / team / base
- Acute – Level 3 status (1:10 Registrant : Patients in wards / 1:15 in assessment areas)
- DATCC – Minimum Levels for acuity / theatre lists
- Community – Safe to Start – Very High Risk (Red) no capacity for unplanned visits
- REAS – additional duties

2.2 Support the review of contract agency approvals at the Agency Escalation meeting including the option to withdraw approval (as detailed at 3.3.4 and 5.1.1).

2.3 Support the proposal to manage the escalations to agency through a prioritisation process and the requirement for all shifts to have been with the Staff Bank and the contract suppliers if remaining unfilled for a pre-determined time (as detailed at 5.1.2)

2.4 Support the work to eliminate non registered agency (as detailed at 5.1.3).

2.5 Take action to reduce the requirement for agency block bookings through alternative models or staffing arrangements such that remaining block bookings can be eliminated by 31st March 2023 (as detailed at 5.1.4).

2.6 Agree that up on the cessation of each of the current block bookings no further agency block bookings are initiated and standard arrangements for supplementary staffing apply (as detailed at 5.1.4).

2.7 Ensure that the communication from the Executive Nurse Director is widely disseminated through the General Management and Professional lines and that the local teams fully understand the requirements on them with regards to supplementary staffing (as detailed at 5.2).

3 Discussion of Key Issues

3.1 Background

3.1.1 The DL (2023) 14 issued on 22nd May set out a series of actions to be taken forward in Boards, led through the professional Nursing and Midwifery line by the Executive Nurse Director. The actions were designed to reduce reliance on off contract agency to supplement the nursing and midwifery workforce. Specifically, the DL required that

from 1 June, Boards ensure that all future agency shifts are only filled by agency workers from an agency which appears on the relevant National Procurement Framework NP510, using a framework contract. Boards may only do otherwise where it is clear that not accessing staff via an off-framework agency will result in either a clinical safety breach or suspension of a service or, otherwise, a breach of a Board's legal obligations.

3.1.2 A previous paper in August 2023 set out a series of recommendations requiring action in all of the business units to ensure that robust local controls were in place, that mitigating actions were deployed, recorded and communicated to ensure that break glass agency was only used in circumstances as set out in the DL.

3.1.3 In October 2023 a new national contract for nursing agency was let. This contract included the migration of key suppliers from the off contract market onto contract rates.

3.1.4 The continued use of agency needs to be considered against the context of the increased number of recruits since August, with 576 new starts in September and October.

3.1.5 The National Task and Finish Group are advocating an elimination of non registered agency as the next step in this process.

3.2 Governance & Accountability

3.2.1 The responsibility for delivering against DL (2023) 14 has been delegated by the CNO through the professional nursing line. In NHS Lothian the Executive Nurse Director (or delegate) is responsible for approving all break glass (off contract) agency requests. The Associate Nurse Directors / Chief Nurses (or deputies) are responsible for authorising all contract agency requests.

3.2.2 There is a Supplementary Staffing Grip and Control Group, chaired by the Deputy Director of Nursing overseeing the implementation of the DL and a wider programme of work to control supplementary staffing utilisation. The Grip and Control Group includes membership from Finance colleagues (including Sustainability and Value colleagues who participated only until the implementation in June 2023), Partnership colleagues, Staff Bank and eRostering.

3.2.3 Daily Agency Escalation meetings are held to review the position and to consider escalations for off contract and now also review contract agency requirements and approvals.

3.2.4 CMT approved the arrangements put in place to oversee this workstream in April 2023 and endorsed this position in August 2023.

3.2.5 An audit of the controls put in place during June – September was undertaken by a former nurse leader and a former workforce planner.

3.3 Controls

3.3.1 The controls in place have been ramped up over time.

During September 2023, in response to increasing numbers of shifts being escalated to break glass (approved by the AND / Chief Nurse or their deputies) the spreadsheet was amended to gather contextual information (in addition to the triggers). The Grip and Control Group used the extant tools (Safe Care / eRoster) available locally to review the rationale being put forward for break glass requests. Consequently an increasing number of shifts being escalated for off contract break glass were declined and rationale given.

Most frequently the reason for not escalating a shift to off contract was a roster mismatch (this meant that the numbers of staff on duty being declared did not reflect the numbers on the roster for the same shift)

Other reasons included the shift having not yet been referred to contract agency, the staffing available was adequate to manage the workload (essentially this was working one nurse down – which does not satisfy the triggers agreed for break glass).

On no occasion were the declines or rationale questioned.

3.3.2 In October 2023 the number of shifts being referred to contract agency increased beyond the numbers being referred before DL 14 (2023) (week commencing 16th Oct 1878 compared to 1370 in the last week of May) and had been steadily increasing over the prior weeks with in excess of 1200 / 1300 shifts being referred to contract agency each week during August in stark comparison with the June figures of only 900 shifts being referred. It is notable that c400 of the contract shifts relate to block bookings (see para 3.3.6 – 3.3.9 below).

3.3.3 The assessment was that the contract agency escalation controls were not being properly applied, the triggers were not being applied and the approval process was failing to appropriately screen the requests.

There is a continued escalation of shifts that do not meet the triggers and feedback from certain sites that the General Managers are supporting agency requests and escalations that meet or exceed full staffing levels. This is contrary to the processes set out in the Nursing and Midwifery Workforce Escalation Framework which has a series of actions that need to be applied before agency is considered.

3.3.4 In response to this situation, and whilst the approval for contract agency has been retained at the Associate Nurse Director / Chief Nurse (or deputies), a review of contract escalations by the Exec Nurse Director (and delegates) at the daily Agency Escalation meeting was initiated, to which the AND / Chief Nurses are also invited.

Actions taken at the Agency Escalation meeting include prioritising specific requests (primarily where there are zero or one registered nurse on duty), reviewing the underlying staffing considering the appropriateness of the shifts being escalated and seeking more information to support escalations (with an option to withdraw the approval if appropriate).

3.3.5 Agency escalations were brought from 72 hours to 48 hours in October. The fill rate from contract agency is very high having increased from 20% of the requests made of contract suppliers in May to 91% in November. Partly this is as a consequence of a reducing demand, and anincreased supply base.

3.3.6 The use of block bookings was subject to revised criteria, agreed at CMT in August. Block bookings of agency continued to represent around 400 shifts per week in October, reducing over November and December as some blocks come to an end.

3.3.7 It was agreed to report to CMT block bookings which have run for 3 or more consecutive periods (of up to 12 weeks). Currently there are ten areas with a long term block, as set out in Table 1. These areas account for 75.75 wte of the total blocks of 116.48 wte (65%).

Table 1 Block Bookings (3 Consecutive Periods)

Area	Current Block Demand	Block wte	Initial Start Date
St J MAU	3 x day shift, 3 x night shift (Mon - Sun)	12.88 wte	May-20
St J Ward 9	2 x day shift, 1 x night shift	6.44wte	30/01/2023
St J Ward 19A	1 x RN DS Mon - Sund	2.14 wte	20/04/2023
St J Ward 25	2 x day shift, 1 x night shift Mond- Sunday	6.44wte	17/10/2022
RIE Ward 108	2 x Day Shift 1 x Night shift (Mon-Sun)	6.44wte	26/06/2023
RIE Ward 109	2 x Day Shift 1 x Night shift (Mon-Sun)	6.44wte	26/06/2023
RIE Critical Care	x2 RNs per night and day Mon-Sunday	8.58	01/06/2020
RIE ED	Mon-Sun x 5 RNS D/S & 5 x RNs N/S	21.46	01/03/2023
Theatres Obs / Gynae	Mon-Fri 0800-1800 x 2 scrub Mon-Friday	2.53	01/08/2022
Theatres Ortho 19 - 24	x 3 Scrub Mon-Thurs 0800-1600	2.4wte	01/08/2022
TOTAL		**75.75 wte**	

3.3.8 There is commitment from RIE Critical Care to withdraw their block booking with effect from 16th December, St Johns (with the exception of MAU) have committed to reducing the blocks across the 4 areas from 1st January.

4 Current Position

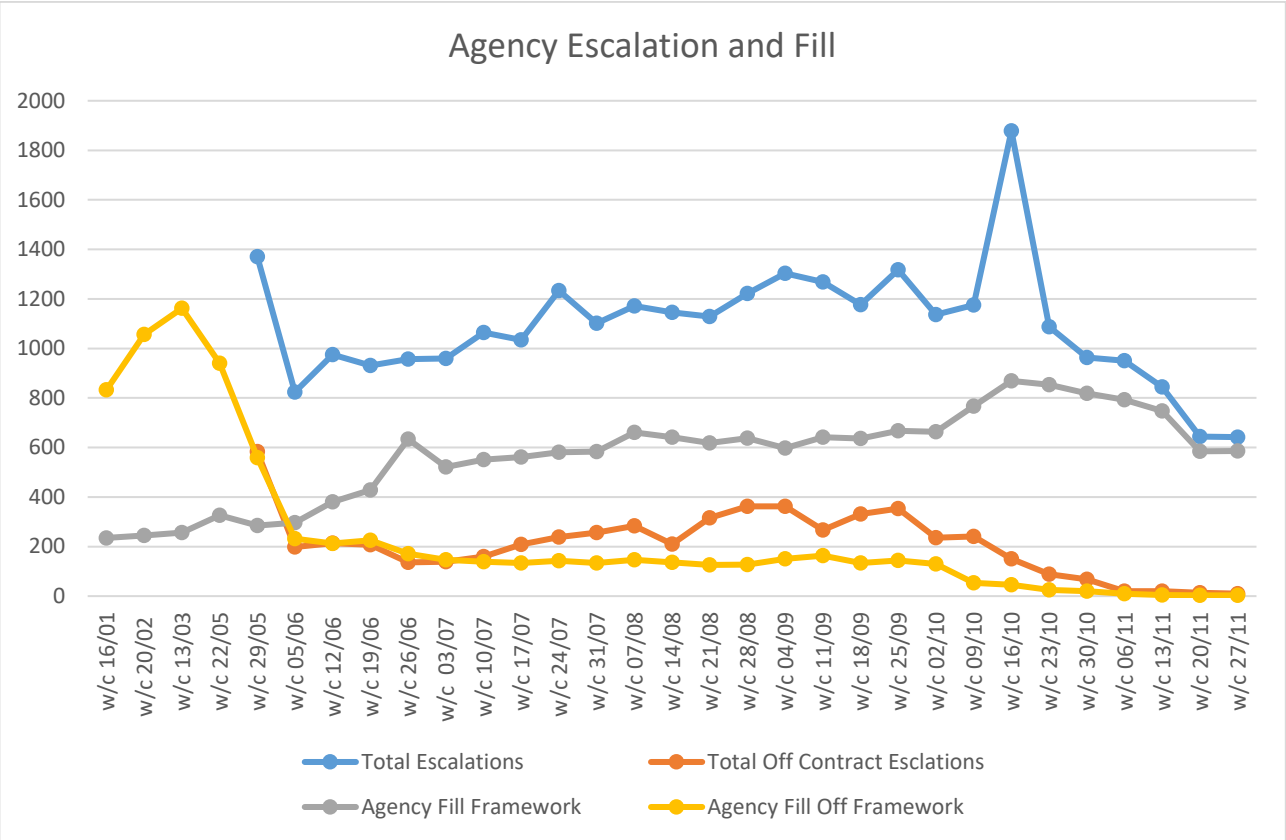
4.1 National reporting of off contract and total agency use shows that whilst NHS L has reduced the number of off contract agency shifts by the largest number between May and October the Board was still the highest user of off contract supply in October (table 2),

Table 2 National Position in Reduction in Agency Shifts (Number of Shifts / month)

Board	May Usage	June Usage	July Usage	August Usage	September Usage	October Usage	Total Change (between May and Oct)	% Change
Ayrshire and Arran	925	2	1	1	11	10	-915	-98.92%
Borders	190	2	4	3	0	0	-190	-100%
D&G	21	9	2	13	1	16	-5	-23.81%
Fife	1,149	120	49	37	54	79	-1,070	-93.12%
Forth Valley	800	78	58	50	40	10	-790	-98.75%
GG&C	1,855	1,672	1,413	887	598	90	-1,765	-95.12%
Grampian	94	0	0	0	0	0	-94	-100%
Highland	163	76	141	120	133	27	-136	-83.44%
Lanarkshire	2,298	719	596	505	342	**TBC**	**TBC**	**TBC**
Lothian	4,266	894	625	593	624	297	3,969	-93.04%
Orkney	74	55	58	63	48	52	-22	-29.73%
Shetland	42	10	0	0	0	0	-42	-100%
Tayside	774	211	226	197	193	77	-697	-90.05%
Western Isles	20	14	11	19	26	40	+20	+100%
TOTAL	**12671**	**3917**	**3184**	**2488**	**2070**	**TBC**	**TBC**	

4.2 Weekly reporting (figure 1) on the number of shifts being escalated for agency (blue line) shows a reduction in November and the fill from contract agency (grey line) is almost meeting all of the demand. Not every shift that is not filled by contract is escalated to off contract so the level of escalations for break glass (orange line) has sharply decreased since the new national contract was established. The fill from off contract (yellow line) shows that over the last 3 weeks the number of shifts escalated for break glass has been <20 and the fill has been 10 or fewer shifts.

Figure 1 Weekly Agency Escalation and Fill (shift numbers / week)



5 Next Steps

5.1.1 On the basis that the controls for escalation are not being strictly applied it is recommended that the Daily Agency Escalation meeting reviews all contract requests and where appropriate will strictly apply the triggers and will rescind approval for agency where the agency triggers have not been met and an adequate professional rationale cannot be provided for the shift request.

5.1.2 There was a proposal put to the Nurse Directors Operational Group to move to a 24 hour duration for escalation to contract agency. Under the current arrangements for 48 hours some shifts do not achieve the full 48 hours therefore to manage the 24 hour arrangement a stepped escalation (rather than based on a nominal 24 hours) with shifts going out to agency (if approved) no earlier than 24 hours before the start time. There would also be a prioritisation to ensure that the hardest to fill shifts were put out first where there are multiple shifts to be referred.

All shifts (with > 4 hours to start time) will have at least 2 hours with the Staff Bank for fill and, if approved for contract agency, at least 2 hours with the contract suppliers before a consideration will be given to break glass.

Shifts with < 4 hours to start time will be referred to Staff Bank and if approved for contract agency to the agencies concurrently and for at least 2 hours before consideration will be given to break glass.

5.1.3 Areas that historically used non registered agency supply have been identified and plans have been put in place to reduce reliance on non registered agency. All non registered agency use will cease in all areas with the following exceptions which will be working up plans to eliminate by end February 2024.

Areas that will continue to use non registered

- Midlothian Community Hospital
- Edinburgh HBCCC facilities
- Melville Unit
- REAS for increased or continuous intervention

5.1.4 Block bookings of agency should become the exception rather than the norm.

It is proposed to further tighten the criteria for block bookings, to seek site or H&SCPartnership support on a pan Lothian basis and use ad hoc agency as required.

Alternative solutions, such as bank block bookings or fixed term contracts are being worked through.

The recommendations to CMT are that block booking is not re-opened as an option and that all agency block bookings are eliminated through developing other solutions with effect from 31st March and any future requests for block bookings would be subject to triggers over a 3 month period (currently there is an alternate to review at a lower threshold over 6 months).

There needs to be a strong message to the market that agency is not a routine solution used in NHS Lothian.

5.2 Other Concerns

5.2.1 The increased scrutiny has uncovered practices which are contrary to our Procedure for Ordering Supplementary Staffing and / or Roster Guidance and / or normal staff governance arrangments.

- Agency staff have been attending for duty without a confirmed booking from the Staff Bank.
- Agency staff have been engaged to work on call shifts
- Agency staff are being booked locally by wards and departments
- Confirmation of attendance for agency is being carried out retrospectively

5.2.2 Guidance has been issued through the Executive Nurse Director to advise staff of their obligations and to refresh the Roster Guidance. This is included at appendix 2.

6 Financial Appraisal

6.1 National reporting (tables 3 and 4) of spend on agency in October reflected that position with NHS Lothian highlighted as the only Board that had increased the overall agency spend. In October other Boards were in the same position.

Table 3 September Agency Spend Data

	= Mnth expenditure > 22/23 Mnth average expenditure
	= Mnth expenditure < 22/23 Mnth average expenditure

	22 / 23 Expenditure £000						
Nursing Agency	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	2022/23 Total	Qtr. Ave. 2022/23	Month Ave 22/23
NHS Ayrshire and Arran	£1,697	£2,346	£2,991	£3,602	£10,636	£2,659	£886
NHS Borders	£504	£582	£488	£742	£2,316	£579	£193
NHS D&G	£488	£424	£227	£360	£1,499	£375	£125
NHS Fife	£2,350	£3,344	£4,160	£4,909	£14,762	£3,691	£1,230
NHS Forth Valley	£1,772	£2,957	£2,209	£3,082	£10,020	£2,505	£835
NHS Grampian	£2,954	£3,119	£3,073	£3,679	£12,825	£3,206	£1,069
NHS GG&C	£7,364	£8,451	£8,972	£10,670	£35,457	£8,864	£2,955
NHS Highland	£2,234	£4,274	£3,350	£3,627	£13,484	£3,371	£1,124
NHS Lanarkshire	£4,263	£5,848	£7,564	£9,477	£27,152	£6,788	£2,263
NHS Lothian	£3,177	£4,996	£5,735	£8,025	£21,932	£5,483	£1,828
NHS Orkney	£331	£226	£460	£644	£1,661	£415	£138
NHS Shetland	£661	£596	£569	£383	£2,210	£552	£184
NHS Tayside	£3,382	£3,662	£3,650	£3,632	£14,327	£3,582	£1,194
NHS Western Isles	£22	£75	£78	£53	£228	£57	£19
NWTC	£182	£193	£281	£455	£1,111	£278	£93
Total Agency Nursing =	£31,380	£41,094	£43,807	£53,340	£169,622	£42,405	£14,135

	23 / 24 Expenditure £000					
			Q2 2023/24 Detail			Month Ave
Nursing Agency	Q1 23/24	Q2 23/24	Jul-23	Aug-23	Sep-23	23/24
NHS Ayrshire and Arran	£2,464	£1,975	£566	£822	£587	£740
NHS Borders	£349	£184	£85	£59	£40	£89
NHS D&G	£150	£141	£48	£56	£37	£49
NHS Fife	£3,905	£3,032	£961	£1,003	£1,068	£1,156
NHS Forth Valley	£3,607	£2,830	£557	£1,294	£979	£1,073
NHS Grampian	£4,272	£4,066	£1,312	£1,397	£1,357	£1,390
NHS GG&C	£9,725	£9,629	£3,469	£3,404	£2,755	£3,226
NHS Highland	£4,598	£4,822	£1,611	£1,804	£1,407	£1,570
NHS Lanarkshire	£7,584	£6,352	£1,947	£2,209	£2,197	£2,323
NHS Lothian	£6,564	£4,590	£1,302	£1,398	£1,890	£1,859
NHS Orkney	£513	£545	£154	£219	£172	£176
NHS Shetland	£298	£265	£101	£71	£93	£94
NHS Tayside	£3,136	£2,970	£969	£996	£1,005	£1,018
NHS Western Isles	£62	£53	£19	£20	£14	£19
NWTC	£270	£226	£53	£103	£70	£83
Total Agency Nursing =	£47,495	£41,682	£13,154	£14,855	£13,673	£14,883

Table 4 October Agency Spend Data

	= Mnth expenditure > 22/23 Mnth average expenditure
	= Mnth expenditure < 22/23 Mnth average expenditure

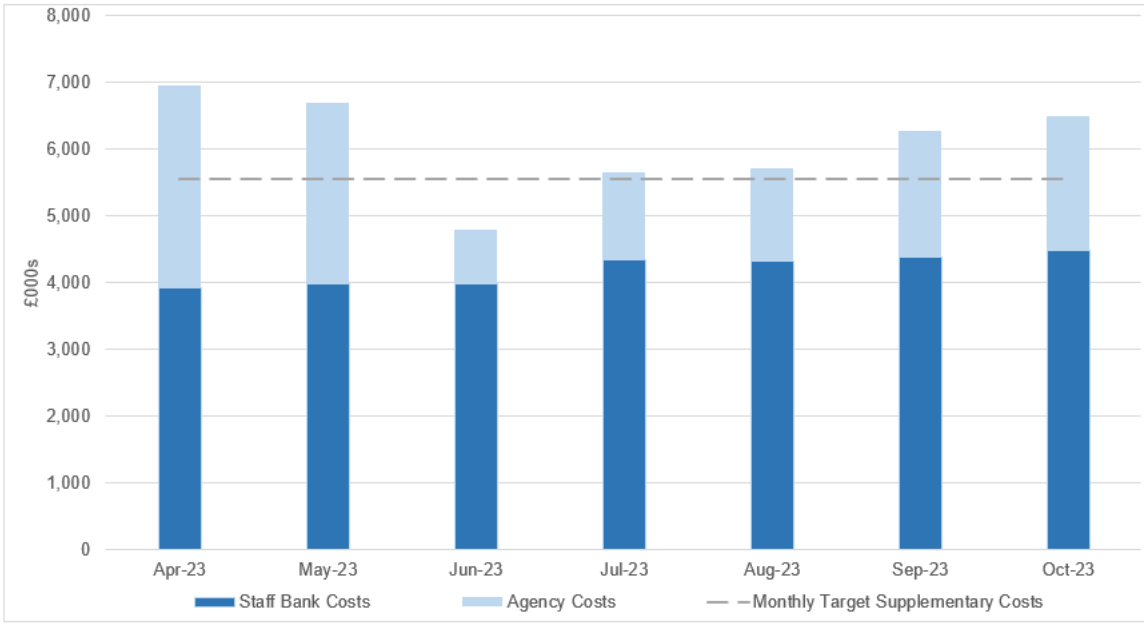
	22 / 23 Expenditure £000						
Nursing Agency	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	2022/23 Total	Qtr. Ave. 2022/23	Month Ave 22/23
NHS Ayrshire and Arran	£1,697	£2,346	£2,991	£3,602	£10,636	£2,659	£886
NHS Borders	£504	£582	£488	£742	£2,316	£579	£193
NHS D&G	£488	£424	£227	£360	£1,499	£375	£125
NHS Fife	£2,350	£3,344	£4,160	£4,909	£14,762	£3,691	£1,230
NHS Forth Valley	£1,772	£2,957	£2,209	£3,082	£10,020	£2,505	£835
NHS Grampian	£2,954	£3,119	£3,073	£3,679	£12,825	£3,206	£1,069
NHS GG&C	£7,364	£8,451	£8,972	£10,670	£35,457	£8,864	£2,955
NHS Highland	£2,234	£4,274	£3,350	£3,627	£13,484	£3,371	£1,124
NHS Lanarkshire	£4,263	£5,848	£7,564	£9,477	£27,152	£6,788	£2,263
NHS Lothian	£3,177	£4,996	£5,735	£8,025	£21,932	£5,483	£1,828
NHS Orkney	£331	£226	£460	£644	£1,661	£415	£138
NHS Shetland	£661	£596	£569	£383	£2,210	£552	£184
NHS Tayside	£3,382	£3,662	£3,650	£3,632	£14,327	£3,582	£1,194
NHS Western Isles	£22	£75	£78	£53	£228	£57	£19
NWTC	£182	£193	£281	£455	£1,111	£278	£93
Total Agency Nursing =	£31,380	£41,094	£43,807	£53,340	£169,622	£42,405	£14,135

	23 / 24 Expenditure £000			
Nursing Agency	Q1 23/24	Q2 23/24	Q3 23/24 Detail Oct-23	Month Ave 23/24
NHS Ayrshire and Arran	£2,464	£1,975	£716	£736
NHS Borders	£349	£184	£37	£81
NHS D&G	£150	£141	£51	£49
NHS Fife	£3,905	£3,032	£1,051	£1,141
NHS Forth Valley	£3,607	£2,830	£1,477	£1,131
NHS Grampian	£4,272	£4,066	£1,306	£1,378
NHS GG&C	£9,725	£9,629	£2,075	£3,061
NHS Highland	£4,598	£4,822	£1,920	£1,620
NHS Lanarkshire	£7,584	£6,352	£2,449	£2,341
NHS Lothian	£6,564	£4,590	£2,017	£1,882
NHS Orkney	£513	£545	£178	£177
NHS Shetland	£298	£265	£24	£84
NHS Tayside	£3,136	£2,970	£838	£992
NHS Western Isles	£62	£53	£41	£22
NWTC	£270	£226	£61	£80
Total Agency Nursing =	£47,495	£41,682	£14,241	£14,774

6.2 A number of areas are relying on a reduction in supplementary staffing to achieve the 3% financial recovery plans (figure 2). Analysis across the Board indicates that few business units will deliver against these targets. The individual business unit data is in appendix 1, but in summary REAS are overachieving their locally set target, St J are running virtually to target and DATCC whilst initially achieving are in the last two months spending well in excess of the target level.

Across Lothian there is a £9m gap in the targets included in the financial recovery plans specifically ascribed to supplementary staffing.

Figure 2 NHS Lothian Supplementary Staffing FRP Position



6.3 The spend overall in NHS Lothian on agency in the first 7 months is £13.171m compared with £10.025m in the same period last year.

Spend on bank in the first 7 months is £29.448m compared with £25.789m in the same period last year.

7 Key Risks

7.1 There is a financial risk given the failure to meet targets set.

7.2 There are risks to patient safety arising from the practice of permitting agency workers to be on duty without confirmed bookings (and the pre-engagement checks that apply to the confirmation process).

8 Risk Register

8.1 There is a risk on the CRR which sets out the risk around Nursing and Midwifery Staffing levels and the impact on provision of care and activity. Whilst agency is a mitigation in this risk it is important to balance the financial position arising from the extent of the agency utilisation.

9 Impact on Inequality, Including Health Inequalities

9.1 Not applicable

10 Resource Implications

11.1 The resource implications are as defined in the body of this report at section 6.

Fiona Ireland
Deputy Director of Nursing
Fiona.ireland@nhslothian.scot.nhs.uk
8th December 2023

Appendices

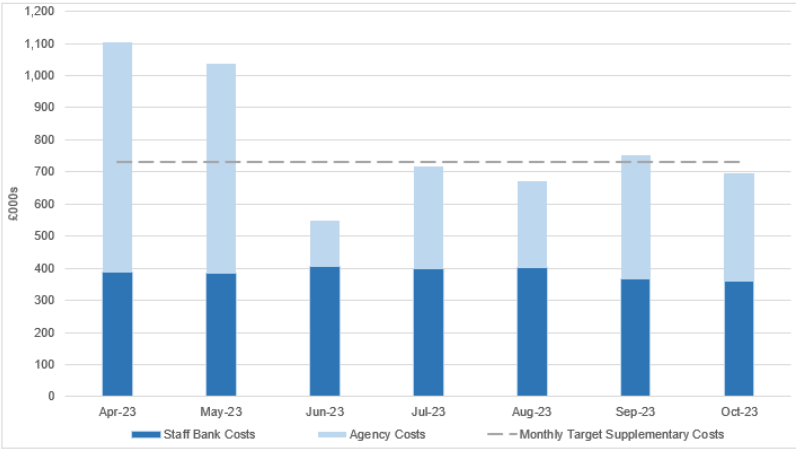
Appendix 1 Site Performance against Financial Recovery Plans specifying Supplementary Staffing

Appendix 2 Communication from Executive Nurse Director and Roster Guidance for Nursing and Midwifery

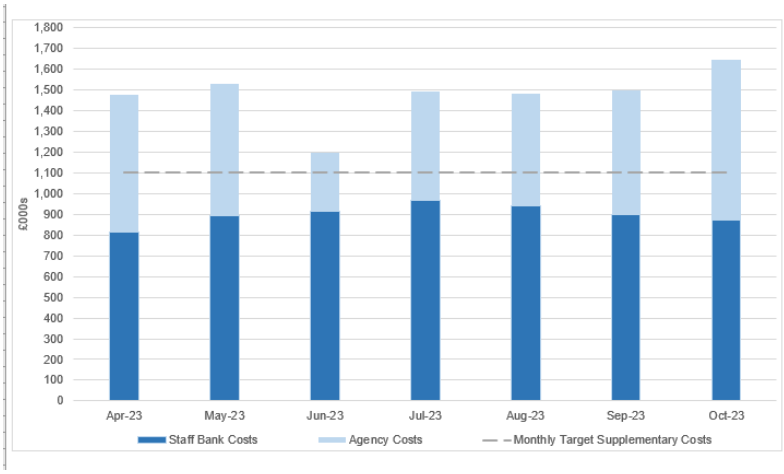
Appendix 1

Performance against Financial Recovery Plans assigned as Supplementary Staffing Targets

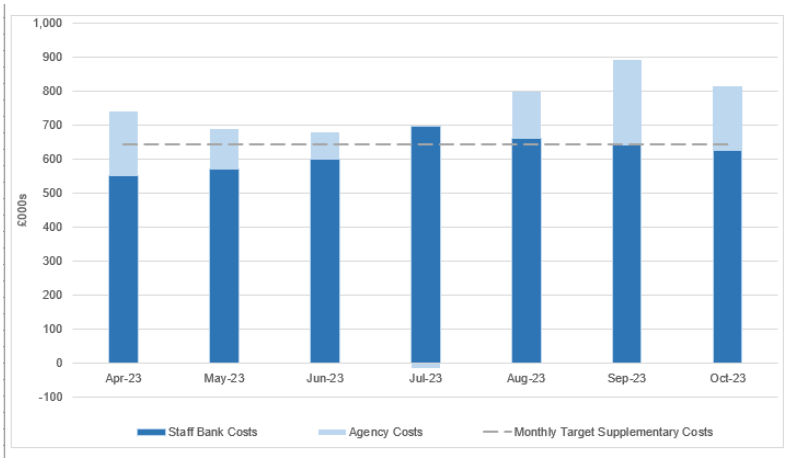
St Johns



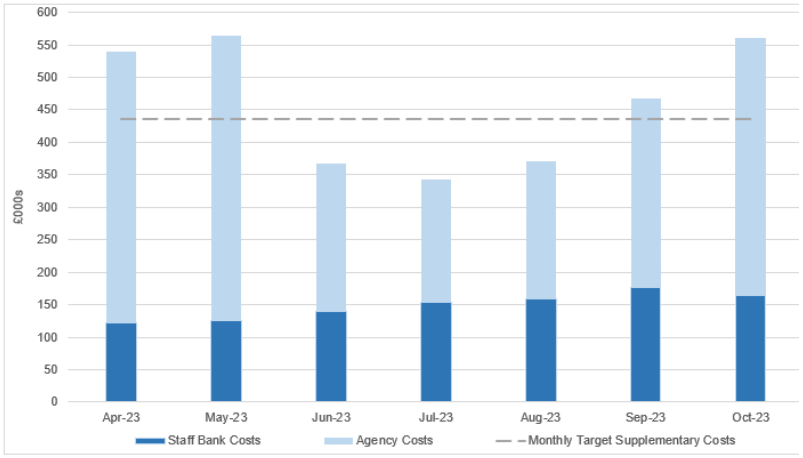
RIE



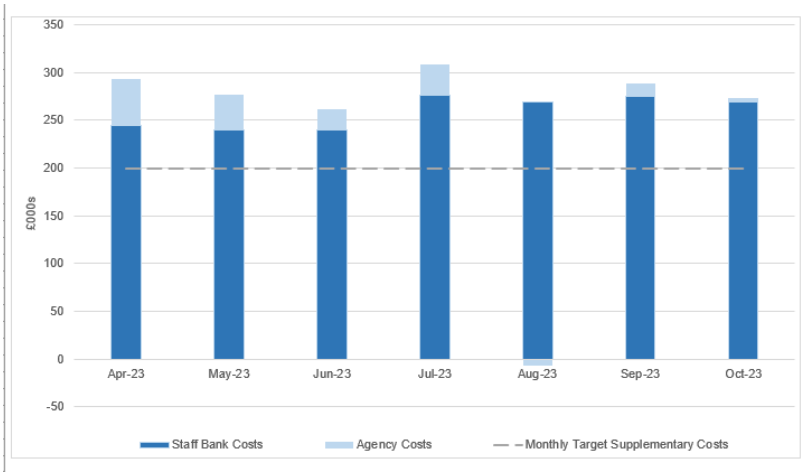
WGH



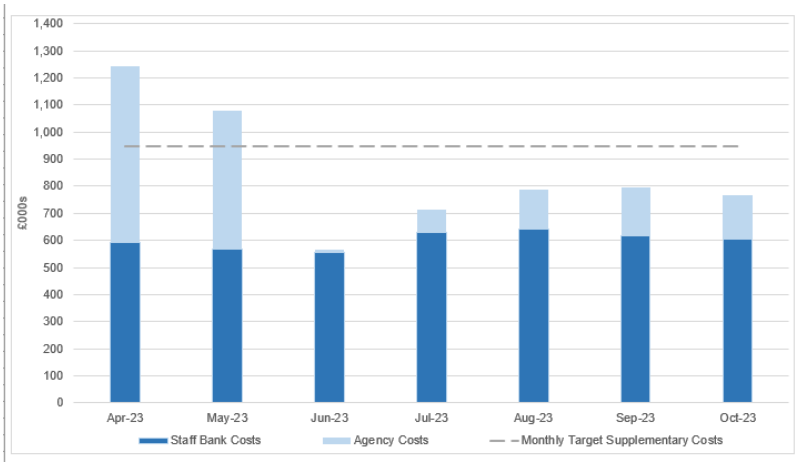
DATCC



W&C



REAS



Appendix 2

From: MacDonald, Alison X <alison.macdonald11@nhslothian.scot.nhs.uk>
Sent: 07 December 2023 08:47
To: Ireland, Fiona <Fiona.Ireland@nhslothian.scot.nhs.uk>; McNulty, Jane <Jane.McNulty@nhslothian.scot.nhs.uk>; Corcoran, Janet <Janet.Corcoran@nhslothian.scot.nhs.uk>; MacArthur, Juliet <Juliet.MacArthur@nhslothian.scot.nhs.uk>; McAuley, Gillian <Gillian.McAuley@nhslothian.scot.nhs.uk>; Wynne, Pat <Pat.Wynne@nhslothian.scot.nhs.uk>; Perez-Botella, Mercedes <mercedes.perez-botella@nhslothian.scot.nhs.uk>; Ozden, Karen <Karen.Ozden@nhslothian.scot.nhs.uk>; Cameron, Heather X <Heather.X.Cameron@nhslothian.scot.nhs.uk>; Jack, Michelle <Michelle.Jack@nhslothian.scot.nhs.uk>; Macrae, Jacqui <Jacqui.Macrae@nhslothian.scot.nhs.uk>; Gossner, Sarah <Sarah.Gossner@nhslothian.scot.nhs.uk>; Yule, Linda <Linda.Yule@nhslothian.scot.nhs.uk>; Stratton, Fiona <Fiona.Stratton@nhslothian.scot.nhs.uk>; Jack, Michelle <Michelle.Jack@nhslothian.scot.nhs.uk>; Watters, Jennifer <Jennifer.Watters@nhslothian.scot.nhs.uk>; Campbell, Peter <Peter.Campbell@nhslothian.scot.nhs.uk>; Ruggeri, Katy <katy.ruggeri@nhslothian.scot.nhs.uk>; Mills, Gordon <Gordon.Mills@nhslothian.scot.nhs.uk>; Meldrum, Carolyn <Carolyn.Meldrum@nhslothian.scot.nhs.uk>; Ritchie, Agnes <Agnes.Ritchie@nhslothian.scot.nhs.uk>; Gaskell, Fiona <Fiona.Gaskell@nhslothian.scot.nhs.uk>; Palmer, Claire <Claire.Palmer@nhslothian.scot.nhs.uk>; Boyle, Neil <Neil.Boyle@nhslothian.scot.nhs.uk>; Stenhouse, Craig <craig.stenhouse@nhslothian.scot.nhs.uk>; Carr, Michelle <Michelle.Carr@nhslothian.scot.nhs.uk>; Tyrothoulakis, Aris <Aris.Tyrothoulakis@nhslothian.scot.nhs.uk>; Gorman, Iain <Iain.Gorman@nhslothian.scot.nhs.uk>; Mackay, Andrew 5 <Andrew.Mackay5@nhslothian.scot.nhs.uk>; Stirling, Chris <Chris.Stirling@nhslothian.scot.nhs.uk>; Wilson, Fiona <Fiona.Wilson@nhslothian.scot.nhs.uk>; Hood, David <David.Hood@nhslothian.scot.nhs.uk>; White, Alison <Alison.White@westlothian.gov.uk>; Lawton, Yvonne <Yvonne.Lawton@nhslothian.scot.nhs.uk>; Barrow, Morag <Morag.Barrow@nhslothian.scot.nhs.uk>; Cowan, Grace <Grace.Cowan@nhslothian.scot.nhs.uk>; Massaro-Mallinson, Mike <Mike.Massaro-Mallinson@nhslothian.scot.nhs.uk>; Guthrie, Lindsay <Lindsay.Guthrie@nhslothian.scot.nhs.uk>; Pat Togher <pat.togher@edinburgh.gov.uk>
Cc: Chief Executive <ChiefExecutive@nhslothian.scot.nhs.uk>; Crombie, Jim <Jim.Crombie@nhslothian.scot.nhs.uk>; Gillies, Tracey <Tracey.Gillies@nhslothian.scot.nhs.uk>; Marriott, Craig <Craig.Marriott@nhslothian.scot.nhs.uk>; Miller, TracyAnne <TracyAnne.Miller@nhslothian.scot.nhs.uk>; Milne, Dona <Dona.Milne@nhslothian.scot.nhs.uk>; Butler, Janis <Janis.Butler@nhslothian.scot.nhs.uk>
Subject: Staff Rostering and Agency Process

Please ensure this email is cascaded through both professional and operational management lines.

Staff Rostering Guidance

It has recently come to my attention that there is inconsistent practice in the way that the Staff Rostering Guidance is being implemented so I have taken the opportunity to update the guidance to clarify some key issues which are outlined below. A copy of the updated guidance is attached and I would be grateful if you could bring this updated guidance to the attention of all relevant staff and ensure that it is strictly adhered to at all times. **The roster is a legal document and must reflect an accurate record of who was at work at what time**. The key issues that have been highlighted relate to the payment for shifts if a shift is changed following the issue of the roster and payment to night duty only staff who may require to work a day shift for further training or personal development. These clarifications have been highlighted in the revised copy of the Roster Guidance which is attached with this e mail, the guidance is otherwise unchanged.

It is expected given the nature of the service that we are delivering that inevitably there may be a requirement for staff to change a shift to meet service needs after the rota has been agreed and equally a member of staff may also wish a shift change to accommodate something out with work. It is important that staff are only paid the shifts that are actually worked including any relevant unsocial hours and **no** payment is made for the shift or unsocial hours that would have been worked if the change had not taken place. This appears to have been the practice in some areas and it is not an appropriate payment to be made – staff must only be paid for the shifts actually worked regardless of whether a rota change takes place or not.

There has also been some inconsistent practice in the way Night Duty Only Staff are paid when they are required to work a day shift for training purposes. A Night Duty Only member of staff is entitled to be paid for this day as though they had worked a normal night shift and therefore the appropriate night duty enhancements should still be paid regardless of the fact that they have not actually worked the night shift on that particular day. This is relevant for Night Duty only staff and not staff who work night duty as part of a normal rotational shift pattern.

Both of the above issues have been highlighted in the attached revised guidance to ensure there is clarity on the payments to be made and it is essential that payment is made in line with this guidance in all service areas.

As you know there has been a considerable focus in recent weeks on Agency staff and working and I thought it would be useful to re-iterate the following in terms of the use of Agency and Bank staff:

- All agency requests must have the appropriate approval from the Associate Nurse Director / Chief Nurse or deputy
- Agency workers must not be booked by wards and departments locally
- Bank and agency workers must not be booked to cover on call shifts
- Attendance by bank and agency workers must be confirmed by a person authorised to do so and who actually witnessed the worker whilst on duty
- Bank and agency nurses attending for duty should be checked against the roster – if there is no booking for individuals attending for duty this must be escalated to the Staff Bank immediately. There have been incidents in other Boards of people attending claiming to be agency workers, exposing a patient safety risk and an information governance risk. https://www.thenational.scot/news/23954188.person-

entered-fife-hospital-ward-given-patient-data-left/ https://www.bbc.co.uk/news/uk-scotland-glasgow-west-67473565

I hope the above and attached updated guidance provides clarity on how payments should be made particularly following a shift change and it is essential that this is adhered to in all service areas and therefore it will be important that you widely share this information with all relevant staff.

Thanks in anticipation for your co-operation in this matter.

Alison Macdonald
Executive Nurse Director

Alison Macdonald
Executive Nurse Director
NHS Lothian|2 - 4 Waterloo Place|Edinburgh|EH1 3EG

11

eRostering

Rostering Guidance for Nursing, Midwifery and Operating Department Practitioners

1 Issued by: eRostering Team
2 Version 5 November 2023

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14 Introduction

NHS Lothian recognises the value of its workforce and is committed to supporting staff to provide high quality patient centred care. NHS Lothian acknowledges the need to balance the effective provision of service whilst supporting staff to achieve an appropriate work life balance. However this must be set against the need to ensure safe levels of staffing to maximise the quality of patient care and reduce clinical and non clinical risk.

Scope

This guidance is intended for use by all Nursing & Midwifery staff within NHS Lothian in conjunction with the extant NHS Lothian and NHS Scotland ER policies.

Purpose

The purpose of this guidance is to ensure safe, high quality care through the effective utilisation of the workforce ensuring efficient rostering by:

- Ensuring published rosters are fair, equitable, consistent and fit for purpose, with the appropriate skill mix to maintain safe and appropriate staffing to meet the changing clinical demands
- Minimising clinical and non clinical risk associated with the level and skill mix of staff
- Ensuring compliance with Working Time Regulations and Healthy working lives
- Effective monitoring and management of planned and unplanned absence, identifying trends, generating comparisons and priorities for action
- Efficient utilisation of existing staff, minimising the requirement for supplementary staffing

Responsibilities

The responsible Manager will:

- Ensure that a quality duty roster is produced, maintained and finalised in line with the Key Performance Indicators (KPI's)
- Ensure that expenditure does not exceed the allocated budget in all wards, departments and units
- Escalate any concerns around staffing levels / expenditure to their line manager and professional lead
- Ensure that rosters reflect the needs of the service and are responsive to fluctuations in demand
- Ensure consistency and fairness to all in respect of requests
- Confirm that a true record of hours/shifts worked is recorded in Scottish Standard Time System (SSTS) or within HealthRoster for data entry to SSTS
- Nominate a deputy to manage the roster in their absence and ensure these staff are appropriately trained
- Ensuring that there are enough staff in the right place at the right time, based on the agreed and funded skill mix with the right competencies, to meet the needs of the service
- Monitor and manage staff absence in line with policy

Staff are responsible for:

- Attending work as per their duty roster
- Adhering to the requirements set out within the roster guidance
- Being reasonable and flexible with their roster requests and being considerate to their colleagues within the standards detailed

General Roster Standards

- The Manager must assume responsibility for validating the roster even if the production of the roster has been delegated to another member of staff.
- Band 7 managers must be visible, accessible and have maximum presence in their area which should be reflected on the roster. A minimum of 7.5 hours management time per week should be clearly recorded on the roster.
- Final fully approved duty rosters must be made available to staff a minimum of 4 weeks in advance.
- Each roster should have one cost centre, with all nursing staff in that cost centre being on the roster
- The roster should be based on a demand template which reflects the levels of staffing required to ensure the needs of the service are met (see Appendix 1 *1) within the funded budget.
- Additional duties (over and above the agreed and budgeted staffing level) must be approved by the Clinical Nurse Manager / Service Manager. HealthRoster users will require the Clinical Nurse Manager / Service Manager to add the additional duty within HealthRoster.
- Staff should take into account that shifts may require to be changed, to meet service needs, within the 4 week period. Any such changes will be subject to negotiation between the staff member and the manager or deputy and will maintain the optimum use of the nursing resource.
- Such changes as are made will be remunerated at the rate applicable to the shift actually worked.
- All changes to the roster must be clearly recorded and signed for audit purposes for manual rosters. (In HealthRoster an audit trail is automatically recorded).
- The Staff member in charge of each shift should be clearly identified on the roster.
- The manager should ensure annual leave requests are approved in equal proportions though out the year (see Appendix 1 *2) and taken within each financial year. In exceptional circumstances the carry forward of unused annual leave, not exceeding one week (pro rata) may be approved by the Clinical Nurse Manager (CNM) or equivalent.
- Priority should be given to filling shifts which attract a higher rate of pay utilising substantive post holders to minimise expenditure on supplementary staffing
- Shift patterns should be reviewed regularly to meet service need and any changes should only be made once agreed by the key stakeholders and partnership/Heads of service
- Staff will be required to work a variety of shifts and shift patterns depending on patient need and contractual arrangements. This may include rotation to night duty
- All rosters must be compliant with the European Working Time Directive (see Appendix 1*3)
- Rosters are a legal document which must be retained for 2 years and can be used in courts of law, hearings, investigations to ascertain which staff were on duty.

Shift Allocation

All staff are expected to cover a locally agreed number of weekend / night / on call shifts during a set period unless a fixed pattern or flexible working agreement has been authorised for which these shifts are exempt.

- Rostering of staff should also take cognisance of staffing across the CMT / H&SCP prior to referring demand to the Staff Bank.
- Weekend shifts are defined as Friday night shift and Saturday and Sunday day and night shifts. The manager will ensure fairness in the allocation of nights and weekends.
- Each member of staff employed on 7 day contract will be rostered for at least one full weekend off in each 4 week period.
- The maximum number of consecutive long days rostered is 3. The maximum number of consecutive night duty shifts rostered is 4 unless specifically negotiated with individual staff member. Adequate rest following a night shift as defined below must be adhered to.
- Band 7 managers will only work weekend, public holiday or night shifts by prior agreement with the CNM when
    - fulfilling their hospital cover / team cover commitment.
    - their clinical skills/knowledge is required on these shifts.
    - there is a requirement for them to work in a supervisory capacity.
- To meet the exigencies of the service and subject to risk assessment by Clinical Nurse Manager / Service Manager staff may be re-allocated from one roster to another for the duration of a shift. To maintain accurate records any staff movement must be recorded on the roster in real time. (SafeCare can be used to do this)

Skill Mix

- Band 7 managers will generally work 5 weekday shifts per week (pro rata) unless otherwise agreed by CNM.
- Each area must have an agreed number of registered and non-registered staff rostered per shift (the demand template in HealthRoster). This number will be agreed between ward/department manager and CNM/Service Manager and must be achievable within budget.
- In exceptional circumstances such as short notice absence where the minimum number is not achieved or relevant competencies are not held, a risk assessment and patient dependency review by the ward/department manager must be completed. Actions must be taken to use staff from within Directorate structures or where appropriate and authorised staff bank may be requested.
- Senior staff (as locally identified) should work in a complementary pattern. In HealthRoster a rule can be set up to prevent senior staff being rostered on duty at the same time as each other.

EWTD & Breaks

- All shifts should include a minimum of 20 minutes uninterrupted unpaid break if greater than 6 hours.
- All breaks should be taken within the shift worked and not at the end of the shift to ensure staff have adequate rest periods.
- The duration of the unpaid meal break entitlement must be included on the roster.
- The Staff member in Charge of each shift is responsible for ensuring that breaks are facilitated and for escalating requirement for cover where this cannot be achieved.
- Rosters must be compliant with the Working Time Regulations and be able to demonstrate
    - 11 hour break between shifts – where this cannot be achieved as a consequence of working hours during on call period or working extra hours after shift end time compensatory rest must be given
    - 24 hour break in each 7 day period or a 48 hour break in each 14 day period
    - a working week (inclusive of extra hours , overtime and supplementary / concurrent employment) of less than 48 hours averaged over a 17 week period
- The roster should allow for 2 full nights of sleep when switching from night shift to day shift.
- If at all possible staff should not be rostered for night duty or late shift immediately prior to a period of off duty. Where this cannot be avoided prior to annual leave, there should be a day off / rest day before the annual leave commences so that the staff member is not working into the first morning of their annual leave

Requests

NHS Lothian expects managers to be sensitive to the needs of staff; however staff must understand that requests may not always be granted. Requests can only be granted when the needs of the service have been covered.

Where a ward is using HealthRoster, all shift requests should come from staff via the electronic EOL (Employee on Line) account.

- A maximum of 4 shift requests is permissible in each 4 week roster
- The HealthRoster system will automatically pro rata the number of requests for part time staff using the calculation: 4 x (Hours/37.5) = Round up to the nearest whole number. For example, a staff member who works 22.5 hours per week: 4 x (22.5/37.5) = 2.4. The system will allow 3 requests to be made via EOL
- Manager when considering requests for all types of leave will firstly take into account the needs of the service
- The use of appropriate ER policies around flexible working should be considered where staff request regular and recurring rosters for specific shift patterns
- If requests for specific shifts / days off are made, there is no guarantee that they will be accommodated as service need must take priority at all times. The responsible manager will also take into account the fairness and equity of the distribution of requests granted across the staff group. (In HealthRoster there are fairness measures that can be referred to)
- If staff members have any concerns regarding requests, these must be discussed with the Senior Charge Nurse / Line Manager in the first instance.
- Changes to off duty to accommodate staff requests / swaps made after the roster has been fully approved must take into consideration expected workload, grade of staff, experience and competencies required on that shift. These changes need to be authorised by responsible manager or their deputy.

- Changes in off duty to accommodate service needs made after the roster has been fully approved should be in agreement with the staff concerned.

Time Off In Lieu (TOIL)

- Any time worked by staff over and above their contracted hours should be recorded on the duty roster and sanctioned by the manager or their deputy.
- A record of additional hours must be maintained that allows any time off claimed back to be recorded and sanctioned by the manager
- Time off in lieu should be taken, in full or part shifts, within 4 weeks and must be taken within 3 months of the hours being accrued. Staff who for operational reasons are not able to take TOIL owed within 3 months are entitled to be paid for the hours in accordance with Agenda for Change. (In HealthRoster this can be recorded and monitored and will incorporate under or over worked hours on a weekly basis and cumulatively across the 4 week roster).

Planned and Unplanned Leave

- The maximum number of staff on planned leave (PAA or predicted absence allowance) at any one time must be predetermined by responsible manager and agreed with CNM.

  NHS Lothian has a 21½ % PAA across all in patient areas. The table below illustrates the indicative breakdown

Annual Leave	14.5%
Sickness Absence	4.0%
Study Leave	1.0%
Maternity Leave	1.0%
Other	1.0%
Total	**21.5%**

- Consideration needs to be given to annual leave allocation when staff rotation is practised / new start is engaged as this can impact on predicted absence allowance

NB HealthRoster is set with minimum of 11% and maximum of 17% Annual Leave (as per Board aiming for average 14.5%) per week and per skill mix. The Roster Analyser allows for easy monitoring of these figures when creating the roster.

Study Leave

- To ensure the delivery of the highest quality of healthcare there should be equality and access to opportunities for the development of skills and knowledge. Attendance should be prioritised to ensure compliance with organisational, professional and legislative requirements.

- Where it is being used, all study is required to be entered on to HealthRoster

- For staff who work an entirely night / weekend roster pay as if at work (PAIAW) will apply for periods of study. The shift should be recorded as Study Leave for the hours of study and the payment amendment recorded as a payroll note. *"Please pay xxx (Night/Saturday/Sunday – as applicable). Employee was on Study Leave days and is a permanent night / weekend worker."* Payroll Notes require to be authorised before each monthly SSTS cut off date, to ensure accurate payments.

Sick Leave

- All sickness absence should be recorded on the roster and entered into SSTS (see Appendix 3 re SSTS entry for HealthRoster users)

Annual Leave

Guidance should be considered in conjunction with NHS Scotland Agenda for Change Annual Leave policy and Agenda for Change Terms and Conditions of service.

- Annual leave entitlement should be calculated in hours and each member of staff should be advised of their annual (or part year for new starts) allocation
- Where HealthRoster is being used, all annual leave requests should be made through EOL.
- The manager or delegated deputy must approve all annual leave requests and advise staff accordingly. In HealthRoster the staff member will receive an e mail advising approval or rejection of an annual leave request. Annual leave requests are symbolised by a "?" and approved requests are symbolised by a "palm tree" within HealthRoster.
- Each ward/Team should calculate how many registered and unregistered nurses must be given annual leave in any one week. An agreed number needs to be set and adhered to. Should this number not be met, by way of requests, the manager will allocate leave following discussion with staff members who have taken less than anticipated annual leave for the year to date. The Predicted Absence Allowance (PAA) for Annual Leave should be consistently applied throughout the year.
- In specialist areas where the workload varies a more flexible approach can be adopted to support service delivery. Such local arrangements to deviate from the PAA standard need to be approved by the CNM and notified to all staff members. The sign off process will apply as detailed in the bullet point above.
- The responsible manager will take into account clinical activity on public holidays when planning the roster, allocating leave fairly and equitably across the year whilst maintaining the required staffing level to deliver services.
- At least 6 weeks notice of annual leave requests is acceptable and individual staff are responsible for appropriately managing their leave over each 12 month period. Occasional annual leave days may be approved with less notice providing service delivery can be maintained.
- Supplementary staffing must not be utilised to facilitate annual leave above the agreed 14.5% allocation.

Bank / Agency Staff

- The NHS Lothian Financial Procedure for Ordering Supplementary Staffing sets out guidance for use of bank and agency.
- Hard to fill and expensive shifts should be allocated to substantive post holders to minimise expenditure on supplementary staffing
- Bank shifts ordered should be for the minimum time required for that shift i.e. shorter shifts
- Any changes to requirements for supplementary staffing must be communicated to the staff bank.
- HealthRoster users must submit requests for supplementary staffing directly from the roster using shifts within the demand template.
- Bank and agency staff attending for duty should be checked against the roster. In the event the nurse / midwife is not recorded on the roster for the shift this must be escalated to the Staff Bank to confirm the credentials of the individual.
- No on call shifts should be allocated to bank or agency workers

Students & Mentors

- Students should be rostered with their mentors where possible and for a minimum of 40% of their allocation. This is necessary to facilitate the assessment process.
- Changes to the roster of the mentor must also take account of the supervision of the student by either allocating to another member of staff or amending the student's roster.
- All students are supernumerary at all times and must not be included in the staffing establishment.

Temporary Deployment of Staff

During staff shortages it is accepted that staff may be required to work in other clinical areas to provide a safe and efficient service. If an area requires staffing the Clinical Manager for that area is responsible for the deployment of staff within the directorate. Out of hours this will be the site manager/duty manager.

It is recognised that occasionally staffing needs to be viewed as a whole ie cross directorate when staffing deployment in a directorate is not possible. The clinical managers for these areas are responsible for resolving staffing issues.
Where consensus cannot be achieved the clinical manager will escalate this to the appropriate site manager for wider discussion and consensus regarding priorities.

All movement of staff must be recorded in real time on the roster to maintain an accurate record of staff working in each area.

Appendix 1: Matching demand with an appropriate supply of nurses

To roster an appropriate number of staff you will need to be aware of:

- The funded establishment (number of WTE) for your ward/department for registered and non registered staff
- The breakdown of WTE's available and not available owing to predicted absences. There is an allowance built into the in patient staffing budget for predicted absence.
- The leave entitlement that can be planned for i.e. annual leave /study leave or is unplanned i.e. sick leave, some types of special leave.
- Knowledge of the peaks and troughs of service demand across the week.
- The required staffing level / skill mix required for each shift

In HealthRoster Reference data in Personnel>Establishment>Unit Name gives budget and actual WTE figures and the staffing requirements built into the demand template must be affordable taking into account predicted absences.

Appendix 2: Allocating the resources

The funded productive and non productive establishment form the basis for building a roster.

Based on your funded establishment calculate the non productive hours.
Planned annual leave can then be allocated and spread evenly throughout the year.

Ward /Unit **xx** has **21 wte** registered staff and **7 wte** non registered staff. The percentage of staff on annual leave at any time should be **14.5%**

Therefore:
21 x 0.145 = **3.05 wte**
7 x 0.145 = **1.02 wte**

The allocation of annual leave would be approximately 3 registered and 1 non registered full time members of staff (or the equivalent wte total) per week on leave to achieve balance over the year.

Appendix 3: Determining and allocating a suitable mix of competency and experience

The remaining portion of the funded WTE is now available to manage organisational requirements, unpredictable fluctuations in workload demand eg higher acuity patients and unplanned leave replacements.

Matching demand for staffing (defined in terms of nursing and midwifery hours) with an appropriate supply of nurses and midwives is a critical phase of the rostering process. Before determining the skill mix requirements for each period of the day, it is necessary to determine the numbers and skill mix of staff required to meet the workload “peaks and troughs”.

An assessment must be made of the skills of the staff required and a demand determined for each skill mix group for each 24 hour period.

The CNM and Band 7 manager should agree the required and affordable staffing requirements for an area in advance. This should include agreement of the grade and level of competence of staff required for each shift within the funded establishment.

On an annual basis wards and departments will utilise the nationally agreed workload and workforce planning tools (where available) for the specialty, the professional judgement tool and measure the care quality indicators for triangulation.

Appendix 4: SELF AUDIT

It is recommended that the Band 7 manager audits the actual duty rosters against the standards in this guidance on a regular basis to ensure best practice. To enable self audit to reflect the standards it is suggested that a 4 week block of rosters is reviewed with a detailed analysis of one week.

In Health Roster there is a Roster Analysis tool that replicates the self audit.

NHS Lothian ROSTER SELF AUDIT

Hospital	Ward	4 Week Roster Period commencing

Item	Standard	Y	N	Comments
For week one of the block of rosters being audited				
	Roster has been validated by Band 7 manager			Partially approved/fully approved
	Roster was made available to staff 4 weeks or more before week commencing date			Roster stats will give dates when roster was fully approved (available to staff via EOL)
	"In Charge" identified against each shift			Take charge shifts empty in vacant shifts and shield shift visible on roster
	Changes to roster are clearly recorded			Any changes since approval marked with a "daisy". All shifts carry audit trial of changes.
	Appropriate use of supplementary staffing? ie not on nights or weekends			
	Band 7 manager working only weekday shifts			
	11 hour break between all shifts for all staff			Any warnings where WTE rule has been broken (daily staffing duties with warnings or roster analyser)
	24 hour break in each 7 day period or 48 hour break in 14 day period for all staff			
	All episodes of sickness are recorded on the roster			
	Skill mix appropriate across all shifts			
	Totals			
	% Compliance		*%*	*Number with "YES" x 10*
For four week block of rosters being audited				
	Annual leave % is equal to PAA			Roster analyser
	All staff working a 7 day contract have been rostered one full weekend off duty			Unit rule set and see if been broken (daily staffing duties with warnings or roster analyser)
	No member of staff is working longer than 3 long day shifts or 4 long night shifts consecutively			Staff restrictions and duty warnings
	Staff switching from night to day have 2 full nights sleep before roster restarts			Unit/global rule
	Student nurses worked with their mentor at least 40% of their placement over the period			
	Totals			
	% Compliance		*%*	*Number with "YES" x 20*

Appendix 5: SSTS Arrangements for HealthRoster Users

Until there is an interface between HealthRoster and SSTS all roster data must be transferred into SSTS.

As areas are migrated to HealthRoster detailed instruction will be provided regarding the arrangements in place for rekeying to SSTS.

15 Contact Information

Email: eRostering@nhslothian.scot.nhs.uk

Phone: 0131 536 2020 (Ext 62020)

16 Available from:

Monday – Friday 09:00 – 15:00 (closed public holidays)

17 eRostering intranet page is now live

http://intranet/NHSLothian/Corporate/A-Z/eRostering/Pages/default.aspx

NHS LOTHIAN

12.

Corporate Management Team
April 2024

Executive Director of Nursing, Midwifery & AHPs

APPLICATION OF DL (2024) 04
NURSING AND MIDWIFERY AGENCY

1 Purpose of the Report

1.1 The purpose of this report is to update CMT on the progress against the requirements of DL (2024) 04 and subsequent guidance from the national Supplementary Staffing Task and Finish Group.

1.2 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

2.1 CMT is asked to

2.1.1 **Note** the most recent DL and guidance from the national Supplementary Staffing Task and Finish Group.

2.1.2 **Note** that whilst there was a reduction in agency expenditure by £6m in 2023/24 over that in 2022/23 the total expenditure on bank and agency increased by £2.5m.

2.1.3 **Take action** within Divisions to ensure that

- Annual leave is managed throughout 2024/25 to prevent a disproportionate level of leave in quarter 4.
- The reason codes recorded for requesting supplementary staffing are accurately defined

2.1.4 **Engage in a review** of target reductions for supplementary staffing that takes account of the improved substantive staffing position and **use** the local grip and control meetings to ensure delivery of these targets within business units.

2.1.5 **Endorse** the proposed controls described at 3.6

2.1.6 **Support** the exemptions to the national actions described at para 3.5.3 to permit continued use of non registered agency supply to the Melville Unit until an alternative solution to the patient acuity can be delivered and to engage with agency requirements for theatres in WGH / St J at 4 weeks notice to secure the theatre matrix.

3 Discussion of Key Issues

3.1 The DL (2024) 04 issued on 12th March builds on the DL (2023) 14 issued in May 2023. DL (2024) 04 sets out that

From 1 April 2024 Health Boards are to no longer use agency workers to fill Healthcare Support Worker (HCSW) / unregistered staff shifts.

Any circumstance where HCSW agency is being used should be approved by the relevant responsible Executive Director within the Board.

Similarly to DL (2023) 14, these arrangements must be adhered to in all situations except where it is clear that not accessing staff via an agency will result in either a clinical safety breach or suspension of a service or, otherwise, a breach of a Board's legal obligations.

3.2 The National Task and Finish Group have issued further instruction on 4th April (but dated 19th March) as set out below

April 2024:

No new agency workers will be added to lists without Executive sign-off. Reasons for addition to lists would be to ensure a need for a required skillset can be fulfilled, and to add staff at a more preferential rate than is currently available for a particular skillset.

June 2024:

No block bookings without Executive sign-off.
No agency usage without sign off by an appropriate delegate for the Executive responsible.
No agency requests to be accepted more than 72 hours in advance of a shift, with this timeframe being kept under review.

October 2024:

Agency usage should be by exception only, exceptions being the prevention of service failure and ensuring patient safety.

3.2.1 DL (2023) 14 required that from 01 June 2023 all agency for nursing and midwifery was filled only via the National Procurement Framework NP510 contract.

3.3 <u>Background</u>

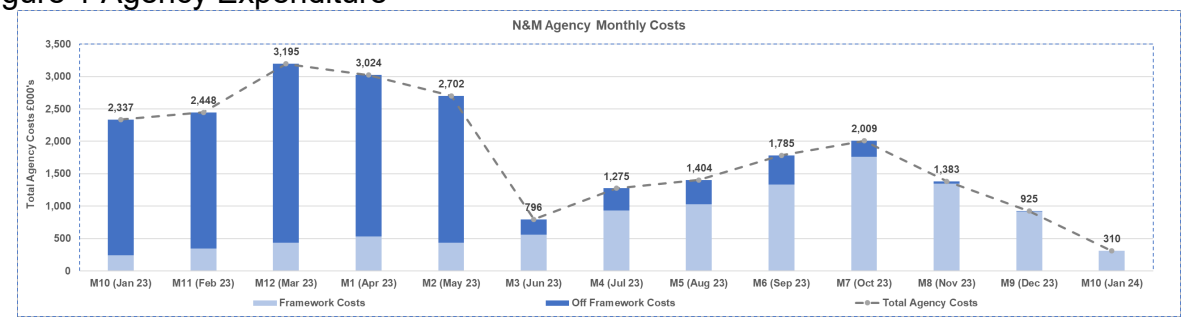
3.3.1 Previous papers to CMT in April 2023 and August 2023 have set out three asks of CMT

- To endorse and ensure delivery of the plan for controlling agency use through the constituent Workforce Groups
- To ensure consistent messaging across the organisation that accurately reflect the workforce pressures, the mitigating actions and the requirement to deliver against this national programme
- To approve the escalation process and levels and to communicate these through the management line.

Additionally CMT agreed the break glass criteria and endorsed the scrutiny and governance role of the Supplementary Staffing Grip and Control group in overseeing the actions required to deliver this agenda.

3.3.2 The actions taken by the Supplementary Staffing Grip and Control group continued to drive down the use of agency over quarter 3 as illustrated in figure 1.

Figure 1 Agency Expenditure



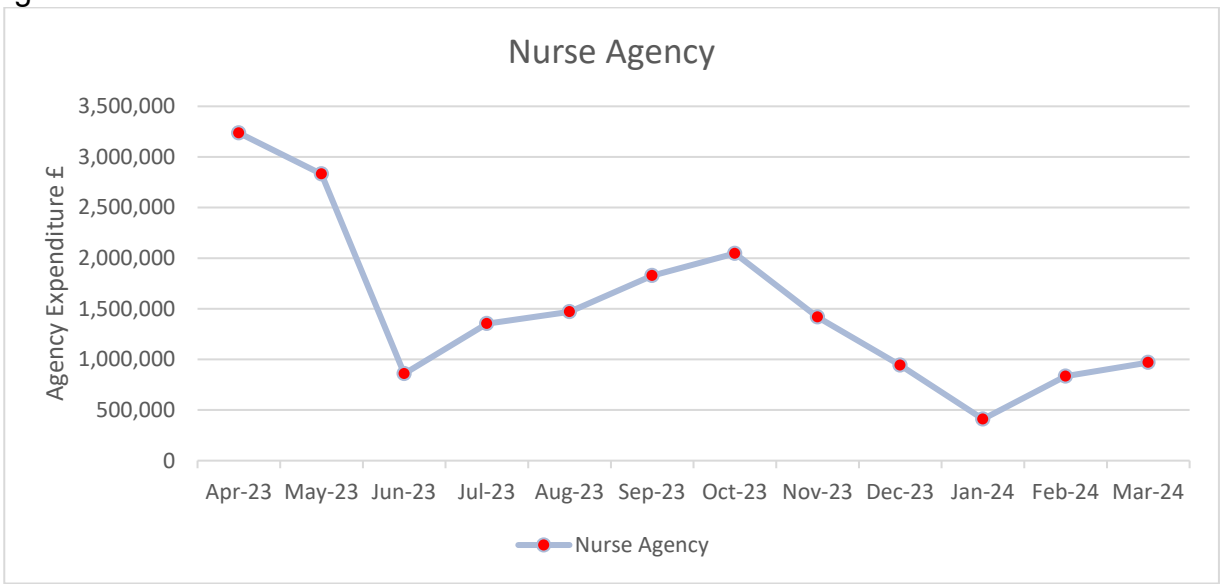
3.3.3 From October there was a steady reduction in the agency spend. This aligned with the recruitment of the newly qualified registered nurse workforce.

3.3.4 The removal of virtually all off contract expenditure NHS Lothian's reliance on off contract agency from October aligned with the revised national agency contract.

3.3.5 The expenditure in January 2024 was 87% less than the expenditure in January 2023.

3.3.6 This position has not been sustained. Agency expenditure in February and March has increased to £833k and £968k respectively, a spend of £1.1m more than would have been had the January position been held steady (as shown in figure 2). Over February and March there was also an additional £500k expenditure on staff bank supply.

Figure 2



3.3.7 All business units, except Edinburgh H&SCP, have reduced the expenditure on agency as a consequence of the measures applied in 2023/24 compared to 2022/23.

3.3.8 Despite the improvement in the agency position the full year expenditure on supplementary staffing is greater in 2023/24 than 2022/23 by £2.5m. Agency expenditure has reduced by £6m but the expenditure on bank is up by £8.5m.

3.3.9 Only REAS and West Lothian H&SCP have reduced the total expenditure on Supplementary Staffing.

3.3.10 The detailed expenditure, by business unit, comparing 2022/23 and 2023/24 is shown in table 1.

Table 1

2022/23	**Agency**	**Bank**	**Grand Total**
Acute Services Division	15,826,609	22,822,999	38,649,608
Directorate Of Primary Care		2,174,430	2,174,430
EL H&SCP	70,691	2,131,811	2,202,502
Edin H&SCP	462,531	5,437,862	5,900,393
ML H&SCP	523,198	1,182,582	1,705,780
REAS	4,197,193	6,797,413	10,994,607
WL H&SCP	857,637	2,001,206	2,858,843
Grand Total	**24,153,402**	**45,883,498**	**70,036,900**
2023/24	**Agency**	**Bank**	**Grand Total**
Acute Services Division	13,397,337	28,672,248	42,069,586
Directorate Of Primary Care		887,503	887,503
EL H&SCP	10,968	2,568,895	2,579,863
Edin H&SCP	987,141	7,650,991	8,638,132
ML H&SCP	296,554	1,301,721	1,598,275
REAS	2,302,812	7,383,411	9,686,223
WL H&SCP	243,496	2,038,860	2,282,356
Grand Total	**18,196,338**	**54,434,557**	**72,630,895**
Movement 22/23 to 23/24	**Agency**	**Bank**	**Grand Total**
Acute Services Division	(2,429,272)	5,849,250	3,419,978
Directorate Of Primary Care	0	(1,286,927)	(1,286,927)
EL H&SCP	(59,723)	437,084	377,361
Edin H&SCP	524,610	2,213,129	2,737,739
ML H&SCP	(226,644)	119,139	(107,505)
REAS	(1,894,382)	585,997	(1,308,384)
WL H&SCP	(614,141)	37,654	(576,487)
Grand Total	**(5,957,063)**	**8,551,059**	**2,593,996**

3.3.11 With a continued expenditure on agency of £18.1m in 2023/24, of which the Q3 expenditure was c £2.5m a 50% reduction in the Q3 position in agency spend is a realistic target for the first 6 months with a further reduction in the second half of the year following the 2024 newly qualified registered nurse recruitment.

3.3.12 Many business units have put forward FRP plans against supplementary staffing. The Nursing and Midwifery Workforce Thematic Efficiency Group are reviewing these plans against the 2022/23 and 2023/24 expenditure to assess if the targets are achievable or sufficiently stretching.

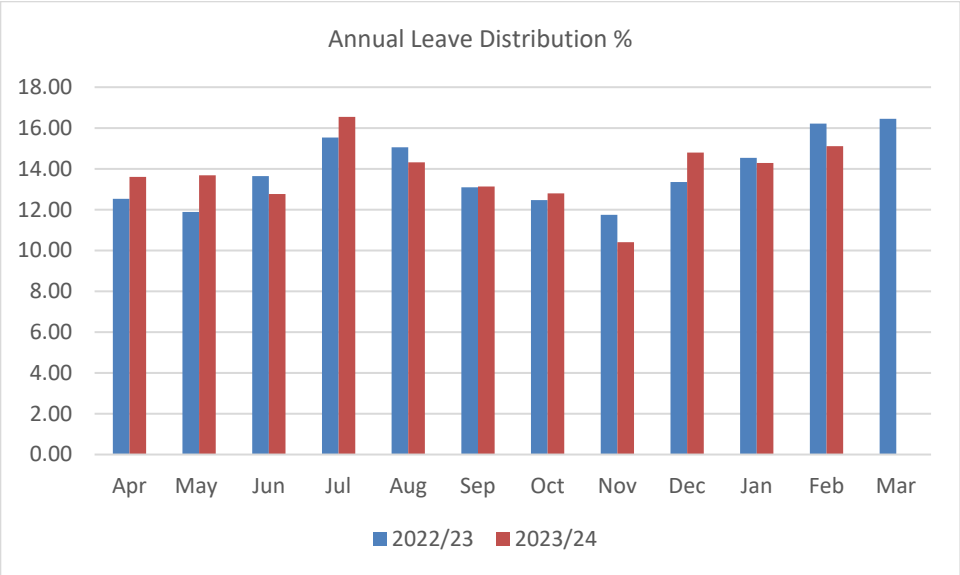
3.3.13 The reduction in agency will not be fully realised as a saving as a proportion of the shifts will be converted to Staff Bank or other supplementary solutions (Extra Hours / overtime).

3.3.14 The February / March demand for agency was anecdotally attributed, by the senior nurses (ANDs/ Chief Nurses) to increased utilisation of annual leave at the year end.

3.3.15 The % annual leave is around 14 -14.5% which is the anticipated level and should be accommodated within the establishment PAA. Whilst the number of hours of annual leave taken is higher the % of the nursing workforce on annual leave was lower in February 2024 compared to February 2023, this will be related to an increased in post. The March figures are not yet available.

3.3.16 The distribution of annual leave across the leave year is inequitable. There are measures and KPIs in the eRoster system to help Senior Charge Nurses and equivalents to manage annual leave.

Figure 3



3.3.17 The underlying reasons for the demand filled by agency in February is predominantly "vacancy". This is not supported by the workforce data which shows that the establishment gap is further reduced in February at 704 wte (6.2%) from 766 wte (6.76%) in January. The expenditure on agency by reason code (top 5 only) is illustrated in figure 4.

3.3.18 Overall the total supply of staffing is increased. The establishment gap has been diminished by a net gain of c600wte during 2023/24 and there is a net increase in supplementary staffing. In 2023/24 there were 2,189,624 hours supplied (1120 wte) through bank and agency sources compared to 1043 wte in 2022/23.

3.3.19 The shortfall is arising from increased absences, in particular sickness and maternity leave, both running at around double the PAA built into in-patient establishments. Figure 5a and b illustrate the total absences rates and the variance from the PAA.

Figure 4

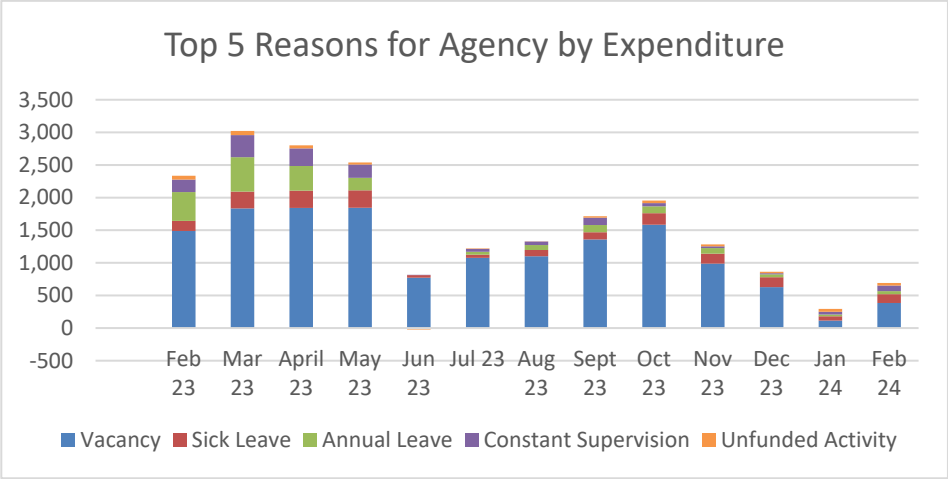


Fig 5 a Predicted Absence Rates

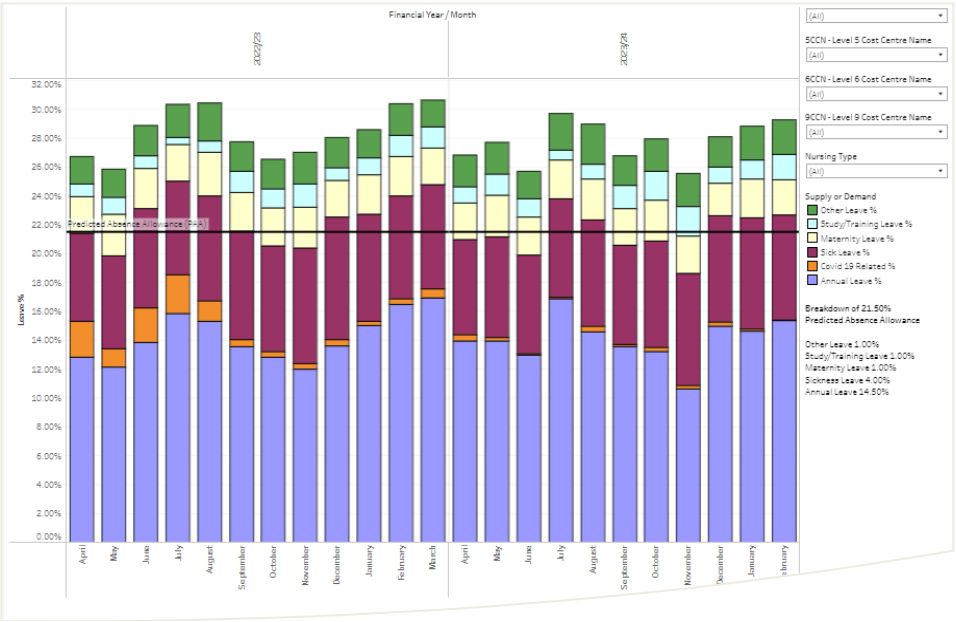
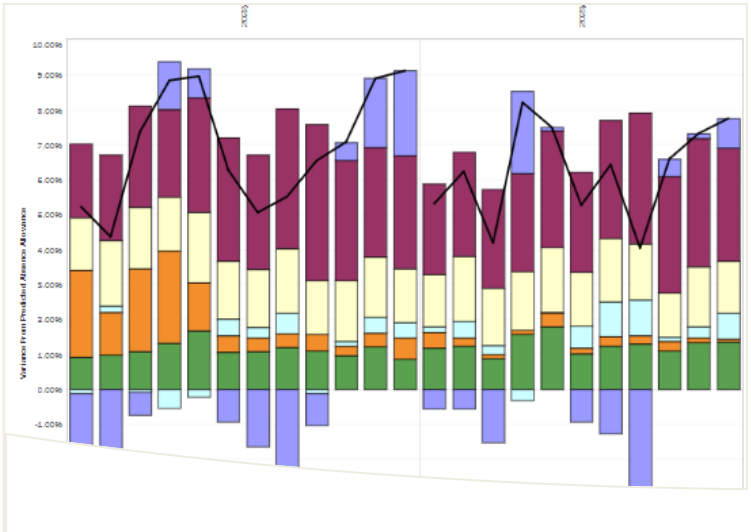
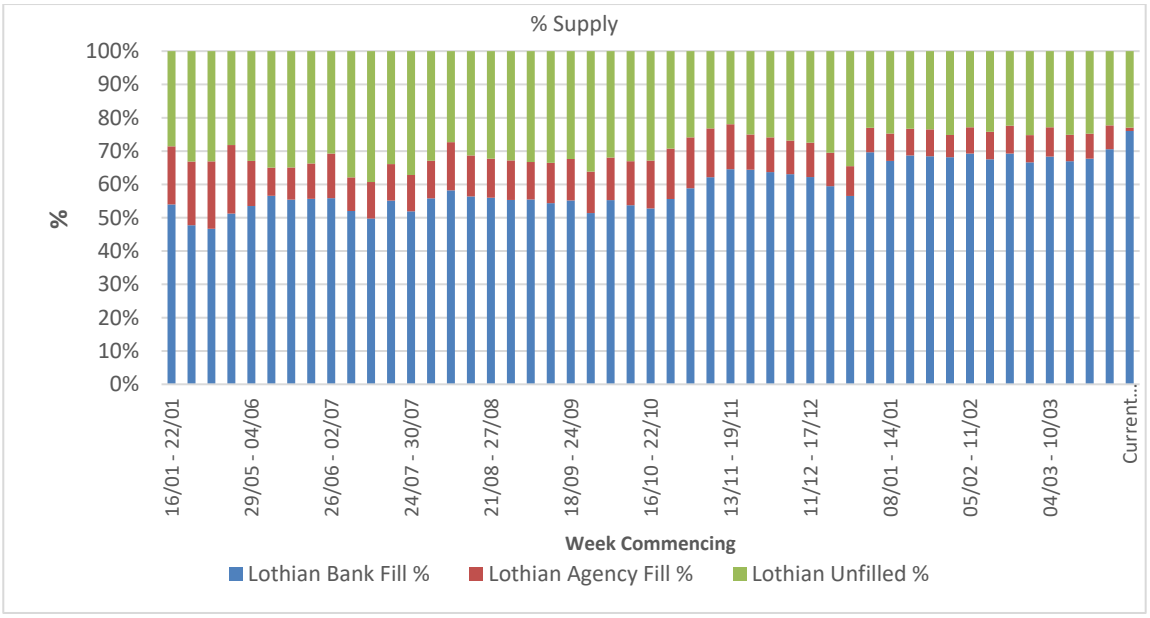


Fig 5 b Variance in Predicted Absence Rates



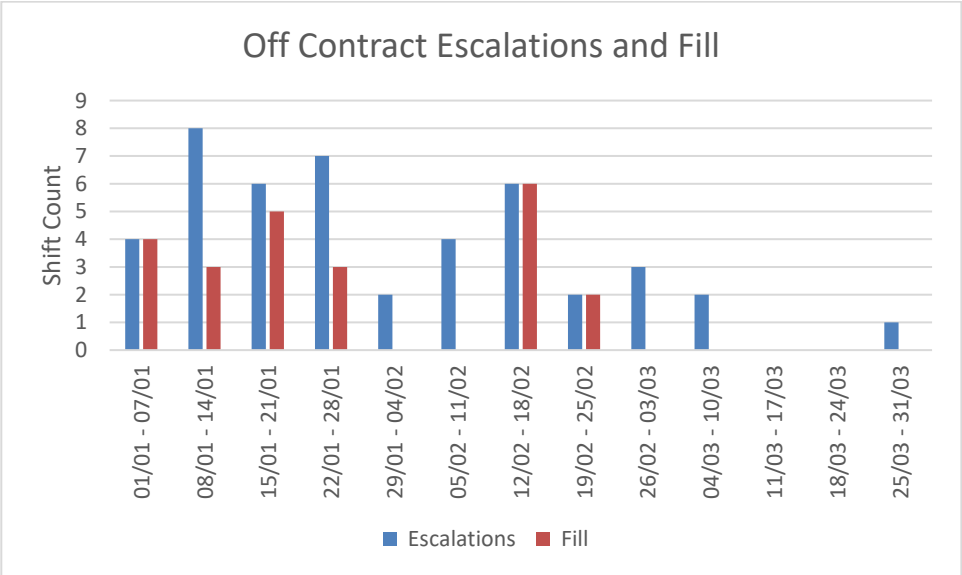
Negative figures illustrate annual leave that is below the 14½%

3.3.20 The supply sources are shifting in the favour of staff bank supply. There is still a proportion of unfilled, and an improvement plan is in place to address this. However it should be noted that the unfilled shifts are not currently escalated to agency therefore the level of need may be being over stated.



3.4 Performance

3.4.1 The use of off contract agency has diminished over recent weeks. Since 26th Feb no shift has been filled by the off contract agency. This will be related to the enabler of no new names to be taken from off contract agency suppliers. (para 3.2 describes a move forward on this control in relation to contract suppliers).

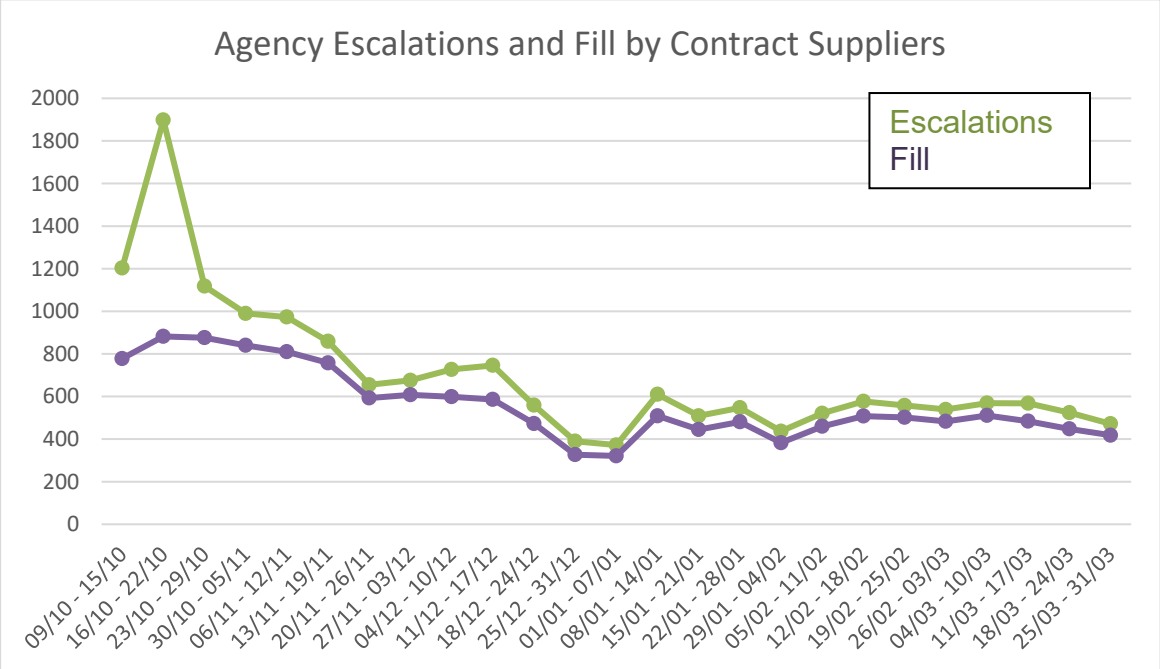


Against other Boards the February data is set out in table 2.

Table 2

Board	May 2023	June	July	Aug	Sept	Oct	Nov	Dec	Jan 2024	Feb	Total Reduction (between May to	% Reduction
Ayrshire & Arran	925	2	1	1	11	10	30	2	16	1	924	99.9%
Borders	190	2	4	3	0	0	0	0	0	0	190	100%
D&G	21	9	2	13	1	16	4	16	15	7	14	66.7%
Fife	1,149	120	49	37	54	79	35	62	29	7	1142	99.4%
Forth Valley	800	78	58	50	40	10	1	2	5	0	800	100%
GG&C	1,855	1,672	1,413	887	598	90	9	8	7	0	1855	100%
Grampian	94	0	0	0	0	0	0	0	0	0	94	100%
Highland	163	76	141	120	133	27	7	7	9	3	160	98.2%
Lanarkshire	2,298	719	596	505	342	151	9	12	8	1	2297	99.9%
Lothian	4,266	894	625	593	624	297	37	19	15	8	4258	99.8%
Orkney	74	55	58	63	48	52	62	45	41	22	52	70.3%
Shetland	42	10	0	0	0	0	0	0	0	0	42*	100%*
Tayside	774	211	226	197	193	77	41	44	58	66	708	91.5%
Western Isles	20	14	11	19	26	40	15	0	0	0	20	100%
TOTAL	**12671**	**3917**	**3184**	**2488**	**2070**	**849**	**250**	**217**	**203**	**115**	**12556**	

3.4.2 The fill rate by contract agency for shifts escalated is high at an average of 82% each week since October (when the new contract was let), and over 88% in recent weeks.



3.4.3 The level of escalations is not reducing with the current control levels and further controls are necessary.

3.5 Current Controls

3.5.1 The Supplementary Staffing Grip and Control group (SSGCG), chaired by the Deputy Director of Nursing was established in February 2023, endorsed in April by CMT as the key operational group applying scrutiny and governance around agency controls.

3.5.2 The SSGCG as continued to meet fortnightly and has continued to drive controls and reductions in agency utilisation, cognisant of the requirements of the extant DLs and guidance from the national Supplementary Staffing (N&M) Task and Finish Group.

3.5.3 The current controls in Lothian are exceeding the timelines set out in the national communication.

- All agency requests are reviewed for approval by the Executive Nurse Director (or designate)
- No block bookings
- Daily escalation meetings are held at 1:30 for escalation review and consideration of areas of concern
- Shifts are released to agency at not more than 24 hours to shift start (with exceptions of WGH and St J Theatres to enable the theatre matrix to be maintained).
- Triggers for agency are
    - <= 1 nurse per area
    - Safe to Start level 3 (1:15 RN to patients 1:10 in admission area)
    - Minus 20% in ED / Front Door areas
    - Theatre requirement minimum
    - Community at High Risk
    - MH / LD > 1 enhanced observations in area
    - MH /LD care on other site or appt off site
    - MH/LD 2nd nurse required for observations ie 2+:1
- No non registered agency (except Melville Unit & REAS 1:1s)

3.6 Proposed Additional Controls

There remains a level of agency and further controls are required. Options considered by the SSGCG are detailed below.

3.6.1 Shift Duration

From 8th April it is proposed to shave 1 hour from every agency shift except in the following circumstances

- Night duty (all areas)
- Theatre Shift
- Less than full shift requested
- Agency is one of 1 or 2 RNs on duty
- Escort or continuous observations in MH / LD.

3.6.2 Additional duties

Over the last 2 years monthly reports on additional duties (shifts added over and above the roster template / funded establishment) have been provided to all business units.

Despite this management information and the introduction of local grip and control meetings locally the level of additional duties is not significantly reducing and a significant proportion of additional duties are filled by supplementary staffing.

It is proposed to establish a level of control at Clinical Nurse Manager / Clinical Service Manager level to approve and enter all additional duties to the roster.

The goal is to reduce additional duties by 50% over quarter 1 and a further 50% during quarter 2.

3.6.3 SafeCare

The SafeCare system was introduced with the eRostering system for Nursing and Midwifery areas. In February 2022 it was mandated for use in all areas that had access across Lothian. Compliance levels with this mandate remain low.

There has been work nationally on the SafeCare system to develop agreed “red flags” and to determine a set of calculators that align to the Staffing tools.

It is proposed that a pre-requisite for having agency approved is having a current SafeCare census recorded in all areas using the acuity based SafeCare tool.

All areas, including those where the acuity based tool is not used, will have SafeCare staffing levels checked before agency is approved.

The rationale for including this control is to provide a more detailed analysis of the current situation before approving any agency.

3.6.4 Minus One

Agency is routinely being used to bring staffing levels to the “normal” level.

The DLs have specified that agency should only be used where it is clear that not accessing staff via an agency will result in either a clinical safety breach or suspension of a service or, otherwise, a breach of a Board’s legal obligations.

It is proposed that areas will be expected to work at minus one on day shift for a short duration.

The exception to this would be, in line with the DL definition, where the agency nurse is the only or the second registered nurse on duty as this could potentially create a clinical safety breach.

In areas with 3 or more registered nurses on duty working one down will be acceptable for up to 3 shifts in a working week.

SafeCare would be used to determine staffing levels over the prior / future days to ensure that an enduring shortfall was not established. To prevent an enduring shortfall agency would be permitted after 3 instances in any week.

4 Key Risks

4.1 The ongoing expenditure on agency is not sustainable, and the extent of the reduction in 2023/24 over the 2022/23 expenditure of £6m is equivalent to a 25% reduction in agency. Bank expenditure in the same period has increased by £8.5m (18%). The total supplementary staffing expenditure was £2.5m higher in 2023/24 than 2022/23 – a 3.5% growth.

The key risk is that without additional controls the expenditure will not deliver a significant reduction in expenditure.

The current Financial Recovery Plans aligned to supplementary staffing range from 2.4% to 51% of the previous year total supplementary staffing expenditure by business unit.

The N&M Workforce Thematic Efficiency Group are doing work to determine the "reasonableness" of the proposals taking into account the total staffing picture.

4.2 Risk No 3828 on the Corporate Risk Register states that:

"Safe staffing levels are not maintained as a consequence of additional activity, patient acuity and / or inability to recruit to specific posts, the subsequently high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care, impacting on length of stay and patient experience".

The key risk of sub optimal staffing levels is an adverse impact on patient outcomes and staff health and wellbeing.

The risk remains very high.

4.3 There are also risks on the Divisional Risk Registers. The Nursing and Midwifery Programme Board receives updates on these local risks on a quarterly basis.

5 Risk Register

5.1 This risk will remain in the CRR and will continue to be reviewed monthly by the Executive Director of Nursing, the Deputy Director of Nursing (Risk Owner) and the Associate Director of Quality for reporting to CMT.

5.2 The local risks will be monitored at the Divisional Workforce meetings and changes in risk rating escalated to the pan Lothian Nursing and Midwifery Workforce Group.

6 Resource Implications

6.1 The resources required to support this programme of work are being managed within the current financial envelope available to Corporate Nursing.

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04/04/24
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NHS Lothian

3.6.

Meeting: NHS Lothian CMT

Meeting date: October 2024

Title: Nursing & Midwifery Staffing Position and Agency Controls

Report Author: Fiona Ireland, Nurse Director (Corporate)

1 Purpose

This report is presented for:

Assurance	☐	Decision	☒
Discussion	☒	Awareness	☒

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☒	Performance / service delivery	☒
Legal requirement	☒	Other [please describe] Corporate Risk Register	☒

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	☐	Scheduled Care	☐
Children & Young People	☐	Finance (revenue or capital)	☐
Mental Health, Illness & Wellbeing	☐	Workforce (supply or wellbeing)	☒
Primary Care	☐	Digital	☐
Unscheduled Care	☐	Environmental Sustainability	☐

This aligns to the following NHSScotland quality ambition(s):

Safe	☒	Effective	☒
Person-Centred	☒		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

Scottish Government have issued a final DL on the Supplementary Staffing Nurse Agency Controls (DL (2024) 22).

The introduction of more robust vacancy control management is affecting the ability to recruit students into one day / week band 4 roles. This has been a very positive development and the uptake in prior years has been identified as one of the factors in improved graduate recruitment in 2024.

The predicted position after the recruitment of Newly Qualified Registered Nurses is a positive achievement however it is recognised that this position will not be sustained if action in not taken to mitigate a worsening risk in the nursing and midwifery workforce.

CMT are invited to

- Be aware of the requirements of the DL (2024) 22
- Discuss and approve the local interpretation of the requirements and proposed controls to comply with DL (2024) 22
- Agree that any changes proposed in the nursing and midwifery workforce must have professional oversight from the relevant Nurse Director and the Nursing and Midwifery Workforce Programme Board.
- Discuss the actions available to the Board to mitigate against further nurse staffing risks and agree a course of action

2.2 Background

The national approach to controlling agency, in parallel with a successful recruitment campaign, has successfully eliminated off contract agency supply and has made a substantial reduction in the use of agency.

2.3 Assessment

2.3.1 Workforce

Agency

Under DL (2024) 22 and effective from the 31st October agency nursing staff may be used "by exception only". The exceptions set out in the DL are clinical safety breach or suspension of a service or otherwise a breach of the Board's legal obligations. There will be continued reporting of agency utilisation on a monthly basis to the Scottish Government. This reporting includes a narrative around the reasons for agency utilisation.

The DL also sets out that the approval of agency rests with the relevant responsible Executive Director, in NHS Lothian that is deemed to be the Executive Nurse Director and there is a longstanding arrangement in NHS Lothian for the Executive Nurse Director or delegate (Nurse Directors / Director of Midwifery) to approve all agency, 7 days per week from 8am to 8pm (in line with the Staff Bank opening hours).

The current arrangements require a pre-approval assessment by local AND / Chief Nurse. Currently that assessment takes account of

- any protected management time which can be reassigned to work clinically,
- any supernumerary status shifts available which will be contributing to the workload,
- the number of enhanced observations / continuous observations which are increasing the workload
- whether or not the SafeCare census has been completed (where the acuity based tool is available) or the red flag / professional judgement functionality has been used to flag up risk
- what the actual ward staffing is compared to the planned staffing on the ward / team and across the Directorate
- whether the shift duration can be shortened

The majority of shifts being escalated to agency are from the RIE, the REH (including the Melville Unit at RHCYP) and WGH Main Theatre. All of these areas will have a significantly improved establishment gap when the new recruits have completed their induction and supernumerary period in the clinical area. The predictions post recruitment are as set out in appendix 1. The overall establishment gap position across NHS Lothian is predicted to be 3.12% (subject to all new recruits taking up posts and leavers in September / October being no higher than in September / October 2023 and no new posts are introduced as additional to the current establishment).

It is anticipated that the current vacancy shortfalls will be covered as a consequence and therefore the supplementary staffing demands in total will reduce with a consequence that the requirement for agency will be eliminated.

The one remaining regularly occurring reason for requesting agency is to open unfunded beds. This is generally at short notice and often out of hours. Using agency staffing to enable additional capacity is a relatively risky option as the shifts may not be filled and / or may be cancelled at short notice.

The use of nursing agency “by exception only” in situations that are a clinical safety breach, would result in the suspension of a service or are otherwise a breach of the Board’s legal obligations is understood to include scenarios such as an unsafe staffing level (e.g. no registered nursing staff to cover a shift, inability to provide prescribed constant observation for a patient

In order to comply with the 31st October the following controls are proposed

- in line with the Health and Care legislative requirement to have a risk assessment process SafeCare will be reviewed for every agency request – for acuity measure where appropriate and for the red flag escalation rationale and mitigation locally – before approval for agency is given.
- Staffing will be managed across Site / Partnerships and where mitigation cannot be achieved a Board wide review, using SafeCare tool will be employed, to deploy staff to areas of greatest need.
- Use of supplementary staffing will not be supported to open unfunded capacity

Professional Oversight

The Nursing and Midwifery Workforce Programme Board is an established group, led by the Executive Nurse Director, which meets monthly.

All of the Financial Recovery Plans which included a nursing or midwifery resource component were reviewed at the beginning of this financial year.

A number of subsequent proposals are being made across various business units that impact on the nursing or midwifery resource.

It is imperative that any such proposal has professional oversight of the relevant Nurse Director (Acute, Community & Primary Care, Mental Health & Learning Disability or the Director of Midwifery) and is referred to the Nursing and Midwifery Programme Board.

The Nursing and Midwifery Programme Board has agreed that all proposals for change to the Nursing and Midwifery Workforce will be responded to formally to ensure that there is compliance with the Health and Care Staffing legislation – under the duty to provide professional advice – this will ensure that there is an audit trail of professional advice given to Business Unit triumvirate management teams.

This is not intended to delay proposed changes and the Nurse Directors may provide advice which will be homologated at the subsequent Programme Board, however in the event of any concerns the relevant Business Unit will be invited to attend a meeting to explore these with the wider Nursing and Midwifery Programme Board membership.

Student Numbers

Student intake numbers are declining, the 2024 outturn was reasonably healthy but the numbers set to finish nurse training in 2025 to 2027 will drop year on year.

The indications from local Universities are that the intake of student nurses in 2024 will be less than 50% of the “soft target” set by the Universities for Adult, Mental Health and Learning Disability intakes. Only Children’s Nursing programme is achieving target numbers, and these are considered to be too high for the demands of the paediatric nursing service.

Table 1 sets out the current numbers for Edinburgh Napier University for those graduating in 2025 to 2027.

Table 1 Student Numbers

	2022 Cohort 2025 Graduate	2023 Cohort 2026 Graduate	2024 Cohort 2027 Graduate	TARGET COHORT
Adult BSc Nursing	390	245	178	406
Child BSc Nursing	101	81	101	101
Mental Health BSc Nursing	88	68	56	118
Learning Disability BSc Nursing	32	30	23	60
Midwifery				81
	Jan 23 Cohort 2025 Graduate	Jan 24 Cohort 2026 Graduate		
Adult MSc Nursing (January intake)	20	18		
Mental Health MSc Nursing (Jan intake)	23	21		

Additionally NHS Lothian has pilot OU Earn and You Learn cohorts who will graduate in 2026 and 2027 for mental health with 17 and 23 in current cohort and one cohort for community hospitals of 14 who will graduate in 2027. This additionality will support the position but the failure on the part of the Scottish Government to fund a cohort starting in 2024 will further impact on the numbers of recruits that will be available to NHS Lothian in 2028.

Having achieved a significant improvement in the establishment gap in 2024, through recruitment of more than 670 newly qualified Registered Nurses this position will be reversed without action around the workforce model and / or the activity that can be sustained.

One of the actions that NHS Lothian has deployed over the last two years has been to offer final year students a contract for one shift per week aligned to a ward / departmental team. Feedback from students has been that this offers a very positive experience and has encouraged students to take up positions with NHS Lothian, evidenced in the increased number of NQRNs taking up posts in 2024 over 2023.

NHS Lothian has over the last 4 years been offering one shift per week to non endorsed HNC students (these are students attending FE college to do the HNC in care who can access year 2 of nursing if they have the pre-requisite practice hours). The benefit of this is that student places that have not been filled in year 1 or student attrition in year 1 can be backfilled by an HNC student on completion of their programme.

RAFs

Whilst the establishment gap is low it is recognised that offering final year students and HNC students the opportunity to gain practical experience will boost potential number of recruits in subsequent years.

A long term view needs to be taken around planning for the future workforce. Managing RAFs for the one shift / week arrangement needs services to manage gaps across Directorates. There is an understood reluctance to provide 7.5 hour or 11.5 hour RAFs deducting from a full time vacancy as the remainder may be hard to fill therefore Directorates are being asked to consider nominating one full time post against a number of day / week recruits. These staff may be helpful in providing backfill for the Reduced Working Week.

2.3.2 Financial

The Nursing and Midwifery Thematic Efficiency Programme Board has taken forward a programme of work to ensure that the nursing and midwifery resource is being appropriately deployed. There are workstreams covering

- Establishment HealthCheck
- Local Grip and Control Meetings
- Additional Duties
- Unused Hours
- Skill Mix (including the WRIAS work)
-

<u>Establishment HealthCheck</u>

This built on work done in Acute in St John's and RIE with an initial project plan to deliver during Quarter 2 of the financial year for in patient areas. The HealthCheck process is essentially a rapid Common Staffing Method review. All of the data collation has been carried out however the delays setting up "kick off" meetings and "data review" meetings both of which were being led by the S&V support that had experience from the Acute programme has meant that the timelines are not being adhered to. The HealthCheck work is a pre-requisite of establishing the local grip and control meetings and progressing greater control in managing the additional duties and unused hours.

Work on developing a data capture for out patient and community services is underway to allow all other services to undertake an equivalent review.

Going forward in 2025/26 the formal Common Staffing Method will take the place of the HealthCheck methodology.

<u>Local Grip and Control</u>

The local grip and control SOP has been developed and approved, it sets out a prescriptive approach to areas where the budget is out of control (at cost centre level) having an monthly grip and control meeting reviewing all of the metrics and the underlying causes to develop an action, all other areas (in financial control) will have a local grip and control review at least quarterly.

Additional Duties

Additional duties, within eRostering, are shifts that are added to the roster for which there is no identified funding stream. It has been agreed that when the findings of the HealthCheck have been applied across all areas additional duties will have further controls requiring the Clinical Nurse Manager (or equivalent) to approve and enter additional duties to the system.

As an interim position (over the last 6 months) there is reporting of all areas using additional duties (previously the top 5 areas in each business unit were routinely reported to the Workforce Groups).

Unused Hours

The top 5 areas in each business unit are reported to Workforce Groups for remedial action. The eRostering Area Support Managers are assisting with roster housekeeping to resolve unused hours. This is of particular importance in managing the reduced working week for nursing and midwifery staff.

Skill Mix

The use of skill mix is an important option to maintain staffing levels and ensure that all staff are contributing to the workload at the “top of their licence”. The WRIAS observation work in WGH several years ago identified that there are many duties currently undertaken by Registered Nurses that could be undertaken by band 2 to band 4 support workers.

The Nursing and Midwifery Workforce Programme Board have an expectation that any review of the nursing and midwifery staffing will consider the introduction of a skill mix that optimises the contribution of all staffing. The Clinical Education Team are supporting training programmes that facilitate band 4 roles across the organisation.

This is a key requirement for meeting the future staffing requirements as the supply of registrants is known to be reducing there needs to be a proactive approach to creating a skillset at band 3 and 4 that allows the care of patients to be maintained.

The review of band 2 roles and rebanding of more than 80% of band 2s to band 3 has required an innovative approach to recruitment in order to maintain an entry level role. A band 3 trainee has been developed which allows people with no care experience to join the organisation, in a band 3 vacancy, to undertake their induction, healthcare support worker mandatory standards, the national progression award and any clinical skills whilst being paid at band 2. On successful completion the individual’s remuneration is adjusted to band 3 to match the post. A similar arrangement is being worked up for bank workers as it is important that the supplementary staffing is equally skilled to cover the requirements when there are shortfalls.

2.3.3 Risk Assessment/Management

Risk Mitigation Plan

All of the actions described above are components of the mitigation plan in relation the entry on the corporate risk register 3828 which states "*There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and/or inability to recruit to specific posts. The subsequent high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience."*

This risk is currently assessed as a high risk (score 12) having been downgraded from very high in June 2024. Without the robust application of the controls set out in 2.3.1 and 2.3.2 there is every likelihood that the risk score will be increased.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment is not required in relation to the content of this paper

2.3.6 Other impacts

2.3.7 Communication, involvement, engagement and consultation

The content of this report is discussed on a regular basis from daily agency escalation meetings and daily huddles to Divisional Workforce meetings and the Nursing and Midwifery Programme Board.

Reinvigorating our workforce, through attraction, recruitment and retention of staff, providing personal and professional progression, maximising the impact at every level fo practice and investing in areas of growth are key ambitions in the Nursing and Midwifery Strategic Plan.

The progress made in year 1 needs to be built on to ensure that the known staffing concerns are appropriately mitigated.

2.3.8 Route to the Meeting

Issues in this paper are subject to scrutiny at the Nursing and Midwifery Workforce Thematic Efficiency Group which reports to the Nursing and Midwifery Workforce Programme Board.

Additionally there is a daily Nursing and Midwifery Workforce meeting at which every agency request is considered. The impending restrictions in DL (2024) 22 applicable from 30th October have been discussed in this forum also.

2.4 Recommendation

CMT are invited to

- Be aware of the requirements of the DL (2024) 22
- Discuss and approve the local interpretation of the requirements
- Discuss the actions available to the Board to mitigate against further nurse staffing risks and agree a course of action
- Agree that any changes proposed in the nursing and midwifery workforce must have professional oversight from the relevant Nurse Director and the Nursing and Midwifery Workforce Programme Board.

3 List of appendices

The following appendices are included with this report:

Appendix 1 NHS **Lothian Nursing & Midwifery Vacancy Gap Analysis**

Appendix 1 NHS Lothian Nursing & Midwifery Vacancy Gap Analysis September 2024

The vacancy gap in June 2024 for NHS Lothian's Nursing & Midwifery workforce was 5.93%. Taking into consideration the total number of new starts (732) and predicted leavers (416) - (number based on actual leavers in July/August 24 and number taken from September/October 23) we predict the vacancy gap will reduce to 3.12% by the end of October 2024.

The Registered Nurse (RN) vacancy gap in June was 7%, which equates to 565 wte. 620 RN's are due to commence in post between July and October, and 259 predicted leavers, (number based on actual leavers in July/August 24 and number taken from September/October 23). We predict the RN vacancy gap to be 4.09% by end of October

The Health Care Support Worker (HCSW) vacancy gap in June was 3.2%, which equates to 103 wte. 82 are due to commence in post between July and October, and 185 predicted leavers, (number based on actual leavers in July/August 24 and number taken from September/October 23). We predict the HCSW vacancy gap to rise to 11.32% by end of October. This however does not take into consideration HNC students and Band 4 Final year nursing students yet to be matched and placed.

Generic recruitment continues on a weekly basis and anticipate additional staffing being recruited over and above these figures.

Table 1 – All Nursing

NHS Lothian	June 24 Vacancy Gap %	June 24 WTE Vacancy Gap	Total New Starts July – Oct 24	Total Leavers Sep – Oct 23 July – Aug 24	Net Vacancy Gap %
Nursing (All)	5.93%	668	732	416	3.12%

Table 2 – NHS Lothian Registered & Non-Registered

NHS Lothian	June 24 Vacancy Gap %	June 24 WTE Vacancy Gap	Total New Starts July – Oct 24	Total Leavers Sep – Oct 23 July – Aug 24	Net Vacancy Gap %
Registered	7%	565	620	259	4.09%
Non-Registered	3.2%	103	82	185	11.32%

ACUTE SERVICES

Table 3 – RIE Campus

RIE Campus	June 24 Vacancy Gap %	June 24 WTE Vacancy Gap	Total New Starts July – Oct 24	Total Leavers Sep – Oct 23 July – Aug 24	Net Vacancy Gap %
Registered	12.25%	166	156	45	4.05%
Non-Registered	-8.45%	-45.8	12	40	-3.28%

Table 4 – WGH Campus

WGH Campus	June 24 Vacancy Gap %	June 24 WTE Vacancy Gap	Total New Starts July – Oct 24	Total Leavers Sep – Oct 23 July – Aug 24	Net Vacancy Gap %
Registered	11.39%	99	82	27	5.04%
Non-Registered	10.03%	38	9	23	13.55%

Table 5 – STJ Campus

STJ Campus	June 24 Vacancy Gap %	June 24 WTE Vacancy Gap	Total New Starts July – Oct 24	Total Leavers Sep – Oct 23 July – Aug 24	Net Vacancy Gap %
Registered	18.88%	87	53	11	9.74%
Non-Registered	13.75%	32	8	20	18.32%

Table 6 - RHCYP

RHCYP	June 24 Vacancy Gap %	June 24 WTE Vacancy Gap	Total New Starts July – Oct 24	Total Leavers Sep – Oct 23 July – Aug 24	Net Vacancy Gap %
Registered	-2.70%	-18	42	20	-5.94%
Non-Registered	11.90%	22	7	10	13.55%

Table 7 – Out Patients & Associated Services

OPAS	June 24 Vacancy Gap %	June 24 WTE Vacancy Gap	Total New Starts July – Oct 24	Total Leavers Sep – Oct 23 July – Aug 24	Net Vacancy Gap %
Registered	1.67%	2	1	4	4.14%
Non-Registered	3.45%	2.6	0	1	4.72%

Table 8 – DATCC (Theatres & Anaesthetics)

DATCC	Current Vacancy Gap %	Current WTE Vacancy Gap	Total New Starts July – Oct 24	Total Leavers Sep – Oct 23 July – Aug 24	Net Vacancy Gap %
Registered	-2.11%	-20	40	21	-4.19%
Non-Registered	8.93%	24	2	15	13.81%

Table 9 – Women's

Women's	Current Vacancy Gap %	Current WTE Vacancy Gap	Total New Starts July – Oct 24	Total Leavers Sep – Oct 23 July – Aug 24	Net Vacancy Gap %
Registered	-2.13%	-11.8	6	17	-0.80%
Non-Registered	-1.48%	-1.8	0	7	4.17%

REAS & HSCP's

Table 10 – REAS Nursing

REAS	Current Vacancy Gap %	Current WTE Vacancy Gap	Total New Starts July – Oct 24	Total Leavers Sep – Oct 23 July – Aug 24	Net Vacancy Gap %
Registered	15.72%	119	108	25	4.74%
Non-Registered	-7.51%	-32	16	26	-5.20%

Table 11 – Edinburgh HSCP

Edinburgh HSCP	Current Vacancy Gap %	Current WTE Vacancy Gap	Total New Starts July – Oct 24	Total Leavers Sep – Oct 23 July – Aug 24	Net Vacancy Gap %
Registered	14.78%	122	72	34	10%
Non-Registered	8.65%	24	12	14	9.53%

Table 12 – East Lothian HSCP

East Lothian HSCP	Current Vacancy Gap %	Current WTE Vacancy Gap	Total New Starts July – Oct 24	Total Leavers Sep – Oct 23 July – Aug 24	Net Vacancy Gap %
Registered	11.36%	53	24	16	9.62%
Non-Registered	2.83%	9	3	14	6.24%

Table 13 – Mid Lothian HSCP

Mid Lothian HSCP	Current Vacancy Gap %	Current WTE Vacancy Gap	Total New Starts July – Oct 24	Total Leavers Sep – Oct 23 July – Aug 24	Net Vacancy Gap %
Registered	3.64%	8.7	8	7	3.20%
Non-Registered	13.67%	21	5	8	15.56%

Table 14 – West Lothian HSCP

West Lothian HSCP	Current Vacancy Gap %	Current WTE Vacancy Gap	Total New Starts July – Oct 24	Total Leavers Sep – Oct 23 July – Aug 24	Net Vacancy Gap %
Registered	9.92%	44	21	4	6.09%
Non-Registered	10.25%	20	5	7	11.14%

The Scottish Government
Health Workforce Directorate

T: 0131-244 3323
E: directorofhealthworkforce@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

Dear Colleagues

SUPPLEMENTARY STAFFING – NURSE AGENCY CONTROLS

Background

1. This Directors' Letter (DL) rescinds DL (2023) 14, DL (2024) 04 and DL (2024) 22 to provide a single DL consolidating all relevant guidance pertinent to the engagement of agency nursing and non-registrant workers.

Action

2. The usage of agencies for the supply of the above workers should be by exception only. Usage must only be considered in situations where it is clear that not accessing workers via an agency will result in either a clinical safety breach or suspension of a service or, otherwise, a breach of a Board's legal obligations.

3. All agency shifts (both registrant and non-registrant) should only be filled by agency workers from an agency which appears on the relevant National Procurement Framework NP51023, using a NSS National Procurement framework contract. Boards may only do otherwise where it is clear that not accessing staff via an off-framework agency will result in either a clinical safety breach or suspension of a service or, otherwise, a breach of a Board's legal obligations.

4. Any off-framework agency used must comply with Chapter 3 of Part 5 of the Public Services Reform (Scotland) Act 2010 (the 2010 Act) as regards registering with the Care Inspectorate. Boards should also consider whether any of the duties under the 2010 Act would apply to their contactors and/or any agency used by their contractors.

5. To support the consistent implementation of the above arrangements, the Scottish Government will continue to operate periodic reporting on agency use.

DL(2025)23

21 October 2025

Addressees

For action
Chief Executives
HR Directors
Executive Nurse Directors
AHP Directors

For information
Finance Directors

Enquiries to:
Tel: 0131 244 3323
E-mail:
directorofhealthworkforce@gov.scot

6. Finally, you will wish to note that NHS Scotland Boards have collectively agreed to supplement the above controls with a series of locally-led enabling measures as follows:

- Under no circumstances should current NHS employees or Staff Bank workers be placed on shifts within their own Health Board via an agency.
- A six-month cooling off period must be applied from the date a substantive employee or Bank Worker terminates their contract with a Health Board before they can be employed within that Health Board through an agency.
- All agency workers must only be registered with a Health Board under one agency.
- Any off-framework Agency (that is an agency that does not appear on the relevant National Procurement Framework) workers must provide evidence of personal indemnity insurance cover.
- All terms and conditions negotiations with agencies and agency workers must be conducted via the Bank unless an emergency situation arises out of hours.
- All new agency workers registering with Health Boards must be from a National Procurement Framework Agency.

7. Thank you for continuing to support these arrangements.

Yours sincerely

Gillian Russell
Director of Health Workforce

Anne Armstrong
Interim Chief Nursing Officer

Authorisation Process –Agency Staffing Ad Hoc

Agency use is only permitted if identified 'trigger points' are breached and all other options have been exhausted. SCNs and CNMs are responsible for ensuring compliance with these trigger points

Risk Assessment
Consider the risks of not filling the post and the agreed trigger points

This is a RESPONSE @ Level 1 on the N&M W'f Escalation Framework

Alternative Workforce Options

1. Reassignment of staff across the site
2. Bank staff / alternate grade or shift times
3. Excess hours

NHS Lothian Ad Hoc Contract Agency Trigger Points

Where there is:

- ≥ 12h roster deficit for the shift based on SafeCare outputs (where available)

AND one of the following apply:

- ≤ 1 RN for the clinical area / team
- For large wards (> 40 beds) ≤ 2 RNs
- For Critical Care operating at >2:1
- Community operating at Very High RED (no capacity for unplanned workload)
- Mental Health / LD identified 'additional duty' reason* which cannot be staffed from across the site – MUST be approved by CNMgr or above

Alternative Workforce Options
Offer Overtime to team / Extra Hours across site / directorate / partnership

Agency Escalation
Authorisation from AND / Chief Nurse
Submit to Staff Bank via link Ad Hoc Agency Authorisation

APPROVAL for this ESCALATION is at ASSOCIATE NURSE DIRECTOR / CHIEF NURSE

Alternative Workforce Options
Deployment of clinical staff across NHS Lothian and of locally rostered specialists or non patient facing staff

This is a RESPONSE @ Level 2 on the N&M W'f Escalation Framework
All level 1 responses must be actioned

Risk Assess Remaining Gap
against break glass criteria
Record risk assessment locally

Ad Hoc Off Contract Agency Break Glass Criteria

Where there is:

- No ward / team with 2 or more Registered Nurses **across the organisation**

AND

- Risk Assessment determines only other option is to reduce or close capacity (This must be agreed by Site or On Call Director)

Escalation to off-Contract
agency can ONLY be considered if approved by the Executive Nurse Director in line with the 'Break Glass' criteria

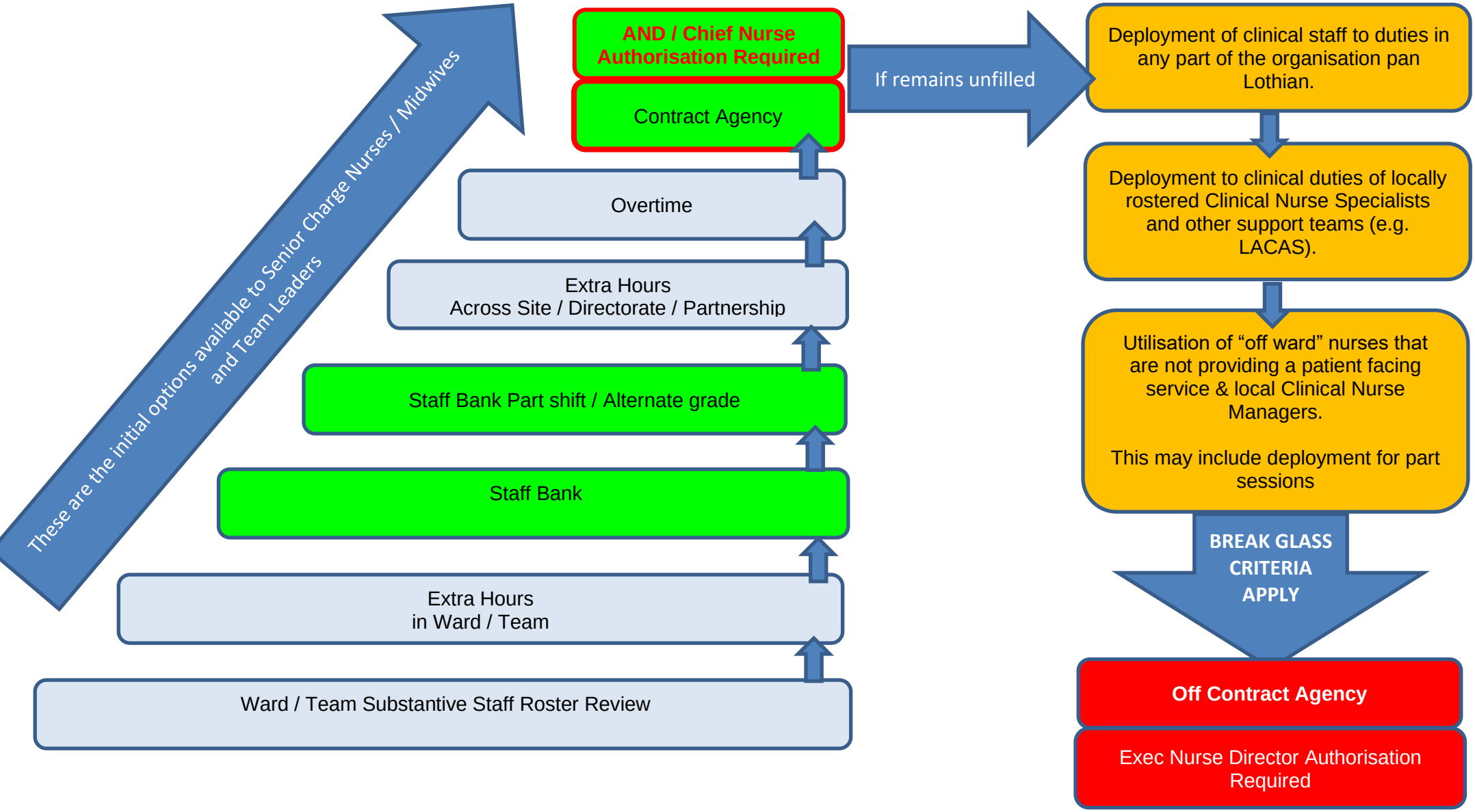
APPROVAL for this ESCALATION is at EXECUTIVE NURSE DIRECTOR

Submit to Staff Bank via
Staffbank.Regnurse@nhslothian.scot.nhs.uk

All Agency Use is subject to audit and review

Supplementary Staffing Escalation for Nursing and Midwifery

Under no circumstance should clinical areas engage directly with Agency Workers.



Agency Staffing
Monitoring, Audit and Review Processes

In addition to the Monthly Workforce Dashboard

Staff Bank

will provide reports on
all ad hoc agency shifts booked in the previous week
all block bookings running over the prior month
Daily reports on off contract use

Routine & regular Weekly / Monthly Monitoring of Supplementary Staffing Usage and Workforce Metrics should continue

- SCN & CNMgr with Mgt Accountant
- 1:1 meeting SCN & CNMgr
- 1:1 Meeting CNMgr & CSMgr

Regular Weekly Audit of Ad Hoc Usage against Trigger Points

AND / Chief Nurse

will review a sample of contract agency use, including high use areas and will report rationale, actions and trigger points to Nurse Director / Midwifery Director

- SafeCare data
- RN Staffing levels across site(s)
- Additional Duties & Reason
- Huddle templates / Authorisation Record
- Record of Escalation & Approval Authorisation

Regular Monthly Audit of Block Bookings against Trigger Points

AND / Chief Nurse

will review and report all block bookings and rationale to Nurse Director / Midwifery Director against the trigger points

- Core Establishment Gap & other Workforce Dashboard Measures
- Absence level over the previous 4 weeks
- Recruitment Pipeline (1 in 1 out by site to reduce block bookings)
- Record of Escalation / Approval Authorisation
- Duration of Block Booking / Exit Plan

Break Glass Off Contract Agency Supply Daily Audit as Required

Nurse/ Midwifery Director

will review and report all off contract agency use and rationale against the breakglass criteria & agency trigger points to Executive Nurse Director

- Establishment Gap
- SafeCare data
- RN Staffing levels across site(s)
- Additional Duties & Reason
- Absence level over past 4 weeks
- Huddle templates /
- Record of Escalation & Approval Authorisation
- Risk Assessment/Alternative Plan

Weekly / Monthly Monitoring against Agency Usage

Nurse / Midwifery Director

Wil report to the appropriate Nursing/ Midwifery Workforce Group
AND to the Supp Staffing Grip & Control Group for CMT reporting and Scottish Government Returns

Authorisation Process – Agency Staffing Advanced Block Bookings

Advanced block booking of agency staff is only permitted if identified 'trigger points' are breached and all other options have been exhausted. SCNs and CNMs are responsible for ensuring compliance with these trigger points

Risk Assessment
Consider the risks of not filling the post and the agreed trigger points

Exhaust Alternative Workforce Options
Explore whether the shift(s) can be filled via:

1. Reassignment of staff across the site
2. Bank staff on Ad Hoc or Short Placement
3. Secondment
4. Fixed Term Appointment

Local Approval
All agency block bookings require to be approved by Assoc Nurse Director or Partnership Chief Nurse

Authorisation
Nurse / Midwifery Director

Submit Request
Agency block booking request should be completed on the Action / Risk Checklist and submitted to the StaffBank.RegNurse@nhslothian.cot.nhs.uk

Review Prompt
Staff Bank will indicate when the block booking is 4 weeks prior to end

This is a RESPONSE @ Level 2 on the N&M W'f Escalation Framework

NHS Lothian Block Booking Trigger Points

Where there is:

- Core establishment gap ≥ 20% (excl. absence); and/or
- Absence levels of ≥ 28% (total) across past 4 weeks
- Unfilled Bank supply ≥ 25% over previous 4 weeks

Block Booking Parameters

Block bookings should only be made for a MAXIMUM of 12 weeks

All block bookings must have a demonstrable exit plan at week 8

Under NO CIRCUMSTANCES will block bookings be referred off contract

APPROVAL for this ESCALATION is at NURSE DIRECTOR / MIDWIFERY DIRECTOR

All Agency Use is subject to audit and review

Block bookings MUST have an exit plan in place by week 8

Block bookings cannot be rolled over without review & authorisation confirmation

Areas with a High Level of Agency Use
Monitoring, Action and Review Processes

In addition to the Monthly Workforce Dashboard

Staff Bank

will provide reports on top 5 users (based on roster area) by Site / REAS / Partnership and top 10 users across NHS Lothian on a monthly basis

Routine & regular Weekly / Monthly Monitoring of Usage and w'f metrics should continue & include review of top users of agency

- SCN & CNMgr with Mgt Accountant
- 1:1 meeting SCN & CNMgr
- 1:1 Meeting CNMgr & CSMgr

Area Appearing On Top 5 User List

AND / Chief Nurse

will review
- compliance with trigger points and break glass criteria through audit & monitoring to date
- Workforce & workload profile (establishment gap / absences / activity / capacity)
- Assess recruitment pipeline
- Develop an action plan to reverse trend and report to SSG&C group

Area Remaining on Top 5 User List for 2nd Quarter

Nurse / Midwifery Director

will review progress against action plan
Identify and seek to mitigate obstacles and risks to reversing use of agency
Report to SSG&C Group

Exec Nurse Director

Will report to CMT on a quarterly basis all areas that remain on the high user lists to alert Site Directors / Joint Directors of the action required to review service and workforce model

Area Remaining on Top 5 User List for 3rd Quarter

Site/ Joint Director

- Areas remaining on the highest agency use category for 3 consecutive periods will be required to bring forward a service / workforce redesign plan to CMT

Scottish Government Reporting

Exec Nurse Director

Will report to Scottish Government Quarterly

Agency Reduction Roles and Responsibilities

***For ad hoc agency usage**:*

CNMgrs should complete an action & risk checklist in relation to actions taken prior to requesting agency; as part of this reference should be made to the current position in regard to each of the trigger points.

Requests for agency bookings will be considered at the daily safety huddle (or equivalent as locally agreed). CNMgrs should attend having completed the action & risk checklist prior to proposing agency request.

Record keeping for authorisation for agency booking will be captured in the huddle note (or equivalent as locally agreed). The CNMgr should retain the action & risk checklist for audit purposes.

All approved agency must be notified to the Staff Bank. For Ad Hoc agency this will be via the Microsoft Teams link Ad Hoc Agency Authorisation

Thereafter, should contract agency is not available

- *The huddle will agree any subsequent actions (level 2 actions) including cross-site & pan Lothian staff movement, deploying local teams to clinical duties and utilising off ward nurses. All such considerations and actions should be recorded for audit purposes on the huddle template*

Shifts Remaining Unfilled

Referral to off contract agency will only be approved if the "Break Glass" criteria apply and Executive Nurse Director approval is required to proceed with this option.

The action and risk checklist should be further completed with the break glass position and the risk assessments.

The Site Director or On Call Director is required to confirm the risk assessment around alternative arrangements.

All approved agency must be notified to the Staff Bank. For off contract supply this will be via Staffbank.Regnurse@nhslothian.scot.nhs.uk e mail stating BREAK GLASS in subject line.

For block booking agency:

- *CNMs should complete the action & risk checklist in relation to staffing deficits prior to requesting block bookings from agency source; as part of this reference should be made to the current position in regard to the trigger points for block bookings.*
- *Requests for agency block bookings will be considered by the Associate Nurse Director / Chief Nurse - CNMs should provide information about the measures put in place locally, those being considered and the non-viability of those discounted.*
- *Thereafter approval should be sought from the Nurse / Midwifery Director*
- *The Nurse / Midwifery Director will provide an email to the CNM authorising the block booking which will require to be forwarded to the Staff Bank, along with the completed action and risk checklist including the agency requirements (on reverse).*

  All approved block bookings must be notified to the Staff Bank via Staffbank.Regnurse@nhslothian.scot.nhs.uk e mail stating BLOCK BOOKING in subject line
- *The Associate Nurse Director / Chief Nurse should ensure that an exit plan is put in place and will be required to submit this, through the Nurse / Midwifery Director to the Supplementary Staffing Grip and Control Group.*

Compliance review:

- *Area will receive routine data reports outlining their use of agency - broken down by contract and off-framework agency on a monthly frequency*
- *The Staff Bank will provide ad hoc agency shifts booked in the previous week*
- *It is recommended that Associate Nurse Directors / Chief Nurses review the action and risk checklists for their 'top 5' areas to ensure all agency requests are compliant with escalation frameworks.*
- *The Associate Nurse Directors / Chief Nurses should also review the key actions to mitigate the requirement for agency usage.*
- *This review can be as part of routine 1:1 meetings.*
- *Longer-term actions including recruitment approaches, retention initiatives and workforce redesign need to be considered as part of the exit plan from block bookings.*
- *Compliance reviews and improvement plans will be reported by Associate Nurse Director / Chief Nurses at their local Workforce Governance Group (Acute W'force Governance Group / Community Nursing Workforce Group / REAS Workforce Group / Womens' Services Workforce Group)*
- *The Supplementary Staffing Grip and Control Group will have oversight of all compliance review and improvement plans.*

NHS Lothian
Nurse Directors Group
Private

Alison Macdonald END

Situation

The CNO Directorate are proposing to develop a formal Nurse Agency workstream led by the Chief Nurse Directorate which aims to deliver national enablers that assist boards in reducing their reliance on disproportionate levels of agency staff. This will require engagement and involvement from key stakeholders including membership from nursing, HR, finance, staff bank managers, procurement, staff side and workforce data.

The national work will

- develop an implementation plan which introduces controls, transparency, and governance around the use of nurse agency between now and March 23 and from 1st April 23 onwards, with Boards reporting to the CNO.

- Introduce mid-longer term solutions to move agency use to optimum levels through alignment with the introduction of the safe staffing legislation and regular establishment reviews, proactive recruitment and retention schemes, combined with enhanced roster controls.

Background

In responding to the pandemic, the demand for agency staffing increased, primarily due to staff absence with COVID.

Whilst there is clinical safety value from nurse agency there is minimal financial value when compared to alternative resources such as bank staff, excess hours and overtime. This is illustrated by expenditure nationally of £90M on nursing agency in 2021-22 which bought 661 WTE per month. By comparison in the same year £232M was spent on nursing bank costs which equates to 4,123 WTE per month.

Reductions in nurse agency will not primarily be driven by financial improvement, the main outcome is to develop a sustainable workforce that allows NHS Scotland's nurses to choose to work locally through their own board and principally via local staff bank whilst developing their skillset. There is a principle that we would wish to endorse 'work local, stay local'.

Interventions will need to be managed carefully to ensure no service disruption. Additionally, there is a commitment to learn from the previous MASNet work and commit to a 'Once for Scotland' approach to reduce reliance on agency. In addition the other underlying principle that must drive this work is to improve and sustain patient and staff safety.

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2.3 Assessment

The following immediate interventions to affect the supply chain of agency nurses have been developed by the Chief Nursing Officer's Directorate and endorsed in principle by the Executive Nurse Directors of Health Boards who attended a half day workshop (on 30/08/22). It is recognised that some actions will be co-dependent on others being fully implemented if the aim is to be achieved with minimal impact on service provision especially in the current climate with notable system pressures.

Key next steps include development of an agreed implementation plan which will be created in collaboration with, Nurse Directors, HR Directors and Directors of Finance nationally. It is paramount that these three key Executive Director roles play a pivotal role in ensuring there is an agree way of taking the agreed actions forward.

	Action	Issues under Consideration
1	Review supply line rules within Boards	• Relaunch national compliance to not working as an agency nurse within your own Board. • Prevent working as an agency nurse within a *Board local geographical region.*
2	Agenda for change options	• Consider the shift rate paid to substantive staff - band and scale or shift band vacancy requirement. • Enhanced overtime rates - options to be developed.
3	Retire to return policy	• Flexible national standard policy and process to re-engage retired AfC and Medical & Dental staff.
4	Understand the true vacancy gap	• Determine what is driving the demand for agency shifts • Identify the vacancies that are within the funded establishment and those that are driven by the 'temporary' unfunded bed position. • Boards to identify their funded establishment vacancy position and unfunded vacancy position. • Vacancy analysis to be submitted to CNOD for review and scrutiny
5	National policy for supernumerary time period.	• Remove variation of supernumerary timescales through introduction of a clear policy and monitoring • Standard supernumerary time period for newly recruited HCAs, experienced RNs, international recruitment and students. • Define supernumerary period by staff type and area i.e. adult in-patient wards, ED and theatres. • Experienced qualified staff to immediately be counted in HCA shift numbers and also whilst awaiting PIN and OSCE
6	National price caps for all nurse agency workers	• Introduce a maximum hourly rate for ALL nurse agency workers (RN and non-qualified) across Scotland. • Use NHS E hourly rates as a baseline start point.

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		• Boards will be required to report price cap shift overrides weekly which will be nationally published • All price cap shift overrides to be signed off by Gold command (exec) and CEO. • All agency appointments which break ceiling glass will be reported weekly with investigation. • Peer review confirm and challenge of regular non-compliant boards. • Agencies informed of revised caps with non-compliance considered 'off framework'. • Boards to stop paying travel costs for agency nursing staff

7	Dismantle agency shifts starting with
	a) Healthcare Assistants and
	b) Off framework weekday nights
	c) Offer shorter core shifts to agency
		• a) Healthcare Assistants
		  • National direction to remove all HCA agency staff within 2 months
		  • Boards to develop plans with trajectories to remove all agency HCA shifts with submission to CNOD for approval
		  • Pro-active and HR managed campaigns to recruit and train HCAs locally.
		  • National reporting of all HCA agency shifts
		• b) Off framework weekday nights
		  • National direction to stop Mon – Thu weekday nights being filled by non-framework agency.
		  • Weekday nights issues will be managed by the weekday management team
		  • Work with reliable framework agencies on advanced volume of shifts
		  • Once established move to weekend nights.
		• c) Shorter shifts for core in-hours agency
		  • Reduce the time period of core in-hours agency shifts i.e. 6 hours v 9 hours

8	Review national Bank rates and *consider* increase	• Make bank more attractive and easier to work with comms around safer staffing • Nurses will go where shifts are agreed in advance and guaranteed, as opposed to the uncertainty now being introduced to agency shifts. • Trial rate increase for 3 months and review impact • Weekly Board monitoring of bank and agency shift fill rates
9	Agency expenditure financial plan	• Agency expenditure financial plan for October 2022 – March 2023 with SG monthly reviews. • Plan confirm and challenge by Board exec teams each month • Outliers explored with END, COO and DoF
10	Implement best practice nurse variable pay reporting	• END to present nurse workforce and spend performance to exec team each month along with a weekly forecast of bank and agency use. • Senior clinical ownership of nurse agency in each Board

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		• Monitor of EWTD compliance • Expenditure run rate of RN/HCA, agency to bank fill rates, extra duties, vacancy management etc.
11	Winter Committed Payment	• Need to ensure that all Boards are paying in accordance with our agreed Terms and Conditions of Service. • Consideration could be given to pay a "winter commitment payment" which could be a non-consolidated allowance paid per shift • This payment would only be paid after the completion of an offered shift of at least 7.5 hours and bank workers need to have worked the shift to receive payment

Recommendations

NDG is asked to

- Agree to the development of a formal Nurse Agency Supply and Demand workstream (with engagement and involvement from key stakeholders including corporate nursing*, HR Recruitment*, ER *, Finance*, Staff Bank*, eRostering*, Procurement*, HR workforce* and Partnership) led by Corporate Nursing which will report to NHS Lothian Nursing and Midwifery Workforce Programme Board.
- Note that the Corporate functions* will provide services, reports and analysis to support clinical teams in reducing reliance on disproportionate levels of agency staff.
- Commit to taking action locally and to comply with the national directions around the use of agency

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Shifts worked by agency staff, NHS Lothian

	Nursing	Midwifery	Doctor	Allied Health Professional	Admin	Facilities	Healthcare Support Staff	Pharmacy
Apr-21	1,328	0	811	35	16	79	238	185
May-21	1,306	0	803	52	19	21	224	135
Jun-21	1,250	0	801	49	21	18	236	105
Jul-21	1,160	0	655	41	21	32	213	110
Aug-21	1,062	0	529	28	22	25	225	101
Sep-21	1,148	0	617	22	22	15	211	86
Oct-21	1,196	0	707	25	30	22	187	95
Nov-21	1,166	0	701	22	66	17	194	128
Dec-21	1,261	0	639	19	58	23	284	148
Jan-22	1,465	0	635	20	57	29	267	146
Feb-22	1,483	0	541	40	51	38	251	120
Mar-22	1,913	0	623	41	69	27	276	164
Apr-22	1,886	0	538	38	54	23	203	115
May-22	2,005	0	594	18	81	19	215	146
Jun-22	2,396	0	512	25	94	7	186	135
Jul-22	2,698	0	446	26	92	67	176	139
Aug-22	3,120	0	449	30	106	112	245	146
Sep-22	3,596	0	452	100	100	84	251	153
Oct-22	3,754	0	511	119	93	62	283	111
Nov-22	4,179	0	464	89	103	153	292	180
Dec-22	3,808	0	354	78	86	76	257	153
Jan-23	4,427	0	416	75	83	0	306	161
Feb-23	4,827	0	475	88	84	2	289	135
Mar-23	6,133	0	532	92	41	61	282	124
Apr-23	5,503	0	469	134	20	55	169	126
May-23	5,553	0	483	145	23	57	151	129
Jun-23	2,484	0	499	146	22	17	151	115
Jul-23	3,015	0	429	141	14	0	188	87
Aug-23	3,348	0	374	142	20	0	199	76
Sep-23	3,303	0	386	180	21	0	186	63
Oct-23	3,738	0	406	185	21	0	199	53
Nov-23	3,066	0	394	157	20	1	194	58
Dec-23	2,190	0	337	125	16	1	142	52
Jan-24	1,815	0	350	109	18	0	177	66
Feb-24	1,797	0	321	90	20	14	175	70
Mar-24	1,910	0	289	76	55	38	165	55
Apr-24	797	0	192	4	21	0	101	0
May-24	810	0	249	22	18	0	83	0
Jun-24	942	0	225	13	17	0	40	0
Jul-24	1,160	0	209	33	18	0	4	0
Aug-24	1,003	0	173	12	22	0	1	0
Sep-24	951	0	143	9	21	0	8	0
Oct-24	787	0	176	11	23	0	17	0
Nov-24	320	0	205	35	21	0	17	0

Dec-24	269	0	186	17	15	0	17	0
Jan-25	293	0	182	13	20	0	17	4
Feb-25	247	2	137	16	20	0	13	17
Mar-25	327	4	166	26	21	0	28	15
Apr-25	489	2	153	29	22	0	51	11
May-25	685	0	198	27	16	0	87	23
Jun-25	930	2	213	50	21	0	62	29
Jul-25	1,012	28	206	25	21	0	46	35
Aug-25	916	51	181	16	21	0	86	27
Sep-25	824	33	202	21	22	0	72	40
Oct-25	780	39	235	22	23	0	37	24
Nov-25	488	36	143	20	18	0	46	18
Dec-25	120	33	207	56	15	0	51	6
Jan-26	97	4	235	81	17	0	40	11
Feb-26	150	9	260	85	20	0	31	19