Sheffield City Council

Sheffield Health and Social Care NHS

NHS Foundation Trust

EDG 29.12.16
Item No: 2ii

EXECUTIVE DIRECTORS' GROUP
29th December 2016

Open BoD 11.01.17
Item No: 09

BOARD OF DIRECTORS MEETING
11th January 2017

TITLE OF PAPER	NHS Improvement – Reduction in Agency Spending Self-Certification Submission
TO BE PRESENTED BY	Mr. Phillip Easthope Executive Director of Finance
ACTION REQUIRED	Received for Information and confirmation of self-certification submission

OUTCOME	To note submission of self-certification in respect of agency spending
TIMETABLE FOR DECISION	Receipt at January 2017 Board of Directors' meeting
LINKS TO OTHER KEY REPORTS / DECISIONS	Annual Plan objectives regarding quality, workforce and sustainability.
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	BAF 2017/18 to be determined. NHS Constitution: Patients ❑ Public ❑ Staff ❑ HSE ❑ MH Act ❑ Equality Act 2010 ❑
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Implicit concerns for service delivery where over-reliance on Agency as percentage of pay costs (areas of concern Woodland View; PICU; Firshill Rise). Financial impact re long term and high cost agency is being managed across the Trust to reduce agency usage.
CONSIDERATION OF LEGAL ISSUES	N/A

Author of Report	James Sabin
Designation	Deputy Director of Finance
Date of Report	28th December 2016

Sheffield City Council

Sheffield Health and Social Care NHS

NHS Foundation Trust

SUMMARY REPORT

Open BoD 11.01.17
Item 09

Report to: **BOARD OF DIRECTORS**

Date: **11TH JANUARY 2017**

Subject: **NHS IMPROVEMENT – REDUCTION IN AGENCY SPENDING SELF-CERTIFICATION SUBMISSION**

From: **MR. P. EASTHOPE, EXECUTIVE DIRECTOR OF FINANCE**

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1. Purpose

For Approval	*For a collective decision*	*To report progress*	*To seek input from*	*For information*	*Other (please state below)*
				X	

2. Summary

In October 2017 NHS Improvement wrote to all Provider Chairs, Chief Executives and Finance Directors outlining further action expected to be taken to reduce agency spending. This communication (copy attached for ease of reference) required the Trust to make three submissions, as follows:

a. Submit data on monthly agency spending broken down by cost centre/service line – local high spend areas (deadline 24.10.16).

b. Submit data on 20 highest earning agency staff (anonymised) and a list of agency staff that have been employed for more than 6 consecutive months (deadline 31.10.16).

c. Completion and submission of a self-certification checklist in liaison with Board Members (deadline 30.11.16; submitted late 21.12.16). Due to the timescales involved and a number of absences due to the Christmas holidays, it wasn't possible to discuss this checklist with all Board members, however, brief discussions were held with the Director of Human Resources; HR Workforce & Key Projects Lead; Director of Corporate Governance; Deputy Chief Executive and the Trust Chair, who ultimately approved the sign off and submission of this checklist.

You will note that the letter from NHS Improvement also implements two further controls in respect of agency spend, namely:

Chief Executives to personally sign off on all shifts by individuals costing more than £120 per hour; and all framework overrides above price cap; and

With effect from October 2016 all Trusts will be required to secure approval from NHS Improvement in advance of signing new contracts with agency senior managers where the daily rate exceeds £750; extending or varying existing contracts where the daily rate exceeds £750.

The Trust's Vacancy Control Panel now receives for consideration and approval details of any request for long term agency staffing over a 12 week period.

In additional to the current nursing bank, with effect from February 2017, the Trust is establishing a bank for admin staff and will shortly be implementing a new system called TempRE to manage and reduce our temporary staffing expenditure on admin staff.

An additional appendix is now included within the monthly finance report to the Board of Directors which provides an overview of agency usage on a monthly basis.

3. Next Steps

To note the information and assurances provided.

4. Required Actions

As above.

5. Monitoring Arrangements

Vacancy Control Panel.
Receipt of the monthly finance report at the Board of Directors.

6. Contact Details

James Sabin
Deputy Director of Finance

James.sabin@shsc.nhs.uk

17/10/2016

North Region

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Goldcrest Way
Newburn Riverside
Newcastle upon Tyne, NE15 8NY

T: 0300 123 2092
E: nhsi.enquiries@nhs.net
lyn.simpson1@nhs.net
W: improvement.nhs.uk

To: Provider Chairs, Chief Executives and Finance Directors

Dear Colleague

Taking further action to reduce agency spending

I am writing to provide further detail on the actions on agency spending outlined in Jim Mackey's letter to trusts dated 7 October 2016.

It has been one year since NHS Improvement introduced the agency rules, at trusts' request, and the sector has delivered reductions in agency spending of over £600 million. Spending on agency staffing across England is now 20% lower than the same period last year. We know of many trusts across the country that have overcome workforce challenges and used the rules as a springboard to improve governance and processes, negotiate lower rates and reduce demand across every staff group. This is an excellent and important achievement.

However, agency staff still cost the NHS around £250 million a month – at present the sector is falling short of what is needed. Over-reliance on agency staff can put the quality and sustainability of services at risk. In order to retain costs within the available resources for the NHS, we need to ensure that boards, led by yourselves, are doing all you can to take control of agency spending. We need to bring an end to unacceptable behaviour such as paying over the odds for very expensive individuals or relying on the same agency staff members for very long periods of time.

Much more can be done across our region. The North region is already £15m (5%) above the aggregate agency spending ceiling this financial year and I will need to be assured that every trust board has implemented all appropriate controls to meet their ceilings. Your trust has exceeded its agency ceiling in the first five months of 2016/17. I therefore need to be confident that you are taking urgent action to correct this to bring your spending below your ceiling in order to reduce excess cost to the NHS.

Jim Mackey's letter on 7 October highlighted further actions to reduce agency spending, which include promoting transparency, better data, stronger accountability to boards and additional reporting of high-cost overrides. Further details on these expectations are set out below.

Promoting transparency and collaboration

Trusts have been asking for more information on agency spending to allow them to benchmark against their peers and work more collaboratively within the region. To support this, from November my team will be sharing data on agency expenditure (in relation to ceilings and total workforce costs) for all trusts in the region.

To further support collaboration, starting in November 2016 we will be holding further regional workshops and working to ensure that agency spending forms a key component of STP discussions.

We will expect STPs to ensure the agency rules and these controls are implemented across the footprint to reduce excess cost and provide services within the System Control Total. These workshops will be led by your NHS Improvement regional relationship management team who will contact you shortly with further details.

In addition, as part of the broader approach to transparency, from Quarter 2 we will publish in NHS Improvement's quarterly finance report trust level data on agency expenditure. This is likely to include the best and worst performing trusts against ceiling and relative to workforce costs.

Data on your agency spending at Quarter 2

Jim Mackey's letter set out additional data for all NHS trusts and foundation trusts to provide at Quarter 2. This will help your trust and the NHS Improvement relationship team to better understand your agency usage. For clarity, I have summarised the data request and where to submit the data on the last page of this letter.

Further support on medical agency staffing

I am pleased that many trusts have been using the medical locum guide to reduce the reliance on premium medical agency spending. The guide is on our website:

https://improvement.nhs.uk/resources/reducing-reliance-medical-locums-practical-guide-medical-directors/

We expect trusts to fully implement this guidance and to support this NHS Improvement will be holding a webinar to run through this guide. We have medical directors from the sector sharing their experiences and I would I strongly encourage you and your medical director to join the webinar which is from 2pm to 3pm on 18 October. You can register to take part here:

http://www.workcast.com/register?pak=5635436120063143

Helping boards to hold executives to account on agency spending

It is very important that boards are systematically holding executive directors to account to reduce excess costs associated with agency spending, informed by high quality information. Some trust board members have asked us for more support on how to do this.

I attach a self-certification checklist for your board to complete to be assured that the trust is taking all appropriate actions on agency spending and to identify additional steps you can take. The checklist includes actions that can have an immediate impact: establishing governance, accessing accurate and timely data to inform your decisions and using appropriate tools and processes – such as rapid recruitment processes and eRostering. We expects trusts to have tough plans to tackle unacceptable spending, including exceptional over-reliance on agency staff in services such as radiology or very high spending on on-call staff.

I recognise that some services provided by trusts in our region are heavily reliant on agency staff resulting in them being financially unsustainable. If this is the case, you need to consider changing the way you deliver services, such as by changing roles or implementing shared service models, to achieve more sustainable staffing over the short to medium term. The checklist also challenges whether your trust is taking these actions. This will be an area of particular focus where trusts are incurring costs in excess of their agency ceiling or are outliers relative to other trusts.

This checklist needs to be reviewed by your board working with your CFO, HR director and medical and nursing directors. All trusts should send the completed form to us (NHSI.agencyrules@nhs.net) by 30 November 2016. We will be following up with some trusts to ensure that the relevant board-level discussions have taken place with sufficient challenge and assurances that actions have been taken or will be taken by executive directors.

Additional reporting on unacceptable applications of the agency rules

Some trusts have advised us that they consider a lack of compliance by local partners results in an overall inflationary effect. We have also been advised that in some cases, when the agency price cap or maximum wage rates are exceeded on exceptional patient safety grounds, trusts no longer endeavour to negotiate the best rates for staff. This is not acceptable; trusts should always seek to negotiate the best price possible whether price caps are exceeded or not.

In addition, frameworks have been designed to support trusts in negotiating with agencies, managing down prices and collaborating with neighbours. Often going off-framework is indicative of poor planning and agency procurement behaviour resulting in trusts paying significantly higher prices for agency staff. Collective action is the most effective way of tackling high agency spending and we expect providers to operate in a way which secures this aim.

To ensure that chief executives have full sight of these significant overrides, we will now require in all trusts that the trust chief executive personally sign off on:

- All agency shifts by individuals costing more than £120 per hour.
- All framework overrides above price cap.

Chief executives should endeavour to sign off on any of these overrides prospectively although in exceptional circumstances retrospective sign off, within at most one week, may be necessary. A suggested template is provided in Appendix 4.

We will not ask trusts that are meeting their agency expenditure ceiling to report systematically to NHS Improvement on this (although they are still expected to follow the internal process).

However, all trusts that have year-to-date agency spending higher than ceiling are required to submit weekly signed off shift-level data on these overrides from 22 November 2016. This will be incorporated as part of the agency weekly returns.

In addition, we may be asking trusts across some regions with spending higher than ceiling to submit shift-level data on all non-clinical overrides. You will be informed shortly if you are required to submit this information.

Senior managers

Trusts need to reduce their reliance on agency staff at all levels and across all areas and this includes managerial staff. While senior managers play a pivotal role in guiding NHS organisations through important operational and strategic improvements, the NHS often achieves poor value for money from recruiting agency managerial staff. We should be aiming to radically reduce and ideally eliminate reliance on agency managerial staff and use internal NHS solutions.

From 31 October 2016 trusts will be required to secure approval from NHS Improvement in advance of:

- Signing new contracts with agency senior managers where the daily rate exceeds £750, including on costs.
- Extending or varying existing contracts where the daily rate exceeds £750, including on costs or incurring additional expenditure to which they are not already committed.

Trusts will need to demonstrate that they first tried to fill the role internally, within their STP footprint or within the NHS. Guidance on this new process will be published on NHS Improvement's website later this week and also in the Provider Bulletin on Wednesday 26 October. Updated guidance on the use of interims through on-payroll arrangements or board-officer roles will also follow shortly.

Recognising the significant challenge that remains, I wanted to thank you and your teams for all your work so far in implementing the agency rules. I hope these actions, summarised at the end of this letter, will help you to go further by ensuring you have your board's attention, support and understanding of the challenges your trust faces, to implement the changes needed to reduce your spending.

Yours sincerely

Lyn Simpson
Executive Regional Managing Director (North)

Encs

Summary of actions required

For all trusts

Action	Template	Steps to take
Submit data: monthly agency spending broken down by cost centre/service line (request sent 3 October 2016).	Appendix 1	Submit data to Finance inbox (NHSItrustfinance@dh.gsi.gov.uk) by 12pm on 24 October 2016
Submit data: • A list of your 20 highest-earning agency staff (anonymised) • A list of agency staff that have been employed for more than 6 consecutive months (anonymised)	Appendix 2	Submit data to Agency inbox (NHSI.agencyrules@nhs.net) by 12pm on 31 October 2016
Board, together with CFO, HR director and nursing and medical directors to discuss and complete agency self-certification checklist.	Appendix 3	Submit completed checklist to Agency inbox (NHSI.agencyrules@nhs.net) by 30 November 2016
Chief executives to personally sign off on: • All shifts by individuals costing more than £120 per hour. • All framework overrides above price cap.	Example sign off template in Appendix 4	Embed action in trust.
From 31 October 2016 trusts will be required to secure approval from NHS Improvement in advance of: • Signing new contracts with agency senior managers where the daily rate exceeds £750, including on costs. • Extending or varying existing contracts where the daily rate exceeds £750, including on costs or incurring additional expenditure to which they are not already committed.	Guidance, including template, to be published on NHSI website on 19 October 2016	Submit requests to Agency inbox (NHSI.agencyrules@nhs.net)

In addition, if your trust has year to date agency spending higher than ceiling, you are also required to do the following.

Action	Template	Steps to take
Submit data: weekly shift level data, signed off by your chief executive, on: • All shifts by individuals costing more than £120 per hour. • All framework overrides above price cap.	Reporting as part of weekly override reporting returns	Submit data on these shifts through the agency weekly returns 23 November 2016

NHS Improvement

Sheffield Health and Social Care NHS Foundation Trust

Month 6 2016/17 Agency Expenditure Return

NHS Trust/FT Contact (completed by and queries to be directed to):

Name:	Patrick McDermott
Job Title:	Divisional Finance Manager
Telephone number:	0114 27 18193
Email address:	patrick.mcdermott@shsc.nhs.uk
Date:	24-Oct-16

Summary of return

Version number:	V1.0.12
Total Validation errors:	0

NHSI Contacts

Technical queries directed to:

email:	NHSI.compliance@nhs.net
guidance:	see worksheet "Guidance"

Regional Team contacts :

Contact:	Duff, Michael
Email:	
Tel:	
Or:	Rhys, Huw
Email:	
Tel:	
Return date:	Monday 24th October 2016 before Noon
To be uploaded through following link:	https://portal.monitor-nhsft.gov.uk/trusts/SHEFFIELDHEALTH

Trust summary

FT or Trust?:	FT
Org Code:	TAH
Org Type:	Mental Health
MARSID:	SHEFFIELDHEALTH

This return is being collected to provide detailed information on Agency spend to inform the national debate in the area.

1. General Principles

This is a mandatory return from all providers

Values entered as Positive in £000s

Year to Date Spend (as at Month 6) should be split between by:

Agency (excluding External bank) and Total Gross Employee Benefits then by:

Medical, Qualified Nursing and all Other

Total Spend reported should match the Year to Date values reported on the Month 6 Finance Returns as detailed below:

	Foundation Trusts			NHS Trusts (TRU99)		
	Medical	Qual Nursing	Total	Medical	Qual Nursing	Total
Agency	SOCI - IS01409	Workforce - PAY0013	SOCI - IS01440	B_350	B_360	B_410
Total Pay	Workforce - PAY0010	Workforce - PAY0014	SOCI - IS01400	B_460	B_470	B_520

2. National areas of interest

Several key themes have been highlighted as being high users of agency staffing

These are detailed in this section.

Providers should attempt to capture all expenditure in these areas against these specific lines rather than using the detailed analysis below

3. Local high spend areas (>20% or >£600k)

This section has been provided for Providers to enter details of key areas of high agency usage in your provider

For the purposes of this return we are defining this as total Agency spend as a percentage of total gross employee benefits greater than 20% OR where the total year to date agency spend is greater than £600k (based on an average of £100k per month)

The description columns should be populated as follows:

Service Line / Cost Centre - This should be a free text entry to match the details recorded on your ledger

Speciality - The Primary / Main speciality should be selected from the drop down list provided (see lookups tabs for full list)

The numbered specialities are based on the list used for the safer staffing returns

Several generic categories have been provided to capture other key areas that may be required e.g. Clinical Support & Corporate and Admin, example items that should be included within these areas are detailed on the lookups tab

Where the Service Line / Cost Centre may cover several specialities the primary speciality user of the service should be recorded, for example if you have a general outpatients and the largest number of attendances are from general surgery this should be recorded as general surgery

4. All Other Expenditure not detailed above

This section should be used to capture all other areas of spend which have not separately identified to ensure that this return matches the values reported in the M6 finance return

2016/17 Month 6 Year to Date TAH

		Agency (Excluding external Bank)				Total Gross Employee Benefits				Agency as a percentage of Pay			
		Medical	Qualified Nursing	Other	Total	Medical	Qualified Nursing	Other	Total	Medical	Qualified Nursing	Other	Total
Service Line / Cost Centre	Speciality	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	%	%	%	%
Maincode		mc01	mc02	mc03	mc04	mc05	mc06	mc07	mc08	mc09	mc10	mc11	mc12
National areas of interest													
Accident & Emergency	180 - ACCIDENT & EMERGENCY				0				0	0.0%	0.0%	0.0%	0.0%
Cardiology	320 - CARDIOLOGY				0				0	0.0%	0.0%	0.0%	0.0%
Care of the Elderly	430 - GERIATRIC MEDICINE				0				0	0.0%	0.0%	0.0%	0.0%
Sonographers	CLINICAL SUPPORT				0				0	0.0%	0.0%	0.0%	0.0%
Other Radiology	810 - RADIOLOGY				0				0	0.0%	0.0%	0.0%	0.0%
Sub total National areas of interest		0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
Local high spend areas (>20% or >£600k)													
Woodland View	OTHER MENTAL HEALTH		266		266		597		597	0.0%	44.5%	0.0%	44.5%
PICU	996 - PSYCHIATRIC INTENSIVE CAR	93	111		204	128	494		622	72.6%	22.4%	0.0%	32.8%
Firshill Rise Assessment & Treatment Centre	700 - LEARNING DISABILITY	17	45		61	37	202		239	45.0%	22.1%	0.0%	25.6%
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Sub Total Local high spend areas		110	421	0	531	165	1,293	0	1,458	66.3%	32.6%	0.0%	36.4%
All Other Expenditure not detailed above		403	254	916	1,573	6,922	9,495	31,281	47,698	5.8%	2.7%	2.9%	3.3%
GRAND TOTAL (per Month 6 Finance return YTD)		513	675	916	2,104	7,087	10,788	31,281	49,156	7.2%	6.3%	2.9%	4.3%

Appendix 1

Long term agency use - please enter all individual agency staff employed for over 6 months

	Staff group	Grade	Department	# months service	Hourly rate	Monthly cost	Reason for usage	Action taken	Risk Rating
1	Medical	Staff Grade	Endcliffe	27	52.00	£8,320	Gap in service	Gaps in medics appear to lead to more longer term medical agency placements.	
2	Ancillary	Driver	Transport	17	10.24	£1,536	Cost effective. Cheaper than A4C grade and doesn't incur S/L costs	Approved via internal Vacancy Control panel and considered cost effective.	
3	Ancillary	Driver	Transport	17	10.24	£1,536	Cost effective. Cheaper than A4C grade and doesn't incur S/L costs	Approved via internal Vacancy Control panel and considered cost effective.	
4	Ancillary	Driver	Transport	17	10.24	£1,536	Cost effective. Cheaper than A4C grade and doesn't incur S/L costs	Approved via internal Vacancy Control panel and considered cost effective.	
5	Ancillary	Driver	Transport	17	10.24	£1,536	Cost effective. Cheaper than A4C grade and doesn't incur S/L costs	Approved via internal Vacancy Control panel and considered cost effective.	
6	Ancillary	Driver	Transport	17	10.24	£1,536	Cost effective. Cheaper than A4C grade and doesn't incur S/L costs	Approved via internal Vacancy Control panel and considered cost effective.	
7	Ancillary	Driver	Transport	17	10.24	£1,536	Cost effective. Cheaper than A4C grade and doesn't incur S/L costs	Approved via internal Vacancy Control panel and considered cost effective.	
8	Ancillary	Driver	Transport	17	10.24	£1,536	Cost effective. Cheaper than A4C grade and doesn't incur S/L costs	Approved via internal Vacancy Control panel and considered cost effective.	
9	Ancillary	Housekeeper	Workplace Wellbeing	8	10.33	£1,548	Isolated site and very few hours.	Approved via internal Vacancy Control panel and considered cost effective and reliable for a problematic area.	
10	Ancillary	Housekeeper	SORT	8	17.08	£1,024	Weekend work only	Approved via Vacancy Control panel.	
11	Medical	Speciality doctor	West CMHT	9	52.00	£8,320	Gap in service	Gaps in medics appear to lead to more longer term medical agency placements.	
12	Clerical	Medical Secretary	OAMH Longley Centre	21	13.21	£1,980	No valid reason	Under review as part of redeployment process	
13	Medical	Staff Grade	Community Services	9	£52.00	£7,800	Gap in service	Gaps in medics appear to lead to more longer term medical agency placements.	
14	Clerical	Admin	Memory Service	15	10.97	£1,644	No valid reason	Under review as part of redeployment process	
15	Corporate	Manager	Human Resources	7	400.00 per day	£4,800	Vacancy	Fixed term employment contract post retirement. Will cease upon appointment. Now covering some add hoc work for 7 Hills.	
16	Clerical	Admin	HR	9	12.74	£1,912	No valid reason	Moving onto payroll	
17	Clerical	Admin	ISS FirsHill	13	12.10	£1,816	No valid reason	Under review as part of redeployment process	
18	Corporate	8a	Contracting	36	£37.67	£3,012	Consultant Services. Ad Hoc to support Seven Hill Company.	Will cease prior to 31/03/17. Approved via VCP	
19	Corporate	8a	Contracting	12	£33.00	£1,320	Consultant Services. Ad hoc to support tenders.	Will cease prior to 31/03/17. Approved via VCP.	
20	Clerical	Admin	Steven Close	9	11.55	£1,732	No valid reason	Under review as part of redeployment process	
21	Corporate	IT project worker	IT	30	23.75	£3,800	A4C matched and moving onto payroll	Moving onto payroll	
22	Clerical	Information	Information	20	18.00	£2,700	Cost Effective, cheaper than A4C grade	Agreed to 31/03/17 at VCP	

Appendix 1

23	Corporate	IT project worker	IT	30	20.00	£3,270	A4C matched and moving onto payroll	Moving onto payroll	
24	Corporate	IT project worker	IT	30		£4,176	A4C matched and moving onto payroll	Moving onto payroll	
25	Corporate	8d	Corporate Affairs	6	£64.65	£5,820	Vacancy. Director of Care Standards. Essential re prep for CQC. Now leading on implementation of the outcomes of CQC	Out to advert for 2nd time. Expected to continue beyond 2016/17. Approved via internal VCP process.	
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Appendix 1

Highest cost agency workers

	Staff group	Grade	Department	# months service	Hourly rate	Monthly cost	Reason for usage	Action taken	Risk Rating
1	*Medical*	*Speciality doctor*	*Geriatric Medicine*	*25*	*£140*	*£22,400*	*Specialist doctor that have struggled to recruit to*	*Given notice that arrangement will end on x date*	***This is an example***
1	Medical	Staff Grade	Endcliffe	27	£52.00	£7,800	Vacancy	Gaps in medics appear to lead to more longer term medical agency placements.	No confidence in this being a short term need and may run into 2017/18
2	Medical	Consultant	Northlands	4	£76.10	£9,132	Vacancy	Gaps in medics appear to lead to more longer term medical agency placements.	No confidence in this being a short term need and may run into 2017/18
3	Corporate	8d	Corporate Affairs	6	£64.65	£5,820	Vacancy	Vacancy. Director of Care Standards. Essential re prep for CQC. Out to advert for 2nd time. Now helping lead the implementing of outcomes from CQC.	
4	Corporate	5	Finance	2	£27.89	£4,184	Vacancy	Part of backfill plans re 2 temporary acting up arrangements. Previous Agency candidate used for 3rd time thus picked up requirements quickly and cost effective. Will end prior to 2017/18	
5	Corporate	8a	Finance	36	£37.67	£3,012	Consultant Services	Consultant Services. Ad Hoc to support Seven Hill Company. Will cease prior to 31/03/17. Approved via VCP	
6	Corporate	Manager	Corporate Affairs	5	350.00 per day	£4,200	Vacancy	Part of CQC prep work. Moving onto a Fixed term employment contract.	
7	Corporate	8a	Contracting	12	£33.00	£1,320	Consultant Services	Tender Support. Ad hoc. Will not roll into 2017/18	
8	Corporate	Manager	Human Resources	7	400.00 per day	£4,800	Vacancy	Moved onto payroll on a Fixed term employment contract	
9	Corporate	Manager	Human Resources	7	185.00 per day	£2,220	Vacancy	Moved onto payroll on a Fixed term employment contract	
10	Medical	Staff Grade	Community Services	9	£52.00	£7,800	Vacancy	Gaps in medics appear to lead to more longer term medical agency placements.	No confidence in this being a short term need and may run into 2017/18
11	Corporate	Manager	Corporate Affairs	5	£37.67	£5,652	Vacancy	Part of CQC prep work. Ceased in November 2016	
12	Corporate	Consultant	Seven Hills	4	£60.00	£2,400	Consultant Services	Ad hoc support to the 7 hill care & support company. Will cease before 31/03/17. Approved via VCP	
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	Self-certification checklist Please discuss this in your board meeting	Yes - please specify steps taken	No. We will put this in place - please list actions
	Governance and accountability		
1	Our trust chief executive has a strong grip on agency spending and the support of the agency executive lead, the nursing director, medical director, finance director and HR director in reducing agency spending.	Yes, transparent Board reporting now in place to flag key issues and risks being addressed. A agency and off payroll task and finish group has been set up to manage the reduction of expenditure in this area.	
2	Reducing nursing agency spending is formally included as an objective for the nursing director and reducing medical agency spending is formally included as an objective for the medical director.	This remains an objective for the Trust and all Executive are working to support this objective	This is planned to be incorporated into future PdR's
3	The agency executive lead, the medical director and nursing director meet at least monthly to discuss harmonising workforce management and agency procurement processes to reduce agency spending.	This remains an objective for the Trust and all Executive are working to support this objective	This is planned to be incorporated into future PdR's
4	We are not engaging in any workarounds to the agency rules.	Yes, we are sticking within the rules and not engaging in agency creative practice. We will report those agencies that approach us to work around the rules to NHSI	
	High quality timely data		
5	We know what our biggest challenges are and receive regular (eg monthly) data on: - which divisions/service lines spend most on agency staff or engage with the most agency staff - who our highest cost and longest serving agency individuals are - what the biggest causes of agency spend are (eg vacancy, sickness) and how this differs across service lines.	Yes, this is all collated and reviewed monthly within an agency task and finish group. High level reporting also now goes to the Board. This is being systematically addressed starting with the key problem areas. We have also started to centralise processes and expand our internal banks.	
	Clear process for approving agency use		
6	The trust has a centralised agency staff booking team for booking all agency staff. Individual service lines and administrators are not booking agency staff.		We are centralising the process (via eRostering) for all agency nursing and supprt worker booking). We are implementing a centralised process for booking admin agency staff. We will then roll this out to other staff groups not captured in the above
7	There is a standard agency staff request process that is well understood by all staff. This process requires requestors and approvers to certify that they have considered all alternatives to using agency staff.		This is being developed as part of the developments in 6 above
8	There is a clearly defined approvals process with only senior staff approving agency staff requests. The nursing and medical directors personally approve the most expensive clinical shifts.		Trust policies procedures and approval processes will be rewritten to reflect the introduction of centralised agency booking as described above
	Actions to reducing demand for agency staffing		
9	There are tough plans in place for tackling unacceptable spending; eg exceptional over-reliance on agency staffing services radiology, very high spending on on-call staff.	Yes. All long term assignments over 12 weeks need formal VCP sign off which incorporates 4 Execs	

10	There is a functional staff bank for all clinical staff and endeavour to promote bank working and bank fill through weekly payment, auto-enrolment, simplifying bank shift alerts and request process.	Yes. We are expanding our internal bank beyond nursing & support workers into admin, housekeepers, pharmacy, OT. We have engaged a partner re the system interface with agencies and offering weekly pay.	
11	All service lines do rostering at least 6 weeks in advance on a rolling basis for all staff. The majority of service lines and staff groups are supported by eRostering.	Yes . New erostering system has been rolled out to all in-patient services. Completion of roll out to other 24 hour services during the remainder of 2016/17.	
12	There is a clear process for filling vacancies with a time to recruit (from when post is needed to when it is filled) of less than 21 days.		No. 21 days is unrealistic for some roles. Although recruitment processes have improved can't mitigate notice periods being worked and occasional need for short term agency usage.
13	The board and executives adequately support staff members in designing innovative solutions to workforce challenges, including redesigning roles to better sustain services and recruiting differently.	Yes, new roles are being created and we are looking to expand bank and apprentiships. The Trust is part of a regional pilot developing assistant prectitioner roles	
14	The board takes an active involvement in workforce planning and is confident that planning is clinically led, conducted in teams and based on solid data on demand and commissioning intentions.	The Tust revamped its HEE Workforce plananign process last year and has an interactive prcess between HR and Directorates for prople planning	
	Working with your local health economy		
15	The board and executives have a good understanding of which service lines are fragile and currently being sustained by agency staffing.	Yes. Monthly reporting now goes to board.	
16	The trust has regular (eg monthly) executive-level conversations with neighbouring trusts to tackle agency spend together.	Yes.	

Signed by 21/12/2016

Trust Chair: Jayne Bram.

Trust Chief Executive: Kevan Taylor.

Please submit signed and completed checklist to the agency inbox (NHSI.agencyrules@nhs.net) by 30 No