

Reporting to:	Trust Board – 1 December 2016
Title	Agency Self Certification Checklist
Sponsoring Directors	Workforce Director
Author(s)	Victoria Maher, Workforce Director Liz Walton, Head of Workforce Resourcing and Assurance
Previously considered by	Agency Task and Finish Group
Executive Summary	The Trust has been asked to complete a Self Certification with regard to agency usage. This has been considered by the Agency Task and Finish Group which is a multidisciplinary team. The Board are asked to approve the self certification which will then be submitted to NHSI.
Strategic Priorities	
1. Quality and Safety	<input type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	<input checked="" type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of ‘agency’ in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	<input type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTC) lists, and streamline our internal processes we will not improve our ‘simple’ discharges. <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment

Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve	Recommendation - the Trust Board are asked to RECEIVE and APPROVE the Self Certification

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.	Agency Task and Finish Group meets fortnightly and provides updates to Workforce Committee who provide assurance to Trust Board	
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.	Both the Director of Nursing and Medical Director have an objective relating to reducing agency.	
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 is currently fulfilled through the executive team meeting, supported by Agency Task and Finish Group.	A monthly meeting will now be arranged between the Workforce Director, Director of Nursing and Medical Director.
4	We are not engaging in any workarounds to the agency rules.	Rules are strictly adhered to. All breaches are reported.	
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.	Weekly reports are shared with Care Groups and actions to address agency usage and spend are monitored via Agency Task and Finish Group. A root cause analysis has been introduced to ensure that reasons for usage are fully understood. The Sustainability Committee, Workforce Committee and Trust Board receive updates every meeting regarding agency usage and costs.	
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.	Booking of agency is centralised Medical Staffing for doctors, Temporary Staffing Department for all other staff groups. Both are now within the Workforce Directorate. A clear process has been given to managers through the Standard Operational Procedures.	
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.	SOPs issued and disseminated through Care Groups for all agency staff. SOPs include authorisation levels.	
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.	SOPs specify senior level approval only. Exec level (not just DON and MD) approval for all high cost and off-framework bookings	
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.	Care Group finance plans are in place to address over spend, the plans are monitored through the Trust's Confirm and Challenge meetings, led by the Deputy Chief Executive.	
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.	Electronic systems fully utilised to notify bank of available shifts via Employee on Line accounts and text alerts. Auto-enrolment in place.	The Trust is reviewing its position on weekly pay through a multi disciplinary team, the outcome will be reported back to Workforce Committee in January.
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.	E-rostering in place in all in-patient areas. Three monthly rosters currently being implemented.	
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.	A clear recruitment process is in place for all roles.	Through our work with Virginia Mason Institute recruitment is value stream 3, therefore an improvement lenses is being applied to this area.
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.	A number of new roles have been developed to support the workforce challenges of the organisation they include extended scope physiotherapist, Advanced Clinical Practitioners and Wellbeing apprentices. Further work includes Associate Nurses and assistant 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.	Through the configuration of the hospital a workforce and transformation plan has been developed. This has been discussed by the Board including an extraordinary Sustainability Committee meeting which fully considered the plan including receiving assurances from clinicians that the plan was clinically led.	
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.	The Workforce Committee receives regular updates regarding workforce risk. The Board also receives updates regarding workforce risk.	
16	The trust has regular (eg monthly) executive-level conversations with neighbouring trusts to tackle agency spend together.	Through the Local Workforce Action Board (LWAB) the Trust is involved in discussions across Shropshire and Staffordshire to look to reduce agency spend.	

Signed by

[Date]

Trust Chair:

[Signature]

Trust Chief Executive:

[Signature]

Please submit signed and completed checklist to the agency inbox (NHSI.agencyrules@nhs.net) by 30 November 2016