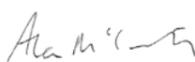


Self-certification checklist Please discuss this in your board meeting		Yes - please specify steps taken	No. We will put this in place - please list actions
<b>Governance and accountability</b>			
1	The Trust chief executive has a strong grip on agency spending and the support of the agency executive lead, the nursing director, medical director, finance director and HR director in reducing agency spending.	Yes. Fortnightly Agency PMO's are held with each of the divisions. These meetings are chaired by either the Director of Organisational Development & People, the Chief Nurse or the Director of Finance. Progress with the reduction in the agency spend is monitored via the Executive Committee and the Finance and Workforce Committee.	
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.	Yes. For 2016/17, the Trust has a Nursing Temporary Staffing CIP of £3.9m and a medical agency CIP for £671k.	
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.	Yes. The Chief Nurse and Medical Director meet informally on a weekly basis. Formally both the Chief Nurse and Medical Director attend the fortnightly Agency PMO's, where discussions regarding the harmonisation of workforce management and agency procurement processes to reduce agency spend are held.	
4	We are not engaging in any workarounds to the agency rules.		No. The Trust is not engaging in any workaround to the agency rules.
<b>High quality timely data</b>			
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.	The biggest challenges are identified via the discussions with the divisional Agency PMO's. Data is provided at ward level and scrutiny across divisional service lines are applied.	The highest cost and longest serving individuals have not been routinely discussed as part of the Agency PMO's, however this focus will be built into the fortnightly meetings going forward.
<b>Clear process for approving agency use</b>			
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.	Yes. There is a centralised temporary staffing bureau (TSB), who undertake the booking for nurse agency and medical staffing at the request for staff from the divisions. The divisions have the responsibility for ensuring that other methods (including rostering, re-deployment and use of bank staff) have been explored before the request is put through to the TSB. Other staff including Allied Health Professionals are booked directly by the Service Managers in the relevant division. These shifts are then identified and discussed via the Agency PMO's and reported on in the weekly agency submission to NHS Improvement. Centralisation of AHP booking systems would require capital investment.	
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.	Yes, there is a Trust Temporary Staffing Policy applicable to all staffing groups and a Standard Operating Procedure for the 'Escalation and Authorisation of Agency Staff (Registered Nurses, Registered Midwives, Nursing Assistants'.	
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.	Yes. The Temporary Staffing Policy clearly defines the authorisation of Temporary Staff Booking for all staff. In addition the Trust Standard Operating Procedure for the 'Escalation and Authorisation of Nurse Agency Staff', requests are authorised by the Divisional Chief Nurse in the first instance. The SOP further details the requirement for the most expensive shifts to be approved by the Chief Nurse, Chief Operating Officer or Deputy Chief Nurse, however these shift types are no longer used within the organisation. In the case of Medical staffing, these shifts are approved by the Chief of Service for each division respectively.	
<b>Actions to reducing demand for agency staffing</b>			
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.	Divisional spend on agency is heavily scrutinized via the Agency PMO for each division. Within these forums, all staffing groups are analysed and discussed.	
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.	The Temporary Staffing Bureau (TSB) covers nursing and medical staffing. Bank staff have the option of being paid on a weekly basis and all substantive and enrolled automatically on to the Trust bank. A recent initiative via Healthroster, went live on the 14th November. The new facility is cloud based and allows staff to view available shifts and book them direct from their own devices and from home. Other staff including Allied Health Professionals are booked directly by the relevant division, identified and discussed via the Agency PMO's and reported on in the weekly agency submission to NHS Improvement.	
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, all divisional nurse rosters are published at least 6 weeks in advance via the Healthroster system. This and other key rostering KPI's are monitored on a fortnightly basis at the divisional Healthroster PMO's. These forums are chaired by either the Chief Nurse or Deputy Chief Nurse.	
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.	Yes. The recruitment team works to and achieves a 42 day kpi, from advert to job offer. This includes the time to advertise, interview and provide the offer letter to the successful job applicant.	
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, workforce challenges and solutions are discussed in depth at the Workforce Committee, Executive committee, Finance and Workforce Committee and Trust Board. In addition, they are discussed at length within the Agency PMO's, which are chaired by either the Director of Organisational Development & People, the Chief Nurse or the Chief Finance Officer.	
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.	Yes, assurance that workforce planning is clinically led, conducted in teams and based on solid data that is provided to and challenged at the Finance and Workforce Committee. Workforce planning is also built into the business planning cycle and the Trust's Strategic Objectives.	
<b>Working with your local health economy</b>			
15	The board and executives have a good understanding of which service lines are fragile and currently being sustained by agency staffing.	Yes. The Chief Nurse, Chief Finance Officer and Director of Organisational Development & People all understand this level of detail via the Agency PMO discussions.	
16	The trust has regular (eg monthly) executive-level conversations with neighbouring trusts to tackle agency spend together.	Yes. The Trust's Director of Organisational Development & People has an executive level MOU discussion with neighbouring Trusts in the Coastal West Sussex region.	

Signed by

30/11/2016

Trust Chair: Alan McCarthy



Trust Chief Executive: Michael Wilson



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