

Meeting title:	Public Trust Board	Public Trust Board paper K			
Date of the meeting:	14 March 2024				
Title:	Agency compliance, usage & reduction				
Report presented by:	Clare Teeney Chief People Officer				
Report written by:	Charlotte Whyman, Head of Recruitment & Resourcing				
Action – this paper is for:	Decision/Approval		Assurance	x	Update
Where this report has been discussed previously	N/A				

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
This report provides an update and assurance against the existing BAF Risk '10-PCC - Failure to recruit, retain, redesign and transform the workforce' by providing assurance on controls and governance around our temporary staffing workforce together with an agency reduction programme which aligns to substantive recruitment.

Impact assessment
This report demonstrates how the agency reduction and compliance programme has a direct impact on workforce staffing, finance and patient care. Increasing our substantive workforce, decreasing our reliance on agency workers impacts positively on our workforce, consistency and quality of care and finances.

Acronyms used:

Purpose of the Report

To provide an update and assurance on the programme of work to ensure compliance and governance on agency usage in accordance with the NHSE Agency rules and the work being undertaken to reduce our agency usage to ensure a positive financial impact in addition to positively impacting our existing workforce in terms of capacity and substantive recruitment, which will have a positive impact on consistency and quality of patient care.

Recommendation

The Board is asked to:

- Note the content of the report in terms of levels of compliance against the NHSE Agency Rules and receive assurance on the governance and oversight of agency usage and correlated spend.

Summary

The Board received a paper in February which described our Agency Oversight process and governance both in terms of compliance, usage and spend on agency workers. This paper provides a further update in terms of our progress with the work currently being undertaken via the Agency Oversight Group.

Main Report Detail

Agency Compliance

In terms of our compliance with the NHSE Agency Rules, we acknowledged in the last report our current areas of non compliance, namely the use of off framework providers, use of non clinical agency and breaches of price cap compliance. These continue to be reported via the NHSE monthly return and progress continues to be made in ensuring the transition plans in place to remove non clinical agency use and to remove the use of off framework suppliers. We committed to ensuring this was in place by 31st March 2024. In the most part that the planned removal of all non clinical agency use by 31st March will be achieved, apart from 1 agency worker who is contracted until 30th April to complete an ongoing project. In terms of the removal of off framework suppliers, plans are in place to procure and contract with on framework suppliers, however, there will be a transition period for the first 2-3 weeks in April to ensure cover and supply over the Easter period to ensure the continuation of patient safety. Therefore, we will continue to have off framework use going into April but this will comply with the override provisions of patient safety. It is anticipated that the off framework supply will cease in April.

Details of progress and actions against the transition plans are reported to the agency oversight group weekly, so focus and momentum is maintained.

Agency Rules	Current Position	Actions to improve compliancy
Agency spend 3.7% of total pay spend	Month 10 spend - 3.5% of total pay spend	Compliant
Use framework suppliers	Plan to remove off framework supplier by 31 March 2024	On framework suppliers being procured to supply agency workers from April 24. Will be a transition plan until mid April. Recruitment ongoing to strengthen internal bank for future supply to reduce agency use in the financial year 24/25.
Procure all agency staff at or below the price caps (calculated at 55% above basic substantive pay rates for ALL staff);	<ol style="list-style-type: none"> All Medical Agency (driven by wider supply/market issues) Radiology (AHP) to meet additional demand Maternity (Nursing) 	<ol style="list-style-type: none"> Medical agency:EMAP collaboration to work with Framework for Medical regional rate card to drive rates toward NHSE caps Radiology: Review of AHP Workforce needed to confirm budgeted establishments & create workforce plan to bridge the gap and reduce reliance on agency. Nursing: Meets break glass exception for patient safety
Agency & bank shifts at £100 an hour or more and above price cap must be signed off by the chief executive		Compliant
Agency shift below £100 and/or 50% above the published price cap rate, signed off by an executive director.		Compliant
Remove non-clinical agency	On plan to remove by 31 March 2024	1 non clinical agency worker will continue until 30th April 24.

Agency spend and reduction of use

In terms of agency spend, the month 10 position is shown below and demonstrates an overall reduction in spend from Month 1 to Month 9

Row Labels	April £ Actuals	May £ Actuals	June £ Actuals	July £ Actuals	August £ Actuals	September £ Actuals	October £ Actuals	November £ Actuals	December £ Actuals	January £ Actuals	February £ Forecast	March £ Forecast
C.H.U.G.S	446,613.45	402,697.39	336,644.29	364,314.80	380,580.21	299,458.29	326,214.52	269,645.19	252,661.54	299,153.83	260,494.84	260,494.84
Central Division	49,976.00	49,973.64	37.29	85.77	125.42	-	-	343.15	343.10	435.08	-	-
Clinical Support & Imaging	393,377.19	469,394.83	309,047.13	229,610.17	312,412.18	421,408.28	361,108.38	277,414.03	34,988.03	157,561.98	262,726.53	258,958.64
Corporate	72,126.08	49,398.04	116,853.38	53,480.04	62,166.64	50,103.01	81,085.63	80,305.45	16,398.22	97,850.14	123,860.86	123,860.86
Emergency & Specialist Med	1,452,619.73	1,390,930.50	1,632,771.07	1,257,367.40	1,079,184.90	1,053,041.25	1,179,935.15	1,249,772.03	1,138,836.09	3,170,546.87	1,286,135.49	1,291,918.26
Estates & Facilities	454,794.61	194,896.90	231,036.33	267,502.21	232,957.72	29,029.67	195,649.34	34,215.34	77,599.82	44,827.41	82,838.28	82,838.28
I.T.A.P.S	84,545.76	80,691.06	87,066.88	57,120.46	7,650.64	210,672.59	79,348.69	40,870.05	86,237.51	127,424.31	76,257.12	76,257.12
Musculo & Specialist Surgery	225,404.86	269,755.92	336,301.42	270,022.77	219,912.64	276,981.70	188,649.54	185,981.95	31,537.01	341,649.49	176,045.22	176,720.83
Renal, Respiratory & Cardiac	33,948.58	89,715.17	86,983.47	107,424.40	21,232.94	44,572.80	73,777.10	79,196.16	95,786.90	164,340.44	73,158.83	73,158.83
Research & Development	6,698.57	3,175.75	116.43	116.43	638.34	-	501.00	-	5,883.22	5,883.22	-	-
Trust Med Pharmacy	22,005.68	17,181.36	80,354.14	98,265.88	95,513.75	140,476.31	140,963.47	143,663.37	94,742.50	199,573.51	159,016.68	159,016.68
Womens & Childrens	-	-	-	-	-	-	-	-	-	-	-	-
Grand Total	3,244,110.61	2,917,863.28	3,217,211.83	2,705,310.33	2,395,546.58	2,467,684.56	2,627,232.82	2,292,976.04	1,752,585.24	4,609,246.28	2,500,533.86	2,503,224.35

The increase in pay shown in month 10 is as a result of the off framework agency cost being re-coded from non pay to pay. Prior to January 24, all of the spend for this agency was coded into non pay.

It is anticipated that the continued focussed work on reduction of agency use via the oversight group will continue to contribute to a continued reduction in spend over the coming months. Governance around actions for ongoing compliance with the Agency Rules will continue to be via the oversight group which reports through to the Workforce Workstream of the Financial Sustainability Group.

Summary

Whilst our overall agency usage and spend has reduced over the financial year, we recognise that agency is just one part of our workforce. From April 2024, The Agency Oversight group will be re-focussed to Temporary Staffing Oversight Group and will broaden the scope of it's terms of reference to include agency compliance in accordance with the Agency Rules and any subsequent changes to percentage pay spend cap, agency usage and spend, bank utilisation and spend across all staff groups, rostering efficiencies and oversight of the clinical fellowship programme in terms of a corresponding reduction of temporary staffing.