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Making the health sector work for patients

tda Trust Development Authority
Quality. Delivery. Sustainability.

How to reduce use of agency staff: a diagnostic tool

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Introduction

- The cost of temporary staffing, particularly nurses and doctors, presents a challenge for most trusts. This diagnostic tool focuses primarily on agency nurses, but the principles apply to any agency staff group.

- The gap in supply of staff can be attributed to issues including workforce planning, attrition and a rise in nursing numbers after publication of the Francis Inquiry into the care provided by Mid Staffordshire NHS Foundation Trust between January 2005 and March 2009.

- In some regions shortages of supply can be particularly pronounced.

- Monitor has worked closely with the NHS Trust Development Authority (TDA) and other national partners (eg NHS Employers and Lord Carter's team) to investigate and disseminate best practice in managing temporary staff and how to reduce the use of agency nurses.

- We have developed this diagnostic tool with pilot sites over the summer of 2015 to identify best practice. We are publishing it now to help other trusts move towards best practice and reduce the use of agency staff.

Good practice in managing temporary staff

We talked to a wide range of trusts about their approach to managing temporary staffing. In those that manage it well we typically see:

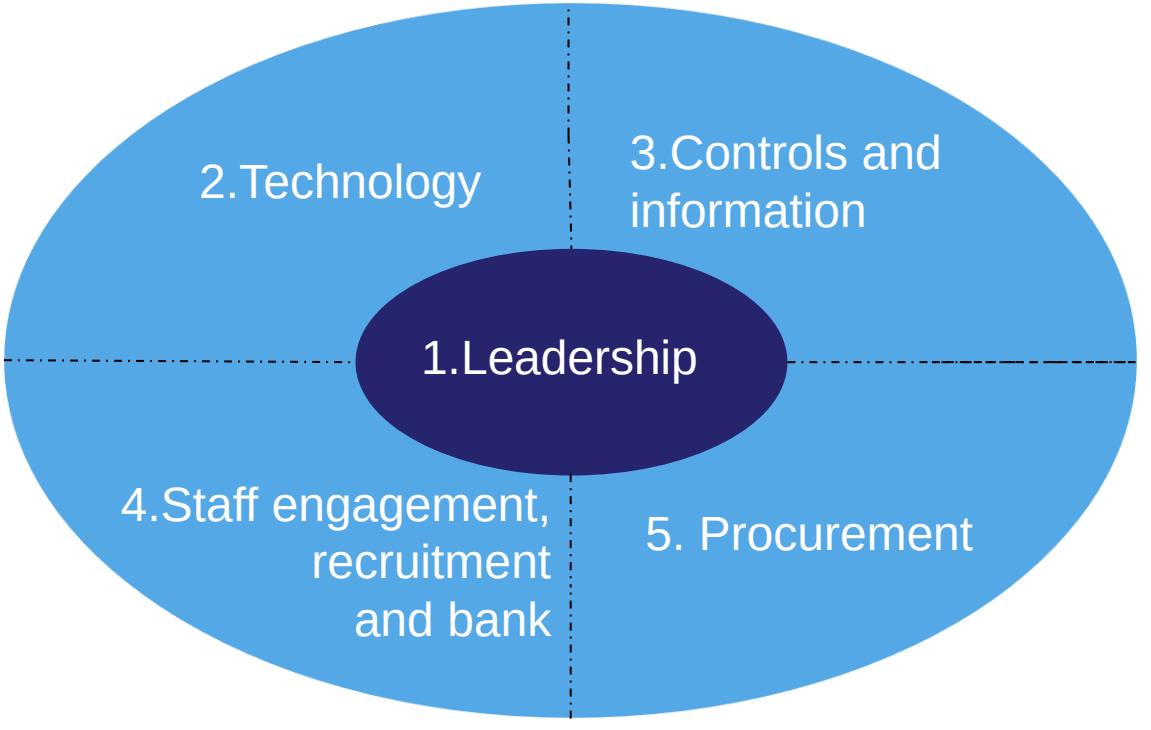
- technology is used effectively to roster and bank services
- a large, flexible cohort of bank staff
- a strong procurement team
- detailed management information to help decision-making

and most importantly…

- operational managers, clinicians, human resources and finance managers working collaboratively to manage workforce challenges

The diagnostic tool

This tool focuses on five areas/domains involved in use of agency staff to help you diagnose issues, decide ways forward and implement improvements quickly. You can use it alongside other Monitor and TDA resources and more direct support.



We welcome any queries and suggestions for improvement. Please contact: agencyprojectsupport@monitor.gov.uk

Using the tool

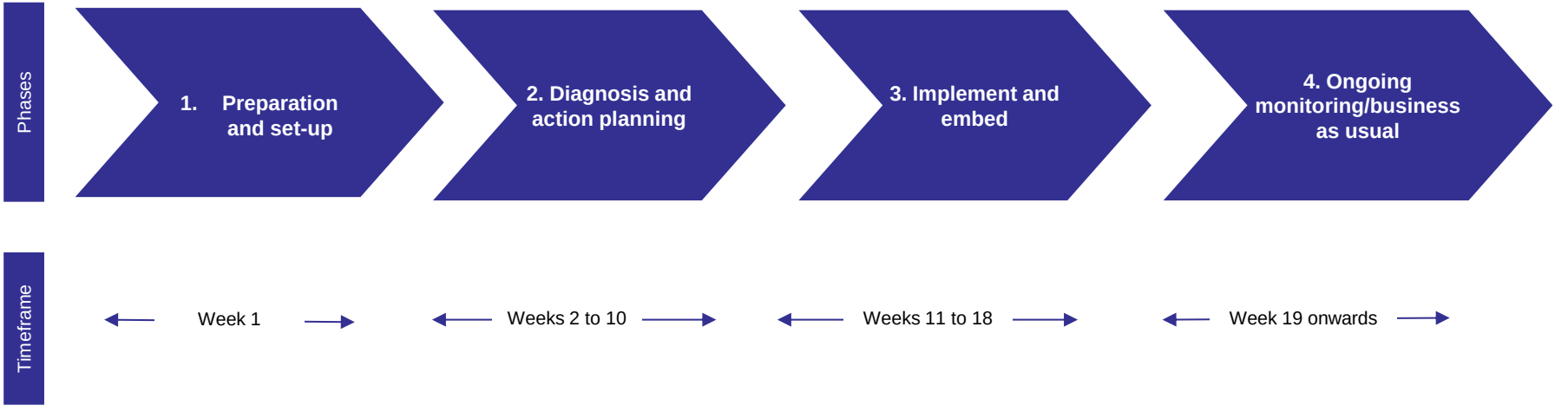
This tool consists of 43 questions that came out of our pilot alongside good practice examples identified from the wider NHS. You can use the questions to diagnose your progress in reducing dependence on agency staff and work out what to do next. It may be useful to reconsider questions you have already asked, as well as those you have not. You can also answer the questions using a template on this page.

The red, amber, green or 'RAG' rating (see below) can be used to indicate areas where the trust:

- needs to carry out new work
- needs to carry out improvements on work already in place
- is doing well but this needs to be sustained

RAG rating	Example indicator
Red: Action required: a need to set-up or carry out new/substantial change	The answer to the question is unknown or there is little to no evidence of good practice activity/activities
Amber: Action required: a need for review and/or improvement	Progress has been made or is being made and there is evidence of significant good practice activity/activities, but more work is required. The timescale for this is included
Green: No action required at this time, but will be kept under review	There is a broad level of confidence that most good practice activity/activities are in place and embedded as part of business as usual

Steps in using the tool



Phase 1: Preparation and set-up

Phase 1 aims to define objectives and goals, secure management commitment, tailor future activities to the trust's special requirements and gather management information, specifically on the organisation's challenges.

Information requirements

- **Background information**: Information to provide context on the trust's current position
- **Benchmarking/KPI information**: Information to allow for benchmarking and comparison with other similar trusts
- **Set-up of interviews with staff**: Identification of key clinical and operational staff the team will contact to get more understanding of the trust in context

Trust self-diagnosis

- **This diagnostic tool**: Requirement for the trust to commence self-diagnosis (the major part is in phase 2)
- **Trust report**: Requirement for the trust to develop a report on issues identified from self-diagnosis, actions already taken to address issues and summary of other issues not covered by the diagnostic tool

Programme plan

- **Scope of programme**: Agreement on expected outcomes and benefits, programme phases and timetable
- **Governance and resources**: Agreement on governance structure including roles and responsibilities
- **Communication and engagement**: Agreement on key stakeholders, information requirements, frequency and method of engagement

Phase 2: Diagnosis and action planning

Phase 2 aims to establish the trust 'as is' state in relation to agency spend, in particular nursing agency spend, and develop an action plan.

Information collation and analysis

- **Desk-top analysis:** Analyse data/information collated to identify trends and areas for improvements
- **Review of trust self-diagnosis report:** Executive team to review report and determine areas for improvement

Diagnosis validation

- **Staff engagement on findings:** For example one-to-one sessions and workshops on all the findings to give staff the opportunity to validate the key areas for improvement
- **Prioritisation:** Assessing problem areas – ie problems leading to high agency spend or low quality of care against agreed prioritisation criteria
- **Agreement/sign off:** Trust leadership sign off **diagnosis**

Action plan

- **Engagement on action plan:** Staff engaged, eg through workshops, to identify and agree actions
- **Prioritisation:** Actions against agreed criteria – ie impact, ease of implementation, capacity/capability
- **Agreement/sign off:** Trust leadership sign off **action plan**

Questions and good practice examples
Domain 1: Leadership

Q1.	Is there clear senior clinical ownership of the agency issue at the trust? Red/Amber/Green please circle
Good practice examples	• Senior, prominent clinical leads actively devote time to championing temporary staffing initiatives • A board director is responsible for overseeing use of agency staff • Clinical, operational, HR and finance leads work collaboratively to manage the daily workforce/agency pressures and report to the board lead • Patient safety walkabouts include staffing as part of the rolling agenda
Desired outcome	• A well-informed leadership team effectively championing change

Q2.	Does the trust have a credible strategy for reducing agency staff? Red/Amber/Green please circle
Good practice examples	• There is a strategic plan focused on workforce issues with timescales and measurable outcomes • The strategy/plans consider forecast changes in the local workforce demand (eg impact of service delivery changes)
Desired outcomes	• The management team and staff have the capacity and capability to deliver the strategy • Staff are engaged and clear about the trust's strategic aims and objectives for using agency staff

Q3.	Has the trust board engendered a collaborative culture across the organisation? Red/Amber/Green please circle
Good practice examples	• Board, operational, clinical, workforce and financial staff all work together to reduce agency spend • The contribution of every member of staff is actively considered
Desired outcome	• A collaborative culture exists with a shared purpose of tackling high temporary staffing levels

Questions and good practice examples

Domain 1: Leadership continued

Q4.	Do the trust's senior managers have the skills, capacity and capability to lead the agency initiative? Red/Amber/Green please circle
Good practice examples	• The senior team devotes time to workforce planning meetings. Evidence of regular attendance exists • There are independent reviews to measure performance and governance • There is support for managers, addressing poor management practice (training and development) and celebrating successes • Escalation process for executive intervention/oversight
Desired outcome	• The board and/or senior managers intervene to resolve problems when required

Q5.	Is the trust working to tackle reasons for agency usage? Red/Amber/Green please circle
Good practice examples	• The trust collaborates with commissioners to address workforce issues • Commissioning intentions and plans are considered for workforce implications • The trust works with Health Education England and nurse education providers to indicate workforce plans and align supply • New ways of working are developed, eg apprenticeships • Changes to commissioning should be confirmed with due notice to avoid reliance on temporary staffing
Desired outcome	• Alignment of longer-term future service requirements with workforce numbers and improved workforce management

Questions and good practice examples

Domain 1: Leadership continued

Q6.	Does the trust have a corporate policy and procedure on use of agency workers? Red/Amber/Green please circle
Good practice examples	• Policy sets out when agency workers can be used • Policy has a clear escalation and review process • Policy is available for all staff to see • Procedure sets out process for procuring agency workers and their induction
Desired outcome	• Compliance with the policy and procedures is monitored and measures are in place to improve compliance
Q7.	**Is the board sufficiently aware of potential risks?** Red/Amber/Green please circle
Good practice examples	• Agency/workforce risks are reflected (eg in a board assurance framework or risk register) • Board members understand the risks associated with the temporary workforce • There are clearly defined and understood processes for escalating issues to the board • There is evidence of the board resolving problems raised • Workforce data are presented to the board with the triple aim of cross-checking patient experience, staffing and outcomes
Desired outcome	• The main risks are identified with no significant control issues or gaps

Questions and good practice examples
Domain 2: Technology

Q1.	Is a board director actively leading and responsible for delivery of benefits from implementing technology regarding workforce? Red/Amber/Green please circle
Good practice examples	• Director-led monthly workforce management steering group actively tracking risks/benefits • Imperative for change led at the top – the chief executive approves the executive lead • Senior clinical staff are nominated to review, challenge and approve agency requests • Support is used effectively
Desired outcomes	• Clearly defined benefits • Benefits championed and supported at board level and reported against plans to executives (monthly reporting ideally)

Q2.	Has the trust effectively embedded an end-to-end booking and roster process supported by electronic systems? Red/Amber/Green please circle
Good practice examples	• An integrated rota and bank management system is actively used for medical/nursing staff • Annual leave and study leave are factored into rota planning and monitored. Sick leave is monitored • Note: Medical staff rostering is important – but often overlooked • Agency shifts for off-rota work are not allowed • A set of KPIs to measure headroom efficiency is agreed and reported monthly
Desired outcome	• Maximised roster efficiency

Questions and good practice examples

Domain 2: Technology continued

Q3.	Has the process for booking vacant shifts been devolved, where possible, to staff delivering the service? Red/Amber/Green please circle
Good practice examples	• Staff are aware of vacant slots and a direct booking service is available • Technology-enabled communications such as SMS and email alert permanent staff to extra work and gaps on the rota • A system for electronic timesheets and invoices is in use and audited regularly • Vacant shifts are offered to substantive staff first • Process is evaluated against agreed controls
Desired outcome	• The bank team focuses on the hard-to-fill slots

Q4.	The automated systems are managed at delivery level with a senior manager responsible for oversight Red/Amber/Green please circle
Good practice examples	• Operational and senior managers have protected time for supporting automation of rostering • Rota co-ordinators are in place to ensure that rosters are suitable • Clinical, HR and operational teams work together to implement the system • Champions in each ward/hospital area • Reports are regularly reported from ward to board
Desired outcome	• Maximised permanent staff supply against patient demand. Processes embedded as business as usual

Questions and good practice examples
Domain 3: Controls and information

Q1.	Does a board director actively oversee agency spend? Red/Amber/Green please circle
Good practice examples	• A single board director (eg director of nursing), able to make decisions and authorise agency staff based on clinical risks, evidence and costs, is responsible for monitoring and controlling use • Senior leader provides ownership and oversight
Desired outcome	• A well-informed board and empowered workforce planning

Q2.	Is temporary staffing effectively managed at delivery level by clinical staff Red/Amber/Green please circle
Good practice examples	• Clinical, HR, procurement and operational teams work together to forecast demand and plan the cover • Rota co-ordinators ensure that rosters are suitable and produced efficiently, using policy • There is central oversight of the booking process and staff are able to escalate problems to this team seven days a week if required • Performance measurement exists at ward/department level with regular review • Existing flexible working is reviewed in line with service requirements
Desired outcomes	• Maximised permanent staff supply against patient demand • Individual teams are aware of how they compare with other wards and departments in their use of temporary staff

Questions and good practice examples

Domain 3: Controls and information continued

Q3.	Have governance arrangements, eg sign-off/authorisation procedures and policies been updated? Red/Amber/Green please circle
Good practice examples	• Roster policies are defined, approved and communicated • Procedures and policies are updated in the last year (including associated policies such as sickness, annual leave, parental leave and flexible working) • Clear sign-off/governance arrangements are defined and followed by staff • Vacant shifts are escalated for approval before booking agency staff • Amendments to policies and procedures are clearly and swiftly communicated • Retrospective scrutiny at ward level takes place to explore the reasons for using agency staff • Regular review/audits take place
Desired outcomes	• The process is managed and controlled • Staff understand the procedures • Robust controls are in operation

Q4.	Is temporary and permanent staff rota information all available in one place, regularly reviewed and updated? Red/Amber/Green please circle
Good practice examples	• Gaps in the rota and staff availability are accessible in one system software solution (such as an integrated bank/roster system and regular workforce allocation meetings) • Permanent staff are offered bank, additional, excess hours and/or overtime if pay is more affordable than agency personnel • Has the impact on staff of 12+ hour shifts been considered? • A process for managing under-/over-used hours is in place • Rosters are completed with 6 weeks' notice
Desired outcome	• Maximised permanent staff supply against patient demand

Questions and good practice examples

Domain 3: Controls and information continued

Q5.	Has the trust compared performance on use of agency staff with its peers (inside the trust and externally when a comparable site is available)? Red/Amber/Green please circle
Good practice examples	• The trust regularly analyses performance against comparable trusts regarding temporary staff • Improvement ideas are actively sought and based on the information/evidence • NHS Employers' benchmarking information is actively reviewed • The organisation works collaboratively with other organisations to share best practice
Desired outcome	• Realistic improvement targets established and owned by the staff

Q6.	Have targets/key performance indicators been introduced? Red/Amber/Green please circle
Good practice examples	• KPIs and targets are tracked at workforce management board – with active involvement of clinical/HR/operations and the board/leadership • Permanent recruitment processes are monitored and improved – bottlenecks removed • Bank booking lead times are monitored • Weekly challenge sessions review progress and issues by ward/department/division
Desired outcomes	• Progress and delivery problems clearly flagged • Joint ownership of issues across boundaries between divisions/staff groups • Improvement is championed by managers

Questions and good practice examples

Domain 3: Controls and information continued

Q7.	Does the trust control its own substantive staff working through a commercial agency ? Red/Amber/Green please circle
Good practice examples	• Trust permanent staff work through the bank rather than agencies • Rules are established to prevent outgoing permanent staff returning within a certain time through an agency • A clause in employment contracts and policies restricts substantive employees from working through commercial agencies at the trust
Desired outcome	• Maximised permanent staff use/reduced agency cost

Q8.	Is the basic workforce and management information robust enough to enable effective control? Red/Amber/Green please circle
Good practice examples	• The board is reassured by the robustness of the information • Automated systems provide analysis of performance • Ward staffing establishment and budgets are correct, regularly reviewed and mapped to services, and agreed at local level • The electronic staff record (ESR) and finance figures should align and be regularly reviewed • Management uses metrics to avoid temporary usage, eg unused contracted hours, recruitment times, level of extra duties, turnover, sickness leave, establishment levels and availability for work • The impact of Cost Improvement Programme projects is considered • Management uses metrics to reduce agency use, eg agency/permanent ratios, sickness, bank fill rates, agency/bank usage %, lead time for bookings, % of direct booking. Use of temporary staff is captured/reported at ward/department level on a weekly basis (this should include cost information)
Desired outcomes	• Robust baselines for planning and performance management • The trust understands the issue

Questions and good practice examples

Domain 3: Controls and information continued

Q9.	Are the trust's billing processes robust? Red/Amber/Green please circle
Good practice examples	• All agency invoices are cross-checked against the temporary staff used • Invoices are matched against grade and specialty booked, as well as caps/framework rates • The trust makes its procurement rules clear to agencies • Payments to firms only proceed based on authorised timesheets • Queries escalated for senior authorisation • Policies are audited for compliance
Desired outcomes	• Financial savings; reduced over-payments • All invoices validated before payment

Q10.	Has the trust assessed utilisation of the permanent staff for additional duties Red/Amber/Green please circle
Good practice examples	• The trust has analysed and compared the cost of temporary staffing cover including bank, overtime and agency staff rates • Policies such as the use of overtime are reconsidered if necessary and regularly reviewed • Bank and potential overtime are offered to staff through automated alert and acceptance systems • Under-used hours are actively monitored
Desired outcomes	• Maximised permanent staff supply against demand • Continuity of care

Questions and good practice examples

Domain 3: Controls and information continued

Q11.	Does the trust actively seek patient satisfaction, staff feedback and quality of care information to identify temporary staffing problems on wards/departments? Red/Amber/Green please circle
Good practice examples	• Quality of care information is regularly measured at ward and department level using quality metrics such as the friends and family test and locally agreed targets, and triangulated against agency usage • The trust seeks information from the education providers to check whether placements are successful or adversely affected by high levels of agency staff • The trust promotes increased contact hours through measurement and active management • Quality of care information is triangulated against activity, workforce and finance data to flag risks • Performance information from agency workers' assessment forms and records monitored to ensure risks to patient safety are minimised. • Provide regular feedback on quality assurance
Desired outcome	• Quality of care issues highlighted

Q12.	Have the processes for permanent staff recruitment and retention been assessed? Red/Amber/Green please circle
Good practice examples	• Process improvement removes duplicate processes and bottlenecks – the process is computerised where possible with electronic web-based pre-employment information gathering forms • Attrition rates are considered and ongoing recruitment is aligned to meet attrition rate • Extended notice periods applied for permanent staff (eg bands 5 to 7) • Overseas recruitment considered • Speed up disciplinary investigation to ensure that staff who can return to work, do so as quickly as possible
Desired outcomes	• Ongoing recruitment is aligned to meet the attrition rate and forecast trends • The central resourcing team is staffed to meet demand without delay • Maximised permanent staff use

Questions and good practice examples

Domain 3: Controls and information continued

Q13.	Is robust management information available to enable real-time decision-making? Red/Amber/Green please circle
Good practice examples	• Information on staff availability, gaps on the rota and acuity activity are presented together and updated as 'real time' • Clinical, operational, bank and workforce teams consider and prioritise requirements together • Staffing decisions are made drawing on risk information and acuity tool scores to make safe staffing decisions that mitigate risks
Desired outcome	• Supply of staff best aligned to the latest resource requirements in wards and departments

Q14.	Does the trust plan/model/forecast workforce demand in the near and longer term? Red/Amber/Green please circle
Good practice examples	• The trust models workforce requirements by department/ward looking ahead to consider (headroom) availability for work, sickness, seasonal demands and popular holiday periods, and reports compliance regularly
Desired outcome	• Maximised permanent staff supply against demand

Questions and good practice examples

Domain 4: Staff engagement, recruitment and bank: an aide-memoire

Q1.	Are staff involved/engaged in identifying the causes of use of agency staff by area? Red/Amber/Green please circle
Good practice examples	• The trust regularly explores the reasons that wards and departments use agency staff and works to change behaviour and/or incentives • A central team involving clinical, HR and operational teams and an executive representative considers the challenges and solutions • Local staff surveys, friends and family test and exit interviews are regularly reviewed for insight into key factors affecting the trust's ability to attract and retain staff. Exploration of why staff are moving to work for agencies and what could be done to deter them from working through an agency (eg weekly pay)
Desired outcome	• Increased understanding of the issue at trusts and the benefits of bank working

Q2.	Are substantive staff effectively engaged to cover gaps in rotas? Red/Amber/Green please circle
Good practice examples	• All staff are enrolled on the bank at the point of recruitment (bank opt-out rather than opt-in) • Offer short shifts in line with patient requirements • Prolonged use of agency nurses in particular areas is reviewed
Desired outcomes	• Bank staff are focused on the hardest-to-fill slots • The process of alerting staff to gaps is automated as much as possible • Agency staff are used only in exceptional circumstances

Questions and good practice examples

Domain 4: Staff engagement, recruitment and bank: an aide-memoire continued

Q3.	Has there been a broad communications initiative to raise awareness of the agency challenge? Red/Amber/Green please circle
Good practice examples	• Multiple communication channels are used to flag the agency challenge and suggest how staff can deliver improvement • Communication initiatives raise awareness of opportunities for work at the trust
Desired outcome	• Trust staff are aware of the agency challenge and know how they can make a difference

Q4.	Have trade union representatives been effectively engaged to resolve agency issues? Red/Amber/Green please circle
Good practice examples	• Staff representatives are encouraged to submit improvement ideas to engender a partnership approach to tackling the agency challenge • Staff representatives are involved in planning and operational delivery
Desired outcomes	• Collaborative working • Maximised use of the permanent staff base/increased substantive workforce capacity

Questions and good practice examples

Domain 4: Staff engagement, recruitment and bank: an aide-memoire continued

Q5.	Have other flexible staffing options been considered? Red/Amber/Green please circle
Good practice examples	• A pool of permanent staff is available to plug short-term gaps such as specialing • Staff contracts include flexible working across wards/departments or through the bank • Use overtime if it is cheaper than bank/agency
Desired outcomes	• Maximised use of the permanent staff base/increased substantive workforce capacity • Greater familiarity benefits the wards, departments and flexible working

Q6.	Does the trust actively promote the benefits of bank working? Red/Amber/Green please circle
Good practice examples	• Relationship manager/clinical lead for bank staff in place • Promotional campaign flagging benefits of NHS pension in place • Rates enhanced (where applicable) • Increased notice for shift via bank when compared to agency • Consider providing continuing professional development
Desired outcome	• Maximised use of the permanent staff base/increased substantive workforce capacity • Greater familiarity benefits the wards, departments and flexible working

Q7.	Has skill-mix to meet demand been considered? Red/Amber/Green please circle
Good practice examples	• Areas of the workforce where there is over-supply have been considered • Staff development opportunities are in place (eg act-up and back-fill)
Desired outcome	• Maximised use of the permanent staff base

Questions and good practice examples

Domain 4: Staff engagement, recruitment and bank: an aide-memoire continued

Q8.	Has there been a broad communications initiative to recruit and involve former staff? Red/Amber/Green please circle
Good practice examples	• HEE return-to-practice initiative actively promoted • NHS trust alumni scheme to widen engagement and participation • Former staff such as retired staff and leavers actively targeted • Volunteers used to support services (with the necessary training and supervision) • Streamline recruitment process • Automatic registration of starters and leavers
Desired outcome	• Maximised use of the experienced personnel in the area

Q9.	Has there been wide-ranging engagement to increase the substantive workforce capacity? Red/Amber/Green please circle
Good practice examples	• Local recruitment campaigns • Hospital open-day recruitment stand • International recruitment initiatives • Staff benefits reviewed and enhanced, eg childcare schemes, travel assistance, accommodation • Enhanced opportunities for professional development, eg protected training time, enhanced learning and support packages, wider e-learning • Enhanced pay/uplift in salaries and flexible working • Outgoing staff encouraged to remain on the bank
Desired outcomes	• Maximised use of the experienced personnel in the area • Improved retention of permanent and bank personnel

Questions and good practice examples

Domain 4: Staff engagement, recruitment and bank: an aide-memoire continued

Q10.	Does the trust have corporate policies relating to pre-employment checks, inductions and performance management of bank workforce? Red/Amber/Green please circle
Good practice examples	• Pre-employment checks consistently carried out for all bank workers • Inductions and performance management initiated in a timely fashion
Desired outcome	• Consistency in quality of care and trust's culture

Q11.	Has the trust bank the capacity and capability to manage the trust's workforce demands Red/Amber/Green please circle
Good practice examples	• Active recruitment to the bank • The trust bank has been formally reviewed to gauge its effectiveness • The bank is staffed by driven, experienced co-ordinators • The bank team seeks feedback from service leads on the quality/timeliness of service provided • Close, collaborative working arrangements exist between clinical staff and the bank administration team • Trust bank staff are considered a valuable asset, supported to the same level as permanent ward staff • The bank covers all staff groups – not just nursing • Bank outsourcing benefits are considered – see the Department of Health procurement toolkit
Desired outcomes	• Fill-rates meet service needs • Timely response times • Performance reports provided regularly from the bank office

Questions and good practice examples

Domain 4: Staff engagement, recruitment and bank: an aide-memoire continued

Q12.	Has the trust evaluated the commercial impact/cost of the bank versus overtime and agency work? Red/Amber/Green please circle
Good practice examples	• The cost and commercial impact of temporary staffing has been considered in the last 12 months • The impact of temporary staffing has been communicated to staff to indicate the imperative for change
Desired outcome	• Staff are aware of the impact of temporary staffing on both their ward/department and the trust

Questions and good practice examples

Domain 5: Procurement

Q1.	Has the trust reviewed the role of the procurement team? Red/Amber/Green please circle
Good practice examples	• The procurement team's role in managing temporary staffing is clearly defined • The procurement team works collaboratively with the nursing, operational and HR teams
Desired outcome	• Joined-up working between teams to meet the aim of reduced use of agency staff

Q2.	Does the trust review transparency of agency rates/unit cost data? Red/Amber/Green please circle
Good practice examples	• Information on agency costs by time of day is visible to staff (eg breakdown of charging structure) • The hiring manager and corporate team are aware of the unit cost paid for agency staff – including the margin paid to the commercial agency • The trust understands shifts commonly given to agencies and configures working patterns to avoid agency use at these times • Agencies understand that there should be no deviation from agreed framework rates
Desired outcome	• The hiring manager makes informed decisions when procuring agency workers

Q3.	Are suppliers actively managed? Red/Amber/Green please circle
Good practice examples	• Staff who negotiate with agencies are trained in negotiation skills • Personnel working with agencies are supplied with key pricing information • Any proposed deviation from pricing is managed by the procurement team rather than hiring manager
Desired outcome	• Improved supplier relationship management

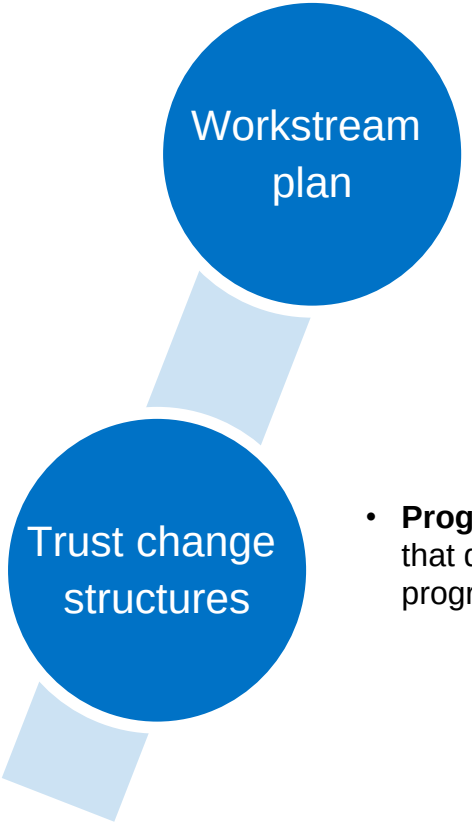
Questions and good practice examples

Domain 5: Procurement continued

Q4.	Does the trust actively manage the agency staff supplier base? Red/Amber/Green please circle
Good practice examples	• Evidence of regular audits of agencies and their compliance against standards • Regular meetings with suppliers to share feedback on performance/discuss complaints • Clinical, operational and procurement teams share feedback on agency/ agency staff performance
Desired outcome	• A well-managed temporary workforce
Q5.	**Identify how many agency workers are sourced through frameworks** Red/Amber/Green please circle
Good practice examples	• The majority of agency staff are engaged through frameworks • Hot-spots for recruitment off-framework are identified and investigated with the ward/department • Exceptions are controlled by escalation to a senior member of the trust • If necessary, the trust has an agreed list of (off-framework) agencies that meet compliance and commercial arrangements • Governance arrangements for off-framework staff are confirmed at the point of booking (eg NHS Employers' guidance, conduct regulations and EU public procurement rules)
Desired outcome	• Agency staff who meet compliance rules
Q6.	**Has the trust reviewed its preferred supplier list in the last year?** Red/Amber/Green please circle
Good practice examples	• The trust has service-level agreements with all preferred suppliers • The supplier list is rationalised
Desired outcome	• Maximum discounts are secured

Phase 3: Implement and embed

Phase 3 aims to establish how the identified action plan will be delivered. It will answer the questions around what will be done by whom and when. It is also about ensuring that delivery is plugged into the trust's systems and processes to avoid it falling off the radar.



- **Workstream packages:** Agreement on grouping of actions into manageable workstream packages. Workstream briefs will be developed
- **Workstream leads:** Identification of the leads responsible for delivery of workstream packages
- **Phases and timetable for delivery:** Phases within which workstreams will be delivered and timetable for delivery of those phases

- **Programme delivery alignment with trust change structure:** This is about ensuring that delivery of the action plan is embedded in the trust's existing change/transformation programmes where they exist

Phase 4: Ongoing monitoring/business as usual

Phase 4 aims to embed the change as part of business as usual within the trust.

Monitor performance against newly established regimen

- These include annual planning review, quarterly planning review and other business as usual monitoring processes

Workforce Efficiency Team specific monitoring

- Progress report against agreed KPIs

Related resources

- Rules for all agency staff working in the NHS: www.gov.uk/guidance/rules-for-all-agency-staff-working-in-the-nhs
- Strategy development toolkit: www.gov.uk/government/publications/strategy-development-a-toolkit-for-nhs-providers
- Providing agency support webinar: www.workcast.com/?cpak=9747167076605020&pak=9835807670444027
- The DH procurement toolkit is stored on the DH procurement portal. Your procurement team will be able to organise access to the resources available on this site