

**NHSI Undertakings - Agency Plan  
February 2020**

Professional group	Planned position December 19	Actual December position 19	March 2020 planned exit rate	Month 12 Exit rate as of December 19	Comments
Overall	-1453	-1325	-1102	-1204	
<b>Medical Agency</b> including recruitment of substantive staff, LTS and STS reduction, rostering improvements.	-639	-626	-454	-635	Surgical services additional £70k of spend predicted to deliver production plan Roster improvements still to be made through rota co-ordinators
<b>Nursing &amp; midwifery Agency</b> including recruitment of substantive staff, LTS & STS reduction, rostering improvements, reducing unlocking forms	-573	--592	-429	-391	External recruitment fairs Increased rostering compliance including reducing unlocking forms Reducing short term sickness Roster improvements not being delivered Over allocation of A/L
<b>Admin and Clerical</b> Incl. grip & control, completing UNITY, recruitment to substantive staffing	-90	-56	-114	-67	Substantive recruits successful sooner than predicted. Informatics spend reducing
<b>AHP Agency</b> Recruitment of substantive staff, LTS & STS reduction	-111	-202	-105	-107	AHP agency reduction plans are working well and should exit the year on trajectory

## Recovery Plan for Agency Position

### Finance Analysis

- There was a further significant deterioration in the Emergency Care position, and Medical staff expenditure within the Admitted Care directorate has moved the directorate into an adverse position in month.
- All Groups are delivering favourable pay variances, bar Medicine and Emergency Care, which has continued with a deficit position.

### Forward View

- The pay position is adverse to forecast by £0.895m. £0.706m is within the Medicine Group, driven largely by Medical Staff expenditure. A specific recovery plan is in place for the Emergency Care Directorate, but there is currently no plan in place for Admitted Care. The medicine and emergency care group should produce a recovery plan for review during early January.
- Additional capacity staffing should be predicted / forecast so that bank staff can be used rather than agency staff
- There are a number of backdated movements, and from this key controls would appear to be an issue within the medicine and emergency care Group.
- Other Directorates are exhibiting pressures against the forecast, most notably Women's & Child Health where two of the three directorates are adverse to forecast by £68k year-to-date. This is driven by better than expected recruitment into posts. A recovery plan needs to be developed in early January 20 for Women and Child Health
- The Finance team consider that the forward view is not favourable. There are significant pressures on nursing, and an enhanced bank rate of £21 per hour has been agreed until the end of January (potential £350k pressure). Other staff groups are also looking for enhanced rates to support capacity. These enhanced rates will have to be agreed by the Chief Executive before being implemented (as was the winter nursing rate)
- The performance of pay up to the end of November is of significant concern, as is the forward view given the pressures identified. Control measures within the Medicine Group need to be enhanced, and payment of enhanced bank rates need to be reviewed at the soonest opportunity to not extend beyond the end of January 20.
- Other mitigations need to include the review of non frontline agency and bank and where necessary a freeze on recruitment.
- The Trust should consider a structured intervention on rostering to ensure that rosters are compliant with the sentinel reports that are available, and that dual reporting of rosters is phased out (e.g. paper rosters and electronic rosters)
- Nursing leaders should develop and implement a plan that avoids the need for HCA Agency HIT teams to be used
- Coaching and additional training is being offered throughout Q4 to every person who manages a roster from within the Bank / E-rostering team.