NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date:	23 September 2015

Title and Author of Paper:	Agency Staffing Diagnostic Self-Assessment Gary O'Hare, Executive Director of Nursing and Operations Anne Moore, Group Nurse Director, Specialist Care

Paper for Debate, Decision or Information: Information

Key Points to Note:

The cost of temporary staffing, particularly for nurses and doctors, presents a challenge for most trusts. Fundamentally, this is because there is supply gap across many professional groups in the system.

The supply gap can be attributed to a number of issues including workforce planning, attrition and a post-Francis rise in nursing numbers. In certain more remote regions of country shortages of supply can be even more pronounced.

Working closely with the NHS TDA and other national partners, Monitor has developed a diagnostic tool to identify potential steps to move towards best practice and reduced costs following a national assessment that the approach to managing temporary staffing varies. In those that manage it well, Monitor and the NHS TDA have typically seen:

– Greater control when technology supports roster and bank services
– A large, flexible cohort of bank staff exists
– The Trust has a strong procurement team in place
– Detailed management information empowers decision making and most importantly…
– Operational managers, clinicians, HR and finance work together in a joined-up team to manage workforce challenges

Following the guidance issued by Monitor in August 2015, NTW have reviewed the levels of nursing agency spend and are well within the 3% threshold. As a result of being below the threshold there is no specific action required by Monitor, however we will continue to measure performance against this target via the Trust wide Bank and Agency Review group, Chaired by the Executive Director of Nursing.

Using the Monitor Diagnostic Toolkit, an initial Self-Assessment has been undertaken for NTW. This provides a baseline position and identifies areas for improvement.

We have no Red ratings; all areas are either Amber or Green indicating areas for development. The aim is to produce an action plan to capture the areas for development which will be presented at the October Board.

Outcome required:	The Board of Directors are asked to note the content and report and progress against strategic aims.

Northumberland, Tyne and Wear NHS

NHS Foundation Trust

Agency Diagnostic Tool- September 2015

Domain 1: Leadership

Question 1	Is there clear senior clinical ownership of the agency issue at the Trust?	RAG
Examples of good practice	• Executive Director of Nursing and Operations lead. • Operational management groups and triumvirate have oversight of agency spend and remedial actions to be taken to reduce spend. • Group Nurse Directors responsible for individual workforce plans per group. • Monitoring and controlling agency usage. • Monthly Bank and agency meeting chaired by Executive Director of Nursing and Operations which looks at clinical risks, evidence and costs. • Robust financial governance including agency spend through FIBD Reports through finance reports to groups, CDT. • Workforce report to CDT and Board includes breakdown of bank and agency usage per service line.	Amber
Desired outcome	A well informed multidisciplinary leadership team effectively champion positive change and monitor impact.	
Question 2	**Does the Trust have a credible strategy for reducing agency staff?**	**RAG**
Examples of good practice	• Strategic plan via values based recruitment central recruitment process to reduce agency spend to enhance the quality of care to have permanently employed consistent NTW staff and reducing risk. • Collaboration with the Operational services and Recruitment team focuses on Nursing workforce plan. • Escalation process for temporary staffing request involving Point of Contact and Night Co-ordinators to utilise the flexibility within the existing workforce.	Amber

	• Same approach being adopted for Administrative, and other clinical professional groups. • Further work is being undertaken with shift systems and TAER, so that we are using our resources most effectively, whilst ensuring safety in terms of handover of information do on rostering to ensure consistent approach.	
Desired outcome	Staff are engaged and clear about the rusts aim to reduce spend. Capacity and capability ensured to undertake the actions required to deliver the strategy.	
Question 3	**Has the Trust Board engendered a collaborative culture across the organisation?**	**RAG**
Examples of good practice	• Examples of joint working across the Corporate team, staffing shortfall in specific areas resulted on a joint approach to solution for temporary and experience staff to restore safe levels. • Good work between Bank and wards to ensure temporary staffing in place • Medical directors lead the appointment of consultants and authorise plans for agency/locum spend. • Jointly managing international recruitment for medical staff. • AHP workforce bank set up, and one round of VBCR. • All temporary staffing has come into one central point i.e. Staffing Solutions to ensure efficient and effective models are implemented.	<mark>Amber</mark>
Desired outcome	A collaborative culture exists to enable and facilitate reduction in the use of temporary staffing.	
Question 4	**Does the Trust's senior managers have the skills, capacity and capability to the agency initiative?**	**RAG**
Examples of good practice	• In line with Monitor Fit and Proper persons test. NTW has reviewed its management capability. Senior managers in the organisation are experienced knowledgeable and have the organisational memory to recognise what is required.	<mark>Amber</mark>

Desired outcome	The board and senior managers take a proactive approach to ensure early identification and intervention where emerging problems are identified.	
Question 5	**Is the Trust working to tackle external factors of agency usage?**	**RAG**
Examples of good practice	• Through a number of key working groups the rust works in close collaboration with HENE to address workforce issues, including recruitment and retention and innovative role development and secure right people with the right skills in the right place. • collaboration with other providers e.g. shared SLA for bank where specialist expertise is needed will allow flexible approached to staffing solutions. • Work with a multiple range of education providers both in public and private sector at vocational and degree level in relation to works force demand and supply e.g. Open University MNH Nursing registration, Foundation degree assistant practitioner.	Amber
Desired outcome	Influencing more effective education commissioning across health care workforce.	
Question 6	**Does the Trust have a corporate policy and procedure on agency workers?**	**RAG**
Examples of good practice	• We do not have a corporate policy. We have clear processes and protocols as to the way in which agency workers should be engaged in accordance with NHS procurement frameworks, and clear processes for assurance regarding these workers which are monitored via the WTDSG on a monthly basis.	Amber
Desired outcome	Compliance with policies and procedures and actions developed as appropriate to improve compliance.	

Question 7	Is the Board sufficiently aware of the potential risks?	RAG
Examples of good practice	- Yes the board assurance framework and corporate and directorate risk registers are reflective of the risk of workforce including bank and agency workforce. - The board receives regular reports on safer staffing, skill mix review and recruitment and workface report and impacts on areas. - The Board have committed additional investment into staffing in key areas where shortfalls and risk have been identified i.e. Learning disability inpatient services and Specialist Care. - There are clearly defined understood processes for escalating issues from ward to the board.	Amber
Desired outcome	The key risks are identified with no significant control issue or gaps.	

Domain 2: Technology

Question 1	Is there a Board Director actively leading and responsible for delivery of benefits from the automation programme?	RAG
Examples of good practice	The Executive Director of Nursing and Operations Chaired the Trust wide Project board responsible for SMART booking and TAER Rostering. This was stood down following the completion of roll out across all inpatient areas with the exception of Northgate. There are currently no plans to roll out in community or other areas of the Trust and therefore this group is suspended.	Green
Desired outcome	Maximised permanent supply against patient demand.	

Question 2	Has the Trust effectively embedded an end-to-end booking and roster process supported by electronic systems?	RAG
Examples of good practice	• All wards and departments managed by nurses have electronic booking system. • 48 of our 60 wards have electronic rostering.	Green
Desired outcome	Maximised permanent staff supply against patient demand.	

Question 3	Has the process for booking vacant shifts been devolved, where possible, down to staff delivering the service?	RAG
Examples of good practice	• Ward manager and deputies can request shifts and suggest staff staffing solutions team match and allocate the shifts band 5 and above can view shifts to check who is due on duty.	Green
Desired outcome	The staffing solutions team focus on the hard to fill slots which haven't been able to fill at local level.	

Question 4	The automated systems are managed at delivery level with a senior manager responsible for oversight?	RAG
Examples of good practice	• Operational and senior managers have protected time i.e. ward managers are supernumerary. • Ward managers oversee rotas in line with Safer Staffing requirements. • The TAER rollout project was supported through IT, HR, staff Side and Clinical teams working together to implement the system.	Amber
Desired outcome	Maximised permanent staff supply against patient demand. Systems and processes embedded as part of operational management.	

Domain 3: Controls and Information

Question 1	Is there a Board Director actively overseeing agency spend?	RAG
Examples of good practice	• Executive Director of Nursing and operations has designated responsibility for overseeing agency spend and authorisation based on evidence clinical risks and costs. • Through the Group Business meeting and Nurse Bank and agency the Executive Director of Nursing has oversight on spend and identified risks.	Amber
Desired outcome	A well informed board and empowered workforce planning.	
Question 2	Is temporary staffing effectively managed at delivery level by clinical staff?	RAG
Examples of good practice	• Operational teams including clinical leadership work together to proactively forecast demand and plan cover. • Development work for 2015/16 includes devolution of agency spend at team level with associate actions. • Better benchmarking information is required at local level. • Clear process in place for escalation and approval through POC and Out Of Hours on call systems. • Locums medical staff approved Operational Business meeting based on clinical rationale and risk assessment.	Amber
Desired outcome	Maximised permanent staff supply against patient demand.	
Question 3	Have governance arrangements e.g. sign-off/authorisation procedure policies been updated?	RAG
Examples of good practice	• Rostering policies in place and ratified via corporate policy group – Nursing policy. • Sickness policy updated March 2015, flexible working I think was reviewed 2104 and we don't have an annual leave policy. • CDT recently made decision re assurances for third party workers etc. which	Green

	is monitored via WTDSG. • NTW has robust process for Development, consultation and sign off of all policies and procedural documents. oversight via Trust wide Policy group. • A regular policy bulletin advises the workforce of any changes, amendment or new documents. • Further development needs to be undertaken to facilitate and enable retrospective scrutiny locally at ward and team level to explore the reasons for agency usage.	
Desired outcome	The policy and procedure process are managed and controlled. Staff are aware of these procedures and are compliant. Robust controls are in pace for sign off and authorisation of polices.	
Question 4	**Is temporary and permanent staff rota information all available in one place, regularly reviewed and updated?**	**RAG**
Examples of good practice	• NTW have an integrated bank and roster system. • Excess hours are measured and bank additional hours or overtime would be offered to permanent staff if this is more affordable than temporary staff. • Dashboards now include information on WTD assurance (since 2014).	Green
Desired outcome	Maximised permanent staff supply against patient demand	
Question 5	**Has the Trust compared performance on agency usage with peers? (Within the Trust and externally?)**	**RAG**
Examples of good practice	• The Trust regularly benchmarks performance against service lines. • NHSE employers benchmarking information it has proved difficult to benchmark externally against comparable trusts due to the nature and diversity of commissioned service delivery. Where this is possible this undertaken. • Improvement ideas are actively sought these have included transforming corporate services, principle community pathways, skill mix review and international recruitment being considered. Focus on retention as well as recruitment and making NTW a model employer.	Amber

	• Actively participate and contribute to collaborative network which include workforce matters i.e. Directors of HR, HENE, other providers and commissioners.	
Desired outcome	Improvement targets are set for agency reduction and owned by staff.	
Question 6	**Have targets / KPIs been introduced?**	**RAG**
Examples of good practice	• Following the guidance issued by Monitor the trust have reviewed the levels of nursing agency spend and are well within the 3% threshold.as a result of being below the threshold there is no specific action to Monitor we will continue to measure performance against this target. • The Trust wide Bank and Agency group chaired by the Executive Director of Nursing will set KPIS, against national and local targets re reducing usage via benchmarking. • Permanent recruitment processes are value based and have been significantly improved over the last 18 months removing bottlenecks to enable swift access into the organisation. • Weekly central recruitment meeting facilitates challenge and reviews issues by department.	<mark>Amber</mark>
Desired outcome	Progress and delivery problems clearly flagged. Joint ownership of issues between directorates and staff groups.	
Question 7	**Does the Trust control its own substantive staff working through a commercial agency at it's sites?**	**RAG**
Examples of good practice	• NTW foster and encourage trust staff who wish to work additional hours to work through the bank. • Development – consideration to be given to develop mechanisms to prevent outgoing permanent staff returning within a period of time. • NTW staff join the nurse bank for additional shifts.	<mark>Green</mark>
Desired outcome	Maximised permanent staff news and reduced agency cost.	

Question 8	Is the basic workforce and management information robust to enable effective control?	RAG
Examples of good practice	- Performance electronic Dashboards. - Monthly Safer Staffing returns provide analysis of planned and actual staffing usage. - Monthly data from finance and workforce via corporate meetings. - Finance managers work closely with group triumvirates Service managers and ward and team managers to regularly review staffing establishments and budgets. - At team level managers focus upon metrics to avoid temporary usage including turnover, sickness, study leave and vacancies and increased or decreased levels of clinical need i.e. acuity and levels of observation. - Weekly returns at ward level for safer staffing, however community services do not have similar systems so rely on the examples above. - The trust understands workforce and management information. - The board receives regular updates on workforce which includes are of risk, difficult to recruit to areas i.e. National shortage of LD nurses, Medical staff in CAMHS services. - Finance and Workforce figures are regularly aligned. The payroll WTE is what is shown on the finance reports and we look to ensure ESR and the finance reports say the same things. There have been procedural issues with payroll changes taking a long time to be processed in ESR, but it is expected new ways of working in the newly re structured Transformed Corporate services should help remedy this issue. ESR and finance figures are not currently aligned and are subject to development to build in regular review of activity across both systems.	Amber
Desired outcome	Robust baselines for planning and performance management.	

Question 9	Are the Trusts billing processes robust?	RAG
Examples of good practice	• NTW wherever possible utilises agencies from the National Approved list of agencies both finance and procurement check any anomalies in agency billing. • The Trust has a robust relationship with 4 main agencies that are all on the approved list. The Trust receives invoices directly into creditors for registration onto the payment system which are paid directly if the invoice includes a copy of an approved timesheet (by an authorised signatory). Where that is not the case the invoice is sent to the relevant budget holder for authorisation. This way the monthly management information is as up to date as possible. • The Trust also receives a monthly statement from each company showing invoices that have not been paid to support the monthly accruals as part of the financial month end process. This provides senior managers the best possible management information to review decisions on agency use and plan for the future.	Green
Desired outcome	Financial savings and reduced overpayments. All invoices are validated before payment in line with SFIs.	
Question 10	Has the Trust assessed the level of the permanent staff for additional duties?	RAG
Examples of good practice	• As part of service led workforce planning this is a strategic planning development need to ensure consistency across all service lines.	Amber
Desired outcome	Maximised permanent staff supply against demand.	
Question 11	Does the Trust actively seek patient satisfaction, staff feedback and quality of care information to identify temporary staffing problems on wards / departments?	RAG
Examples of good practice	• The 'friends and family' test is used for staff and patients. • The Trust seeks information from education providers to check whether	Amber

	placements are successful or adversely affected by high levels of agency staff. • Points of you' is the umbrella method of obtaining patient experience. This is triangulated with complaints and staffing levels to trust Q&P and Board. • Safer staffing triangulated with incidents and concerns at group level.	
Desired outcome	Quality of care issues are identified and remedial actions taken.	
Question 12	**Have the processes for permanent staff recruitment and retention been assessed?**	**RAG**
Examples of good practice	• Significant work undertaken in refreshing and revising the approach to recruitment to a value based central recruitment model. • Do we use web based pre-employment data. • The attrition rates on courses are monitored and fed into future commissioning. • Following review of the recruitment processes additional resources have been approved but are proving difficult to secure. Potential Development – extended notice periods for permanent staff B5.	<mark>Amber</mark>
Desired outcome	Maximised permanent staff supply against patient demand.	
Question 13	**Is robust management information available to enable real-time decision making?**	**RAG**
Examples of good practice	• On a daily basis managers at ward service or Team level use information to assess the gaps, acuity, and staff availability staff on rota to inform decision s around staffing arrangement. His may involve collaboration with other services i.e. use of flexi pool night co-ordination, Point of Contact, escalation of concerns. • Staffing decisions are made based on a range of information to make safe staffing decisions to mitigate risks. • Overall workforce needs, clinical operational and workforce teams work together.	<mark>Amber</mark>

| Desired outcome | Supply of staff best aligned to the latest resourced requirements in wards teams and departments. | |

Question 14	**Does the Trust plan / model / forecast workforce demand in the near and longer term?**	**RAG**
Examples of good practice	• The trust proactively works with Heath Education north east in relation to workforce planning, development and commissioning linking this to service transformation. Emerging national priorities and commissioning requirements. • Services are now working closely with workforce TEAMS to model workforce profiles, retirement, age, gender, career intentions and succession planning.	Green
Desired outcome	Maximised permanent staff supply against patient demand.	

Domain 4: Staff Engagement Recruitment & Bank

Question 1	**Have staff been engaged to identify the causes for agency usage by area?**	**RAG**
Examples of good practice	• The operational and corporate services review reasons for agency usage by service i.e. covering holidays should be better planned for or that their levels of acuity are as such that they should be reviewing their skill mix overall not just plugging with temporary staff. • Working to secure permanent trust staff and reduce the dependency on the use of agency and temporary staffing. • Central Recruitment which provides regular update to Executive directors at CST on challenges and solutions. • Locally staff are engaged in these processes and ward manager and community team meetings to ensure ownership and identify creative solutions. • Following staff survey and local feedback the trust has initiated a series of engagement events i.e. Speak Easy which would include insights and potential solutions into factors affecting the trusts ability to attract and retain	Amber

	staff. Potential development- we should further explore why staff might be moving to work for agencies and what might be one to deter them from working through an agency i.e. rate of pay and banding.	
Desired outcome	Increased understanding of the reasons for agency usage.	
Question 2	**Are the substantive staff effectively engaged to cover gaps in rotas?**	**RAG**
Examples of good practice	• All staff are enrolled on the bank at the point of recruitment (bank opt out rather than opt in). • Process to alert staff to gaps is automated e.g. text messaging service and TAER only currently for bank shifts for nurses . • Term and conditions amended to make more attractive to work on bank i.e. band 6 gets band 6 and not bottom of band 5.	<mark>Amber</mark>
Desired outcome	Bank staff are focused on the harder to fill slots. Agency staff are used only in exceptional circumstances.	
Question 3	**Has there been a broad communications initiative to raise awareness of the agency challenge?**	**RAG**
Examples of good practice	• A range of trust wide for a are used to communicate this challenge and the collaborative actions required to address it i.e. Ward manager forum, LNC, Operational Consultative Committee. • Regular communication bulletin is also used to reinforce these importance e messages and raise awareness. • A wide range of initiatives have been developed and implemented to raise awareness of opportunities to work for NTW. I.e. recruitment strategy, open days marketing materials use of local and social, media, work with universities and schools. Production of tryst information on opportunities. • Large numbers of substantive staff engaged in Central recruitment.	<mark>Green</mark>

Desired outcome	Trust staff are aware of the agency challenge and aware of how they can make the difference.	
Question 4	**Have trade union representatives been effectively managed to resolve agency issues?**	**RAG**
Examples of good practice	• Operational Consultative Committee, LNC, TUMF and a wide range of meetings, staff side represented at TAER project group, OH contract meetings and WTDSG.	Green
Desired outcome	Collaborative working maximised use of the permanent staff base/increase substantive workforce capacity.	
Question 5	**Have other flexible staffing options been considered?**	**RAG**
Examples of good practice	• On appointment staff are aware that they are recruited for the trust which may mean reallocation, transfer secondment working across a range of areas. • A number of Flexi pools of permanent staff are available to support shortfalls, including changes in clinical acuity. Processes are in place for staff to Work additional hours, over time and provide temporary cover for other wards and teams. • Term time working etc. in place to keep staff substantive rather than move to bank.	Green
Desired outcome	Maximised use of the permanent staff base/increase substantive workforce capacity. Greater familiarity benefits through increased continuity and consistency in care delivery.	
Question 6	**Does the Trust actively promote the benefits of bank working?**	**RAG**
Examples of good practice	• Yes we actively promote the benefits of bank working to all staff including those newly recruited and those considering retirement and reduction in hours.	Green

Desired outcome	Maximised permanent staff supply against patient demand.	
Question 7	**Have skill-mix considerations to meet demand been considered?**	**RAG**
Examples of good practice	• Skill mix is reviewed on an ongoing basis with careful scrutiny and monitoring of any risk areas in line with national safer staffing requirements. • 6 monthly update to the board. Potential Development area- mental health toolkit working in collaboration with workforce and HR colleagues.	<mark>Amber</mark>
Desired outcome	Maximised use of the permanent staff base/increase substantive workforce capacity. Greater familiarity benefits through increased continuity and consistency in care delivery.	
Question 8	**Has there been a broad communications initiative to recruit and involve former staff?**	**RAG**
Examples of good practice	• Communication internally re retire and returns to encourage staff to stay and work flexibly and encourage those to return. • Former staff have been positively targeted. • Volunteers are used across the trust to support services with appropriate governance processes. The trust is actively recruiting Peer Support Workers with lived experience to work alongside patients and staff. • Service user and carers are involved in recruitment and selection process. Area for development- HENE Return to Practice initiative work collaborative to encourage innovate development.	<mark>Amber</mark>
Desired outcome	Maximised use of the experience personnel in the area.	

Question 9	Has there been wide-ranging engagement to increase the substantive workforce capacity?	RAG
Examples of good practice	• A range of trust wide for a are used to communicate this challenge and the collaborative actions required to address it i.e. Ward manager forum, LNC, Operational Consultative Committee. • Regular communication bulletin is also used to reinforce these importance e messages and raise awareness. • A wide range of initiatives have been developed and implemented to raise awareness of opportunities to work for NTW. I.e. recruitment strategy, open days marketing materials use of local and social, media, work with universities and schools. Production of tryst information on opportunities. • Large numbers of substantive staff engaged in Central recruitment.	Green
Desired outcome	Improved retention of permanent and bank personnel. Maximised use of the experience personnel in the area.	
Question 10	Does the Trust have corporate policies relating to pre-employment checks, inductions and performance management of bank workforce?	RAG
Examples of good practice	• In line with national safe recruitment requirements the Trust has a number of corporate policies which cover pre-employment checks induction and performance management of bank staff including DBS, references. Lynne please advise further. Health clearances. • Yes we have policies in place and also are monitored against NHS recruitment standards every month at WTDSG.	Amber
Desired outcome	Consistency of quality of care provide and trust culture.	
Question 11	Has the Trust Bank the capacity and capability to manage the Trust's workforce demands?	RAG
Examples of good practice	• Struggle with short notice requests inpatient nurses and some areas are harder to fill. • Currently working on AHP Psychology and admin been managed by Staffing Solutions.	Amber

	Potential development- timely requests to be the norm	
Desired outcome	fill rates are meeting service needs, timely response times and performance reports are provided regularly from the bank team.	

Question 12	Has the Trust evaluated the commercial impact/cost bank versus overtime against agency?	RAG
Examples of good practice	• The impact of temporary staffing has been communicated across the organisation to raise awareness for the imperative for change. • The level and cost of agency spend is under regular review. At NTW managers are asked to use bank, then overtime, then agency. When bank staff are not available while it is more cost efficient to use overtime, that is not always possible as existing permanent staff have already worked to their working time directive limits, or as a result of the intensity of the ward are not available to work any overtime shifts. As a result we would turn to agency staff.	<mark>Green</mark>
Desired outcome	Staff are aware of the impact of temporary staffing on their ward/team or dept and the trust.	

Domain 5: Procurement

Question 1	Has the trust reviewed the role of the procurement team?	RAG
Examples of good practice	• Procurement team are actively involved in Agency procurement and supplier management. SLA's and fixed contract rates exist for all of the major suppliers and staffing areas. There is regular interaction between Procurement and HR, Nurse Bank and Medical staffing teams.	<mark>Green</mark>
Desired outcome	Joined up working between teams to meet the aim of reduced agency usage.	

Question 2	Review transparency of agency rates/unit cost data	RAG
Examples of good practice	• Trust have service level agreements for all of the major suppliers and staffing areas – this includes a full breakdown of pay rates, NI, WTR and agency commission. Charge rates are therefore fully transparent.	Green
Desired outcome	The hiring manager makes informed decisions when procuring agency workers.	
Question 3		RAG
Examples of good practice	• Quarterly management reports provided by Admin and Clerical, AHP, Social Worker suppliers. Regular ad hoc account management meetings take place. Quarterly review meetings and reporting for medical locum suppliers and nursing agencies. Meetings involve Procurement and HR/Medical staffing/ nurse bank colleagues. suppliers are actively managed by NTW procurement lead.	Green
Desired outcome	Improved supplier relationship management.	
Question 4	Does the Trust actively manage the agency staff supplier base?	RAG
Examples of good practice	• Nurse bank review the agencies used by them on a quarterly basis checking compliance with trust standards. This is followed up by a face to face meeting. • Off framework agency used by the nurse bank is asked to comply with trust standards which are higher than framework standards they are also have a compatible charge rate.	Green
Desired outcome	A well-managed temporary workforce.	
Question 5	Identify how many agency workers are sourced through frameworks	RAG
Examples of good practice	• The majority of agency workers are covered via framework. However any which are not are secured via an SLA with this provider.	Amber

	• Historically fully complaint - Our main nursing contract has recently expired (July) so currently investigating options to ensure framework compliance. All other agency spend is via approved framework suppliers.
Desired outcome	Agency staff meet compliance rules.

Question 6	Has the Trust reviewed their preferred supplier list within the last year?	RAG
Examples of good practice	• The preferred provider list has been reviewed via procurement and workforce and operational services team. • New SLA's agreed for AHP and admin and clerical supply. 2-3 New nursing suppliers have been introduced within the past 6 months. New locum doctor appointments have been made in the last 6 months. Currently investigating a master vendor option for admin and clerical supply.	Amber
Desired outcome	Via this process maximum discounts are secured.	