

## MEDICAL LOCUM ENGAGEMENT TASK & FINISH GROUP

Purpose: To set out the identified interventions that will be explored by the Medical Locum Engagement Task & Finish Group in spring/summer 2024 following the first meeting of the group on 29 February 2024.							
For Decision	X	For Action		For Discussion		For information/ To note	X

<b>Title</b>	Medical Locum Engagement Task & Finish Group – Updated Workplan
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<b>Situation</b>	At the first meeting of the Medical Locum Engagement Task & Finish Group, it was agreed that the draft workplan would be amended based on the group’s discussion and re-circulated to members for agreement.
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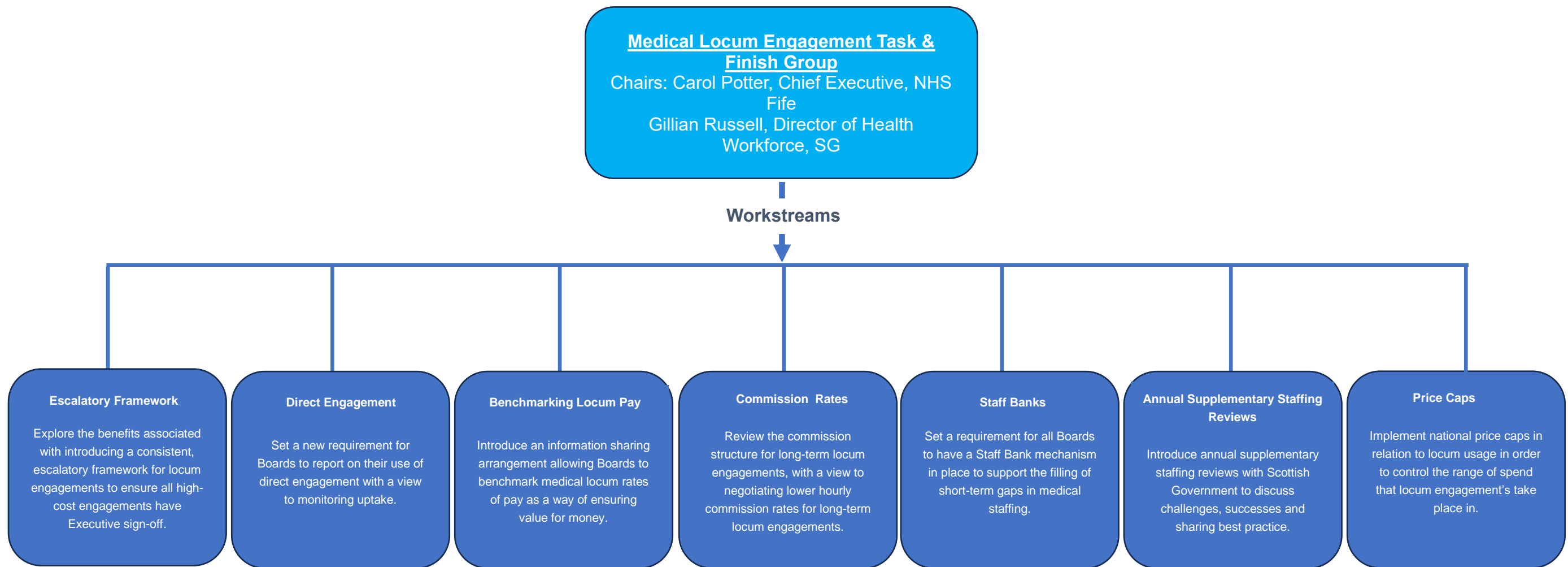
<b>Background</b>	At the first meeting of the Medical Locum Engagement Task & Finish Group on 29 February 2024, members were asked to agree a workplan which entailed the development of a series of detailed papers offering an assessment of a set of proposed interventions. In the interests of time, the project team agreed to amend the workplan based on the group’s discussion and circulate for agreement.
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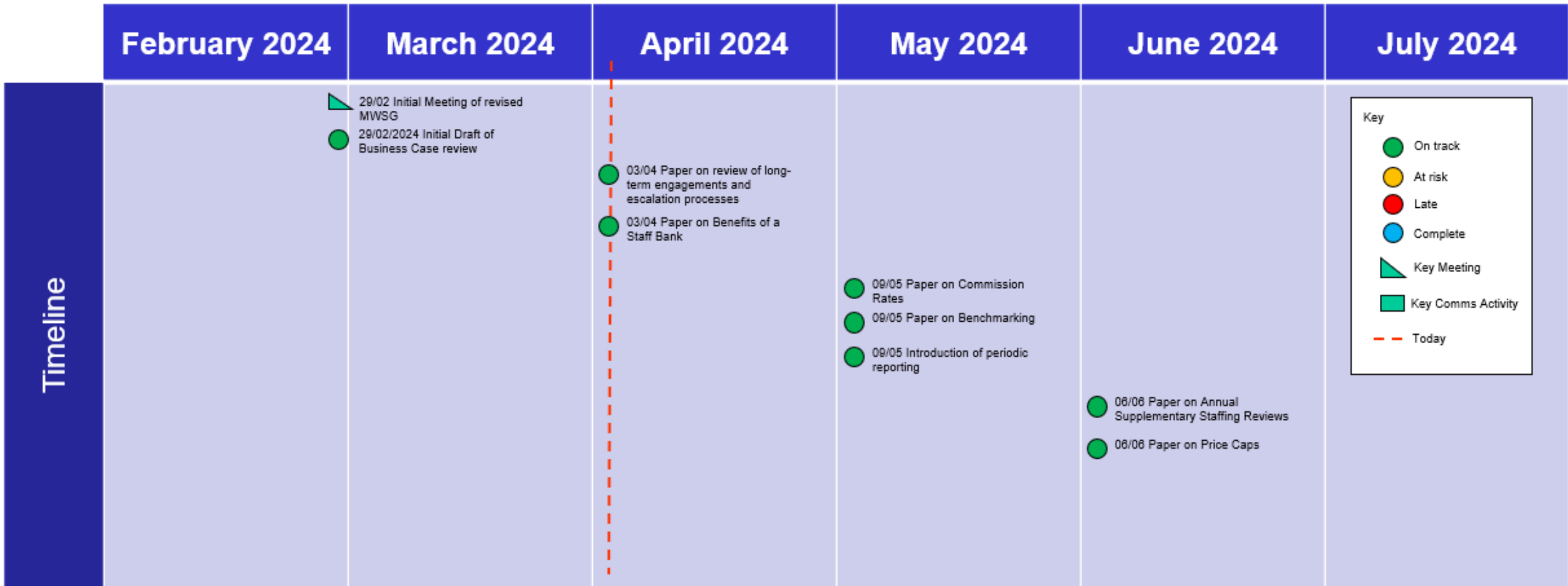
<b>Assessment</b>	<p>Members agreed that the Task &amp; Finish Group’s focus should be on the appropriate use of Medical Locums and securing value for money. As a result, the group agreed that service redesign should be the responsibility of individual Health Boards and should not sit within the scope of the group. It has therefore been removed from the workplan and corresponding diagrams in Annex A and B.</p> <p>Discussions also included reference to the supply challenges associated with the medical workforce and a requirement on the part of Boards in conjunction with the Scottish Government to determine whether the medical workforce is the correct size for the current service configuration. The absence of nationally agreed planning tools for the medical workforce was noted.</p> <p>The project team confirmed that the previously established Medical Workforce Sustainability and Value Group (MWSG) had taken forward a detailed programme of work focussed on the identification and addressing of key supply challenges impacting on the medical workforce. The Group consequently set out a number of actions to address the supply deficit challenges, which are outlined in the MWSG summary report. The Centre for Workforce Supply (CWS) and NES Medical Directorate are now implementing these actions and will keep the group apprised of progress.</p> <p>Each of the interventions set out in Annex A will be explored in greater detail in the form of a series of papers to allow for the benefits and drawbacks associated with each to be fully considered before a decision is made as to whether or not the intervention is implemented.</p>
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<b>Recommendation</b>	It is recommended that the updated proposed work plan and associated timeline be agreed by the Group.
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<b>Action required</b>	The Group is invited to: <ul style="list-style-type: none"><li>• Agree to the development of detailed papers offering an assessment of the interventions outlined in Annex A.</li><li>• Agree the suggested timetable for those papers to be brought forward.</li></ul>
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<b>Author</b>	Project Team
<b>Date</b>	08/03/24





**From:** [redacted]

**Sent:** Thursday, March 28, 2024 3:39 PM

**To:** [redacted] <[redacted]@bma.org.uk>; [redacted] <[redacted]@gov.scot>; [redacted] <[redacted]@gov.scot>; [redacted] <[redacted]@nhs.scot>; [redacted] <[redacted]@gov.scot>; [redacted] <[redacted]@nhs.scot>; [redacted] <[redacted]@nhs.scot>; [redacted] <[redacted]@nhslothian.scot.nhs.uk>; [redacted] <[redacted]@gov.scot>; Director of Health Workforce <Directorofhealthworkforce@gov.scot>; [redacted] (NHS Forth Valley) <[redacted]@nhs.scot>; carol.potter@nhs.scot; Fife.chiefexecutive@nhs.scot; [redacted]@aapct.scot.nhs.uk; [redacted]@abdn.ac.uk; [redacted] <[redacted]@nhs.scot>; [redacted]@nhs.scot; [redacted]@nhs.scot; [redacted] <[redacted]@nhs.scot>; [redacted] <[redacted]@nhs.scot>; [redacted] <[redacted]@nhs.scot>; [redacted] <[redacted]@gov.scot>; [redacted]@bma.org.uk; [redacted] <[redacted]@nhs.scot>; [redacted] <[redacted]@gov.scot>; [redacted]@nhs.scot; [redacted] <[redacted]@gov.scot>; chiefexec.tayside@nhs.scot; [redacted] <[redacted]@nhslothian.scot.nhs.uk>; [redacted]@nhslothian.scot.nhs.uk; [redacted]@borders.scot.nhs.uk; [redacted] <[redacted]@ggc.scot.nhs.uk>; [redacted] (NHS FIFE) <[redacted]@nhs.scot>; [redacted] <[redacted]@nhs.scot>; [redacted] (NHS Borders) <[redacted]@nhs.scot>; [redacted] <[redacted]@nhs.scot>; [redacted] <[redacted]@nhs.scot>; Mary Morgan <mary.morgan@nhs.scot>; [redacted]@nhs.scot

**Cc:** Medical Locum Task & Finish Group <MLTFG@gov.scot>

**Subject:** Medical Locum Task & Finish Group Papers

Dear all

Please find attached the papers for the Medical Locum Task & Finish Group taking place on Wednesday 3 April 14:00-15:30.

Included in the papers is two CWS Medical Network PDFs, which share detail of upcoming learning sessions which may be of interest to Boards. Colleagues from the Centre for Workforce Supply will provide further detail on these at Wednesday's meeting.

Kind regards  
[redacted]

[redacted]

Sponsorship and Infrastructure | Health Workforce Directorate | Scottish Government | St. Andrew's House | Regent Road | Edinburgh | EH1 3DG



# **MEDICAL WORKFORCE SUSTAINABILITY AND VALUE GROUP**

## **SUMMARY REPORT**

### **INTRODUCTION**

The following report summarises the outputs of the NHS Scotland Medical Workforce Sustainability and Value Group (MWSG) established under the auspices of the NHS Scotland Sustainability and Value Programme. It has been developed by Scottish Government officials on the group's behalf and is being shared with the group for endorsement.

The report provides a description of those actions advocated by the group as a way of:

- Identifying and anticipating supply deficits in the substantive medical workforce and recommending mitigations at national and Board level.
- Addressing short term medical staffing gaps in the most appropriate and efficient way possible.

### **CONTEXT**

The NHS Scotland medical and dental workforce has grown to record levels, with almost 15,200 WTE staff employed as at 30 June 2022. The Scottish Government continues to invest in further expansion of this staff group, having committed to phased increases in the number of undergraduate medical training places since 2016, including by 100 per annum between 2021 and 2026. This will increase the annual intake of medical students to over 1600 by 2026; this against an historic steady state baseline of approx. 850 per annum before 2016. These initial increases are now feeding increased graduate output into the medical workforce resulting in improved fill rates and reduced vacancy in the training grades. We also continue to expand the trainee doctor workforce by increasing the number of available medical training places. 725 additional trainee doctor posts have been created across a wide range of specialties between 2014 and 2023. This increase in post-graduate training establishments is intended to produce a trained doctor output to replace consultant and GP leavers plus 2-2.5% compound annual growth.

In addition, extensive work is being taken forward to support retention of medical staff across NHS Scotland, with steps having been taken to:

- Strengthen terms and conditions through the agreement of pay increases for junior doctors.
- enable retiring employees to continue in employment that is suitable to them and the service through NHS Scotland's 'Retire and Return' policy.
- Devolve powers to NHS Boards to utilise local flexibilities within NHS Pension arrangements, and offer 'pension recycling'. This means NHS Boards will have the ability to assist staff affected by annual and lifetime allowance pension

taxation issues; though these taxations have also been significantly mitigated by recent UK Gov tax changes.

- Deliver our leadership development programme 'Leading to Change', which includes a range of targeted leadership offers for those working in health, social care and social work in order to proactively manage culture change, which will in turn alleviate pressures on retention and recruitment.
- Support staff wellbeing through investment in a range of resources including the National Wellbeing Hub, confidential mental health helpline through the Workforce Specialist Service, and funding for additional local psychological support.

Despite these efforts, it is clear that the medical workforce remains under pressure with a degree of supply deficit. This pressure will likely increase in response to projected future demands for care across the Scottish population. The Scottish Burden of Disease Study suggests that, despite an overall projected decline in the population in Scotland by 2043, annual disease burdens could increase by 21% with subsequent impact on the need for, and provision of, health and social care.

When considering the sufficiency of the existing workforce, it is also instructive to consider NHS Scotland's reliance on medical locums to support service delivery. As at 31 March 2023, national expenditure on medical agency staff increased by 16.8% on the previous year to £119.6m. This expenditure includes only those who are hired through private agencies and not locums who are directly employed by NHS Boards.

## **PURPOSE OF THE GROUP**

MWSG was set up with the purpose of supporting a safe and sustainable medical workforce across NHS Scotland, by identifying where current workforce challenges exist and working with Boards to optimise medical staffing at all levels. Full membership of the group, chaired by Senior Medical Advisor, [redacted], on behalf of the Chief Medical Officer, can be found in Annex A. The objectives of the group were to identify and support the implementation of a range of evidence-based interventions to improve consolidation and flexibility of the medical workforce, including improving the opportunities for NHS Scotland's medical staff to practice within high quality contractual and professional working arrangements in their own Board. The group agreed a number of steps designed to address the **medical workforce supply deficits** which have been identified across the medical workforce. It also endorsed a further piece of work to better understand what an alternative **flexible/supplementary staffing** model for the medical workforce may look like. At an early stage of the work it was agreed with the Sustainability and Value Board that these issues in relation to the general practice (GP) medical workforce would require to be addressed as a separate workstream.

## **MEDICAL WORKFORCE SUPPLY DEFICITS**

### **Mitigating consultant supply deficits**

Pressure on the medical workforce is a result of the combination of current vacancies at all levels, consultant growth outstripping supply and the additional burden of recovery from the Covid-19 pandemic.

When assessing the position in relation to the size and nature of supply deficits within the medical workforce, MWSG initially drew on previous analysis based on NHS workforce data from December 2021. That data showed 494 Medical and Dental vacancies, of which 370 were Consultant vacancies. Evidence showed that the supply of substantive Consultants in several specialities across Scotland, specifically Psychiatry, Paediatrics, Anaesthetics and General Surgery, was below the current requirement to deliver a safe service, thus driving chronic high supplementary spend including locums. There were also increased indications of early retirement, high staff absence and gaps in on-call rotas.

The British Medical Association (BMA) also published a report in 2021 on Consultant Retention in Scotland, which showed that, since 2019, vacancies had increased by 10% and the number of consultants in post was inadequate to meet the demand of the service.

Updated vacancy data is now available from the NHS Scotland Official statistics released by NES this year, and shows that, as of 30 June 2023, there were 513 Medical and Dental Consultant vacancies across NHS Scotland, an increase from the statistics in 2021.

National performance data and financial returns collected as part of the Sustainability and Value Program have revealed particular specialty and locality areas of persistent and high consultant locum spend. MWSG has facilitated linking this intelligence with workforce data from NES Digital and further insights gathered by the Centre for Workforce Supply (CWS).

The solutions to the Consultant workforce challenges described above will be varied. Clearly, continued investment in trainees will be a key enabler to ensuring mediumterm sustainability across the consultant workforce and this is discussed in more detail later in this report. A continued focus on retention of existing staff will also be crucial. In addition, further work will be undertaken to explore the potential associated with targeted domestic, UK-wide and international recruitment activity to address workforce gaps, while service-redesign should also be a feature of any future resourcing strategy.

To support efforts in this regard, the CWS has set up a specific medical workstream to better understand the medical workforce gaps across different grades/specialities/localities, and to scope out potential solutions with key stakeholders (including Health Boards).



CWS are currently undertaking an evidence gathering exercise with Boards to ascertain persistent gaps in supply, any recruitment initiatives that have already been tried and what the current barriers are. Returns from these 'Insight Meetings' will be analysed and, following discussions with Scottish Government, used to inform the most appropriate and cost-effective route to take at either a national or Board level to better meet the needs of Scotland's medical workforce.

Through early CWS-led conversations with key stakeholders, it has become apparent that the system would benefit from sharing medical international recruitment learning and best practice through a network alongside a series of virtual learning sessions. Both are being facilitated by CWS as part of this workstream. This could potentially lead to a Once for Scotland approach to some aspects of medical international recruitment (where appropriate) and could allow Boards to potentially work together to run international recruitment campaigns for specific job families, posts or specialties.

Support will potentially include nationally led recruitment campaigns by specialty through to targeting bespoke support for Boards to eradicate high cost long term individual locum situations. MWSG recommends that CWS should lead recruitment aspects of this work, reporting progress to the Scottish Government's Health Workforce Directorate: Recruitment Unit as part of the National Workforce Strategy Implementation Programme. This work should also be factored into NES' Annual delivery Plan and monitored through established sponsorship arrangements. The precise detail of CWS's contribution to supporting Boards' medical workforce challenges and the associated resourcing will be agreed through the Action Plan being developed from the Board Insight Meetings Report.

### **Mitigating trainee and non-consultant deficits**

In addition to the overarching programme of work described above, the group has considered what further targeted steps can be taken to address the impact of supply challenges in relation to doctors in training and non-consultant medical staff. Existing shortages amongst these groups are a key contributor to excessive locum spend and fragile rotas for provision of safe, contractually compliant 24 hour cover.

In addition to negative financial impact, the detrimental impacts of these chronically fragile rotas on service delivery, quality of training and trainee health and wellbeing are well recognised. The MWSG have initiated a package of work to focus on supporting Boards to address these deficiencies through a number of means. The package will be delivered by NES Medical Directorate with regular reporting to the Scottish Shape of Training Transition Group and the Scottish Government's Health Workforce Directorate: Recruitment Unit as part of the National Workforce Strategy Implementation Programme. This work should also be factored into NES' Annual delivery Plan and monitored through established sponsorship arrangements.

In order to address the issues associated with the quantity and current distribution of trainee and other non-consultant grade doctors in Scotland, MWSG has endorsed four

broad workstreams, to be delivered in the short, medium and longer term. NES Medical Directorate will work in partnership with CWS to:

1. Review processes used to inform the annual increase in the number of doctors in training via the Scottish Shape of Training Transition Group (SSoTG) and predicted future demand.
2. Review the geographic distribution of doctors in training across regions (North, East, South East, West) and within regions (e.g. district general and tertiary centres).
3. Diversify the medical workforce.
4. Improve Wellbeing and the Quality of the Workplace Environment

1. Review of processes used to inform the annual increase in the number of doctors in training via the Scottish Shape of Training (SSoTG) and predicted future demand

The processes used to inform decisions on the number of doctors in training are currently based on modelling of future requirements for consultants and GPs. Given the current demand of the service, this can lead to a service delivery gap between the number of doctors required to fulfil middle-grade medical roles and the number of trainees that are available to fill these roles. An evaluation of the modelling used to determine trainee numbers and expansion is currently underway to ensure there are no unnecessary constraints on the number of trainees, based on inaccurate predictions of the future requirements. The development of a consistent, transparent process, based on the whole time equivalent rather than headcount figure, will help support a trained and flexible workforce.

As already mentioned, NES Medical Directorate's work on doctors in training, on both numbers and distribution, will have a long term effect on Consultant supply. In order to ensure the assumptions around future requirements for trained doctors are correct, input from the NES data team and ongoing collaboration with NES Speciality Training Boards and Scottish Government chaired SSoTG is necessary. MWSG agreed that training establishments within specialities would need to be reviewed to determine whether existing predictions are appropriate or if an increase would be required to meet service need.

The Scottish Government's Medical Education and Training Unit will oversee this work and will take responsibility for working with the relevant stakeholders to determine the appropriate increase in number of doctors in training each year.

2. Review of Distribution of Doctors in Training

Research highlights that the current distribution of medical trainees across regions may not be supporting the population needs. Service gaps impact on the training and overall experience of trainees in these regions, Boards and hospitals. District general

hospitals often suffer as a result of workforce gaps, which can appear small, but can have disproportionate impacts where there are vulnerable rotas. This directly impacts on the training experience of those working within the hospital. Allocations are in part driven by beliefs that certain training cannot be undertaken within a district hospital environment. MWSG were in agreement that this largely historical concept required to be challenged. As such, the group determined that it is important to ensure that the distribution of doctors in training across the country is reviewed to meet the population needs of all areas at both trainee and consultant level.

As a result of a relatively high proportion of training taking place within large central hospitals and often only short placements taking place within district general hospitals, trainees are not given enough time to develop roots in the communities to which they have been deployed and therefore the chances of them choosing to remain within the area following conclusion of the short placement are reduced. This leads to a lack of awareness of the roles available in district hospitals, and impacts directly on the attractiveness of these roles. There are therefore significant benefits associated with a population need-based distribution of the trainee doctor workforce.

Work within NES is ongoing to map the current distribution of trainees and population needs in order to develop a summary of the current situation. Part of this exercise includes identification of fragile rotas; support in consolidating these may require redistribution of trainee posts. NES will then create a future vision for the medical workforce which, following a gap analysis exercise, will be used to understand the changes required to arrangements for the distribution of trainees.

### 3. Diversifying the Medical Workforce

#### *Specialty and Specialist Doctor (SAS) grades*

The new specialist and specialty doctor contracts, coupled with an explicit initiative led by NES Medical Directorate to support career development and enhance educational opportunity for SAS doctors offers an excellent platform to build effective recruitment and retention strategies for this group. SAS doctors have the potential, if properly supported and encouraged to feel valued, to play an increasing role in the delivery of NHS Scotland services and, in doing so, help to consolidate the overall medical workforce.

The SAS Development Programme, founded in 2012, offers national funding to those SAS doctors and dentists whose clinical teams are seeking to develop new or improved clinical services, or to enhance their role within the clinical team, where funding is not otherwise provided by the employing Health Board. This funding supports costs for training, salary backfill or completion of training to apply for a Certificate of Eligibility for Specialist Registration (CESR). In addition, funding has enabled the creation of a national network of Education Advisers, themselves SAS doctors or dentists, to support their peers at Health Board level and to guide them to make best use of funding opportunities.

Key to the SAS Development Programme is the recognition that taking up a SAS post does not preclude professional development opportunities. Speciality, Specialist and Associate Specialist doctors provide practice in areas of learned competencies; however, it is vital that they continue to develop new skills to support changing specialist service development and to develop their roles within clinical teams.

The SAS Development Programme continues to be well received. In the current year, NES have provided bespoke funding to upskill SAS doctors to develop and learn new skills, which has resulted in an increase to the number of applications received. Leadership training has also been provided, which has enabled SAS doctors to become trainers themselves. NES have delivered bespoke courses for the SAS cohort, including communication workshops, human factors and bullying and harassment. Further courses are currently being developed in conjunction with the GMC.

Ensuring a supportive and comprehensive induction for all SAS doctors in Health Boards remains a focus for the SAS Education Advisors. Thereafter, it is vital that SAS doctors and dentists are given both the opportunities and support to grow their skills. The SAS Development Programme and its team of SAS Education Advisors support this group of staff, enabling them to develop their skills throughout their career, to adapt to the changing clinical landscape, and to upskill to take on new and extended roles in a changing workforce.

The new SAS contract has been successful for those in the early stages of their Speciality doctor grade careers and has been positively received. The creation of the new Specialist post was also positively received, however the Specialist contract has not yet been widely implemented across Scotland. NES anticipate that Health Boards who do not create these posts will lose experienced SAS doctors and dentists, which will have a knock on effect for those taking up Speciality doctor posts in the hopes of longer term career progression to Specialist posts.

Due to being a closed grade, Associate Specialists are fewer in number within Health Boards and NES have suggested that in order for them to be retained within the system and not retire early, they should be supported through active and flexible job planning at this latter career stage.

MWSG is supportive of ongoing efforts to encourage Boards to establish new posts in the Specialist grade, creating posts to enable experienced SAS doctors to have opportunities for career progression, especially those already working at senior level.

### *International Recruitment*

MWSG have asked that CWS increase focus on developing an effective nationally coordinated International Medical Training Fellowship program. A key part of this will be effective collaboration with Medical Royal Colleges through the Scottish Academy to promote and support the Medical Training Initiative (MTI) route.

CWS is also exploring ways in which international medical graduate (IMG) induction and pastoral support could be further enhanced by scoping out current provision and identifying areas for improvement. This includes work with NES Medical Directorate on supporting IMGs in mainstream training posts. A paper has been submitted to SG Health Workforce Directorate outlining recommendations for improvement. International recruitment interventions suggested as a result of the workstream will not be limited to recruitment but will also aim to improve the experience and skill set of current international medical professionals to enhance quality of care (including patient safety) and to support retention.

CWS will continue to support Health Boards' efforts to recruit international doctors through the workstream, helping to ensure international recruitment measures are ethical, sustainable, and impactful.

### *Medical Associate Professionals*

Medical Associate Professionals (MAPs) have been identified as a potential alternative workforce option which can build in flexibility and resilience to teams, as well as contributing to the increase in clinical capacity essential to meet the identified current and future needs of NHS Scotland.

In May this year, NHS Education for Scotland (NES) produced a response to the Scottish Government's commission to undertake a service and educational needs analysis to map the current and future demand for MAP and Advanced Critical Care Practitioner (ACCP) roles. The report signalled that there is benefit in pursuing a more systematic approach to the deployment of these roles across NHS Scotland.

NES' report highlights that there is significant potential to augment our medical workforce using these roles, with better targeted use of Physician Associates, Anaesthesia Associates, Surgical Care Practitioners, and advanced Critical Care Practitioners in a number of healthcare settings. By diversifying and offering alternative pathways to complement the medical workforce, this creates an opportunity to attract new staff from outwith the system and opens up alternative career progression opportunities for existing staff.

Building on the above, work is now underway to establish a NHS Scotland Medical Associate Professionals Programme explicitly tasked with progressing our approach to the training, deployment, support, supervision and regulation of this workforce.

## 4. Improving Wellbeing and the Quality of the Workplace Environment

While success with filling training places has seen an increase in medical staff within key target areas, there remains an issue pertaining to attrition, as a result of excessive workload and other wellbeing factors. It is important that trainees are adequately supported to have the best quality training experience possible by improving the working environment within which their training takes place.

With their role in medical training quality assurance, NES are currently leading on a range of work aimed at improving the medical training environment, acknowledging that this increasingly extends to those not in training posts as well. It is the intention that this will include more widespread use of tools such as the 'WeCare' quality improvement framework to support trainee-led improvement in workforce conditions and practices.

## **FLEXIBLE/SUPPLEMENTARY STAFFING**

It is acknowledged that NHS Scotland's current approach to the use of supplementary staff is not delivering best value, with reliance on staff supplied via agencies having grown significantly in recent years. Whilst at least some of this increase can be attributed to the Covid-19 pandemic and our subsequent programme of work to recover services, it is clear that steps now need to be taken to shift towards a more stable, resilient and affordable workforce model which prioritises substantive recruitment, augmented by flexible opportunities accessible via Staff Banks.

MWSG recommended that there is review of uptake and use of the 'Direct Engagement' model when employing locums. NSS procurement colleagues are pursuing increased and consistent use of Direct Engagement with Boards, aiming for a target that over 90% of external locums are employed using Direct Engagement. This has the potential to yield approximately £5m savings in the short term. Considerable work has been taken forward to improve NHS Scotland's approach to nurse agency staff in recent months, with good progress made in this area. It is clear that a similar exercise is now required for the medical workforce. In pursuance of this aim, MWSG have endorsed an initial programme of engagement with Health Boards in order to better understand current arrangements pertaining to the contracting of supplementary medical staff.

Building on this, Scottish Government officials have now issued a survey to all Boards to establish:

1. the range of systems, processes and working practices currently in place across NHS Scotland to facilitate the operation of medical staff banks as a costeffective means of accessing supplementary staff.
2. the range of other arrangements currently being operated by NHS Scotland Boards to facilitate the contracting of supplementary medical staff.

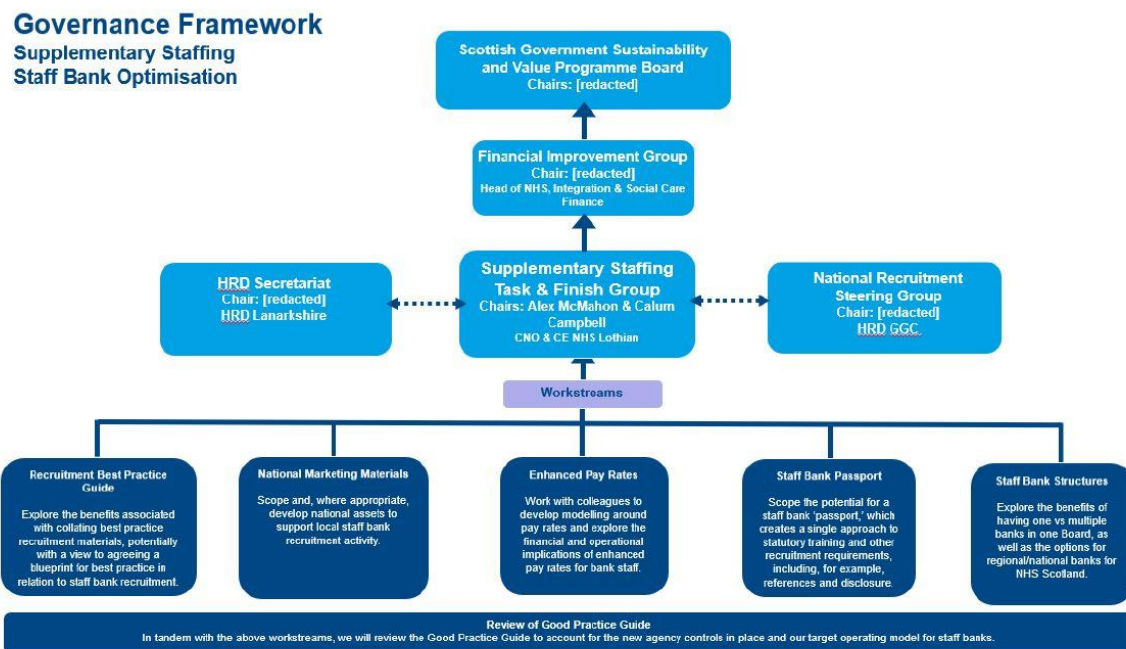
Responses from the survey will help inform an action plan for (i) reducing reliance on agency medical staff, and (ii) ensuring that best value is secured whenever supplementary staff are being accessed. An appropriate governance structure to oversee delivery of that plan will be established as part of the next phase of this work.

As we seek to reduce our reliance on the role of agencies to facilitate access to staff, we must offset this by accessing those staff (and any others entering the labour market) through other mechanisms. Our preference must always be to secure staff on substantive contracts as this is the most effective means of building a stable and resilient workforce. However, we must also recognise that, consistent with wider trends

across the working age population, many of the individuals who we are hoping to attract will be seeking more flexible work opportunities.

These changes in the preferences of the working population apply across the breadth of professions employed within NHS Scotland. It is therefore appropriate to consider whether shared solutions which accommodate such flexible working across professions and disciplines can be developed.

A Supplementary Staffing Task & Finish Group, chaired by the Chief Nursing Officer and the Chief Executive of NHS Lothian, was established in late 2022 to consider what steps could be taken to reducing reliance on agency nursing staff and to improve the operation of staff banks. In response, the Group has commissioned a project designed to optimise the operation of staff banks across NHS Scotland. The project has five workstreams:



MWSG has identified that the outputs of the above workstreams can support the more consistent and effective operation of staff banks for the full range of staff required to support the delivery of activity in NHS Board settings.

### *Recruitment Best Practice Guide Workstream*

A recruitment best practice guide has been developed in conjunction with staff bank managers and deputy HRDs and has been approved by the Supplementary Staffing Task & Finish Group. The checklist adopts elements of best practice gathered through engagement with Boards who have worked to optimise local bank recruitment procedures and will act as a tool primarily for use by Board Executive Leads to drive improvement based on best practice across NHS Scotland. We are recommending that the checklist be used by Boards to make decisions around advertisement, application, selection, pre-employment checks and onboarding.

The checklist has now been circulated to Health Boards, but will be formally issued upon completion of the pre- and post-employment checks PIN review scheduled for later this year, to ensure consistency between the two.

Officials have considered the checklist and advised that its contents would also be applicable to the recruitment arrangements for medical banks. We are therefore recommending that Boards use the tool to drive improvement across banks for all staffing groups, including medical staff.

### *National Marketing Materials Workstream*

Scottish Government officials are working in collaboration with CWS to develop a set of national marketing assets which can be used to advertise staff banks and attract individuals to work for them. The types of assets requested include web content, infographics for social media, digital banners, leaflets and posters.

Initial discussions with CWS have resulted in a target timescale of Q1 2024 for the delivery of initial outputs. It is acknowledged that NHS Scotland is about to enter the most challenging period in the calendar, with workforce capacity always stretched over the autumn and winter months. With this in mind, work is ongoing to explore whether there would be scope to develop and release assets on a staged basis between now and the conclusion of this commission. This would allow us to provide Boards with at least some marketing support as soon as possible.

A brief has been developed for CWS which emphasises that any marketing materials for banks should be tailorable to different professional groups, including medical staff. It would therefore be the case that the marketing assets developed by CWS would be applicable to medical staff, allowing the advertisement and promotion of medical bank roles, with a view to encouraging more medical staff to join the bank.

### *Staff Bank Passports Workstream*

A common issue highlighted through Board engagement is the inability of bank staff to work freely across Board boundaries, without repeating statutory and mandatory training. Work is therefore ongoing to scope the possibility of a staff training passport underpinned by a more consistent approach to statutory and mandatory training. It is recognised that such a passport would be of benefit to all staff working in NHS Scotland.

Work is already ongoing in NES to scope a digital solution to host such a passport and SG officials are keen to progress the development of Once for Scotland course content and learner outcomes in parallel to this work.

### *Staff Bank Structures Workstream*

The staff bank structures workstream aims to provide the Supplementary Staffing Task & Finish Group with a recommendation as to the most effective and consistent



bank structure, learning from the experiences in NHS Scotland, where a broad range of internal bank currently structures exist.

A paper will be shared with the Task & Finish Group in late November, assessing the case for exploring the further utility of regional/ national banks, and whether or not it makes sense for Boards to operate single or multiple banks.

With regards to the medical workforce, this workstream will explore the potential benefits associated with Boards operating one staff bank, which includes medical, registered and unregistered staff. Previous work done in this space suggests that running a single centralised bank would improve governance and controls and therefore benefit all staff groups.

The work will also build on evidence gathered through conversations with NHS England who have a mixture of local, regional and national bank mechanisms in place to support the flexible staffing of services.

#### *Enhanced Pay Rates Workstream*

A workstream exploring the potential benefits and drawbacks associated with enhanced rates of pay for bank staff is currently being undertaken. Work is being delivered in partnership with colleagues in NHS Ayrshire and Arran to develop a case study detailing the financial implications of enhanced rates of pay for three particular scenarios:

- payment of staff bank rates at the top of the relevant AfC Band,
- substantive post pay rate for those AfC staff undertaking staff bank shifts
- Consideration of an enhanced AfC rate for hard to fill shifts.

Given that the current workstream is specifically linked to Agenda for Change staff, it is recognised that a discrete piece of work, in consultation with the Scottish Government Health Workforce Directorate's Pay Team, would be required to explore the merits of an enhanced rate of pay for medical bank staff.

## **Conclusion**

As outlined earlier in this report, all of the work planned to address supply deficits across the medical workforce has now been appropriately commissioned and is resting with various policy and delivery teams based within NES and the Scottish Government's Health Workforce Directorate. Going forward, it is the intention that these areas of work be identified as priorities with the respective organisations' business plans, with progress monitored through Business as Usual assurance mechanisms and the National Workforce Strategy Implementation Programme Board.

Work to embed a revised approach to medical supplementary staffing in line with any action plan will be overseen by a new governance structure, building on the experience of MWSG and the Supplementary Staffing Task and Finish Group which has overseen delivery of similar activity for the nursing workforce. In the meantime, the Scottish Government's Sponsorship & Infrastructure Unit, based within Health Workforce

Directorate, will support delivery of policy design and delivery activity for supplementary staffing across both the nursing and medical workforces, ensuring synergies are identified and opportunities for shared solutions are capitalised on.

## APPENDIX A

### TERMS OF REFERENCE:

#### Medical Workforce Sustainability and Value Group

### 1. Summary

#### 1.1. Objectives:

To support a safe and sustainable medical workforce across NHS Scotland Health Boards by identifying where current workforce challenges exist and working with Boards to optimise medical staffing at all levels. Identifying detail of current market supply deficits in the substantive medical workforce and recommending mitigations at national and Board level. To identify and support implementation of a range of evidence-based interventions to improve consolidation and flexibility of medical workforce including improving opportunity for NHS Scotland's medical staff to practice within high quality contractual and professional working arrangements in their own Board. To ensure that where short term staffing gaps remain, that these are filled in the most appropriate way possible.

#### 1.2. Scope:

The scope includes all grades of medical staff across all health care services in Scotland, as well as considering the role of associated regulated professionals. A focus will be on those services which are causing significant concern around workforce challenges such as acute hospital, mental health and community services.

The group will aim to develop national enablers that allow Boards to address their workforce challenges and reduce the expenditure of high-cost locum agency doctors. This recognises that improvement may require investment of an element of the current locum spend into consolidated solutions, this in the context of considering all options that will support a reduction in locum spend.

Within the Sustainability and Value programme the Operational and Performance Delivery Board is implementing solutions to reduce hospital length of stay and improve delayed discharges which will affect the demand side for medical workforce. The focus of the Medical Workforce Sustainability and Value group will be on the supply side of medical staffing through improving workforce sustainability, recruitment and retention and seeking improved value from temporary and flexible medical staffing arrangements. This will include measures to develop new staffing models where appropriate; this in alignment with the programs on MAPS and other new role development currently led by NES.

#### 1.3. Principle outcomes and approach

Identifying best practice to enable efficient processes to deliver a sustainable medical workforce, this includes:

- Enhanced medical recruitment and retention policies, including supporting targeted international recruitment of career grade and advanced training fellowship doctors
- Development of intermediate and advanced (post CCT) fellowships for retaining Scottish trainees
- Considering improved clinical service models and identifying where national support is required for development of new roles. Ensuring alignment with current NES commission on MAPS

- Optimising synergy between training, service delivery and future supply requirements for doctors in training
- Maximising the use of Local Staff Banks to provide the safest and best value model of resourcing temporary gaps with staff who have knowledge of local procedures and policies and the skills and competencies to contribute effectively;
- Appropriate use of medical locum agency resource to a proportionate level (that is to be determined by the Task and Finish Group). Effective and efficient staffing will be assessed based on patient safety, staff wellbeing and cost efficiency to support resourcing of vacancies and short-term absences. • Learning from the previous MASNet work and commit to a 'Once for Scotland' approach to reduce reliance on agency resourcing.

Key initial areas for consideration will include:

- a) Improved medical bank utilisation
- b) Identifying specialties and grades with the most significant recruitment challenges
- c) Off framework agency review.
- d) Roster management arrangements
- e) Junior Doctor adequate rotas in place to support services including consideration of professionalism and safety elements of working patterns
- f) Clinical Development Fellow and Advanced Training Fellowship opportunities
- g) Enhanced reporting and business intelligence across Boards

#### **1.4. Outputs**

The project will deliver the following outputs:

- Overall Service Gap Analysis
- Analysis of specialties and grades facing most immediate workforce pressures and proposals on national enablers that could assist in addressing these challenges
- Analysis and development of proposals to improve supplementary staffing balance and value
- Analysis and proposals of alternative rostering approaches to reduce agency usage
- Analysis of existing national interventions to see if they can be optimised / expanded to increase effect

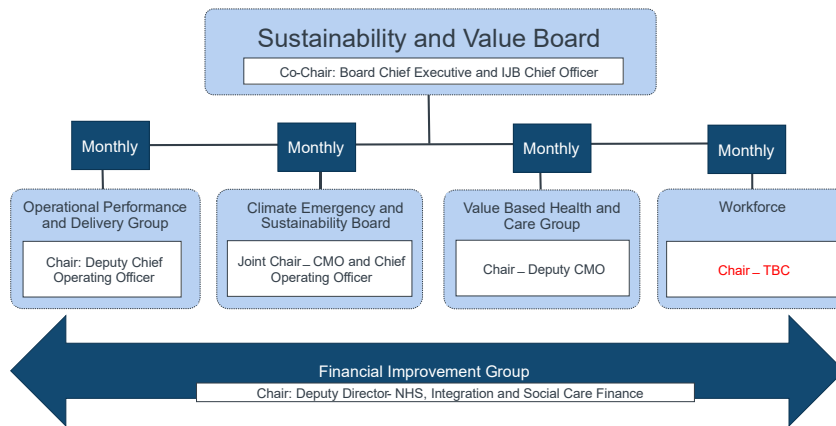
#### **1.5. What does success look like?**

- To provide the safest and best value model of resourcing against existing medical staffing gaps resultant from vacancies as well as short term absences, with staff who have knowledge of local procedures and policies and the skills and competencies to deliver safe and effective patient care.
- Support medical staff wellbeing and provide value for money.
- Reduce need to use high cost agency and contribute to improving financial pressures.
- The group will develop measurable success criteria to support delivery of recommendations

## **2. Structure of the Task and Finish Group**

### **2.1. Reporting Arrangements / Governance:**

The Medical Workforce Sustainability and Value Group will report progress to the Workforce Group and thereafter the Health Board and Scottish Government collaboration Sustainability and Value Programme Board. It will also report to the National Workforce Forum.



**2.2. Chair:**

[redacted], Senior Medical Advisor, SG Health Workforce on behalf of CMO

**2.3. Lifespan:**

Until such times as the desired outcomes are communicated and scheduled for implementation. Membership and terms of reference will be revised as necessary to ensure they remain extant.

**2.4. MEMBERSHIP**

Individual	Representing	Role/Responsibility
Chair: [redacted], Senior Medical Advisor, SG Health Workforce	Chief Medical Officer and Health Workforce Directorate	Chair, provision of advice on key options appraised and support decision making
[redacted], Medical Director	SAMD	Providing Medical Director perspective to work and link with SAMD and individual MD's.
[redacted] Exec Medical Director [redacted] Deputy MD	NES Medical Directorate	Support with elements relating to doctors in training
Grant Archibald, CEO, NHS Tayside	Board CEO's	Provide CEO perspective to work and link with BCE group and Management Steering Group
[redacted], [redacted], [redacted], [redacted] - Clinical Leadership Fellows	SG Health Workforce	Provide doctor in training perspective and provide support to group work program
[redacted], NHS Grampian [redacted], NHS Shetland	Directors of Finance, NHS Boards	Support financial considerations at Board level
[redacted], Director of People and Culture, NHS Highland	HR Directors, NHS Boards	Support HR considerations at Board level, link with HRD's group and with 'Once for Scotland' Program

[redacted], [redacted]	NES Centre for Workforce Supply	Support Consultant supply mitigation and communication with Boards
[redacted], Senior Financial Performance Manager [redacted], Senior Financial Improvement Manager	Director of Health Finance, Corporate Governance and Value . Program Management Support	Support the set-up of the programme and provide advice and support on behalf of Health Finance Lead the financial analysis of opportunities identified and provide programme financial support.
[redacted], Health Finance Administrative Lead		Taking actions and minutes at formal meetings. Issuing key papers and agenda ahead of formal meetings. Providing some support to subgroup meetings on request.
[redacted]	Programme Management Services, NHS National Services Scotland	Project Manager.
[redacted], [redacted]	SG Health Workforce Recruitment	
[redacted]	NSS National Procurement	Supporting work on bank vs agency; best value.
[redacted]	SG Health Workforce Pay Team	
[redacted]	SG Performance & Analytical Services	Data and analytic support
[redacted]/ [redacted]	NES Digital	Data and analytic support

*Observers + External stakeholders and co-optees with specific expertise to be considered further.*

## **2.5. Decision Making:**

Decisions and actions will be recorded within the meeting minutes, for Formal Meetings of the Programme Board. Group members are expected to complete actions assigned to them as per the timescales agreed at meetings or through e-mail communications. Any papers will normally be circulated 3 working days prior to meetings; minutes will be issued for agreement within 5 working days of each meeting.

## **2.6. Type and Frequency of Meetings/Communications:**

Meetings will be scheduled fortnightly throughout the year with ad-hoc correspondence via email as required by the group. Teleconferencing facilities are available for meetings.

## **2.7. Group Support and Papers:**

Administrative support from SG (Health Finance) to provide minutes and actions to the formal meetings and ensuring that all group members receive all communication in a timely manner. Maintaining action log. Supporting preparation of any written reports.

## **2.8. Communications Plans**

Working group to meet as regularly as weekly to manage progress specific activities but formal group should meet every 2 weeks to monthly, this is to be agreed within the formal meetings.

### **2.9. Confidentiality:**

It is likely that information may be of a sensitive or confidential nature. It is vital that all members understand their responsibility to treat as confidential, information that may be available to them, or obtained by them, or that may be derived whilst working in the Group. It is the responsibility of authors to clearly mark any documentation or communication containing information of a sensitive or confidential nature to ensure it is easily identifiable to recipients. Authors are asked to do so in both the subject line and the body of an email. Equally within the filename and within the document (e.g. header, footer watermark) itself in accordance with data protection guidelines. Authors should also be aware and consider that information considered to be Confidential may be required to be disclosed under the Freedom of Information (Scotland) Act 2002 or Environmental Information (Scotland) Regulations 2004. Individuals must not breach this duty of confidence by disclosing, or using in an unauthorised manner, confidential information, or providing access to such information by unauthorised individuals or organisations. Information considered to be Confidential may, however, be required to be disclosed by law, by court of competent authority, by a requirement of a regulatory body or under the Freedom of Information (Scotland) Act 2002 or Environmental Information (Scotland) Regulations 2004.

### **2.10. Recordings:**

The meeting chair must seek informed consent from every member in attendance, including those who arrive late and others who teleconference or videoconference, if a meeting is to be audio recorded. For meetings of the group that are audio recorded, following sign off of the minute/action notes, recordings will be deleted.

Terms of Reference: Agreed: by MWSG at meeting on 24<sup>th</sup> April 2023;  
subsequent amendments to membership to reflect developing work  
program and changing personal

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