

Reducing reliance on medical agency staff: sharing successful strategies

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We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

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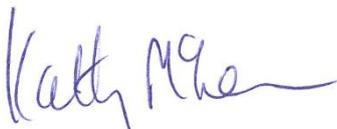
Foreword

The NHS is under unprecedented pressure. Increased demand, challenges to patient flow, an ageing population, ever-mounting complexity of treatments and a host of other factors all play their part. It has never been more important to maximise the benefit from all NHS expenditure.

Reducing reliance on agency staff is one way that trusts can improve their financial position. Since we introduced the agency rules in October 2015, trusts in England have reduced their combined spend on agency staff by over £1 billion. Medical has contributed about £400 million of this, but of the three staff groups – medical, nursing and other (IT, estates and admin) – has the lowest compliance with the price caps. Clearly there is considerable scope to reduce medical agency spend further. Seemingly small reductions all add up: every penny reduction in the average price of a medical shift saves the NHS £100,000 over a year; £5 an hour off every medical agency shift would save £43 million.

Here we bring together strategies from those trusts that have succeeded in reducing their reliance and spend on medical agency staff. These demonstrate the range of strategies that trusts have adopted – for example, better support for new substantive medical staff, building a medical bank, developing new roles and better collaboration at both local and regional levels – and should be read in conjunction with our guide [Reducing reliance on medical locums: a practical guide for medical directors](#) (September 2016).

I am grateful to the trusts that have shared their learning and best practice, and hope that other trusts can adopt similar strategies to reduce their reliance on medical agency staff.



Kathy McLean
Executive Medical Director and Chief Operating Officer, NHS Improvement

What works: strategies to reduce reliance and spend on medical agency staff

This document reflects some of the strategies being adopted by trusts to reduce reliance on medical agency staff. All the trusts included in this document have a relatively lower medical agency spend in comparison to other trusts in their region as a result of these common strategies and other strategies reflected in this document.

Ownership and oversight

Key to a trust's success is ownership and oversight of its temporary workforce by board-level senior management. Trusts tell us that this needs to include:

- the medical director, human resources director and chief executive working collaboratively
- requests for temporary staffing reviewed by senior management
- setting up a workforce group, led by senior management and senior clinicians, to develop and implement a consistent and co-ordinated strategy
- a robust trust 'break glass' policy that states escalated rates should be agreed only where genuine patient safety concerns are identified.

Trusts also tell us that senior general managers need to regularly and directly engage with lead clinicians in the trust, to make them aware of what their departments spend on agency staff. In trusts with low use of medical agency staff:

- lead clinicians work with senior management to ensure that their substantive medical staff and trainees feel valued and engaged, to help attract and retain staff
- clinical staff rotas (use of e-rostering) and job planning are reviewed to look at where services could be reconfigured and cross-specialty cover used.

Workforce planning

Trusts have benefitted from centralising their temporary staffing office within the human resources department, and from recruiting to alternative roles such as physician assistants and advanced nurse practitioners. By basing workforce planning on competency, not traditional role, the full potential of these alternative roles can be realised.

Medical banks

Setting up a medical bank is another key strategy that has worked well for trusts. Trusts need to consider how they can collaborate with neighbouring trusts and more widely within sustainability and transformation partnerships (STPs) on collaborative bank arrangements.

All trusts that have successfully reduced their reliance on agency staff report that it takes time to do this.

Leeds Teaching Hospitals NHS Trust

Leeds Teaching Hospitals NHS Trust (LTH) is one of the largest and busiest acute hospital trusts in the UK. It employs 17,000 staff and provides local and specialist services for an immediate population of 770,000 and regional specialist care for up to 5.4 million. The number of medical agency shifts reduced from 507 in June 2016 to 325 in June 2017 (36% reduction).

Building a medical bank

The LTH strategy to reduce reliance on medical agency staff has prioritised the development of a medical bank using several approaches:

- enrolment of all new junior doctors in the medical bank during their induction to the trust
- human resource manager engagement with consultants, asking them to use their contacts to enrol trainees in the region in the medical bank
- ensuring that the medical bank is used as the first and preferably only option for temporary staffing.

The fill rate of temporary medical staffing shifts from the medical bank has increased from 20% to 30% five years ago to the current rate of 70% to 80%.

Staff engagement

Staff feedback in 2017 at LTH demonstrated that most staff (70%) were likely or extremely likely to recommend working at the trust. In 2014/15 staff satisfaction at the trust was low with only 57% recommending it as a place to work. This change occurred with the arrival of a new executive team that prioritised staff engagement through several initiatives:

- embedding use of an online crowdsourcing platform in the culture of the organisation; this staff forum enables staff to share ideas and comments anonymously

- the [partnership with Virginia Mason Institute](#), through which the trust are implementing a lean culture of continuous improvement – ‘The Leeds Improvement Method’. This partnership focuses both on building the capacity and capability to lead improvement work and on developing the leadership culture required to support success

The medical director and human resources team have identified and engaged with those departments that are most reliant on medical agency staff, both in terms of overall spend and length of service of individual agency doctors. This has been done to:

- raise awareness in directorates and specialties of their spend on medical agency staff
- terminate contracts of expensive long-term agency staff and instead offer a substantive contract at LTH and other benefits such as support through article 14 to gain Completion of Eligibility for Specialist Registration (CESR).

Formation of network with other trusts

The human resources senior managers have formed a network with all of the 6 acute trusts across West Yorkshire – the West Yorkshire Association of Acute Trusts (WYAAT) (see also Harrogate and District NHS Foundation Trust). The benefits for trusts across the region are:

- awareness of individual doctors who are charging high fees for agency work
- collective agreement to abide by NHS Improvement’s capped rates
- potential for developing a collaborative bank in the network
- improving relationships, increasing confidence and reducing mistrust between organisations in the network.

For further information

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University Hospital Southampton NHS Foundation Trust

University Hospital Southampton NHS Foundation Trust (UHS) provides local services to approximately 1.9 million people living in Southampton and south Hampshire, and specialist services to more than 3.7 million in central southern England and the Channel Islands.

The 10,500 staff who work at the trust support its values of putting patients first, working together and always improving. Feedback from the staff Friends and Family Test demonstrated that most (77%) staff were likely or extremely likely to recommend working at the trust.

Improving junior doctor engagement and morale

UHS has developed a workforce strategy to improve junior doctor morale and engagement. This includes the following innovations:

- building 'supporting professional activity' time into junior doctor work schedules
- setting up and running a junior doctor forum
- setting up and running junior doctor monthly awards.

In addition, the director of education and workforce in conjunction with the director of medical education, the divisional clinical directors and human resources now collaborate in the management of education and workforce. This has reduced potential conflicts of interest when it comes to workforce planning.

The senior management team recognises the importance of maintaining relatively high levels of medical staffing, to reduce the intensity of work and workload, to enable training and supervision, and to support good patient care. One example of this in practice is the active recruitment of doctors to the medical bank from current and previous cohorts of junior doctors.

Flexible working to suit the employee

UHS now offers truly flexible working options working 9 am to 4 pm and time off in school holidays – to enable and encourage doctors currently not working due to the inflexibility of traditional substantive contracts to return to work. These options have enabled doctors living locally to be recruited through word of mouth. Offering this flexibility has been particularly effective in recruiting to areas that operate a shift system, eg the emergency department.

Fellows programme

UHS has developed parallel (non-Health Education England) training programmes to train junior doctors:

- Completion of Eligibility for Specialist Registration (CESR) route (article 14) established in ophthalmology at Southampton
- fellows programme for other specialties/programmes:
 - paediatrics
 - surgery
 - foundation years 1 and 2
 - plans to expand into other specialties (dermatology and infectious diseases).

For further information

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Harrogate and District NHS Foundation Trust

Harrogate and District NHS Foundation Trust (HDFT) provides acute care for the population in and around Harrogate as well as in north Leeds. In addition it provides children's (0 to 19 years) services in North Yorkshire, Durham, Darlington and Middlesbrough, and has won the contract to supply these in Stockton and Gateshead from next year.

HDFT is one of only two trusts in Yorkshire and Humber to be awarded the *Health Service Journal's* Top 100 Best Places to Work. The trust is an accredited Investors in People (Bronze) employer.

Medical agency spend at HDFT fell by 43% between April and September 2017.

Workforce efficiency group

To respond to rising temporary workforce costs HDFT established a bi-weekly meeting of key executive directors and leads from across the trust. This group is chaired by the deputy chief executive and finance director, and routinely attended by the medical director.

The workforce efficiency group has assisted with significant transformational changes at HDFT and focused effort on reducing reliance on medical agency spend. It routinely reviews the trust's position regarding medical bank and agency use and tackles any problems.

West Yorkshire Association of Acute Trusts – collaborative medical staff bank

HDFT led the planning for a collaborative medical staff bank across all six acute trusts in West Yorkshire and Harrogate – the West Yorkshire Association of Acute Trusts (WYAAT). This project to look at systems, processes and collective bank rates of pay is sponsored by the medical director at Bradford Teaching Hospitals NHS Foundation Trust. Potentially significant savings have been identified from

standardising agreed rates of pay and developing first individual internal medical banks and then a collaborative bank across all six trusts.

Certificate of Eligibility for Specialist Registration (CESR) programmes

The trust's CESR programme for emergency medicine doctors has transformed its ability to recruit to these posts and substantially reduced reliance on medical agency staff. A CESR scheme is being planned for acute paediatrics.

Advanced clinical practitioners (ACPs)

HDFT has introduced ACPs into its emergency medicine department and other areas. Through a two-year training programme these ACPs have achieved an MSc in advanced practice and been appointed on Agenda for Change band 8A terms and conditions of service. ACPs are now working at the level of foundation doctors in emergency medicine.

Medical training initiative (MTI)

HDFT has collaborated with several royal colleges to appoint overseas doctors to MTI roles in cardiology, anaesthesia and other specialties. These doctors have significant clinical experience in their respective specialty areas and their appointment has benefited both the delivery of high quality patient care and the filling of previously hard-to-fill roles such as middle grades in acute medicine and emergency medicine that were often covered by temporary staff.

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Chelsea and Westminster Hospital NHS Foundation Trust

Chelsea and Westminster Hospital NHS Foundation Trust (C&W) has two hospital sites: Chelsea and Westminster and West Middlesex University Hospital. Around 6,000 staff care for over a million people locally, nationally and internationally, providing specialist and general services.

Relaunching and rebranding temporary staffing bank for junior doctors

The medical bank at C&W was underutilised and had low levels of recruitment. To reinvigorate and promote C&W's medical bank it was rebranded – 'FlexiStaff' – and relaunched, first at West Middlesex University Hospital and then six months later at Chelsea and Westminster Hospital. As part of this rebranding, medical bank rates were increased but kept below historical agency costs.

The capacity of FlexiStaff has been increased with several initiatives:

- engaging with doctors in the trust to encourage them to join FlexiStaff
- advertising for and recruiting external locums (200+ recruited)
- engaging consultants in difficult-to-recruit specialties to recruit staff (eg previous trainees)
- maximising convenience of the recruitment process for those enrolling (eg arranged at a time to suit the clinician)
- paying a £250 bonus for referring a colleague (paid once they have worked 250 hours)
- accruing credit for training courses from every bank shift worked.

Medical bank practice and process were also improved as part of the relaunch by:

- identifying vacancies early (95% of shifts needing cover were known about days to weeks in advance), enabling earlier planning to cover shifts
- promoting and embedding a change in culture to make FlexiStaff the first source of temporary staff, eg by regularly communicating with consultants to tell them that FlexiStaff is filling vacancies where possible
- fixing the cut-off time for referral to an agency if necessary at three days for most shifts (10 days in hard-to-fill specialties), introducing a digital platform for booking shifts (mobile app for locums and a cloud-based portal for the staff bank) – see below.

Introduction of a digital platform app

The app enables clinicians registered with FlexiStaff to book and cancel shifts at their convenience, and human resources staff to manage the temporary workforce more easily. It has several important features:

- calendar view of vacant shifts across the trust
- shifts can be signed for and verified on the app (electronic time sheets)
- connects automatically to payroll
- medical director contacted via app for approval if escalated rates are required
- use as a digital passport, can upload certificates/forms via the app.

Improvements attributed to the combination of FlexiStaff and the app are:

- average bank-to-agency booking ratio has improved from 33%:67% to 70%:30%, with bank fill rates exceeding 90% in some departments
- over 84% of shifts booked more than four weeks in advance, up from 10% historically
- shifts often covered by the same temporary staff who get to know the trust's systems, processes and procedures
- streamlined administration: recruitment, booking, signing and payment
- reduction in late cancellations and unwarranted escalation in rates.

For further information

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East Cheshire NHS Trust

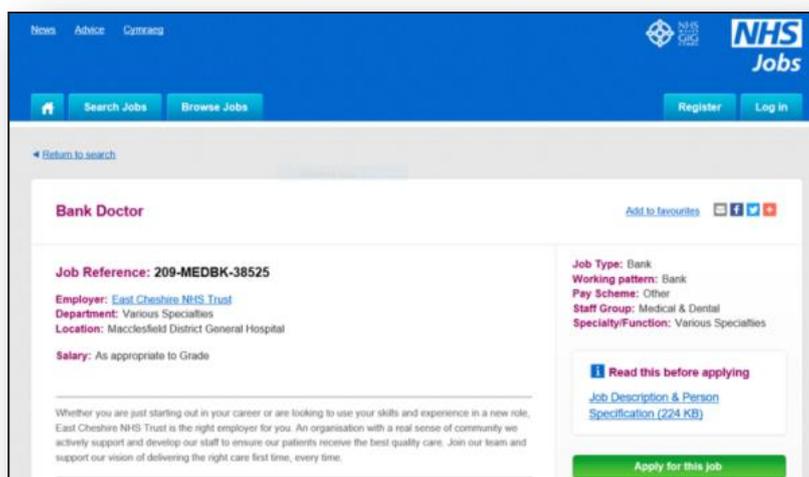
East Cheshire NHS Trust is a community and acute trust with over 2,500 staff working across the community setting and three hospital sites: Macclesfield District General Hospital, Congleton War Memorial Hospital and Knutsford Community Hospital. The trust's mission is to provide high quality, integrated services delivered by highly motivated staff.

Led by the deputy medical director, the trust has developed an innovative and forward-thinking approach to its medical temporary staffing challenge. Most of the strategies mentioned at the beginning of this document have been pioneered or adopted by the trust. It continues to innovate in this area as demonstrated by the simple but effective approach described below.

Recruiting to bank via NHS Jobs

East Cheshire has successfully recruited over 60 junior doctors to its medical bank by advertising on NHS Jobs. This has had several benefits:

- recruitment of permanent medical bank staff who work flexibly
- recruitment of staff who hold substantive jobs at neighbouring trusts
- enhanced, secure governance arrangements for the bank workforce.



For further information

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North Tees and Hartlepool Hospitals NHS Foundation Trust

North Tees and Hartlepool Hospitals NHS Foundation Trust (NTH) provides integrated hospital and community services to around 400,000 people living in and around East Durham, Hartlepool and Stockton on Tees.

At the heart of NTH's strategy to reduce reliance on agency staff is valuing staff, both permanent members and those in training who will potentially be future staff.

Valuing our staff

The trust shows its valuation of staff with:

- a reward and recognition structure to thank staff who go that extra mile
- Shining Stars awards that the trust board uses to recognise and reward staff for their achievements and commitment to patients, colleagues and the trust
- opportunities for staff to develop the skills they need to meet the trust's and their department's requirements and to achieve their development goals.

Trainee feedback indicates the trust treats its staff well. The General Medical Council survey of trainees shows consistent improvement in trainee overall satisfaction over the last five years (from 78.6% to 83.1%), rating NTH as the best trust in the country for core surgical training (2016). Rota gaps at NTH are filled by volunteers from among the substantive staff, including those at consultant level. The medical director considers this reflects the willingness of staff to go out of their way for the trust because they feel valued by the trust.

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Royal Devon and Exeter NHS Foundation Trust

The Royal Devon and Exeter NHS Foundation Trust (RDE) employs around 8,000 staff, serving a population of over 460,000 people.

Cultural shift in medical agency staff usage

The head of workforce planning and development has over the past two years enabled a cultural shift in medical agency staff usage. They have done this by changing how they manage medical workforce shortages and rota gaps with:

- devolution of agency spend to clinical divisions
- engagement of medical staff to take ownership of agency spend, and to explain agency rates and associated challenges.

Service managers now aim not to use agency staff and medical staff expect not to use agency staff. Internal cover is predominantly provided by substantive staff.

Creating new roles to support clinical staff

Several new roles have been created at the trust, including advanced nurse practitioners and clinical secretaries. Clinical secretaries, employed at band 3 level in medical and surgical wards, reduce the administrative burden on junior doctors, as well as improving timely discharges. The job description for this role includes:

- provide a comprehensive secretarial and administrative service to the junior medical workforce to support the work of the clinical area
- facilitate the smooth flow of patients through the department by implementing administrative systems to expedite discharge processes

For further information

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University College London Hospitals NHS Foundation Trust

University College London Hospitals NHS Foundation Trust (UCLH) employs over 8,000 staff to provide acute and specialist services in five hospitals in central London to over a million patients a year.

Building and utilising a medical bank

The medical bank at UCLH was outsourced to a bank provider in 2010. Since then both its size and usage have grown substantially, and UCLH now covers 88% of its temporary staffing requirements using the medical bank.

The medical bank was outsourced to ensure that this service was overseen by a team with the specialist temporary staffing capability, market knowledge and the technological expertise to improve supply at reduced cost. The bank provider provides a lead co-ordinator for all the specialties available at UCLH and 24-hour phone support. It and the workforce team at UCLH meet regularly to discuss the trust's ongoing requirements.

The bank provider recruits doctors to the medical bank. Doctors who already work at UCLH on a permanent or rotational basis can join through a 'fast-track' procedure that speeds their induction, allowing swift deployment into clinical and research settings. Weekly payment of locums is a further incentive for doctors to join the medical bank.

As of May 2017, 489 doctors were actively working for the bank, NHS Improvement's capped rates were not breached in most months in 2017 and savings in the last two years were £1.8 million.

Negotiating with agencies

The size and high usage of the medical bank strengthens UCLH's negotiating position with agencies. All agencies know that UCLH only pays set rates and that payment of temporary staff has to be handled by the outsourced bank provider; agencies are not paid if they accept a booking outside the standard operating procedure. UCLH staff are also fully aware that all temporary staffing requests must go through the outsourced bank provider.

Reallocation of staff internally

Approximately 10% to 15% of temporary shifts at UCLH are covered internally by the reallocation of staff across the trust. Senior clinicians and managers at UCLH are aware of the requirement to flexibly deploy staff, as reflected in some of the rotas at the trust.

Future plans

UCLH intends to work with partner organisations across its sustainability and transformation partnership (STP), to provide the best temporary staffing solutions across the STP. A scheme that allows bank staff to work safely and accountably across the STP but which significantly lessens the HR process is about to be trialled – clinicians working in the STP are issued with a 'licence to attend'.

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