Dear Colleague

NATIONAL GOVERNANCE AND STANDARDS FOR SUPPLEMENTARY MEDICAL STAFF

Purpose
1. This guidance sets out National Standards that will be adopted to facilitate national bank arrangements for medical staff and describes progress towards delivery of a national IT solutions for Staff Bank which will provide the future platform for the provision of supplementary staffing within NHS Boards. In advance of the national IT arrangements the Standards provide a mechanism to allow sharing of medical bank staff between NHS Boards.

Background
2. The National Standards were developed by the Supplementary Medical Staff Banks Implementation Group which was established in June 2011. These National Standards were developed to enable NHS Boards to work co-operatively to deliver local supplementary medical staffing solutions, facilitated by access to a single database of available bank workers. The IT solution is not yet available and in the interim NHS Boards may wish to develop working practices to share bank staff. Collectively bank workers engaging in placements across NHS Board boundaries will be known as **NHS Scotland Staff Bank**.

3. The Supplementary Medical Staff Banks Implementation Group will establish a National Governance Group for Supplementary Staffing during 2013 (as outlined in CEL 2011 (04)).

4. The National Standards provide a common understanding and agreement of minimum standards, processes and practices for all NHS Boards engaging with the NHS Scotland Staff Bank, the locally delivered national supplementary medical staffing solution.

5. The extant PIN policy on safer pre- and post-employment checks provides the overarching policy with which these Standards are aligned. The revised PIN policy on pre and post employment checks being developed will further define the transferability of information and will include these National Standards.

Summary
6. The National Standards for Supplementary Medical Staffing:
   - Outline the organisational framework by which all NHS Boards will, in future, engage with the national database providing supplementary staffing solutions for NHS Scotland.
   - Set out the responsibilities of NHS Boards in the recruiting and the

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1 CEL 04 (2011) can be found at the following link: [http://www.sehd.scot.nhs.uk/mels/CEL2011_04.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2011_04.pdf)
placement of supplementary medical staff.

- Confirm the minimum standards that must be adhered to by all NHS Boards to ensure that all doctors engaged on an ‘as and when required’ contract for services with the NHS in Scotland are appropriately vetted in respect of pre-employment and occupational health checks.
- Set out the arrangements that provide assurance to NHS Boards that:
  - a bank worker’s levels of competency/experience are professionally assessed and appropriate usage criteria are applied to ensure that bank workers are matched to work placements within their skill set
  - will ensure medical bank workers are managed within appropriate clinical governance frameworks.

7. The National Governance Group for Supplementary Staffing will provide a national forum for strategy development and monitoring the use of supplementary staffing.

8. The concurrent work to develop a national Staff Bank IT solution will enable NHS Boards to perform their operational processes whilst assuring the staff governance around the national NHS Scotland Staff Bank.

Action

9. NHS Scotland Board Chief Executives and Human Resource Directors are asked to ensure that the National Standards outlined in this CEL are implemented within all NHS Boards.

Yours sincerely

Deputy Director
Health Workforce and Performance Management
INTRODUCTION
National Standards for Supplementary Medical Staff have been developed to enable NHS Boards to work co-operatively to deliver local supplementary staffing solutions, facilitated by access to a single database of available bank workers. Collectively the bank workers will be known as NHS Scotland Staff Bank.

The National Standards provide a common understanding and agreement of minimum standards, processes and practices for all NHS Boards engaging with the NHS Scotland Staff Bank, the locally delivered national supplementary staffing solution.

OBJECTIVES OF NHS SCOTLAND MEDICAL STAFF BANK
To provide a high quality, flexible, transferable, affordable workforce of appropriately qualified, experienced and competent staff on an ‘as and when required’ basis to support clinical service delivery across NHS Scotland in all specialities.

To provide bank workers with a single recruitment procedure that enables access to work opportunities in one or more NHS Boards across NHS Scotland.

PURPOSE
The purpose of the National Standards for Supplementary Medical Staffing is to:

- Outline the organisational framework by which all NHS Boards will engage with the national database providing supplementary staffing solutions for NHS Scotland
- Set out the responsibilities of NHS Boards in the recruiting and the placement of supplementary medical staff
- Confirm the minimum standards that must be adhered to by all NHS Boards to ensure that all doctors and other staff engaged on an ‘as and when required’ contract for services with the NHS in Scotland are appropriately vetted in respect of pre-employment and occupational health checks
- set out the arrangements that provide assurance to Boards that:
  - a bank worker’s levels of competency/experience are professionally assessed and appropriate usage criteria applied to ensure that bank workers are matched to work placements within their skill set
  - bank workers are managed within appropriate clinical governance frameworks

GOVERNANCE ARRANGEMENTS
The National Supplementary Staffing Governance Group as set out in CEL (04) 2011\(^2\) will have responsibility for strategy development and monitoring the use of

\(^2\) CEL 04 (2011) can be found at the following link:
The National Supplementary Staffing Governance Group or its subgroups will be responsible for:

- Reviewing the National Standards and appendices on an annual basis, or more frequently, in the event of legislative or other operational changes and agreeing the applicable minimum standards that all consortium participants must adhere to
- Generating and approving a bank specific standardised proforma to be used in recruitment processes (all other recruitment documentation will be subject to the national documentation as per PIN policy for safer pre and post employment)
- Agreeing datasets to be used by the national staff bank IT solution
- Agreeing operational procedures that are required to be consistent across NHS Boards
- Determining national marketing and recruitment campaigns
- Agreeing the criteria for and instigating the regular monitoring and review of the national supplementary medical staffing database to maintain an active workforce
- Agreeing and leading on the co-ordination of any marketing and recruitment campaign for all NHS Boards signed up to the national system
- Monitoring the efficacy of the cross-charge arrangements
- Conducting investigations into alleged non compliance with the terms of the Chief Executive Letter on National Standards and referring findings to the National Supplementary Staffing Governance Group.
- Contributing expertise to the Commodity Advisory Panel (CAP) taking forward agency contracting processes on behalf of NHS Scotland
- Ensuring consistency in the application of national pay rates and WTR annual leave entitlement
- Identifying areas for targeted work to reduce reliance on agency staffing provision
- Auditing compliance with PIN policy for safer pre and post employment checks
- Providing a forum to address cross-boundary governance concerns and issues

Medical Banks Operational Network

A Medical Staff Banks Operational Network with representation from all of the NHS Boards’ medical staff banks will be established to address operational issues.

STANDARDS

The recruitment standards that must be adhered to by NHS Boards are detailed in the NHS Scotland PIN policy on safer pre and post employment checks.

At the point of engagement onto the Staff bank by the recruiting NHS Board, it is accepted that all pre employment recruitment checks including PVG and Occupational Health clearance have been carried out by the Recruiting NHS Board to the standards within the PIN policy document and are transferable across NHS Boards.

NHS Boards will establish local procedures to review/confirm the recruitment standards and/or induction standards of potential workers before confirming placement usage.
Appendix 1 sets out the induction standards that must be adhered to by NHS Boards.

Appendix 2 details the business processes and sets out the manual and electronic processes.

ADMINISTRATIVE FUNCTIONS
The administrative functions carried out by NHS Boards will be dependent upon whether the Board is acting as a recruiting Board or a placement Board. The respective responsibilities are set out in the business processes as detailed in Appendix 2.

NHS Boards will be required to identify the local resource to co-ordinate local access to and maintenance of the national IT system (as set out in CEL 04 (2011))

A series of automated processes/administrative processes will be carried out on behalf of the NHS Scotland Staff Bank. These are set out in the business processes as detailed in Appendix 2.

OPERATIONAL RESPONSIBILITIES OF NHS BOARDS
Recruitment
NHS Boards must satisfy the standards for recruitment detailed in NHSScotland safer pre and post employment checks PIN policy in respect of all staff seeking to work supplementary hours in one or more NHS Board via a bank arrangement. This includes the requirement of notification of any alerts arising from PVG or other checks to be transferred across other NHS Boards.

For those applicants with extant NHS Scotland contracts the existing credentials/pre-employment checks may be confirmed and uploaded to the database, subject to compliance with the standards. The recruitment and pre employment checks for staff solely engaged for bank work may be carried out by any NHS Board, referred to as the Recruiting Board, and most likely by the NHS Board area in which they reside.

The recruitment process will meet the requirements for pre-employment checks of all NHS staff. All checks will be transferrable between NHS Boards. Where risk assessment is required, this will be alerted on the notification of staff seeking usage in additional non recruiting placement NHS Board locations.

The Recruiting Board will issue Bank Agreement. There will be no obligation for any NHS Board to offer any shifts, nor will there be any obligation on the worker to accept any offer of a shift and this contract for services is separate to any concurrent substantive or training contract within an NHS Board. The Bank Agreement may be supplemented by additional honorary contracts for services to facilitate cross NHS Board working arrangements, subject to placement Boards confirming any notification of staff seeking usage in additional locations. If an individual is working in

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3 CEL 04 (2011) can be found at the following link: [http://www.sehd.scot.nhs.uk/mels/CEL2011_04.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2011_04.pdf)

4 Examples of contracts can be found at the following link: [http://www.scottishmedicalbanksnetwork.scot.nhs.uk/](http://www.scottishmedicalbanksnetwork.scot.nhs.uk/)
more than one NHS Board then an honorary contract for each NHS Board will be required.

Demand Management
All NHS Boards are required to:

- Agree and maintain their local structures and management processes for managing demand, making bookings, confirming attendance and managing customer relationships and local communications
- Ensure local policies and procedures are in place to authorise the use of supplementary staffing
- Provide an up to date job description/job plan or other appropriate information about the duties of the locum post
- Ensure that the escalation process outlined in CEL 04 (2011) is used as a basis for addressing supplementary staff issues
- Provide local induction and access to relevant clinical IT systems
- Complete a formative review process at the end of each assignment for each bank worker engaged through the national supplementary staffing system
- Ensure prompt confirmation of attendance/approval of payroll changes for all work carried out to allow payment to be processed on nationally agreed rates and weekly payment timescales (breakdown of pay rates is provided in Appendix 3).

Governance
All NHS Boards are required to:

- Ensure adequate and appropriate supervision during each shift, provide feedback on performance and manage any clinical governance issues/risks arising during a placement
- Manage any local disciplinary/performance issues arising during any placement and to deliver a corporate responsibility on behalf of the operational consortium by amending the usage criteria/active status with the NHS Scotland Staff Bank as appropriate to the situation, making any referrals to the regulatory body, advising the recruiting Board and any concurrent employer of the situation/outcome.
- Ensure compliance with the Working Time Regulations and in the case of locums in the training grades, the New Deal contract.
- Ensure that the national pay circulars are adhered to. Operationally remuneration for all bank work, worked in the recruiting Board area or any other placement Board area, will be paid via NHS Scotland’s payroll system to a single pay number allocated to the bank worker separate to any substantive employment
- Recognise obligations to comply with the requirements of all current legislation and guidance in relation to, for example: Data Protection, Caldicott guidelines, Health and Safety and clinical governance
- Utilise the reporting capacity within the national IT solution to provide management information for their own use
- Provide finance input to ensure that the cross-charging of all actual costs takes place and the Recruiting Board is not burdened

For appointments anticipated to last longer than three months, the medical staff bank is not appropriate and fixed term contracts of employment (LAT/LAS) should continue to be used.
Recruiting Boards are required to:

- Ensure that professional registration (GMC and / or GDC) is monitored, updated and action taken around non compliance with registration requirements
- Provide adequate support and resource to ensure that supplementary medical staff working solely as a locum is able to meet the requirements of revalidation and if a doctor is in difficulty refer to appropriate sources of assistance
- Undertake the Responsible Officer function for the supplementary medical staff recruited by the Board or negotiate transfer of responsibility to a specific placement Board that is currently employing a locum working solely on the bank

Placement Boards are required to:

- Ensure that locum doctors employed for two months or more in a 12 month period should be given the opportunity to undergo an appraisal immediately prior to leaving or immediately after leaving the post. That appraisal should include a discussion of all complaints, critical incidents/adverse events and an audit of the clinical practice with outcomes measures. The output of that appraisal should be forwarded to the locum’s designated Responsible Officer.
- Ensure that as outlined in CEL 2011 (04), the supervising doctor completes a Performance Review Form at the end of each locum booking.
- Investigate and act on any feedback from supplementary medical staff in relation to allegations of inappropriate or unsupported placements
- Accept vicarious liability for the actions of any bank worker engaged on a work placement within the NHS Board
- Accept end user indemnity for any legal challenge arising from the placement.

Communication Support

A list of the medical staffing contacts in each of the NHS Boards are available at the following link:
http://www.scottishmedicalbanksnetwork.scot.nhs.uk/

Further supporting communication and support for NHS Boards and doctors who would like to undertake NHS bank work is currently being developed and will be made available on this site in due course.

CEL 31 (2013) can be found at the following link:
Appendix 1

Induction Programme

The induction requirements are split into three categories.

NHS Boards may wish to exceed the standards below but these minimum standards must be established for all bank workers being recruited or placed within NHS Boards across Scotland.

Core NHS Scotland/Recruitment Board Induction

The Recruiting Board\(^6\) must ensure that the minimum standard of core induction is provided to all bank workers. This may have been provided during induction to a concurrent substantive post and in which case would not have to be repeated.

External candidates (i.e. those without a concurrent substantive position in the same job family within NHS Scotland) will be required to attend and complete core induction before their NHS Scotland Staff bank database entry is activated.

Any costs in terms of additional hours of work by the locum relating to the delivery of this type of arrangement will be paid by the Recruitment Board.

Placement Board Corporate and Clinical Induction

There may be additional induction specifically required by any Placement Board in which the bank worker intends to accept offers of work.

Placement Boards will be required to determine how they wish to deliver this induction and may opt to deliver the Board Corporate and Clinical induction in a face to face/e-learning arrangement/handbook/CD/DVD.

Any costs in terms of additional hours of work by the locum relating to the delivery of this type of arrangement will be paid. This will be via a direct charge to the Placement Board requiring completion of the induction. Some elements of the NHS Board Corporate and Clinical induction may be discipline specific.

Board Corporate and Clinical induction packs will include copies of any mandatory policies that clinical staff must acquaint themselves with (e.g., major haemorrhage policy), local formularies and will include instruction on how to obtain access to clinical IT systems.

Local Induction/Orientation

Prior to every new placement the bank worker must be locally inducted to the department/site. Ideally this will be provided in a face to face arrangement but alternately a local induction booklet can be made available, where appropriate.

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\(^6\) Recruiting Board - The NHS Board carrying out the recruitment processes for an applicant to the Staff Bank. Applicants will have the opportunity to register an interest in working in NHS Boards other than the Recruiting Board, these will be referred to as the placement board.
<table>
<thead>
<tr>
<th>Subject Matter</th>
<th>Core NHS Scotland/Recruitment Board Induction</th>
<th>Placement Board Induction</th>
<th>Departmental Induction</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Policy and Legislation</td>
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<tr>
<td>Infection Prevention and Control</td>
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<td>Child Protection Induction Module</td>
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<td>Occupational Health Services</td>
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<td>Data Protection/Freedom of Information Act</td>
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<td>Lifelong Learning/Personal Development &amp; Appraisal</td>
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<td>Manual Handling regulations</td>
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<td>Manual Handling Practical Assessment</td>
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<td>Mandatory Induction Standards</td>
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<td>Human Resources/Employee Relations</td>
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<td>Where to find policies</td>
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<td>Statutory Maternity/Paternity leave</td>
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<td>Statutory Annual Leave</td>
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<td>Study Leave Arrangements</td>
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<td>Whistle-blowing</td>
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<td>Promoting Attendance at Work</td>
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<td>Sickness Absence – reporting arrangements</td>
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<td>Fire Awareness Lecture</td>
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<td>Fire alarm / Meeting Point / Exits / Extinguishers &amp; Equipment</td>
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<td>Policy on Ionising Radiation</td>
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<td>Provision of ID badge</td>
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<td>Information on access to restricted areas/obtaining temporary ID badge</td>
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information systems
Social Media policy  P
NHSmail email account (provided by Recruiting Board)  P
Clinical Information System training, log in details  P
Clinical Information System access to appropriate areas  P
How to use a bleep  P

Clinical subjects

Basic/Advanced Life Support Practical (as applicable to staff group)  P
Board Policies  P
Medicines Formulary  P
Data protection and good record keeping  P
Support networks available / Clinical Supervision  P
Names and Introduction of key colleagues  P
Local Orientation  P
Appendix 2

Business Processes

NSBEG Medical Staff Bank

Recruiting Board employs Doctor on a shift

**Doctor**

- Board identifies demand
- Access Staff Bank for suitable candidates
- HS advised of suitable candidates
- Contact Doctor
- Request and issue contract
- HS confirms shift worked and records feedback

**Health Board**

- Send alternative arrangements

**National Staff Bank System**

- National Medical Staff Bank Data Share
- Doctor agrees to work in Board A?
- Health Board advised no suitable candidates
- Health Board advised no suitable candidates
- Standard contract produced
- Database updated

**Financial system**

- Payroll advised and payment made
- Fin夢 updated and record costing entries

**Legend**

- Stored data
- Predefined Process
- Manual Operation
- Decision
- Process
Definitions

Locum

A doctor in locums tenens is one standing in for an absent doctor, or temporarily covering a vacancy, in an established post or position.

Medical Staff – Training Grades

Within medical staffing there is specific terminology used to describe locums covering Training Grades.

Ad hoc requirements can be covered from trainees within their current employing authority as long as they are not working within the hours they are already contracted for and the hours do not cause their average weekly hours to exceed the limits set out in the controls on hours in the Hospital Medical and Dental Staff and Doctors and Dentists in Public Health Medicine and the Community Health Service (Scotland) Terms and Conditions of Service (paragraph 20) (except in circumstances where they are acting up as a consultant). They must have the necessary experience to work within the specialties relevant to their grade. Ad hoc work would be appropriately covered by a doctor working for the bank.

Locum Appointment for Training (LAT)

Vacancies or gaps in training programmes (including FTSTAs) can be filled by locums where there is a service/workforce requirement to do so. LATs must be competitively appointed using the national person specification. A Deanery nominated representative from the specialty must sit on the appointment panel. LATs must have a named educational supervisor, will have access to similar opportunities and assessments to the others in the training programme and will have a structured report summarising their assessments and achievements at the end of the placement. Subject to regulations LATs can count towards the award of a CCT.

Appointment of a LAT would be on a fixed term contract and not via a Bank Agreement.

Locum Appointment for Service (LAS)

Vacancies or gaps in training programmes (including FTSTAs) being filled to meet a service/workforce requirement but not offering the benefits of contributing to CCT award can be filled by locums appointed by the service (subject to discussion with the Deanery to determine responsibilities in relation to both filling the gap and the duration of gap) using their own person specification.

Boards will determine locally whether to use a fixed term contract or bank arrangement to provide LASs.

Locums covering Career Grade Slots (non- Consultants)

A Career Grade Locum is a qualified doctor with at least four years’ full-time postgraduate training (or equivalent gained on a part-time or flexible basis), full
registration with the GMC and shall have equivalent experience and competencies who is brought in to cover for any shortages in a rota through vacancies, sick leave or maternity leave for example.

**Recruiting Board**
The NHS Board carrying out the recruitment processes for an applicant to the Staff Bank. Applicants will have the opportunity to register an interest in working in NHS Boards other than the Recruiting Board, these will be referred to as the placement board.

**Placement Board**
The NHS Board in which the bank worker puts themself forward to be available for, and accepts, work placement. This may be the same Board as the Recruiting Board, and may be a number of Boards across NHSScotland.