Developing collaborative and medical staff banks
Thursday 7 December 2017

WIFI: Park Plaza Riverbank

#NHSlstaffbank
Welcome and opening remarks

Caroline Corrigan
National Director of People Strategy, NHS Improvement
How are we doing on the staff bank strategy?

Dominic Raymont
Deputy Director of Agency Intelligence, NHS Improvement
The national picture

We want to permanently change the temporary staffing landscape

In July 2017 we surveyed providers on the existing use of staff banks. From the data you gave us we now know that:

- Almost all trusts have a bank (98%).
- Of those trusts that have a bank, 99% have cover nursing staff but only 77% cover medical
- According to the data submitted in July, medical banks are on average less effective than for other staff groups
  - On average, less than 1 in 4 temporary staffing shifts go to a bank medical worker rather than agency
Trusts are already planning a range of innovations to improve their banks

Over half of trusts (53%) either are in a collaborative bank (31%) or planning to introduce one (22%).

In July 30 out of 44 STPs had a collaborative bank in place or under development within them.

As well as collaborative approaches to managing temporary staffing a number of trusts are exploring improvements such as:

- How they can reduce time to hire for bank workers
- Introducing self booking portals for bank workers
- Exploring pay rates for bank workers
# NHSI’s Bank Strategy

Following the results of the national stocktake, there are three pillars to NHSI’s strategy to increase the uptake and effectiveness of staff banks:

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<tr>
<th>Strategy</th>
<th>Approach</th>
<th>Timeframes</th>
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<tbody>
<tr>
<td><strong>1. Improve effectiveness of existing banks</strong></td>
<td>a) <strong>Share best practice</strong>: publish case studies and best practice toolkit and launch model hospital temporary staff benchmarking data</td>
<td>- Model hospital temporary staffing portal <strong>Q3 2017</strong></td>
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<td></td>
<td>b) <strong>Technology</strong>, working with DH and NHSI to ensure that trusts are adopting the technology needed, including e-rostering</td>
<td>- Best practice bank toolkit to be launched <strong>December 2017</strong></td>
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<td>c) <strong>National comms campaign</strong> to help trusts sell the benefits of working for the NHS via bank rather than an agency</td>
<td>- National comms campaign launched <strong>Q3 2017</strong></td>
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<td>- Bank strategy launch event in <strong>Autumn 2017</strong> to share best practice</td>
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<td><strong>2. Extend the reach and scope of banks</strong></td>
<td>a) Identify those <strong>trusts without a bank</strong> and whether they are justified in not having one</td>
<td>- By <strong>December 2017</strong> increase proportion of medical temporary shifts filled by bank</td>
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<td>b) Focus on those trusts without a medical bank, particularly to accelerate adoption in the North and Midlands and East</td>
<td>- By <strong>December 2017</strong>, we aim to have 90% of trusts with a medical bank in place or under development</td>
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<td>c) Support trusts to <strong>accelerate existing plans</strong> to extend the scope of their staff banks</td>
<td>- By <strong>December 2017</strong>, we aim to have a collaborative bank in development/delivery in every STP footprint</td>
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<td><strong>3. Promote collaborative approaches to reducing agency spend</strong></td>
<td>a) Work with those trusts or STPs not involved in a regional collaboration to scope whether one could be of benefit and how it could be introduced</td>
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<td>b) <strong>Accelerate existing plans</strong> for collaborative banks at trust and STP level</td>
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<td></td>
<td>c) Work closely with <strong>pilot sites</strong> to share learning</td>
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Progress you’ve made since July

• This year bank spend has outstripped agency spend for the first time since the introduction of the rules

• 26 additional trusts with a medical bank – now 94% trusts who are eligible to have a medical bank have introduced/are introducing one

• 82% (38 out of 44 STPs) now have a collaborative bank in development or delivery – that’s an increase of 6 STPs

• Numerous programmes across all four regions to get a range of collaborative banks up and running

Keep the momentum going!
And we are expanding our offer to help

We listened to what you told us in the survey about what help you needed to maximise your banks and have expanded our offer of support:

- **Sharing best practice**
  - Bank toolkit
  - Case studies
  - Events and webinars

- **Data**
  - New bank collection
  - Model hospital

- **Targeted support**
  - Medical banks
  - Collaborative banks
Our toolkit focuses on five steps to maximising your staff bank

1. **Governance**: Ensuring temporary staff are only used when necessary

2. **An integrated approach**: Ensuring the technology is in place to enable an streamlined end-to-end process from rostering to booking across permanent and temporary staff

3. **Flexible staff offer**: Ensuring the bank works around its staff and provides an attractive offer for flexible working

4. **Recruitment**: ensuring an active recruitment strategy onto the bank

5. **Engagement**: ensuring buy in from staff across departments and disciplines
Weekly bank usage collection

In July we collected data on trusts bank usage. 80% of trusts were able to report the number of bank shifts used during the last financial year.

When we started collecting bank data in the weekly agency collection the total number of shifts reported was roughly a quarter of what we were anticipating based on the July collection.

Some of the difference will be because last years data was retrospectively put into shifts for the purpose of the report (rather than being recorded in shifts at the time).

We think there is also an element of misreporting and under-reporting.

Using the total demand and the total number of bank and agency shifts we worked out average fill rates for bank and agency last month.

We picked eight trusts at random and compared the data they submitted against the average.

Despite the small sample it is clear there are some issues with the quality of data being reported.
The temporary staffing – the journey so far

Jim Mackey
Chief Executive, Northumbria Healthcare NHS Foundation Trust
National agency spend (£m per month)

Monthly agency expenditure and trajectory towards £2.5bn 17/18 target

<table>
<thead>
<tr>
<th>Month</th>
<th>2016/17</th>
<th>2017/18</th>
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<tr>
<td>Apr-16</td>
<td>269</td>
<td>182</td>
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<tr>
<td>May-16</td>
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<td>Mar-17</td>
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<td>Apr-17</td>
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<td>May-17</td>
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<td>Jun-17</td>
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<td>Mar-18</td>
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Agency Expenditure (£ million)

- Total agency reduction 2016/17: £700m
- Further year on year reduction M1-6 2017/18: £319m
- Overall in 18 months over £1bn
2016/17 agency spend reduction in context

Agency as % of total pay bill

Savings by staff group as % of overall agency savings 2016-17

- Nursing: 24%
- Medical: 42%
- Other: 34%

Savings by staff group as % of overall agency savings YTD M6 2017/18

- Medical: 32%
- Other: 40%
- Nursing: 28%
Trusts are continuing to make progress in 2017/18

Average price cap overrides per trust per week

We are seeing the average overrides per trust fall

Overall temporary spend (bank and agency) is down by 4.4% (£119m) in M1-6 compared to last year

Bank spend has exceeded agency spend for the first time in 2017-18
And there is still wide variation on agency spend as a % of total paybill by trust
Off-framework procurement is still an issue in certain places

Progress made, but still some significant outliers. Each line = 1 trust:

Off-framework procurement is bad for staff too – worker earns same £ rate on Off-framework as Break Glass, but significantly more paid by trust in fees:
Trusts need to maintain the same rigour over Winter

At this challenging time, it's key that trusts work internally and with systems partners to ensure that additional activity does not lead to inflation in temporary staffing prices

1. **Banks**: any temporary staffing to deal with Winter pressures should be done on a ‘bank first’ basis and the development of medical and collaborative banks should continue to support this

2. **Procurement**: any winter escalation of agency staff must be via ‘on framework’ agencies

3. **Agency rates**: there should be no increase in rates in this period

4. **Patient safety is paramount**: break glass policies allow for the Agency Rules to be breached in exceptional patient safety reasons
Reducing reliance on medical locums

- Target for 2017-18 is to reduce medical locum spend by £150 million

- Last year medical locum expenditure fell by 22%, from £1.35bn in 2015-16 to £1.05bn in 2016-17 - this was the single largest component of the reduction in agency spend last year

- To date, locum spend is 11% lower in 2017-18 than in 2016-17 and we are within 5% of the £150 million target

- There’s no silver bullet – progress has been through incremental gains

Our strategy for 2017-18 focuses on:

1. **Increased compliance with the rules** (i.e. greater scrutiny of unsocial vs core hours booked and further support from NHS Improvement’s regional medical directors to trusts on specific issues).

2. Supporting greater development and use of **medical banks**
There is a wide range of work to help trusts reduce their locum spend

• NHS Improvement’s regional teams and medical directorate are supporting the **20 trusts who are furthest from their medical locum reduction targets** to support them to reduce reliance on locums

• They are engaging with the Royal Colleges, HEE, GMC and NHS Employers to co-develop a **medical recruitment and retention strategy**

• They are in ongoing discussions with Royal Colleges to explore the issue of **new medical grades** as well as working with several organisations around **overseas recruitment.**

• And working with trusts to help them introduce and improve their use of **e-rostering** to increase workforce efficiency and reduce demand for temporary staff.
£5 an hour off every medical agency shift saves £50.5 million

• If the rate paid for each shift above the price cap is reduced by £1 an hour, the sector would save £15m in a year.

• £10.1m a year saving by reducing medical & dental shifts over the price cap by £1/hr - £50.5m a year reducing by £5/hr

• £5.1m a year reducing nursing shifts over the cap by £1/hr

• Admin & estates could save £0.7m by reducing rates by £1/hr, £3.4m reducing by £5/hr
Shifting from agency to bank

- **NHS Improvement** want to permanently change the temporary staffing landscape – encouraging agency staff back into more cost effective bank and substantive settings has always been a key objective of the Agency Rules

- Increasing the number of trusts with a medical bank and the effectiveness of those banks is key to reducing reliance on more expensive locums

- Collaborative banks are an opportunity to work across trusts, STPs and regions and find ways of reducing agency spend

- Today is a chance for you to discuss your plans with peers and problem-solve any challenges

**NHSI Bank Strategy Priorities**

1. Improve use of existing banks
   - Sharing best practice and data to help trusts improve bank fill rates

2. Extend the reach and scope of existing banks
   - Increasing the number of trusts with a medical bank

3. Promote collaborative approaches to reducing agency spend
   - Supporting trusts and STPs to establish collaborative banks
Temporary staffing – the journey

2015/16
Start to reduce cost via agency caps/ceilings

2016/17
Significant non recurrent cost reduction via application of agency rules/frameworks

2017/18 onwards
Permanent cost reduction via shift to bank and change in practice
Refreshment break

**WIFI**
Network: Park Plaza Riverbank

**Glisser**
Visit [glsr.it/nhsistaffbank](https://glsr.it/nhsistaffbank) on your browser

**Twitter**
#NHSIstaffbank
Developing a medical staff bank: sharing experiences

Dr Daren Kilroy
Deputy Medical Director, East Cheshire NHS Trust
Countess, Chester NHS Foundation Trust
Developing a medical staff bank

Darren Kilroy
Deputy Medical Director – East Cheshire NHS Trust
Divisional Medical Director- Countess of Chester NHS Foundation Trust
Medical bank development principles

• The best staff to care for our patients are those staff we recruit and employ
• The distinction between ‘bank’ and ‘substantive’ is a deployment one not a professional one
• Medical banks are a quality initiative not a cost reduction one
• Effective bank deployment is absolutely dependent on consistently excellent and rigorously managed administrative processes
Medical bank development

• Job descriptions and person specifications for each individual bank doctor role – adapted from existing substantive JD and PS on file
• Rolling advert on NHS Jobs – specifically tailored to the bank staff market
• Pre-arranged dedicated recruitment contact for bank doctor applications
• Pre-arranged ‘fast track’ administrative support for incoming applications
Medical bank appointment

• Clinical Lead/ CD/ Service Manager aware, engaged, supportive, involved
• Choice of appoint-on-application or appoint-after-interview: supportive document required to justify the decision
• Stat and mandatory training: online/ e-learning to minimise wasted time and hours
• Local induction materials per specialty already developed and emailed out on appointment, alongside local induction process - documented
Medical bank deployment

- Electronic rostering across the specialties
- Bank staff visible to the system in the staffing team and their contact details clearly shown
- ‘First pick’ system on available shifts ahead of the agency staff
- Deployment preferences of bank staff clarified and accommodated – refined at weekly deployment meetings
- Deployment accompanied by feedback and QI tools to ensure the bank staff provide an effective service
The medical bank offer

- Deployment advantages – predictability, preferences noted
- Weekly pay
- A pay rate commensurate with the agency offer once benefits-in-kind taken into account
- Superannuation, access to study leave, PDP and supervision opportunities
- CV strengthened by participation in local team development activities
Medical bank key issues

• Process – recruitment, on-boarding, operational support, checking-back-in, time sheets, pay

• Governance – DBS, CV, competencies, Trust and local induction, RO status, complaints handling

• Workforce messaging – advantages to bank, updates on developments, engagement in team news, feeling valued and included
Local to regional medical banks

• Specialty banks tend to reflect local workforce supply and demand profiles
• There is only a limited staff pool – shared banks simply share the same resource
• Local processes and agreements must absolutely align in any regional scheme
• A regional staff bank is only as good as the local staff banks that support it
Developing a medical staff bank: sharing experiences

Dr Anas Nader
Clinical Innovation and Improvement Fellow, Chelsea and Westminster NHS Trust
Digital transformation of the staff bank

Dr Anas Nader
Clinical Innovation & Improvement Fellow
FlexiStaff+ Project Lead
LocumTap Director
Objectives

• The common challenges in temporary staffing
• Chelsea and Westminster Hospital’s new Staff Bank
• Limitations within existing tools and methods
• Transformation through digital innovation
• **LocumTap** – a new digital platform for the staff bank
• Outcomes and shared learning
1. **Poor engagement** with clinicians, managers & rota admins.

2. **Poor compliance** with trust policies and staff bank SOPs (cancelations, escalations and agency bookings).

3. **Late advertisement** of vacancies (>90% of shift vacancies are known weeks in advance)

4. **Low recruitment** and retention of external locums.
• Engaging with existing clinicians within the trust.
• Recruiting external locums (200+ recruited) – 2 week lead time.
• Involving consultants in the recruitment process.
• Creating incentives for locums.
• Promoting a change in culture to ensure compliance.
• Changing the cut off time to send to agency.
• Communicating with senior clinicians & managers regularly.
Bookings

Bank / FlexiStaff vs Agency
9 months run rate

September 2016
- Agency: 68%
- Bank / FlexiStaff+: 32%

March 2017
- Agency: 31%
- Bank / FlexiStaff+: 69%
Cost Benefit

Average cost savings of £30K / month

Weekly Spend Run Rate

- **Agency**
- **Bank / Flexistaff+**

Cost Benefit Analysis:
- FlexiStaff
- Agency
- Cost Avoidance

Graph showing weekly spend run rate from January 1, 2012, to April 30, 2020.

Average cost savings of £30K per month.
### What is missing?

<table>
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<tr>
<td>• High overhead cost of running the staff bank</td>
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<td>• Need to empower departments to manage bookings</td>
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<td>• Lack of user friendly system</td>
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<td>• Automation</td>
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<th>Modular</th>
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<tr>
<td><strong>Department specific:</strong></td>
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<tr>
<td>• How is a booking processed?</td>
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<td>• Who authorises timesheets?</td>
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<td>• When do we send to agencies?</td>
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<td>• Escalation policy?</td>
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<tr>
<td>• Recruitment</td>
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<td>• Broadcasting vacancies</td>
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<td>• Processing timesheets</td>
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<td>• Data collection and reporting</td>
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Transformation through digital innovation
For internal HR staff banks, the current methods used to engage with locums are crude and inefficient, with limited pools of locum clinicians.

External agencies have a larger pool of locums, but are expensive and still rely on similar tools.
The third way:

LocumTap is a digital platform that enables HR staff and department managers to manage their temporary staff requirements easily, and for clinicians to book locum shifts on demand.

- Fully Paperless
- Direct engagement with the right locum
- No cold calls or emails
- Access to larger pool of qualified locums
- Reduce reliance on agencies
LocumTap
Clinician App

Digital Passport (CV and Credentials)

Browse and book shifts with a tap

Plan ahead, manage timetable & finances

Electronic timesheets & payment processing
LocumTap

Simplified booking

Electronic timesheets

Smart push notifications
LocumTap
Admin Portal

Manage Recruitment and onboarding of locums

Streamline HR processes & improve adherence to policies

Improve engagement with locum clinicians

Real time data and dashboards
LocumTap & FlexiStaff
Streamlined Service

- Recruitment
- Activating accounts
- Payroll Processing
- Troubleshooting
- Trust wide data reporting

20%

Internal HR Staff Bank

80%

Department Managers and Rota Admins

- Screen new locums
- Post vacancies
- Approve requests
- Manage bookings
- Department specific data reporting

LocumTap
Outcomes

95%
Of locum shifts filled by bank vs agency

84%
Booked > 4 weeks in advance

88 hrs
Monthly labour hours saved processing data, timesheets, bookings, HR

£600K+
In annual cost benefit converting from agency to bank

£150K+
In annual cost benefit by reducing unwarranted late cancellations or delays

Recruitment & Retention
Into the staff bank

Efficiency
Increased service efficiency allowing HR to divert resources to value-added tasks

Quality
Increased quality of service due to locum consistency and improved quality control
“The service is amazing. I wasn’t booking shifts before with HealthRoster but I do now with LocumTap” - Dr Yousif Bhatti, A&E Registrar (locum).

“LocumTap has revolutionaryised our temporary staffing” - Dr Caroline Smith, A&E Consultant.

“The service has really made our tasks simpler and cut out a lot of the paperwork. The job is less stressful and the support team have been fantastic.”
- Kay Sheikh, Staff Bank Administrator.

“LocumTap has transformed our staff bank! The trust has reduced its agency spend by impressively achieving over 90% bank fill rates. Our service managers have better visibility on their locum activity, and the clinicians love the app too.”

- Rob Hodgkiss, Chief Operating Officer of Chelsea and Westminster NHS Foundation Trust.
Shared Learning

- Co-design with the end user
- Agile and responsive
- Beat the agency at their own game
Digitally enabled transformation of the staff bank

- Increases bank utilisation in a scalable way
- Improves service efficiency
- Provides a customised and modular service
- Improves recruitment and engagement
- Reduces reliance on agencies
Dr Anas Nader
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anas@LocumTap.com

Thank you
Interactive table discussions – problem solving

Questions to consider:

• What do you see as the benefits of improving or introducing a medical staff bank?
• What were the main challenges you experienced when improving or introducing your medical staff bank?
• How did you overcome these challenges?
• What more could NHS Improvement do to best support your trust’s bank development?
Developing a collaborative staff bank: sharing experience

Cathy Corrie
Senior Policy Lead, NHS Improvement
Why introduce a collaborative bank

- Reduce agency spend
- Streamline back office costs
- Increase supply
- Increase transparency
There are a wide range of collaborative banks emerging

- No one size fits all
- They can cover a specific staff group or all staff groups.
- They can stretch across two trusts or as wide as an STP or a region

**London**
- **South West London STP** has launched in Autumn 2017 a collaborative bank. It covers 4 trusts, including Epsom and St Helier from Surrey Heartlands STP
- **Pan London Collaborative** – collaborative bank for medical locums

**M&E**
- **Hertfordshire and Bedfordshire Agency Consortium** - Collaborative Bank across East & North Hertfordshire NHS Trust, West Hertfordshire Hospitals NHS Trust, Hertfordshire Community NHS Trust
- **Black Country STP** - live collaborative bank across the Black Country Alliance for all staff groups: The Dudley Group NHS Foundation Trust, Sandwell and West Birmingham Hospitals NHS Trust and Walsall Healthcare NHS Trust

**South**
- **Bristol, North Somerset and South Gloucestershire** – exploring alignment of banks across the STP
- **Surrey Heartlands** – live collaborative bank across Royal Surrey County Hospital and Ashford and St Peter’s Hospitals.

**North**
- **Greater Manchester** – live collaborative bank across Stockport, Manchester University NHS Foundation Trust, Tameside and Salford.
- **Flexishift** – live collaborative banks across five trusts in the North East
- **Cheshire and Merseyside** – proof of concept of 6 trusts within the STP, to be expanded within the STP and potentially across the region in future. Go live in Q4 2017-18
Emerging models of collaborative banks

- Model 3:
  - Agency
  - Collaborative bank
  - Individual internal banks

- Model 4:
  - Agency
  - Collaborative bank

- 1. Shared digital platform
- 2. Shared back office eg payroll
- 3. Hub and spoke – trusts cascade shifts out to other trust’s pool of bank workers
- 4. Trusts offer shifts to a shared pool of workers
- 5. Fully integrated bank (shared back office, shared pool, shared shifts)
Collaborative banks are working through a number of common issues

- Geography
- Interoperability of IT systems
- Collaboration and buy in
- Data sharing
- Alignment of rates
- Alignment of training and compliance requirements
Developing a collaborative staff bank: sharing experience

Claire Scrafton
Deputy Director of HR, St Helen’s & Knowsley Teaching Hospitals
NHS Trust

collaboration trust respect innovation courage compassion
Cheshire & Merseyside Case Study
“Optimising Workforce Capacity”

Claire Scrafton FCIPD MA
Deputy Director of Human Resources
St Helens & Knowsley Teaching Hospitals NHS Trust
Cheshire & Merseyside
Developing the Collaborative Bank Model
Our Journey so far…

1. Regulator compliance
2. Need to reduce agency spend & increase fill rate
3. NHSI – Jim Mackey letters
4. Project management funding provided by C&M LWAB, HEE
5. Requirement for medical collaborative banks by Q4 2017/18
6. Synergies with Streamlining and employment passport
7. One size does not fit all – all have different systems
8. Need to optimise the use of current IT systems
9. Opportunities for STP/NW procurement
10. North West approach to temporary staffing pay alignment – all staff groups
11. Opportunities for the Lead Employer/s to create regional banks for SPRs with agreement from HEE
Collaborative Bank
A Vision

“Applying streamlining principles to create a collaborative bank of high quality staff who can be utilised across the region to maximum capacity and so ensure safe effective care for patients and reduced agency spend”.

## Benefits Realisation KPI’s

### Reduction In

- Pay bill £
- Agency Spend £
- Agency breaches
- Overtime £
- Premium payments £
- WLI £
- Agency commission rates £
- DBS costs £
- OH Blood Tests £
- OH Vaccination £
- Mandatory & Statutory Training £
- Recruitment timeline

### Improvement In

- Retention %
- Vacancy rates %
- Sickness %
- Patient experience score
- Staff Satisfaction score
- Staff Friends & Family Test %
- Morale
- Carter indicators
- E.g. - Job Planning
- - Rostering
- - Safer Staffing
Optimising Workforce Capacity

Systems/Process
- Streamlining
- Rostering systems benefits realisation
- Bank systems benefits realisation
- Workforce planning
- Safe Care
- Lead Employer Model
- Data sharing
- Business Intelligence

Cost/Productivity
- Reduction in overall pay bill
- Reduction in agency spend
- WLI (Medical staff)
- Increased shift fill rate
- Occupational Health efficiency
- DBS checks
- Mandatory and statutory training
- Employment checks

Quality
- Improved retention
- Improved safety – staff working extra duty shifts in their own Trusts
- Patient experience
- Improved staff survey
- Team unity
- Agreed competencies
- Improved capability

Employee Experience
- Workforce satisfaction
- Retention
- Morale
- Reduction in burnout
- Improved team working
- Sickness absence
- Health and Well being
### ACTION PLAN – STP/REGIONAL

**Reducing Unwarranted Variation**  
**Optimising Medical Workforce Capacity**

<table>
<thead>
<tr>
<th>Drivers</th>
<th>Enablers</th>
<th>Activities – Trusts/STPs</th>
<th>Impact/Output</th>
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</table>
| • Agency Spend  
• Medical Workforce Gaps  
• Model Hospital  
• Job Planning  
• Retention  
• Pay Bill  
• Morale  
• Workforce portability  
• Staff passport  
• Workforce Planning (Brexit) | • STP sign up  
• Sharing of intelligence from other Trusts, NHSI, suppliers on locum behaviour/trends  
• Data sharing agreements (STP & NHSI)  
• STP/Regional/National systems procurement  
• Shared Memorandums of Understanding  
• Integrated Workforce IT & Systems Strategy to include app enabled technology  
• Staff engagement “Insight” data on workforce patterns of behaviours re, employed/locum status  
• E-rota & E-rostering, E job-planning systems  
• HEE Workforce Planning information  
• Streamlining/Passport  
  - Recruitment  
  - Occupational Health  
  - Mandatory & Statutory Training  
  - E-learning for health  
  - Workforce IT systems  
  - Terms & Conditions, e.g. 2016 Junior Doctors Contract  
  - Temporary workforce pay alignment  
• Grow your Own Bank – (mandate that all Trusts operate an internal & collaborative bank)  
• “Return to Practice” scheme for doctors (all grades) who have left the profession in the last e.g. 5 years  
• Cost avoidance schemes (e.g. Direct Engagement)  
• Collaborative banks using Lead Employer arrangements (via HEE where they exist) to enable junior doctors in training access to NHS locum bank across multiple STP footprints. This could be extended to FY1& FY2’s in the future | • Communication and Stakeholder Engagement plan  
• Sign up to STP/Regional Data sharing agreements & MOU’s  
• STP/Regional diagnostic on workforce IT systems, suppliers/contract duration & costs  
• STP/Regional state of readiness exercise with Trusts to assess benefits realised from existing e-job planning, e-rota and e-rostering systems  
• STP/Regional gap analysis and options appraisal  
• Series of master classes for; CEO’s, MD’s, DON’s, HRD’s & DOF’s on opportunities  
• NHSI supporting toolkits, master classes and webinars for Trusts  
• Regional influence for the development of a national integrated Workforce IT & Systems Strategy  
• Trust Benefits realisation action on existing systems e.g. ESR, e-rostering, e-job planning, bank systems  
• Diagnostic of options for regional banks, e.g. in-house, Allocate, TempRe, NHSP etc.  
• Trusts to agree regional locum rates for internal banks & salaried locums  
• Development of STP/Regional collaborative bank project plans | • Reduced pay bill - £  
• Reduced agency - £  
• Reduced WLI - £  
• Reduced overtime - £  
• Improved fill rate %  
• Reduced Agency breaches %  
• Retention - %  
• Sickness - %  
• Staff Survey (insight into Staff Engagement) score  
• Staff Friends & Family score  
• Patient Experience  
• Reduced in time & expense associated with recruitment  
• Reduced OH blood test costs - £  
• Reduced vaccination costs - £  
• Reduced DBS - £  
• Reduced time in Mandatory & Statutory Training - £ |
# ACTION PLAN – STP/REGIONAL

## Reducing Unwarranted Variation

### Optimising Nursing, AHP & STP Workforce Capacity

<table>
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<th>Drivers</th>
<th>Enablers</th>
<th>Activities – Trusts/STPs</th>
<th>Impact/Output</th>
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<td>Agency Spend</td>
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<td>Workforce Gaps</td>
<td>Sharing of intelligence from other Trusts, NHSI, suppliers on locum behaviour/trends</td>
<td>Sign up to STP/Regional Data sharing agreements &amp; MOU’s</td>
<td>Reduced agency - £</td>
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<td>Job Planning</td>
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<td>STP/Regional gap analysis and options appraisal</td>
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<td>Retention</td>
<td>Integrated Workforce IT &amp; Systems Strategy to include app enabled technology</td>
<td>Series of master classes for; CEO’s, MD’s, DON’s, HRD’s &amp; DOF’s on opportunities</td>
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<td>Pay Bill</td>
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<td>Trust Benefits realisation action on existing systems e.g. ESR, e-rostering, e-job planning, bank systems</td>
<td>Staff Survey (Insight into Staff Engagement) score</td>
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<td>Staff passport</td>
<td>Streamlining/Passport - Recruitment - Occupational Health - Mandatory &amp; Statutory Training - E-learning for health - Workforce IT systems - Temporary workforce pay alignment – all staff groups</td>
<td>Diagnostic of options for regional banks, e.g. in-house, Allocate, TempRe, NHSP etc.</td>
<td>Staff Friends &amp; Family score</td>
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<tr>
<td>Workforce Planning (Brexit)</td>
<td>Grow your Own Bank – (mandate that all Trusts operate an internal &amp; collaborative bank)</td>
<td>Trusts to agree regional locum rates for internal banks – all staff groups</td>
<td>Patient Experience</td>
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<tr>
<td>Apprenticeships</td>
<td>“Return to Practice” (all staff groups) who have left the profession in the last e.g. 5 years</td>
<td>Development of STP/Regional collaborative bank project plans</td>
<td>Reduced in time &amp; expense associated with recruitment</td>
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<tr>
<td>Works</td>
<td>Cost avoidance schemes (e.g. AHP’s, ODP’s - Direct Engagement)</td>
<td>Regional influence on the extension of “Return to Practice” scheme for to AHP’s &amp; STPs who have left the profession in the last e.g. 5 years</td>
<td>Reduced OH blood test costs - £</td>
</tr>
<tr>
<td>Workforce</td>
<td>Collaborative banks – all staff groups, multiple STP footprints</td>
<td></td>
<td>Reduced vaccination costs - £</td>
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<tr>
<td>Gaps</td>
<td></td>
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<td>Reduced DBS - £</td>
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<td>Reduced time in Mandatory &amp; Statutory Training - £</td>
</tr>
</tbody>
</table>
Getting started

1. STP HRDs & DoFs sign up to the project
2. Resource allocation
3. Agree ToR / MoU / Project Governance
4. Diagnostic – Current state assessment and analysis
5. Options appraisal – Identify opportunities
6. Review and refine ToR / MoU / Project Governance / Escalation points
7. Kick start pilots / Proof of Concept
8. Benefits realisation – What is the end game? What does success look like?
9. Do, learn, review
"Carter at Scale" – Corporate Service - NW

Cheshire & Merseyside Delivery Structure

C&M HR Directors Network
Role: Encouraging collaboration and enabling change in their Trust which benefits the wider system/sub region.
Lead: Heather Bebbington

C&M Steering Group
Role: Decision making, ensure workstream leads are given appropriate steer by HRD
Lead: Heather Bebbington

Recruitment Workstream
Leads: Alison Terry & Lisa Hassey

Policy Review & Engagement Partnership Workstream (PREP)
Lead: Jenny Grant & Clare Almond

Training Workstream
Leads: Adam Rudduck & Carla Burns

Occupational Health Workstream
Lead: Bobby Sharma
Sponsor: Estelle Carmichael

Medical Staffing Workstream
Lead: Sue Hughes
Sponsor: Kay Carter

Role: to develop the model processes to achieve and realise the benefits of workforce streamlining

NW Recruitment Steering Group

NW Policy Steering Group

NW Training Steering Group

NW Occupational Health Steering Group

Role of the Steering Groups
To work together to overcome issues, share good practice and lessons learnt

Driven by the ‘System & Data Quality Group’: lead by Steve Gregg –Rowbury & Sarah Smith
Role: To ensure that systems are aligned and working group agreements are supported by appropriate system functionality

(TIG) Trust Implementation Groups within each Trust: To include operational leads for each work stream above (some work streams already exist as established forums such as the HRBP network and Occupational Health group). The sub regional project manager will attend and support the project planning for each Trust to move from their current state to the agreed new processes, as developed by the working groups.
Collaborative Bank
Project Governance Structures

Collaborative Bank Steering Group

- I.T. Systems, Processes & Information Governance
- Procurement
- Temporary Staffing Pay Alignment
- “Grow your Own Bank”
- Finance & Benefits Realisation
- Direct Engagement
- Optimising Systems Capabilities

Communications, Marketing & Stakeholder Engagement
Collaborative Bank - Benefits Realisation
Existing systems and exploring proof of concepts for new ways of working….
High Level Risks

Risks

• Stakeholder engagement
• No STP level Memorandum of Understanding (MOU)
• Data Sharing Agreements
• Information Governance
• Procurement challenges
• Resources
• Conflicting priorities
• Lack of project integration at STP level across functional areas

Mitigation

• Communication plan with stakeholder map
• Engagement plan to support understanding and sign off process
• IG workstream to ensure engagement & future proofing with GDPR
• Procurement workstream to support proof of concept trials with new systems models
• Discussion now about funding for 2018/19
• Governance via HRD forums to avoid duplication
• Aligned with streamlining to optimise resources
Lesson’s learnt

- Early MOU and data sharing agreement
- Engagement and commitment
- Benefits realisation linked to Carter
- One size may not fit all
- Build on existing work & being flexible to extend scope as project evolves & matures
- Technological investment with integrated solutions
- Cross ‘corporate function’ input required
- Agreed STP approach to workforce supply
- Alignment to streamlining programme
- Dedicated resource to drive delivery

Benefits realisation linked to Carter
How the NW “Lead Employer” Model and Streamlining support the development of Collaborative Banks

**Efficiency**
- No duplication of employment checks/costs
- No duplication of induction and mandatory training and associated costs
- No duplication of occupational health checks
- Standardised bank worker contracts & rates of pay
- Opt-in to collaborative bank from FY1/2 recruitment stage onwards (one bank contract)
- No requirement for Trusts to have their own Locum Banks and the associated costs

**Quality**
- More robust information for the HEE on Doctors in training ETWD compliance
- Management information to support ARCP process on Drs working through aligned payroll transactions
- Assurance through Guardian of Safe Working
- Robust governance arrangements
- Streamlined data sharing agreements aligned to GDPR
- Supports retention and workforce satisfaction
North West Ambition
Optimising Workforce Capacity”

1. Collaborative banks for medical workforce by March 2018
2. Work with a range of existing providers e.g. TempRe/Allocate, NHSP, Medac, Depoel, Skills for Health
3. STP/Regional procurement e.g. Direct Engagement provider’s
4. NW temporary staffing pay alignment all staff groups
5. North West approach to Lead Employer/s medical banks for SPR’s by March 2018
6. North West approach to Lead Employer/s medical banks for FY1’s/2’s in 2018/19
Interactive table discussions – problem solving

Questions to consider:

• What do you see the benefits and risks in introducing a collaborative staff bank?
• What were the main challenges you experienced when improving or introducing your collaborative staff bank?
• How did you overcome these challenges?
• What more could NHS Improvement do to best support your trust’s collaborative bank developments?
Closing remarks and next steps

Caroline Corrigan
National Director of People Strategy, NHS Improvement