
Creating a successful regional bank

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What is a regional bank?

Virtually all acute and mental health Trusts have some form of staff bank that provides an opportunity for nursing and midwifery staff to work additional hours to cover gaps in shift rotas. Some Trusts extend this to include other staff groups, such as locum doctors and allied health professionals, i.e. occupational therapists and social workers. Admin and Clerical banks include non-medical, non-clinical staff groups such as receptionists, catering, security, healthcare scientists, and porters.

All of this is managed by one or more bank management teams or outsourced to a specialist organisation with the required expertise. Highly specialised software allows bank members to see available shifts for which they are qualified and book themselves in to cover those assignments.

Trusts who register substantive staff onto their bank will reap the most benefits. This ensures visibility of required shifts to the greatest workforce pool. Regional banks simply extend this concept to allow registered bank workers to book assignments at other participating Trusts across the region.

Can anyone cover shifts?

That depends. Generally speaking, there are two types of people working through the Trust bank: those with substantive employment contracts at the Trust working additional hours and those employed directly through the bank.

Why treat substantive staff differently? It's about the employment status. Usually, the former can only work through the bank in their own Trust whereas the latter can usually work in other Trusts through their outsourced employer.

How do agency workers fit in?

The majority of agency workers are already substantively employed in the NHS. They are also most likely to work additional shifts through an agency in nearby Trusts. Yes, it's true, some will travel long distances for the right money, especially locum doctors with hard-to-find specialist experience, but the majority are working within an hour's travelling distance.

Regional banks are different

Regional banks allow Trusts to cooperate and share their bank resources, either completely or in designated areas. They can also agree designated roles where there is a clear benefit to that group working across the Trust.

Why are regional banks important?

Three reasons: firstly, to help ensure that the right skills are distributed to where they are required. Secondly, to minimise the use of expensive staffing agencies to fill gaps. Thirdly, to create an exclusion zone. NHS staff can choose to work at other Trusts in the region, but only through the regional bank.

Sharing the Bank – what’s involved?

Sharing the bank requires a change of mindset: Trusts guard their bank carefully to maximise the benefit. However, they may well be unable to attract the range of skills and experience required to cover the Trust’s needs.

Due to a general shortage of registered nurses and specialist practitioners, it is not uncommon for Trusts to depend to a large extent on their own substantive staff working additional hours to cover gaps.

However, the motivation for staff is different; sure, they want additional income, but there are many other factors to consider. Many staff may be happy to undertake additional shifts in their own unit. Some are put off working additional hours in other nearby locations because of their seniority. Others are looking for wider experience to help with career development opportunities. Convenience is an important issue; some people may drive past a neighbouring Trust on their way to work. Wouldn’t it make sense for them to work bank shifts there?

Neighbouring Trusts agreeing to share their banks is a worthwhile goal. Getting there isn’t quite so simple. Each Trust has its own recruitment, HR and bank policies. Minimum training standards for similar roles can vary and clinical governance compliance is essential. While we all recruit to NHS Employment

Check standards, the application of rules and policies varies. Each Trust needs to know the people on the wider regional bank are fit for purpose, which is consistent with their own governance standards. They also need an agreed route to address any staff related issues with the neighbouring Trust.

So how do we get here?

Keys to a successful regional bank

The basic building blocks of a shared bank include:

- agreed governance of bank rates
- a consistent approach to training requirements and renewal frequency
- a common shift booking platform
- a mechanism to ensure that people get paid
- shared information about who is working where.
- agreed employment status between all Trusts and/or supplier.

Benefits of working together

What are the potential benefits of collaborating on workforce across Trusts? Will it help to deliver the two key imperatives of reduced cost or improved patient safety?

Patient safety

Substantive staff will be more easily able to practice to the full scope of their role. There can be little doubt that your own trained, qualified substantive staff, known to the Trust, will render a better patient experience than agency staff. Regardless of how good the agency staff are, there will always be some concerns with trust and maintenance of standards to ensure continuity of care for patients.

Reducing cost

Every agency shift converted to bank saves around a third of the shift cost. Even if we have to pay the bank more for roles that are hard to fill, at worst it's likely to be cost neutral for the Trust, but a better outcome for both bank workers and patients.

Working under agreed vendor frameworks

Where a regional bank covers all the Trusts in the area, it is much easier to manage agency supply across the whole territory. Rates can be agreed with agencies across the region that are consistent for all Trusts in the regional grouping under approved frameworks. The rate for any given assignment will be more transparent and comparable with other Trusts, minimising the incentive for agencies to auction the same agency worker across several Trusts.

Bank retention

With fewer agency opportunities, many more NHS employed staff are likely to be attracted to work additional hours through the bank. In turn, agencies will find it much harder to entice NHS staff to work at nearby Trusts who have signed up to the same regional bank rules.

Staffing costs make up more than 60% of a Trust's total budget and agency costs are the biggest variable workforce cost, often more than 5% this budget.

Controlling agency costs within agreed budgets is essential to achieving cost reduction targets.

We know that more than half of all agency workers already have substantive employment in the NHS and most of them are likely to be working reasonably

close to home. The opportunity is to encourage those agency workers to work either in their home Trust or a collaborating Trust via the bank.

We know that, on average, agency shifts are around 50% more expensive than the equivalent bank shift. Let's assume that the additional hours are still required and half of the shifts are currently worked by bank and half by agency. Every agency shift converted to bank saves around a third of the shift cost. Scaled up to cover half of all agency shifts, that represents an opportunity to save around 16% of total agency spend. Depending on the extent of the Trust's agency use, that could represent 1% of a Trust's total workforce spend.

Agreeing to cooperate

Agreeing to work together is only the first step. There are many actions required in order to prepare for sharing the bank. As always, the devil is in the detail, and you will need to appoint your most competent and capable to the project to ensure that your Trust's needs are well represented.

Transforming teams need to be able to solve problems

Where the banks are controlled locally by a Trust based bank management team, each will be inclined to favour its own bank operating processes and standards. The bank management team are often unable to develop Trust policy in any meaningful way.

Where one or more banks has been outsourced, it may be easier to gain agreement on what is important and move towards a harmonised view. A number of key compatibility factors underpin this important issue.

That is where a seasoned project management team can make an important difference. Their experience will help to establish what is important from what is simply established norms of custom and practice. They will guide the Trusts through the process to help them agree steps to take to harmonise processes, pay rates and compliance measures that will allow cooperation.

Anticipating and mitigating challenges

Developing a shared regional bank is not without its challenges. Fortunately, many of these can be anticipated and mitigated. Here are just a few...

Compatible structures

Shift booking platforms must be compatible so that people can see available assignments across the group. Training requirements should be consistent, including Trust or discipline specific training. Not only is there a considerable variety in the training requirements for seemingly similar Trusts, the refresh requirements also vary greatly.

But most important of all, people need to get paid for their work across the region in a timely manner. Don't waste their time with poorly administered timesheet authorisation processes and complicated payroll procedures. Establish simple cross-Trust payroll structures from the start and monitor their effectiveness.

There are three possible payroll administration options:

1. Each Trust pays its own workers wherever they work and cross charges the other Trusts for work done
2. One Trust in the group acts as the host for payroll and administers cross charging for all other Trusts
3. All bank workers are paid by a single separate payroll provider who has access to an 'hours worked' report for every worker, directly from the booking system.

The first option has few merits as it will lead to excessive admin and ultimately disputes about who did what, where and when and who owes what to whom.

The second option is workable providing there is transparency of information and trust between the parties that the work will be done in a timely manner, accurately and consistently.

The third option is preferred, with clear delineation of responsibilities to both Trusts and bank workers. It can also have significant employment on-cost saving benefits for the Trusts if the bank workers' employment sits with the third party for the duration of each shift.

Will I lose my bank to a neighbouring Trust?

A staff bank is a very special commodity, grown and nurtured over many years. Great care should be taken to ensure that it is well managed, developed and supported to meet the future needs of the Trust.

The chances of losing your bank to a neighbouring Trust are dependent on several factors, all within your control. People like to work where it is convenient, but they are quite prepared to vote with their feet if the environment is too harsh. Good banks work hard to keep good people.

Things to consider...

- What will people wear? What uniforms and ID (badges) will be acceptable across all Trusts?
- How will the shared bank be promoted with staff and will it have a name?
- How will the regional bank cope with Trusts that want to get involved later? How will they be incorporated into the regional structure and what if they want to make some changes? Who will decide?

Beggar-thy-neighbour? Factors affecting bank retention

- Is your Trust well managed?
- Is it a pleasant environment to work in?
- Do you engage with and support your bank workers?
- Are people adequately rewarded for their time?
- Do bank workers receive the same benefits as substantive staff?

If you can answer yes to these questions, it's unlikely that many people will choose to work elsewhere.

- Are bank shifts regularly cancelled?
- Do you actively encourage agency working by offering long lines of work to agency staff?
- Is your bank fill compromised by early release of shifts to staffing agencies?
- Do you pay the minimum bank rate possible?
- Do you treat your bank workers like second class employees with lower esteem than substantive?
- Is your staff car park prohibitively expensive or accessible for bank only workers?

If you answered yes, you might want to look carefully at your business practices.

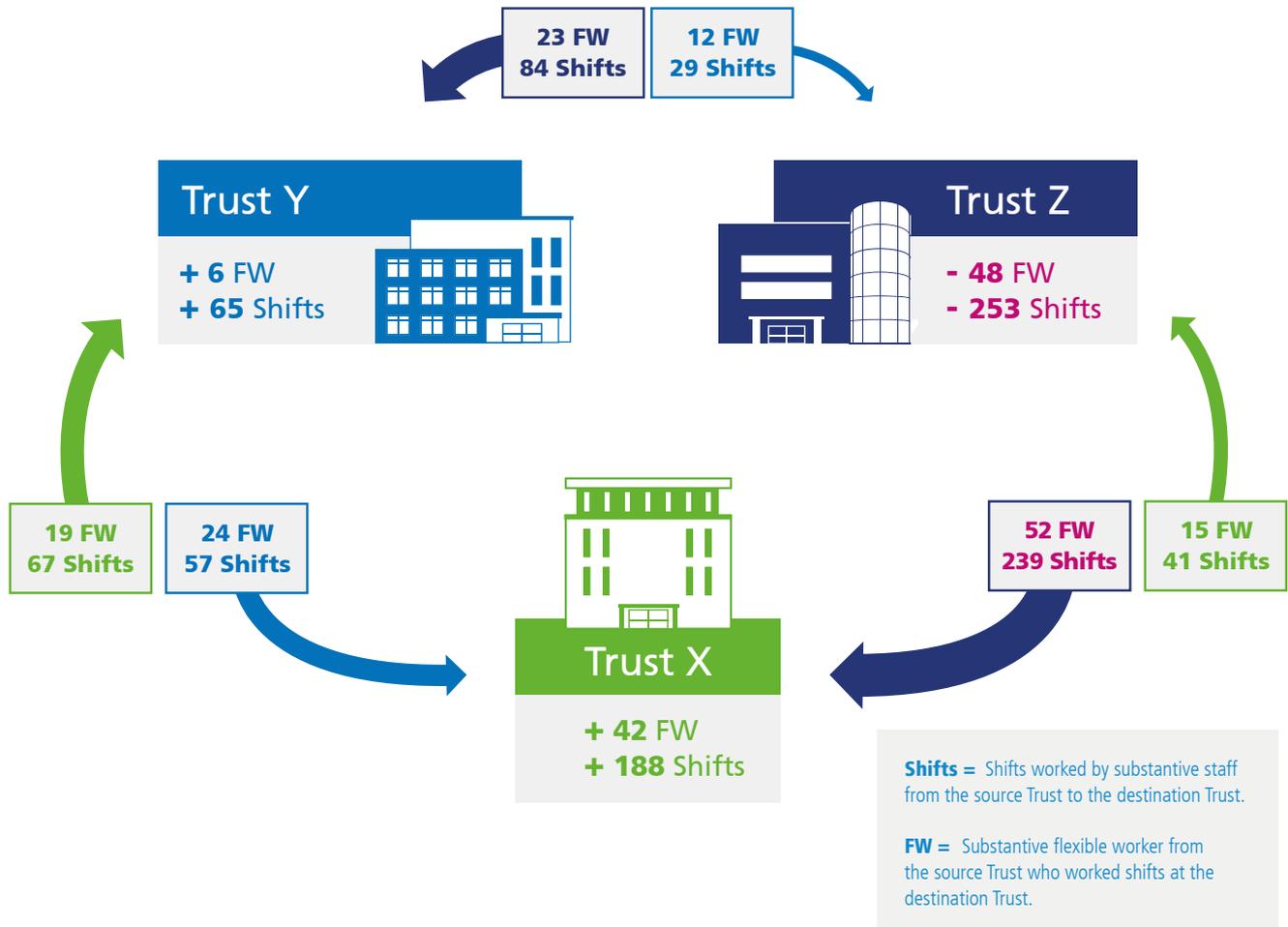
Introducing Bankshare®

This is the essence of the Bankshare® agreement: Trusts collaborate on an equal footing and NHS Professionals acts as the broker to ensure that each Trusts' needs are understood, acknowledged and addressed by the group. NHSP brokers the relationships with the Trusts and engages with the bank and locum workforce.

NHS Professionals supports several collaborative banks; some focus solely on coordinating their bank and agency rates, others have full collaborative arrangements with their neighbours.

All NHSP bank only workers are free to select which of the 55 client Trusts they would prefer to work with. However, substantive staff working through the bank can only work at their own Trust unless the Trust has a Bankshare® agreement with its neighbours.

A tale of three Trusts



Flow of substantive bank workers and shifts between participating Trusts

In July 2017, a group of three geographically co-located Trusts agreed to collaborate on a Bankshare® agreement. With only three months' data, it is still very early in the process, but we can see some patterns emerging.

Over the three Trusts there are approximately 10,000 substantive staff who could join the bank and, at the time of writing, approximately half are registered with the bank.

Figure 1 shows the cumulative flow regime between the three Trusts over three months. From Figure 1, we can see that there was a net outflow of substantive staff from Trust Z choosing to work through the bank at the other two Trusts during the three months.

Substantive staff from Trust Z have worked 323 shifts at the other two Trusts, while they have received 70 shifts in return, a net loss of 253 shifts. Trust Y has seen a net gain from both neighbours of 65 shifts and Trust X has seen a net gain of 188 shifts.

This begs the question: has behaviour changed, or is this simply representative of what was happening before the Bankshare® agreement?

What drives behaviour?

There could be many independent factors involved in this apparent flow of workers, some of which we can actually test:

1. Trust Z may be less competitive on bank pay rates - on closer inspection, Trust Z has the highest hourly pay rate for nursing and midwifery across all three Trusts, some 17% above the lowest paying Trust bank rate and just 10% below the average hourly agency rate. In this case, pay alone is clearly not the prime factor in choosing bank shifts.



Figure 2: Average hourly bank rate

2. Staff may have already been working in those roles at the other Trusts via an agency - the data for substantive staff working through staffing agencies is often patchy due to poor booking behaviours; agencies don't like to report the names of their workers if they can avoid it and often disguise names and use false National Insurance numbers. The evidence collated over the first three months shows that almost half of all agency shifts worked by substantive staff originated from Trust X (49%) and they accounted for nearly two thirds of all shifts worked at the other two Trusts by substantive staff.
3. People may simply live closer to those locations than their resident Trust - Trust X is more distributed so could possibly be a shorter commute than other Trusts which have more central locations.
4. The start times of shifts on offer might be more appealing in terms of family commitments - shifts with early start times accounted for 12% and 'lates' 9%. Day shifts were least popular at only 2%.

5. The types of shift or duration of shifts available in neighbouring Trusts might actually pay more because of anti-social hours

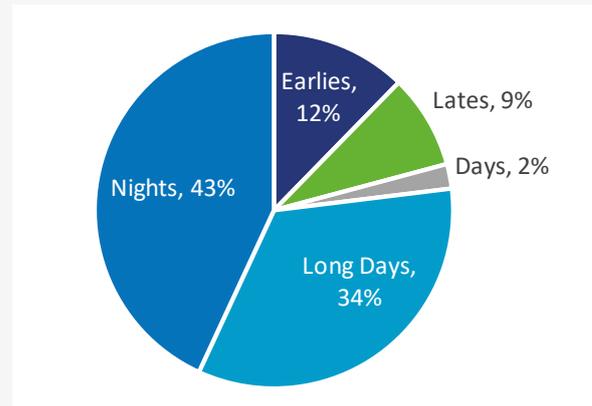


Figure 3: Shift distribution by type of shift

Figure 3 shows that higher paying night shifts accounted for 43% of all shifts across the three Trusts in the first two months and long-days 34%.

At Trust X, night shifts accounted for 38% of shifts worked and 'long days' 51% of shifts.

6. The workplace environment might be less demanding - Trust X is a smaller, more intimate Trust and shifts may be less demanding or staff may be more engaged.
7. Hygiene factors such as parking costs contribute to personal preferences - see 6 above. ▶

Conclusion

Though relatively few substantive staff have so far started to work through the bank in the neighbouring Trusts, they are now accounting for around 2% of available shift fill in those Trusts.

Substantive staff working agency shifts in the collaborative have reduced by half. Those remaining are being systematically approached and advised of their options.

There are clearly a number of different factors at work across a range of staff groups. The devil is absolutely in the detail and the quality of information gathered and the analysis available to each Trust is an essential component in the mix. Clear, transparent timely business information is a vital component in ensuring that the Bankshare® collaborative delivers for all Trusts.

Which staff groups?

Most Trust banks are focused on nursing and midwifery. Many have separate banks for other services, some of which are distributed into the business practices or localised in specific disciplines, such as physiotherapy.

The truth is, a bank can be established for any staff group: medical locums, admin & clerical, allied health professionals and healthcare scientists. Some are easier to recruit than others and some are easier to organise than others. Yes, there are differences in the way they work, different roster requirements and contractual arrangements.

From a regional perspective, some banks will be easier to coordinate across Trusts. Nursing and midwifery is probably the easiest place to start as they are generally well organised, and supported by effective staff rosters. With an estimated shortfall of 44,000* registered nurses across the country, it is critical that we are able to coordinate such a scarce resource across the local health economy.

Other banks can be coordinated into the Bankshare® agreement in a subsequent phase.

Locum doctors

Of course, establishing and growing a regional bank of locum doctors is the big prize that most Trusts desire. Doctors are by far the most expensive to engage and the primary target for staffing agencies where their hourly rates are also subject to VAT, further increasing the cost to the NHS Trust.

Direct engagement

Employment mechanisms such as direct engagement are useful in minimising the VAT implications, but the organisations touting these schemes rarely get involved in actually supplying staff. Their primary interest is to take a generous portion of the VAT saving, leaving the Trust to recruit the doctors from expensive staffing agencies.

Experience shows that many doctors expect a “high-touch” relationship with their agency handlers. The agency does the work of finding the roles and negotiating hourly rates. Our experience is that the doctor is often unaware of the rate the agency is actually charging for their time. The truth can come as a bit of a shock.

* Source: Royal College of Nurses

Common recruitment standards

Despite NHS Employers best efforts, NHS Employment Check Standards are not replicated across all Trust HR departments. Some undertake all of the occupational health checks according to the 'green book', others decide what is necessary and appropriate for their needs.

The important thing to acknowledge is: what is the minimum acceptable standard across the participating Trusts? Will a nurse from Trust A meet the standards expected of Trust B? What are the consequences of imbalance? If Trust B expects two references, does that prevent a nurse from Trust A working there, when Trust A accepts a single reference? To what extent will it matter and what is the impact assessment? Is someone substantively employed by an NHS Trust likely to be less of a risk than someone from an agency with less transparent recruitment practices?

Training requirements

There are some training requirements that are considered compulsory because they are either statutory or mandatory.

- ▶ **Statutory training** includes fire safety, reporting injuries and hazardous substances and is a legal requirement to maintain a healthy and safe working environment.
- ▶ **Mandatory training** is considered compulsory to reduce risk or comply with policy. It usually includes safeguarding, record keeping, reporting, and infection control among many others.

All of this makes perfect sense. The problem is that different Trusts have different requirements both for courses to be undertaken and for the refresh cycle.

So, if a doctor from Trust A, which has a two-year mandatory refresh cycle is engaged by Trust B which has a one-year training cycle, they will automatically be in breach of the Trust B clinical governance policies.

Of course, Trust B could offer a waiver for staff from Trust A. Does that mean that doctors working there from Trust A are any less safe and more likely to fail in their duties at Trust B? If not, why incur the extra expense of a one-year training cycle at all if biennial is sufficient?

Most of the policy design relates to historical custom and practice at each Trust. An incident may have occurred in the past where training frequency has been increased to minimise risk.

So, can the training regime be harmonised between the two Trusts? Of course, but not without negotiation. The outcome has to satisfy the underlying clinical governance needs of each Trust.

Experience shows that having an independent expert driving these negotiations is much more likely to deliver a satisfactory outcome for all parties involved. Where Trusts try to resolve these differences directly, it can be surprisingly difficult to reach agreement.

Pay rate harmony

Bank pay is a sensitive subject. Ideally, it should reflect local market conditions in terms of the ability for the Trust to recruit and retain essential skills in support of the substantive workforce. In reality, bank pay is often set by the Trust at a rate they can afford, near the bottom of the band.

- Some Trusts set a pay rate for the role, so anyone capable of filling the role will get exactly the same rate.
- Others agree to pay substantive staff “to grade”. That means substantive staff will be paid their normal hourly rate equivalent to their day job.
- Yet other Trusts pay overtime for some roles and can’t quite understand why no-one wants to work through the bank.

But they will all, at some point, pay a much higher rate to a staffing agency to fill the same role and preventing that from happening is exactly why Trusts should agree to cooperate on joint governance bank pay.

Best practice

The enlightened Trusts have adopted variable pay rates for key assignments that can accommodate the market conditions in which they operate, particularly for roles that are hard to fill, such as theatres, high dependency, ITU and trauma. They are not fixed; unlike substantive salaries, bank shift rates can be flexed over time as demand and supply changes.

Why bother to harmonise?

In agreeing to harmonise pay rates, Trusts will have to change something. There will be winners and losers in terms of cost. Of course, at times like this it’s important to see the wider objective of serving the needs of the region rather than the specific Trust.

In helping groups of Trusts harmonise their bank pay structures, we have seen a variety of outcomes.

1. Participating Trusts continue to pay what they were paying before
2. All Trusts agree to common rates across the board
3. Trusts focus on solving problems around specific areas of need only.

Some Trusts embrace the need for change and some don’t have the appetite for change or are overly focused on the potential downside financial risk without considering the upside benefit of reduced agency expenditure.

Working with roster interfaces

Most Trusts now use some form of software to support their staff rosters. At their simplest, they help to keep a record of who works where. The better ones feed complex acuity models that allow the Trust to make real-time staff deployment decisions. Some are good for nursing staff, some are better for doctors, others include Allied Health practitioners. None of them are perfect.

Essentially, they are all resource planning models and the rosters they produce are only as good as the information that gets put into them and the skill of the operator. It may be a cliché, but the adage ‘garbage in, garbage out’ is absolutely true when it comes to resource planning.

For substantive staff, they are usually relatively well maintained. The issue we are concerned with here is how they interact with bank and agency to fill gaps in the roster. The ideal is that shifts are automatically delivered from the roster system directly to the bank shift booking via a seamless interface and some roster software is better at that than others.

There are two scenarios for Trusts in the regional group:

A. They all use the same roster software

B. Different Trusts use a variety of roster tools

Bankshare® is roster agnostic: the NHS Professionals shift booking platform will interface with just about any roster software. This means that all bank workers across the participating Trusts in the regional collaborative can see and select those assignments for which they are qualified, regardless of location or Trust.

As a managed bank service provider, our primary concern is patient safety and then filling the shift for the very best value. Unfilled shifts can be offered to agencies subject to a pre-arranged cascade model to ensure that the better quality, lower cost agencies get first opportunities to fill.

When shifts are selected by bank or agency workers, that information is automatically shared with the roster system via the interface and the shift is no longer visible to bank staff. Where a staffing agency has filled the shift, it is still visible to bank staff who, by selecting it, ‘bump’ an agency worker, achieving best value for the Trust.

Branding the regional bank

Some Trust collaboratives are very keen to create a unique brand for the regional bank. This can be effective in helping to get the Trusts to work together on common policy, pay rates and agency negotiations, but it doesn't seem to make a great deal of difference to bank and locum staff.

In our experience, bank and locum workers simply want to know what shifts are available to them which suit their lifestyle needs. They are choosing to work through the bank because they want flexibility in their hours and without commitment to a predetermined shift rota.

Having found suitable work opportunities, the next most important aspect for them is getting paid. For a bank worker, that means having your timesheet authorised and processed in good time with timely payroll, ideally every week. If people don't get paid on time, you can call the bank what you like, people will vote with their feet and work elsewhere.

If you do choose to brand the regional bank, there are practical considerations as to what the bank can be called. These brand rules are predetermined and policed by NHS England. The expectation for regional shared services is to use a name that reflects the geographical location. Brand names designed as a 'concept' are unlikely to be supported, as are logos of any description. The NHS logo is usually all that is required.

Managing agencies, compliance and rates

- Supply chain management position as an agent of the Trust
- We act on behalf of the Trust's contract manager within set strategies / protocols to manage their agency supply chain, cascade of demand, and agencies visibility of demand.
- Included in this, CRMs arrange meetings with approved supply chain agencies each quarter (or more frequently when there are active issues).
- Local CRMs keep and publish a performance log of agencies and a live league table daily.
- Include short notice cancellations, complaints, DNA, hours filled, index of expensiveness etc.
- On the wall in the bank office, and in every meeting we present. Use these performance boards and reports in the agency contract management and performance reviews.

Do's and Don't's – how to make it work for your Trust

This list could be very long but let's focus on getting the basics right.

Working together

1. Focus on the bigger picture – what is the ultimate goal?
2. Don't sweat the small stuff
3. Be prepared to change some things to get benefits
4. Work with a third party that has previous experience of making regional banks work
5. Be ambitious but be practical, take one step at a time!
6. Run it as a project and put your best people on it.

Working with the regional bank

1. Consider how bank workers will be able to see available shifts
2. Harmonise pay issues where they will help maintain workforce stability
3. Communicate regularly with the bank and locum staff to show them what has changed and how they can benefit
4. Make sure that people get paid on time
5. Work together on dealing with complaints and incidents concerning substantive, bank and agency workers.

Measuring benefit realisation

Creating and maintaining a regional bank won't be easy, but it can be rewarding for all concerned. The only way it can be justified is by establishing tangible goals in terms of shift fill and cost savings.

Everything afterwards is about delivering those objectives to fulfil the expectations of the project.

So, early in the project, you will need to collectively agree how you are going to measure success. This will involve consistent measurement of:

- vacancy rates
- recruitment performance
- shift demand
- shift fill rate
- bank costs
- agency costs

These measures should be transparent across the collaborative. In the early days there will be winners and losers but by working together, making the right tweaks, there is an opportunity for every Trust in the group to realise measurable, tangible benefits which can be reported.

Conclusion

With an increasingly scarce supply of clinical staff, it is important that Trusts explore mechanisms to optimise the use of workers available to them.

A local bank serves the needs of the local Trust but is not necessarily optimal. By providing access to a wider range of opportunities, we can ensure that more people are able to find the work that best suits their lifestyle needs and optimise shift fill across the NHS.

Trusts that agree to collaborate on shared regional resources are more likely to benefit from lower overall temporary staffing costs. In particular, they have the collaborative power to restrict opportunities for agencies to deploy Trust substantive staff within the region.

We have seen regional banks deliver tangible benefits. But we have also seen regional banks struggle to work together: fail to harmonise training requirements; mistrust each other's motives; and decide to put the whole problem in the 'too difficult' drawer of the filing cabinet.

None of the issues Trusts face in sharing their bank and locum workers are insurmountable. We have seen them all before and, through Bankshare[®], helped our clients work together to deliver those benefits.

About NHS Professionals

NHS Professionals has been providing managed bank services for all staff groups across the NHS since 2004 and is wholly owned by the Department of Health. We are listed on managed bank service frameworks by Crown Commercial Services (RM1072) and Health Trust Europe (Total Workforce Solutions).

Currently, we deliver managed flexible worker services to a quarter of all acute and mental health Trusts across the country. That means many Trusts are missing out on the obvious savings opportunities from working together with their neighbours to reduce agency expenditure.

Is Bankshare® right for your Trust?

You don't have to become a full managed service client to benefit from Bankshare®, but it would make it easier for you and you would automatically save more money.

We interface to your roster system, if you have one. We make sure bank workers get paid for bank shifts wherever they work across the collaboration without the need for cross-charging.

We take care of all of the HR and clinical governance issues between participating Trusts. In the process, we guarantee to save money for clients on employment costs for additional hours.

Bankshare® is free to use for all NHSP clients.

Trusts can choose simply to participate in the Bankshare® region and exchange information with neighbouring Trusts. You can choose to manage your bank while we employ your bank workers. Alternatively, you can continue to employ your own local bank.

Either way, we think its worth having a conversation. The only thing you have to lose is money wasted on staffing agencies.

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