How to create a collaborative staff bank: the NHS way

The AHSN Network
NHS England
NHS Innovation Accelerator

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So, you want to work collaboratively but don't know where to start?

It's not easy to know where your starting point is. Use the checklist on the following page as a helpful foundation — if you have a score of 5 or more, you're in a position where other established collaboratively working Trusts were when they formed a collaborative bank.

Start
checklist

	Yes	No
Do you have a staff bank in place?	1	0
Do you have an established recruitment team in place to on-board flexible workers of any profession (including medics) when they request to join your Trust?	1	0
Do you have established Trust rates of pay for bank workers with escalation processes in place?	1	0
Does the Trust currently electronically roster their healthcare staff?	1	1
Does the Trust run weekly (W) or monthly (M) payroll cycles?	1 W	1 M
Does the Trust use any digital technology for its healthcare workers when booking flexible work in the form of mobile apps?	1	0
Do you have at least one other Trust in mind that you are open to working collaboratively with?	1	0
Is there a general sentiment at the Trust to work in a more open and transparent way, breaking down any pre-existing silo-driven ways of working?	2	-1
Are your Medical and Nursing directors in support of the Trust joining or forming a collaborative bank?	1	0

	Ready yesterday	Ready today	Ready tomorrow
Readiness Score:	≥ 7/10	≥ 5/10	≥ 3/10

Once you have assessed your foundations, the next stage is to follow a step-by-step approach for the creation of a gold-standard collaborative bank.

NHS Providers and the NHS Innovation Accelerator supported by all 15 NHS Academic Health Science Networks have assessed and are in support of what is now known as the 'Digital Collaborative Bank' – a group of 10 NHS Trusts across 6 ICSs in England who have formed and are now the most mature and advanced collaborative bank in the NHS.

The Digital Collaborative Bank was formed following a similar thought process as in the step-by-step guide that follows.

The step-by-step guide in the formation of the NHS' most proven collaborative bank model

Step 1: Choose your partners

Decide on the Trusts you wish to work with.

Step 2: Get some help

Request that your technology partner does the heavy lifting with the technology infrastructure scoping, the legal work and the planning of all the collaborative group meetings before, during and after the formation of the collaborative bank.

Step 3: Choose your model

Explore, at an early stage, the various models of collaborative banks and their pros and cons. For example, some collaborative banks operate where the Trusts are able to decide whether or not they run an in-house or externally managed bank. Other collaborative banks demand that you mandate either a piece of software or a locum agency to manage things. You need to make a decision early on, on what is in the best interest of your colleagues and, crucially, your patients.

To help you decide, read the latest Workforce Report which explores the differences between an open and closed bank model.

Step 4: Set Key Performance Indicators

Once the high-level model is decided upon, your technology partner will be able to demonstrate exactly how the flow of workers would look like, provide real Key Performance Indicators (KPIs) on target fill-rate increases, agency spend savings and operational efficiency improvements.

Step 5: Define your payroll processes

Decide the most effective method of managing payroll. There are a number of models out there including cross-charging, central payroll departments and lead employer models — all with their merits and weaknesses but will need addressing early on. Your technology provider should be able to advise you on the choice of payroll model.

Step 6: Legal and governance

Areas such as booking processes, rate escalations, NHS Employment Checks, Professional Registration integration, Criminal Record Checks, Mandatory/Statutory Training, Staff Absences, Restrictions and Leavers, Indemnity, Communication and Policies and Procedures are a few of the areas that need to be agreed on. Over the past 3 years these clauses have been refined by the NHS Digital Collaborative Bank group and are able to be redeployed across other collaboratives to avoid the need to reinvent the wheel.

Step 7: Deploy

Once the agreements are in place, robust preparations and checklists are completed, you are able to deploy the collaborative bank.

Some key take-home messages we've seen over the past 5 years...

1

The harmonization of rates is important but only up until a certain point. Don't kill the vision of working collaboratively if you cannot agree on exact, identical rates across all departments, grades and bands of staff between Trusts.

There is usually an underlying reason for this, and you will need to better understand the geographic and socio-economic factors amongst others when working with your partner Trusts — your technology partner should be able to help with this if they are able to leverage data to a powerful degree.

2

You don't all need to be using the same systems in place and shouldn't have your hands forced in a direction you're not comfortable with. You should choose technology partners who are open to working

collaboratively and have proven integrations beyond just the marketing headlines.

3

E-rostering is helpful but is by no means necessary in any way to work collaboratively. Do not stall the potential of improving your staff morale and improving patient care by trying to implement electronic rostering first. The two deployments can be run alongside one another with zero risk.

4

After witnessing hundreds of thousands of collaborative shifts worked, we can, with absolute certainty, say that **no Trust loses more staff than it gains.** We have seen fill-rates increase for all Trusts by at least 5%, with some as high as 15%. This equates to millions of pounds a year in savings.

Besides, it is important to remember that if your doctors, nurses or allied

health professionals want to work elsewhere, they will, via an agency – it's important to understand the underlying reason why they want to move elsewhere because, looking at the data, it's hardly ever for the money.

Collaborative working does not only save millions of pounds but it is proven to lead to a happier workforce and, above all, better patient quality and continuity of care.

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