

**Open vs.
closed staff
bank models:
what is the best
strategy to help
you address
your workforce
challenges?**



The need to modernise our way of thinking has recently become very apparent as NHS Trusts try to plug holes in their service with a limited number of contingent workers and a limited breadth of skills available.

This workforce report is the culmination of years of academic research, collection of data and testimonials from leaders in technology, workforce and clinical service within the NHS. It makes a strong ethical, financial and practical case for an open bank approach as a key strategy in tackling our health service's workforce challenges.

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Introduction

Open vs. Closed staff bank models

An NHS staff bank is a pool of contingent workers available on demand

An NHS staff bank is an entity managed by (or on behalf of) a hospital Trust, which contracts healthcare professionals to take on temporary shifts. If a hospital does not have enough substantive staff on a ward, due to increased demand, sickness or staff shortages, they rely on a pool of contingent workers to meet the fluctuating staffing needs caused by these factors. The approach of having a contingent workforce is commonplace across the NHS, in healthcare across the world and in all other service industries.



Defining ‘Open’ and ‘Closed’ bank models

There are two predominant schools of thought around the design of medical staff banks: the **Open bank** and the **Closed bank**.

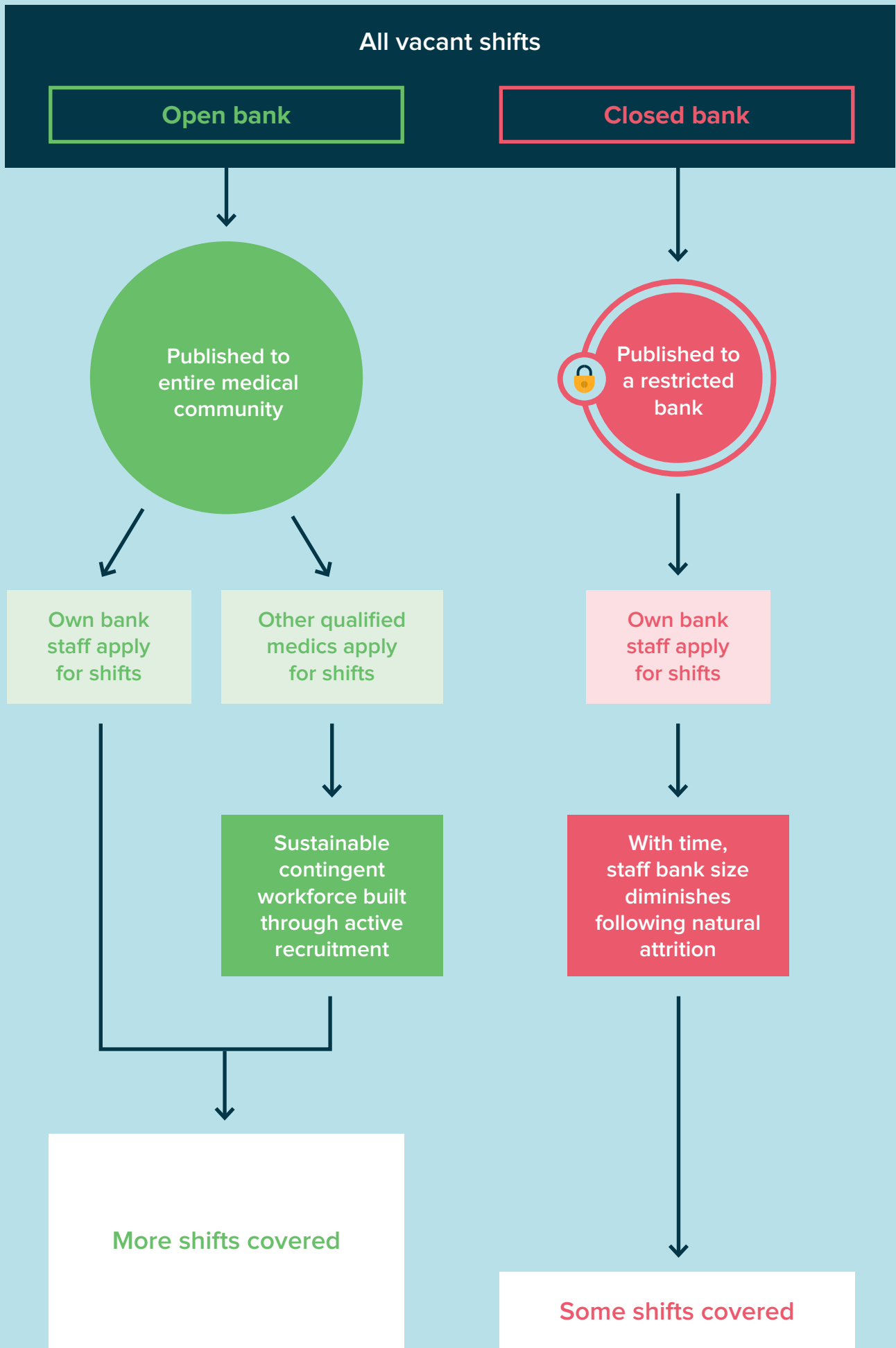


The Open Bank

Shifts are broadcast to the wider medical community, with established mechanisms to quickly and safely recruit appropriate staff to cover the shift - in other words casting a wide net.

The Closed Bank

A small, distinct and therefore very controlled group of contingent workers who are the sole audience of available shifts.



In this report, we ask, explore and answer which model is best for your organisation.

1. The Open bank model

Should you design a bank, open to the wider medical community, through initiatives such as transparent software systems, making your shifts accessible to all registered clinicians?

2. The Closed bank model

Or should you structure a singular staff bank, ring-fencing it through various control mechanisms from any influence other than your own organisation?

Part A

**The way you
manage your staff
bank impacts your
staff's morale**

Where are we now: nearly half of the NHS workforce is unhappy with the opportunities for flexible working patterns.

The NHS People Plan 2020¹ says that, from January 2021, all job roles across NHS England will be available for flexible working patterns. From September 2020, NHS England alongside NHS Improvement will be working with the NHS Staff Council to develop guidance which will seek to support employers to make this a reality for their staff.

The People Plan also states that Health Education England will continue to increase the flexibility of training for junior doctors such as, less than full-time training, out-of-programme pauses and opportunities to develop portfolio careers. Full roll-out will happen by 2022/23, so that all junior doctors will be able to apply for flexibility in their chosen training programme.

This approach should be commended as the People Plan identifies that more flexible working arrangements within healthcare could increase job applications to roles and also increase motivation and retention within the workforce - although

The NHS People Plan identifies that more flexible working arrangements could increase job applications but, also increase motivation and retention within the workforce.

this approach will be a further challenge for staffing managers to consider.

The need for this approach was highlighted by staff in the 2019 NHS Staff Survey² where **only 54% of staff stated they were satisfied with the opportunities for flexible working patterns.**

Poor flexible working practices, which bank shifts are a significant part of, of course, impact staff morale.

Ineffective bank systems, coupled with increasing demand in the health sector, may be having a negative impact on staff morale and, in turn, staff retention and recruitment. In the 2019 NHS Staff Survey these themes became apparent:



55.9%

of staff reported that they work additional unpaid hours each week, over and above their contracted hours



40.3%

of staff stated that they have felt unwell as a result of work-related stress in the previous 12 months

These figures highlight the need to review our working arrangements and review our dependencies on our limited resource of substantive bank staff. Seeking to increase our resource pool to take the stress of overworking and unpaid work having a detrimental effect on staff morale should be a priority. Otherwise, the NHS' most precious resource, its staff, will be hard to retain.

The Staff Survey has highlighted this very real threat with the 2019 responses stating:



There are shortages across a wide range of NHS staff groups – doctors, including GPs and psychiatrists, paramedics, radiographers, genomic scientists and dentists, to name a few³. The People Plan highlights the need to improve the experience of NHS staff as that will allow the NHS to better serve its patients.

At every level, the NHS needs to pay greater attention to why a large number of staff leave the NHS, taking decisive action in both the short and medium term to retain existing staff and attract more people to join - which is the key to creating a sustainable workforce. Staff morale may also play a key role in the high levels of staff sickness in the NHS, which currently runs around 2.3% higher than in the rest of the economy. Additionally, around one in eleven of NHS staff leave the NHS entirely every year.

Clearly, the way we design our staff bank systems and processes plays a much bigger role on staff morale than previously thought.

How can a cleverly-structured staff bank improve staff morale?

“To become a modern and model employer, we must build on the flexible working changes that are emerging through COVID-19. This is crucial for retaining the talent that we have across the NHS.

Between 2011 and 2018 more than 56,000 people left NHS employment citing work-life balance as the reason.

We cannot afford to lose any more of our people.”⁴

As highlighted in the People Plan, staff interpret flexible working in different ways; from overall working hours to work location to the way they approach their work. This can also translate to a need for a higher level of predictability of working arrangements to help staff gain the visibility they need to manage their work-life balance.

Given this information, and our understanding of what staff want and need in order to feel fulfilled and valued within the NHS, we can see how the two approaches to managing a staff bank will have a drastic impact on these variables.



Closed bank systems can be seen as unfair on the substantive workforce

Ring-fenced, protected staff banks, or otherwise closed bank systems, can make the substantive staff feel an obligation to cover shifts they may not want to cover or agree to additional hours that may be unsafe.

This is because they feel a responsibility to their organisation that goes beyond their employment contract. As a result of the relationships they have with colleagues

and staffing managers, sometimes these relationships can be exploited and pressure is placed on staff members to cover the vacant shift. This can then lead to demotivation and, in time, staff members may seek employment elsewhere to meet their work-life balance requirements.

“If I don’t do this shift, no one will, and my colleagues and patients will suffer!”



Open bank systems strengthen the psychological contract between the employee and the employer

With the other approach of an open bank system, staff have a wider option of shifts across multiple organisations. This may allow them to increase their knowledge and gain expertise in different areas than they may typically have access to.

Often with this approach, and from speaking to staff members, there is less pressure on staff to fill vacancies which can increase their connection to the psychological contract* they have with their primary employer.

This can be demonstrated by reviewing the data available within the Locum’s Nest system. We see a trend where organisations that join a collaborative bank see an increase in shift booking numbers from their own staff members.

Beyond the positive impact of economies of scale, which will be looked at later in

the report, **a reduction in perceived pressure placed on staff to fill vacancies, places a greater power on the staff member to take ownership of their work-life balance and apply for the shifts they want to cover, not what they feel they have to cover.** This has the desirable outcome of skyrocketing fill-rates of vacancies across organisations.

Perceived breaches of the psychological contract can severely damage the relationship between employer and employee, leading to disengagement and reduced productivity. Fairness is a significant part of the psychological contract, bound up in equity theory. Employees need to perceive that they’re being treated fairly to sustain a healthy relationship with their employer.



* The psychological contract refers to the unwritten set of expectations of the employment relationship as distinct from the formal, codified employment contract. Taken together, the psychological contract and the employment contract define the employer-employee relationship.

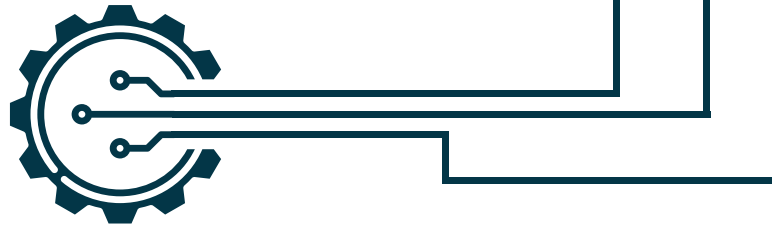
Using a transparent piece of technology shows your staff you care about their wellbeing

The ability to utilise technological advances in booking bank shifts can have a positive impact on staff as it can reduce the barriers and time lag in outdated paper or verbal systems.

Staff are able to utilise advanced mobile phone and web apps for what could be immediate responses to requests to work a shift and find suitable shifts either within their organisation or as part of a digital bank or collaborative.

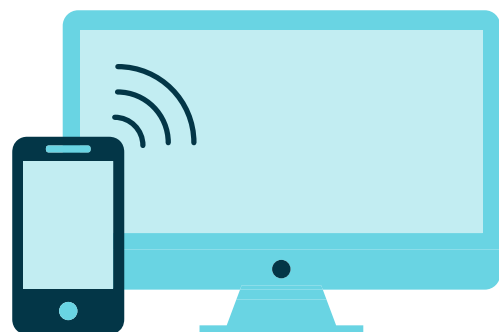
Digital technology within this arena has a unique ability to quickly match supply and demand by acting as a rapid, effective, intermediary. More importantly, the employees using such open technology know you are doing your best to fill those vacancies by broadcasting them to their wider professional community. Using an open bank software system helps employees feel like valued and respected professionals rather than feeling obliged to fill the vacancy despite their schedule.

With the advances in technology we can now create and manage these resource pools of bank workers in ways that would have been impossible only a number of years ago. As we have identified previously, there is a need to maximise the workforce to ensure we have suitable workforce numbers with an expansive skill mix that can meet the service requirements. To this extent, open, transparent technology can play a valuable role linking up NHS Trusts with a wide range of workforce gaps. It can help the Trust identify a much wider range of potential temporary staff compared to using a closed software system, and it enables temporary staff to quickly and easily identify what shifts might be available.



This approach can help staff members feel part of a solution and feel part of the process of filling the vacancies rather than it being a process which happens to them and not with them.

Employees using such open technology know you are doing your best to fill those vacancies by broadcasting them to their wider professional community. Using an open bank software system helps employees feel like valued and respected professionals rather than feeling obliged to fill the vacancy despite their schedule.



Impact on total staff morale: evaluating Open vs. Closed bank systems

Open bank systems

Advantages

Staff feel less pressure to take shifts they don't want to work

Staff have more options so can select shifts more suited to their skillset or experience

Staff can have more flexibility in the work they select

Greater ability to manage work-life balance

Disadvantages

Staff may feel threatened by increased competition and may feel there will be fewer opportunities for them

Increased competition will minimise the opportunities for privileged staff to negotiate increased hourly rates

Closed bank systems

Advantages

Ring-fenced staff have a greater choice of shifts as supply often cannot meet demand

Some privileged staff members can negotiate higher hourly rates as there isn't competition between candidates

Disadvantages

Staff can feel pressured into filling service gaps

Staff can be overworked or feel obligated to take on extra shifts even if they don't feel mentally or physically capable

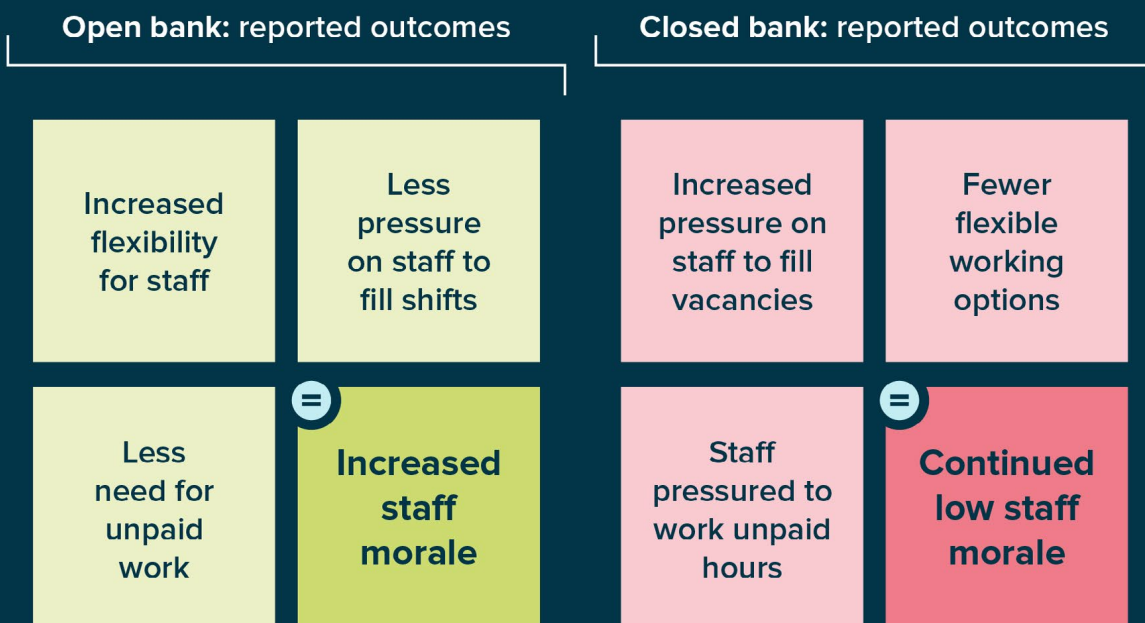
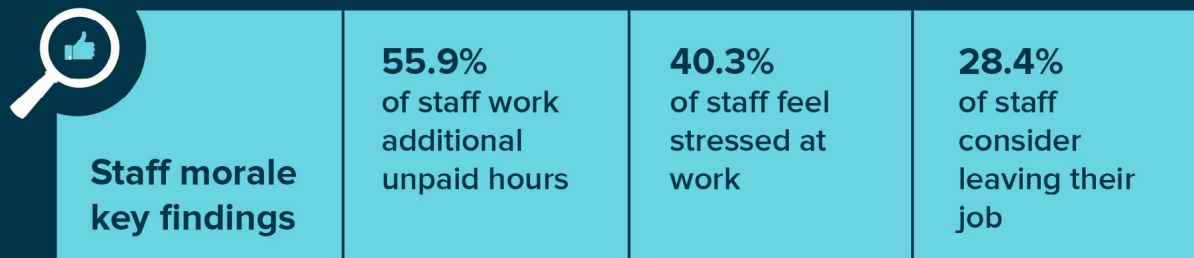
Staff can be asked to cover different grades or specialities as the resource available is limited, leading to stress for the staff member

Open bank approaches, as the literature suggests, appear to create a greater level of engagement with existing bank staff.

It could be speculated that this is due to less pressure being placed on staff to fill service gaps, who may feel more empowered to decide which shifts they want to fill knowing there will likely be other candidates available via a larger resource pool.

This also reinforces the psychological contract between employer and employee which will, in turn:

- a) lead to a more content workforce, with the flexibility to decide their individual work-life balance commitments,
- b) lead to a workforce which will continue to add value to their organisation and others, and,
- c) increase retention and recruitment leading to a more sustainable workforce for the foreseeable future.



Part B

**Patient care:
your choice of
staff bank model
is more important
than you think**

In desperate need for innovation: our current staff deficit is adversely impacting patient care

The NHS Interim People Plan 2019⁵ states, that the culture of the NHS is being negatively impacted by the fact that staff are overstretched. It seeks to confirm this by evidencing the NHS Staff Survey from 2018⁶ where more responding staff reported bullying, harassment and abuse in their workplace in the previous 12 months. The theme of staffing pressures causing stress and burnout also runs through the recent Health Education England report on NHS staff and learner wellbeing⁷, which sets out some of the most serious causes of harm to NHS staff members' mental health and wellbeing. The reports highlight an understanding that **the NHS requires more staff but, conclude that this alone will not be enough.**

A false economy of unsustainable workforce figures has left us with a big staff and skills deficit

An important aspect to consider when thinking of patient care, is that the NHS operates in a highly competitive employment market with changing generational expectations about careers. If you talk to many senior medics, you will be met with tales of continuous working and weekly hours that would never be considered now, let alone become common practice. This can only be seen as a positive for the staff members and also for the patients whom they care for.

But, there is a caveat; by working these hours, the previous generations created a false economy of unsustainable workforce figures. Now that there is more control and



regulation over working arrangements, we can see the true staffing levels and resources required to meet the service needs. This has resulted in a greater need for bank and agency workers; but, with the NHS continuing to work at a staffing deficit, the need for a more creative solution has become evident.

This has led to multiple Trusts reviewing their bank processes to ensure the service needs are met and, in turn, seeking to ensure safe staffing levels and patient safety requirements.

With the NHS continuing to work at a staffing deficit, the need for a more creative solution has become evident.

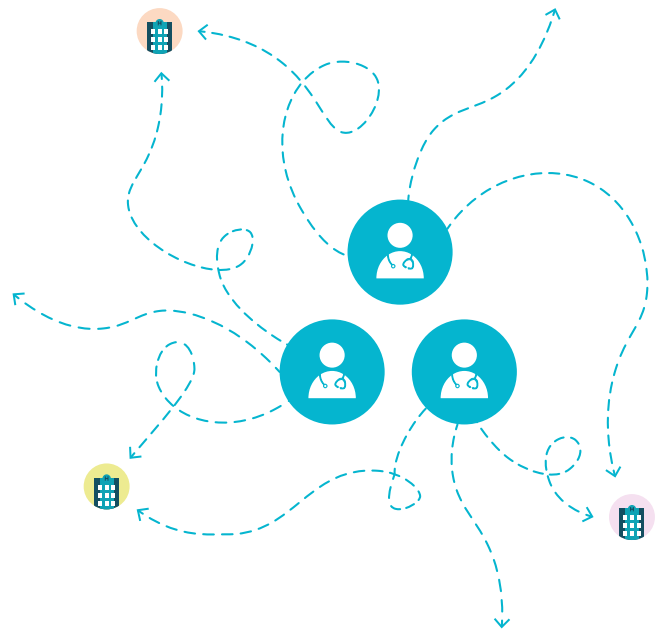
Impact on patient care: evaluating Open vs. Closed bank systems

Should you cast a wide net or ring-fence a select cohort? The unforeseen impact on continuity of care.

If we look at the ring-fenced model of managing your staff bank, there appear, on the surface, to be some advantages in relation to patient continuity of care. One could argue, that by ensuring you have your own bank workers covering these shifts you have a trusted workforce that knows the area and potentially the patients. This, in theory, can ensure continuity of care which, as demonstrated in recent publications from the NHS, especially regarding maternity services, can be seen as a key metric in ensuring positive patient outcomes.

Theoretically, this seems a perfect solution to a staffing crisis that will meet the patient needs and ensure a high level of care but, when we apply this to the real world, what we are left with is a number of Trusts without the staffing levels on their bank to successfully fill the vacancies. This leads to a high number of shifts being escalated for an agency to attempt to cover; this leaves the Trust either with an agency worker who might not have prior knowledge of the organisation, or possibly no cover at all. This can then put the patient at an increased risk, as safe staffing levels may not be met. **With a closed, ring-fenced, rigid staff bank approach the organisation has a limited resource of both staff and skillset/speciality available to utilise.**

If the Trust opens its staff bank to the wider medical community, a wider local resource



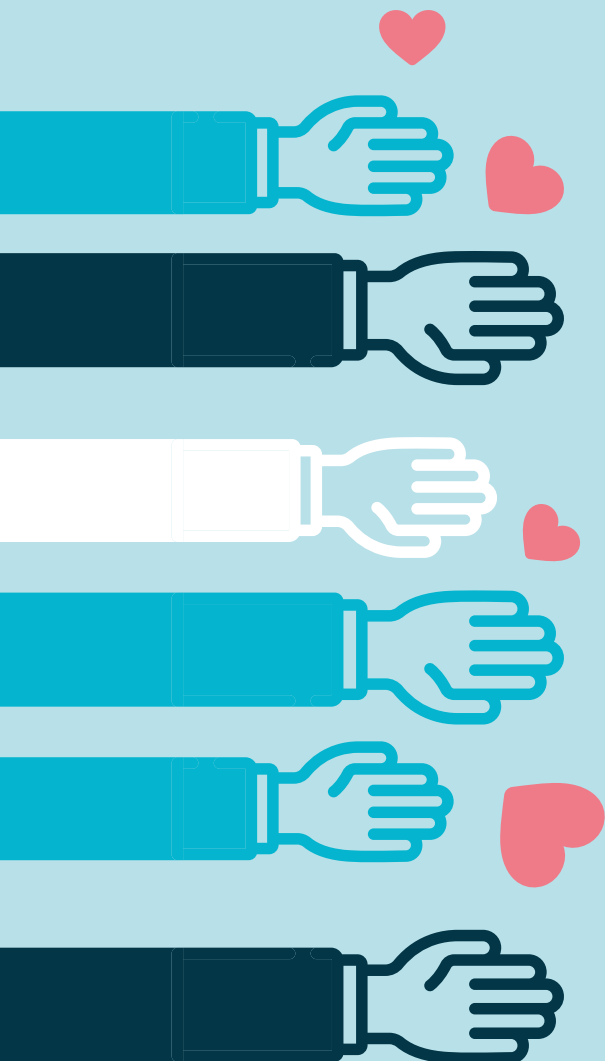
pool becomes available with not just a highly increased number of staff, but, also an increase in the skills and specialities available to meet the needs of the service and patients. The nature of training means that, quite often, healthcare professionals rotate between healthcare organisations in the immediate geographical vicinity.

For example, a doctor from a nearby Trust who is not currently on your staff bank, might have been a very competent senior trainee at your organisation only a few months ago. Allowing them access to your shifts, and by extension your patients, will not only improve your vacant shift fill-rate, but also contribute to the organisational memory* and continuity of care. This is because that particular doctor will also pass on those unwritten, esoteric skills to the more junior colleagues who have just joined your organisation.

* Organisational memory (OM), sometimes called institutional memory, is the accumulated body of data, information, and knowledge created in the course of an individual organisation's existence. This memory is often unwritten.

This can negate the need to escalate to agencies, resulting in a collaborative resourced solution, minimising service gaps and improving drastically the potential to find the most suitable staff member for the position.

At a singular, micro-level, the open bank approach may not always meet the continuity of care desired by many senior managers, but at an organisational level, it arguably offers a more sustainable approach with more opportunities to fill more positions with suitable candidates.



There's no such thing as free work without consequences: quality of care considerations

As we have seen in the analysis above, patient care is always at the forefront of any healthcare professional's mind and delivering a good service and patient experience plays a huge role in employee motivation.

However, the health service has often relied on this emotional connection and the goodwill of staff to fill gaps in service as demonstrated in the NHS Staff Survey 2019, where 55.9% of staff responded that they work extra unpaid hours on a regular basis. We also have a number of reports where a set grade has been requested for a position but cannot be found so an alternative, less senior grade, is then accepted who may not have the relevant skills or experience that were initially identified.

The common practice of relying on the staff's goodwill to cover vacancies does not just have a negative effect on the staff members themselves; in many cases it can lead to concerns with patient care.

For example, if a staff member is continually asked to work extra unpaid hours, how are these recorded across the financial, staffing and quality metrics? Or could it lead to breaches in Working Time Directive, contractual limitations and visa restrictions? If a serious incident occurred, how would you know who was delivering the service at that time and, if these conditions did lead to errors, who is to blame: the staff member who agreed to work the extra hours or the organisation who requested the unpaid work?

Ultimately, the patient suffers, whoever is to blame...

This practice is most common in healthcare organisations which have limitations on their staff bank. Often,

with closed bank approaches, the needed resource is not available due to the limit on staff numbers, the skills and experience. This often forces managers to request substantive staff with the skills and experience to fill these gaps through their goodwill (often doing this unpaid). What we have seen is that when the bank approach is open, more resources and skill sets become available, the culture gradually changes and staff do not feel pressured to work additional hours as there is an awareness that a suitable bank member is more likely to be found at a reasonable rate.

Healthcare professionals' goodwill should be respected by showing them we're doing our best to fill the vacant shifts

To summarise, we can conclude without doubt that **patient care is always at the forefront of the health profession.**

As such, what we have seen in many healthcare organisations is a reliance on staff members' goodwill to work extra, unpaid hours on a regular basis. This is an unsustainable false economy which many finance departments cannot account for as it is often undocumented and un-auditable.

Concerns must be raised that if the work being undertaken isn't recorded, then how can staff hours and wellbeing really be monitored? Does this increase the potential

for human error, putting patients at an increased risk?

These issues are occurring mostly due to a lack of resources. Well-meaning managers want to ensure safe staffing numbers and, in many cases, keep continuity of care via their own personal staffing models. The reality most organisations now face, is that there are not sufficient numbers on the staff bank and especially sufficient numbers of staff with specialist skills or experience.

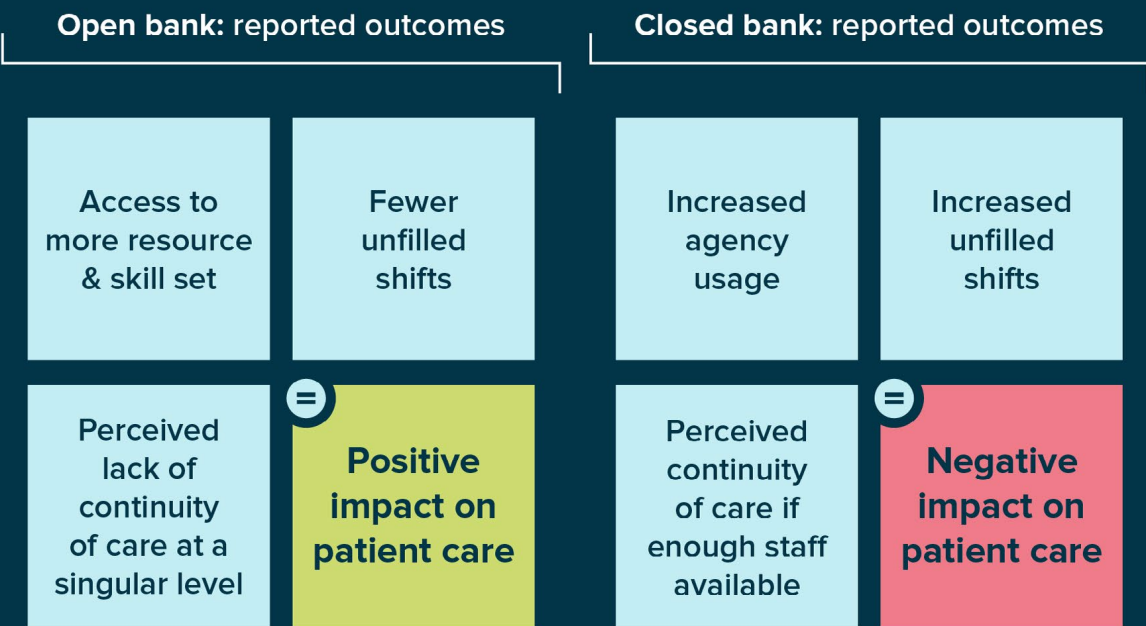
The analysis concludes that by opening your bank through an avenue such as a regional collaborative or digital staff

bank, human resources available increase dramatically and access to staff with varying skills and experience becomes a significant positive. As such, what we see is a higher fill rate of bank shifts and a newly found sustainable staff bank.

Continuity of care is often reported to increase, as many staff members are willing to take up long term bank positions in a Trust, which we have seen in many maternity and mental health settings.



Patient care key findings	Not enough staff	Lack of continuity of care	Limited resource & skill set
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Part C

**Money matters
too; choosing the
most economically
viable bank model**

A Trust's financial position hugely impacts its ability to deliver high quality care

Patient care and health outcomes have always been the priority for most healthcare organisations, but, of course, in the real world, a Trust's financial position hugely impacts its ability to deliver high quality care.

In 2015, Trust spending on agency staff had increased to the extent that it was one of the most significant causes of deteriorating Trust finances. The NHS introduced what are referred to as the agency rules in April 2016 to support Trusts in reducing their agency expenditure and move towards a more sustainable level of temporary staffing. Since the introduction of these agency rules, Trusts have successfully reduced agency spend by over £1 billion to date. However, despite these savings, even though 2018/19 echoed the drop in agency spend, the volume of shifts sent to agencies actually increased, primarily due to increased activity.

These conditions have shed some light onto a challenging environment where staff are needed to meet the demands of the service, irrespective of any economical restrictions.



Effective and sustainable recruitment and retention of staff: a get-out-of-jail card?

By reviewing this information and overlaying the two approaches to managing a staff bank, we can identify that in both models the activity levels of the NHS are increasing, but in both models recruitment and retention of substantive staff appears to be an ongoing concern.

Everyone agrees, or should agree, that the endgame should be to create a sustainable staff bank. Often, the approach on how to best do this is up for debate.

By widely broadcasting shifts to the entire profession, the open bank model uses behavioural psychology methods to actively attract candidates to join a contingent pool of staff. In sharp contrast, the closed bank model expects candidates to join a staff bank before having full visibility of its benefits (training, rates etc).

Often, the closed, ring-fenced, protected staff bank doesn't have the resources available to successfully cover every vacancy which leads to a large number of shifts being escalated to agency at an enhanced cost.

Working towards making supply meet demand: simple economic theory put to the test

If we look at the approach of a staff bank opened to the wider healthcare community, we can see the key advantages of a more stringent control on costs. The healthcare workers will have agreed payment profiles in line with their internal bank policies. With a bigger resource pool there is a greater potential for shifts to be covered with a greater lead time - this reduces costs.

This is achieved through the basic economic principle of economies of scale, where a larger resource pool of suitable candidates can keep costs to a reasonable level without a proportional increase in operating costs.

By using an open bank software system, overheads don't increase, yet shifts are broadcast to thousands of qualified professionals. The market forces of supply and demand are then left to do what they do best: meet each other!

It is widely reported that in closed models, quite frequently, some professionals only agree to cover shifts if they meet certain financial criteria. This should not be called out as greed or irresponsible behaviour - instead it is basic supply and demand economic theory; staffing levels are unchanged, the demand is growing

but with restricted supply i.e. the number of health workers who come at a premium, increases. If we invert this and increase the supply substantially, a competitive approach can be seen which keeps costs reasonable.

Kent Surrey Sussex
Academic Health Science
Network



£10 saved for every £1 invested

in an open bank software system

£1.73 billion

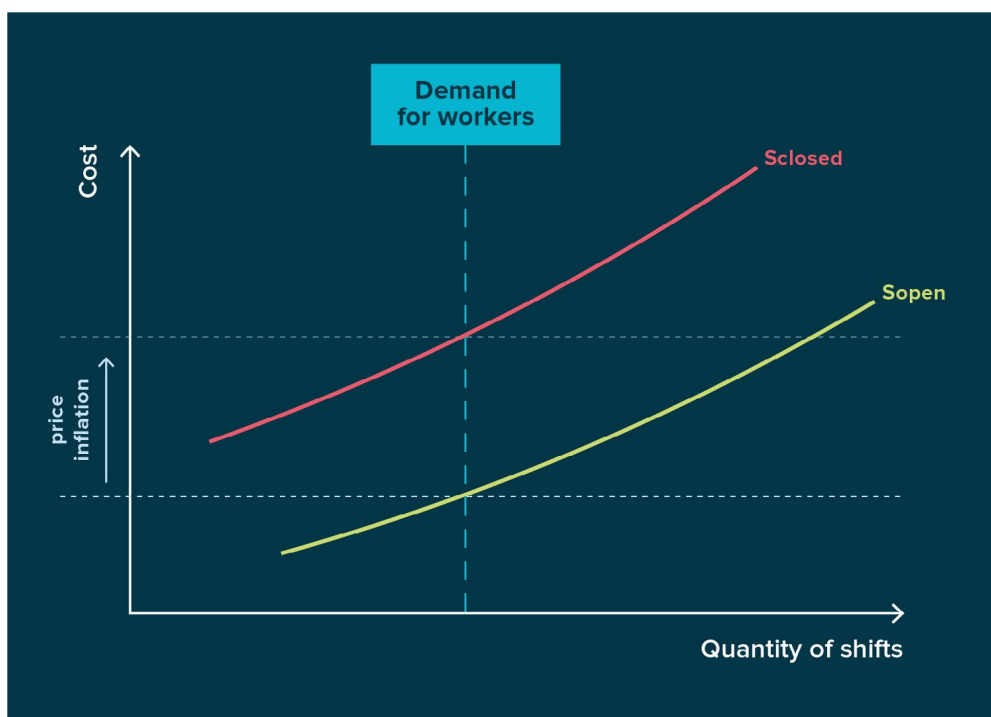
potential yearly savings on agency spend across the whole of the NHS

We are all aware of the increased demand in healthcare services and the lack of adequate staffing levels. This means that bank work will be the key to ensuring safe staffing levels and adequate patient care; but, with the NHS and the nation in financial crisis, we have to ask ourselves how we can meet these demands in the most cost-effective manner for the benefit of the public purse.

Evidence shows that the most cost-effective way to fill service gaps is by booking bank shifts with as much lead time from their start date as possible and by having a large resource pool to ensure competition for shifts keeps costs at bay.

With closed bank systems, with or without technology, the market forces are restricted. This leads to artificially shifting the supply curve to a higher price equilibrium. As such, the pool of candidates can be limited in numbers and costs may be driven upwards through negotiation of bank prices and/or resorting to more expensive agencies.

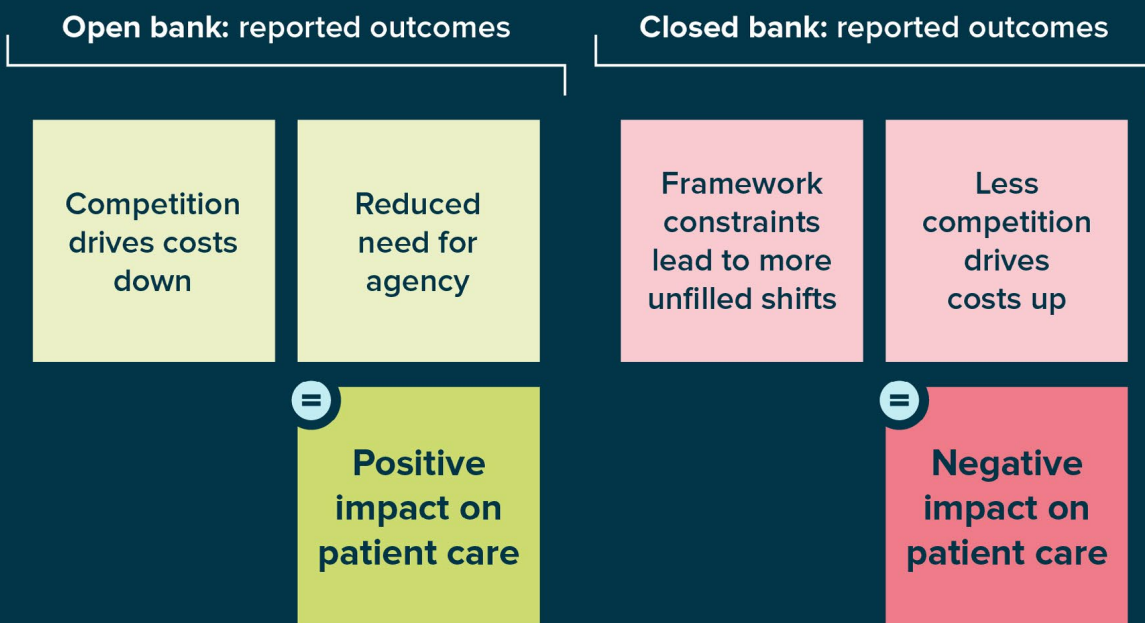
For many organisations, the solution to have control and minimise expenditure on bank and agency is to open bank management processes. By joining a regional collaborative or digital bank initiative you are granting yourself access to a larger resource pool of skilled staff with increased competition to keep costs reasonable.



Even the slightest restriction of worker supply increases costs exponentially

- **Sopen** = Supply of workers in open system
- Sclosed** = Restricted supply of workers in closed system
- D** = Demand for workers is inelastic i.e it's always present irrespective of the number of workers available

An economically viable bank model delivers sustainable recruitment and retention of staff as well as high quality care.



Part D

**Staff bank
unchained:
ensuring your
chosen bank model
adheres to governance
standards without
limiting your
capabilities**

Governance in healthcare has always been at the forefront of many senior NHS leaders' minds, but this also seeps into general staff bank management. It comes as no surprise that healthcare is thought as the last industry to adopt innovation.

In the case of the staff bank, NHS bank workers must all adhere to high standards and legal requirements set by the Trust and their accompanying guidelines. Their compliance must regularly be reviewed and kept up to date.

Governance: evaluating Open vs. Closed bank systems

**Close your bank;
limit your ambition;
maintain governance.
Chasing the wrong
goal?**

A closed, ring-fenced staff bank can adhere to these easily enough by limiting the size (and therefore effectiveness) of the contingent workforce.

However, in many organisations, taking this approach leads to a large number of vacant shifts being sent to agencies to cover. This seemingly disseminates the ownership of the checks to the agency. This, of course, is a fallacy as the healthcare organisation is still culpable for the worker and the work they provide when fulfilling the shift.

At a micro-level, it is true that the work of the individual person responsible for maintaining the governance standards of the staff bank is limited. But, so is the staff bank's effectiveness...

**Open your bank;
make a difference;
finetune governance
processes. Getting the
priorities right?**

With the open staff bank approach, the staff members would still be governed by the NHS governance rules and would have their credentials checked and verified by either their own bank team or a collaborative bank partner.

Some organisations who use staff bank management technologies have enhanced them with Digital Passports - systems designed to augment recruitment, compliance and governance through cloud-based task management and smart notifications.

Don't hand over responsibility to third parties: you'd be breaking the rules

The severe governance and cost implications of handing over the responsibility to a recruitment agency has been highlighted by NHS Improvement which states that it wants to permanently change the temporary staffing landscape – encouraging agency staff back into more cost-effective bank and substantive settings.

NHS Improvement alludes to the advantages of reducing the volume of agency workers by stating “The best staff to care for our patients are those staff we recruit and employ”⁸. This obviously includes open staff banks as these employees are recruited by the NHS and can flex between NHS organisations to meet service demand.

NHS Improvement also makes a very valued point in their agency framework

documentations when they discuss medical banks as a quality initiative and not necessarily a cost reduction exercise. This resonates with many organisations as there is not a single clinician within each organisation who has infinite skills. This means that we need to have access to the right breadth of people in the right place at the right time to ensure the quality of the service delivered is never compromised.

This isn't always achievable with ring-fenced staff banks as there is a finite amount of resources available and organisations may not have access to staff with certain specialist skills that are only required on an ad-hoc basis. These shifts are often then escalated to agency as they cannot be filled internally (and in many cases are left unfilled if the agency is unable to find a suitable available candidate in the proximity). Open banks reduce the likelihood of this issue arising and increase the possibility of finding a suitable candidate who has gone through the NHS recruitment process.

“The best staff to care for our patients are those staff we recruit and employ.”

– NHS Improvement

NHS
Improvement

“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.”⁹

– NHS Improvement

NHS
Improvement

Ultimately, it's all about ethics: doing what's right for the NHS

There is also an ongoing debate among many scholars in relation to staff bank approaches, who argue that it is unethical to restrict your bank staff from undertaking work in another setting. This raises many questions, such as:

Is it ethical to stop the employees on your bank being able to earn a living by filling shifts in a neighbouring Trust?

Is the recruitment documentation you compiled for your employees yours or does it belong to the employees themselves?

(Of course, GDPR has answered this question with a resounding "it's not yours to ring-fence!")

But to regular citizens reading this, the issue is that, by restricting your staff from filling another NHS vacancy elsewhere, or by not accepting external NHS staff to work collaboratively with your organisation, you could be denying a patient the quality of care they should expect from any NHS organisation.

Collaboration is the key to fighting the increasing service demand by allowing access to a greater skill mix, a bigger contingent workforce pool, which will allow organisations to become more flexible in the service they deliver. Taking into account government initiatives, seasonal trends and unpredictable stressors (such as the Coronavirus pandemic), having a fluid workforce resource that can be activated to meet the needs of organisations throughout the NHS, is of paramount importance.



A successful bank model adheres to governance standards without limiting innovation, ambition or your capabilities.



Governance key findings

High agency usage leads to fewer employment checks by NHS

Lack of control over quality of staff checks

Resitricting where staff can work is unethical

Open bank: reported outcomes

All staff vetted by NHS processes

Increased resource leads to higher quality

Larger resource to meet flexibility of service demands



Positive impact on NHS governance

Closed bank: reported outcomes

High agency usage leads to fewer NHS employment checks

Staff restricted to work elsewhere



Negative impact on NHS governance

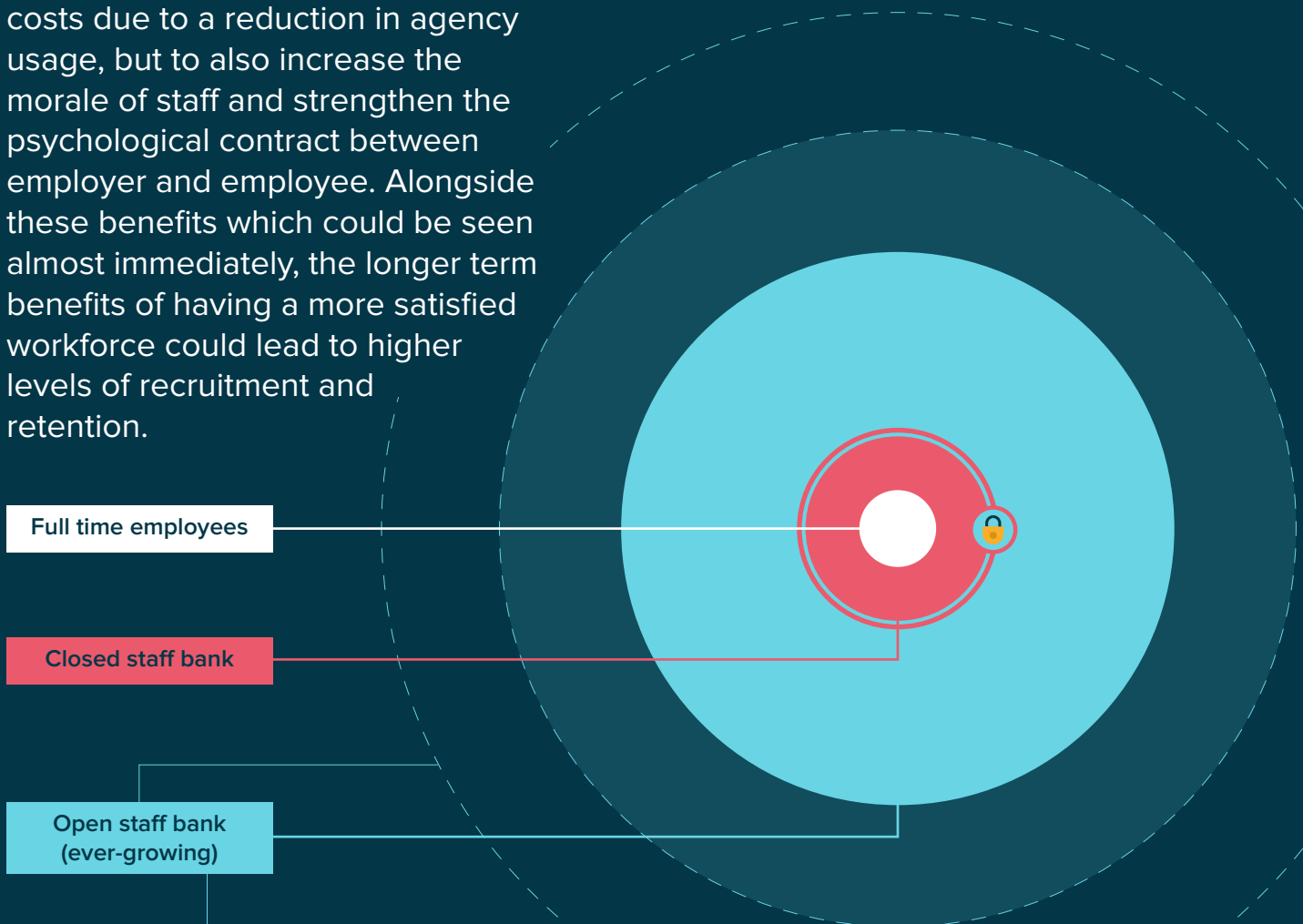
Conclusion

Given the NHS' growing challenges, it's apparent that current staffing levels are not sufficient to meet the needs of the service. The need to modernise our way of thinking has recently become very apparent as Trusts try to plug holes in service with a limited number of bank workers and a limited number of skills available in that bank pool.

An open bank approach can play a key role in tackling these issues, with the technology to implement it being widely available.

The open bank approach has been shown to not just drive down costs due to a reduction in agency usage, but to also increase the morale of staff and strengthen the psychological contract between employer and employee. Alongside these benefits which could be seen almost immediately, the longer term benefits of having a more satisfied workforce could lead to higher levels of recruitment and retention.

If you are currently operating a closed bank approach, consider implementing some elements from the open bank philosophy to drive down costs, improve staff morale and patient care and improve your control over your governance.



Endnotes

¹ NHS People Plan 2020 (https://www.england.nhs.uk/wp-content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf)

² NHS Staff Survey 2019 (<https://www.nhsstaffsurveys.com/Page/1085/Latest-Results/NHS-Staff-Survey-Results/>)

³ Interim People Plan 2019 (https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf)

⁴ NHS People Plan 2020 (https://www.england.nhs.uk/wp-content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf)

⁵ Interim People Plan 2019 (https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf)

⁶ NHS Staff Survey 2018 (<https://www.nhsstaffsurveys.com/Page/1101/Past-Results/Staff-Survey-2018-Detailed-Spreadsheets/>)

⁷ NHS Staff and Learners' Mental Wellbeing Commission (<https://www.hee.nhs.uk/sites/default/files/documents/NHS%20%28HEE%29%20-%20Mental%20Wellbeing%20Commission%20Report.pdf>)

⁸ Developing collaborative and medical staff banks (https://improvement.nhs.uk/documents/2198/Developing_collaborative_and_medical_staff_banks_event_slides.pdf)

⁹ Developing collaborative and medical staff banks (https://improvement.nhs.uk/documents/2198/Developing_collaborative_and_medical_staff_banks_event_slides.pdf)



Locum's Nest.

Your total workforce solution

This workforce report is the culmination of years of academic research, collection of data and testimonials from leaders in technology, workforce and clinical service within the NHS. It makes a strong ethical, financial and practical case for an open bank approach as a key strategy in tackling our health service's workforce challenges.

Locum's Nest is the workforce management platform providing a holistic solution to NHS Trusts and Primary Care organisations.

Founded by two junior doctors, our vision is to increase transparency, collaboration and improve care outcomes within our health service, through intuitive mobile and multi-product web platforms used by healthcare professionals and NHS management teams.

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