



## SPOTLIGHT REPORT

# Sharing Talent: Lessons From Collaborative Healthcare Staff Banks

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## About NHS Professionals

NHS Professionals runs the largest NHS flexible staff bank, placing skilled clinical and non-clinical staff in a range of healthcare settings to meet temporary workforce needs. Uniquely we are owned by the Department of Health and Social Care and reinvest any financial surplus directly back into the wider healthcare economy.

Originally formed in 2001, we now have more than 50 partner Trusts and 180,000 healthcare professionals (Bank Members) registered with us, all working to NHS-assured training and governance standards. They include nurses and midwives, doctors, allied health professionals, healthcare scientists, personal social services and a wide range of non-clinical staff.

Our award-winning recruitment solutions range from local shift cover at short notice, through to longer term national and international workforce campaigns, such as the COVID-19 Rapid Response programme where we recruited 20,000 people nationwide within weeks. We also support partner Trusts to implement major service improvements and drive down external agency costs.

Driven by a passion for the NHS and its people, our vision is to become the NHS' workforce partner of choice.

## Introduction: The Shared Staff Bank Solution

### A new era

The 2022 Health and Care Bill establishes the foundations for a new era of co-operation and collaboration across place-based healthcare systems. It places Integrated Care Systems (ICSs) on a statutory footing with a clear mandate to integrate care, improve population health and reduce inequalities.

This new environment offers considerable scope for providers to collaborate on workforce recruitment, deployment and development in a way that optimises the effective utilisation of people and skills and better enables consistently safe and effective healthcare across systems. It also supports innovation in tackling some of the biggest workforce challenges we face at the present time.

These include:

- facilitating staff movement between providers
- attracting a new generation of workers by better promoting healthcare as a career
- retaining staff in the system by creating better cross-system pathways
- maximising the benefit from the pandemic workforce and those 'curious' about a new career in the NHS.

### BankShare

Shared staff banks are recognised as an effective solution. Indeed, guidance from NHS England and Improvement<sup>1</sup> states that ICSs should establish:

“...a collaborative system for managing temporary staffing across the system; this could include establishing shared staff banks; encouraging the formation and use of GP locum banks across federations, networks or geographical clusters; and setting system-wide bank rates to secure greater alignment.”

A more recent letter from NHSEI to all Trust leads on enabling the workforce for elective recovery also urges them to:

“Maximise the use of collaborative staff banks across systems where possible to create greater staffing resilience across organisations and reduce reliance on agency workers...”<sup>2</sup>

This Spotlight Report builds on this bank focus by sharing lessons learned from NHS Professionals' shared staff banks over the past six years. Known as BankShare, our

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<sup>1</sup> “Building Strong Integrated Care Systems Everywhere: guidance on the ICS people function”, NHSEI, August 2021 [https://www.england.nhs.uk/wp-content/uploads/2021/06/B0662\\_Building-strong-integrated-care-systems-everywhere-guidance-on-the-ICS-people-function-August-2021.pdf](https://www.england.nhs.uk/wp-content/uploads/2021/06/B0662_Building-strong-integrated-care-systems-everywhere-guidance-on-the-ICS-people-function-August-2021.pdf)

<sup>2</sup> [B1512-Enabling-the-workforce-for-elective-recovery-letter-3-May-2022.pdf \(england.nhs.uk\)](#)

collaborative bank programme allows groups of Trusts to increase their workforce agility and share their own substantively employed staff with each other across systems.

Specifically, it targets the use of external agency staff to fill part-time, occasional or ad hoc roles and seeks to reduce these costs over time. BankShare also gives partner Trusts access to additional workforce support through NHS Professionals' staff bank, the largest flexible bank of assured healthcare workers in the NHS.

While this report focuses on our progress with shared staff banks, we have developed expertise across different workforce collaborations and we are working with Trusts and ICSSs across England to co-design a range of solutions tailored to local needs.

Our forthcoming Insight Report\*, "Working Together: Collaborative Approaches for Healthcare Staffing", explores the theme of workforce collaboration in greater detail and highlights lessons learned from partnerships in the NHS and public sector in recent years. *\*Expected publication 28 July 2022.*

### Key messages

From our experience working with collaborative banks, we can highlight a number of take-home messages:

- For many years, it has been recognised that collaborative bank arrangements bring a variety of financial, planning and workforce optimisation benefits
- Rarely will providers come together simply to create a staff bank. They have more specific motivation to, for example, maximise workforce skills or reduce spend on external agencies
- Through more joined-up external agency management, a bank share in Yorkshire supported by NHS Professionals saved £1.72m in year one and almost £1m in year two. It also created shared service efficiencies and improved shift fill rates
- Trusts in a shared bank may end up filling more shifts at the expense of others because their pay, training and other factors differ. However, collaborations can accommodate differences with limited impact
- Of approximately 5,000 substantive staff on a bank shared between three Trusts working with NHS Professionals, only 2.9% elected to do shifts outside their Trusts
- Most staff will continue the same work pattern post-collaboration and pay alone is not necessarily the main reason why people choose where they work; other factors including transport and familiarity with a Trust may be involved
- Substantive pay rates, rather than bank pay rates, have more influence over whether people gravitate towards external agency
- A 'passport' arrangement allowing compliance staff to move between organisations requires providers to trust each other's governance processes – but it can reduce duplicated effort and improve staff experience.

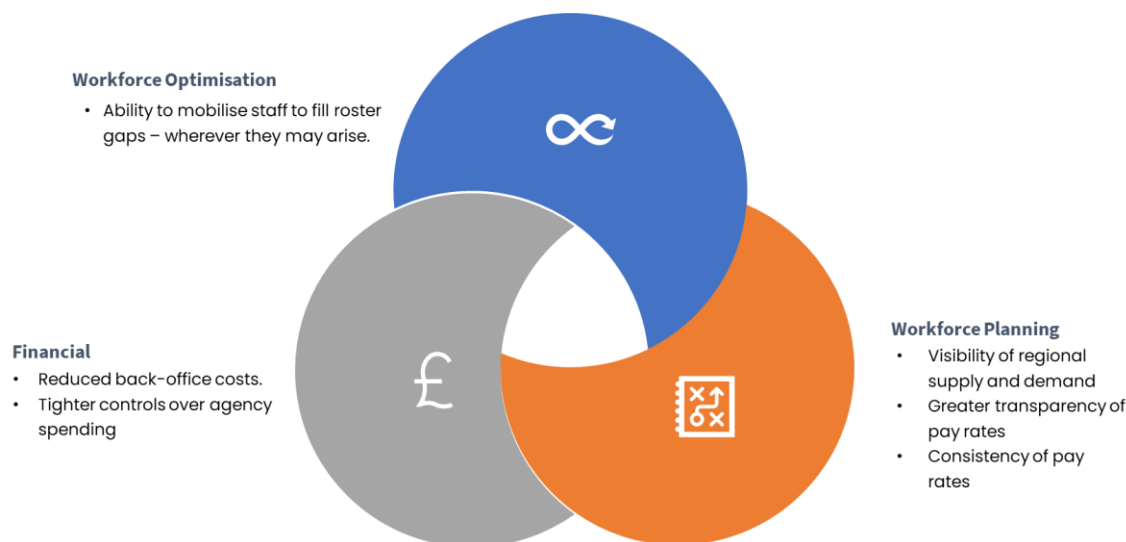


## 1: Lessons from NHS Professionals Shared Staff Banks

For the past six years NHS Professionals has helped to set up and manage a number of collaborative staff bank arrangements across England. These have involved Trusts working together to solve common problems, rather than triggered by ICS legislation. However, the principles of collaboration remain the same and so provide us with valuable data to take forward into the ICS sphere.

### Why collaborate?

It is recognised that collaborative bank arrangements bring a variety of financial, planning and workforce optimisation benefits, which we summarise below:



As well as the more obvious efficiencies coming from providing a shared business service, there are indirect efficiencies from data visibility and being able to use this information to manage agencies and pay rates. This helps to avoid pay competition within the regional supply chain. Importantly, it also offers the potential for ‘sharing’ flexible workers across the wider NHS estate.

### Clarifying common purpose

Before the COVID-19 pandemic, the legacy of divergent bank management solutions adopted by Trusts led to some proposed collaborations being abandoned. The perceived complexities of working together were sometimes seen as too great.

However, the pandemic experience has shown that Trusts can create innovative solutions together when there is a common goal and they are freed from the constraints of often outdated policy constructs. Collaboration is, therefore, very much ‘back on the table’.





Collaboration is not something that can be ‘done to’ a group of employers, and it certainly isn’t an ‘out of the box’ technology solution. Every collaboration has its own journey. This is partly dependent on the point from which the different players are starting their journey, and partly dependent on subtle nuances in the shared problem statement.

For example, we have seen groups come together to maximise workforce skills; others have focused on reducing spending on external agencies others have been jointly interested in providing a better employment experience for their flexible workers. Rarely have we seen Trusts come together to simply create a shared bank; in itself, that is not sufficient motivation to deal with the various issues and challenges associated with bank collaboration.

What, then, is the ‘problem statement’ behind a collaborative bank? We have seen various:

- How can we reduce agency spending and pay escalation which comes from Trusts competing for scarce talent?
- How can we provide our flexible workers with greater diversity of opportunity?
- How do we use our scarce people skills more efficiently across our geography?
- How do we give staff more opportunity to work in different settings so they can learn and develop?
- How can we ensure that we can readily deploy staff where they are most needed?
- How do we grow our flexible staffing resource for all providers across our patch?

In all instances the solution is a shared bank arrangement, but the specific nature of each problem may well determine a different type of collaborative bank. If the intention is to add new resource or capacity, then a ‘top-up’ collaborative bank, working alongside existing banks, may be the preferred option. Here, the focus is likely to be on the technology linking different systems (interoperability), rather than collaborators debating the merits of a common platform.

Conversely, if the intention is to use scarce skills more effectively across the whole system, then the focus may be to provide existing staff with opportunities to offer their discretionary time and effort to a wider provider base. In this instance, providers may prefer to have a single shared bank for all staff across the system.

### Key questions to answer

Regardless of which shared bank arrangement used, providers have other key questions to answer together. In our experience, working through these challenges takes time and requires people to come to the table with an open mind and a focus on synergistic goals - ‘what’s in it for all of us’, rather than ‘what’s in it for me’.

These questions aim to address any structural, policy, procedural and cultural differences. The following table illustrates some of these:



Issues	Questions
<b>Structure</b>	Who is going to manage the bank (onboarding, compliance, payroll, bank member engagement and management etc) – a lead employer, distributed employers or a third party managed service?
	Which software provider should be used (with consideration of software version and interoperability with existing system for data exchange)?
<b>Policy</b>	What policies, procedures and systems should be used to recruit new staff?
	Should a standardised set of compliance arrangements be established (including statutory and mandatory training) or arrangements made for staff sharing?
	What pay and terms and conditions should be used?
	What Memoranda of Understanding need to be put in place for sharing data?
<b>Procedure</b>	What key performance indicators (KPIs) need to be put in place? How can these be designed to make sure everyone is getting the level of service and resource they need?
	Who is accountable if something goes wrong? What needs to be put in place to make sure any workforce sharing arrangements are covered by existing indemnity schemes?
	What systems need to be put in place for invoicing and recharging for shifts undertaken?

We can see that some of these issues are strategic and some are operational – reinforcing the idea that successful collaboratives require a mix of both ‘thinkers and doers’, working at both strategic and operational levels. Building operational thinking in from the start reduces time spent later translating strategic solutions into tactical plans.

### Building trust and managing risk

Experience also shows that collaborations can fail due to perceived risks. It’s often felt necessary to harmonise pay, policy and process because there is a fear collaboration is a ‘zero sum game’ – that is, one party’s gain will end up being another party’s loss.

In a shared bank arrangement, some Trusts will end up filling more shifts at the expense of others. For example, Trusts on the edge of a geographic grouping may typically offer slightly higher pay rates to attract staff to their more remote hospital sites. They may argue they need to maintain these rates in the shared agreement to make sure they do not lose access to their current supply. There may be valid geographic, socio-economic or contractual reasons why pay rates and training and development might differ.

However, the bigger question is: does it matter? How important is pay variance for similar shifts offered across the shared bank geography? Does it matter that the parties do not use the same technology platform to manage their banks?

The reality is that some differences can be accommodated with limited impact. Providers should, therefore, aim to avoid any potential disagreements over a single pay rate, a common

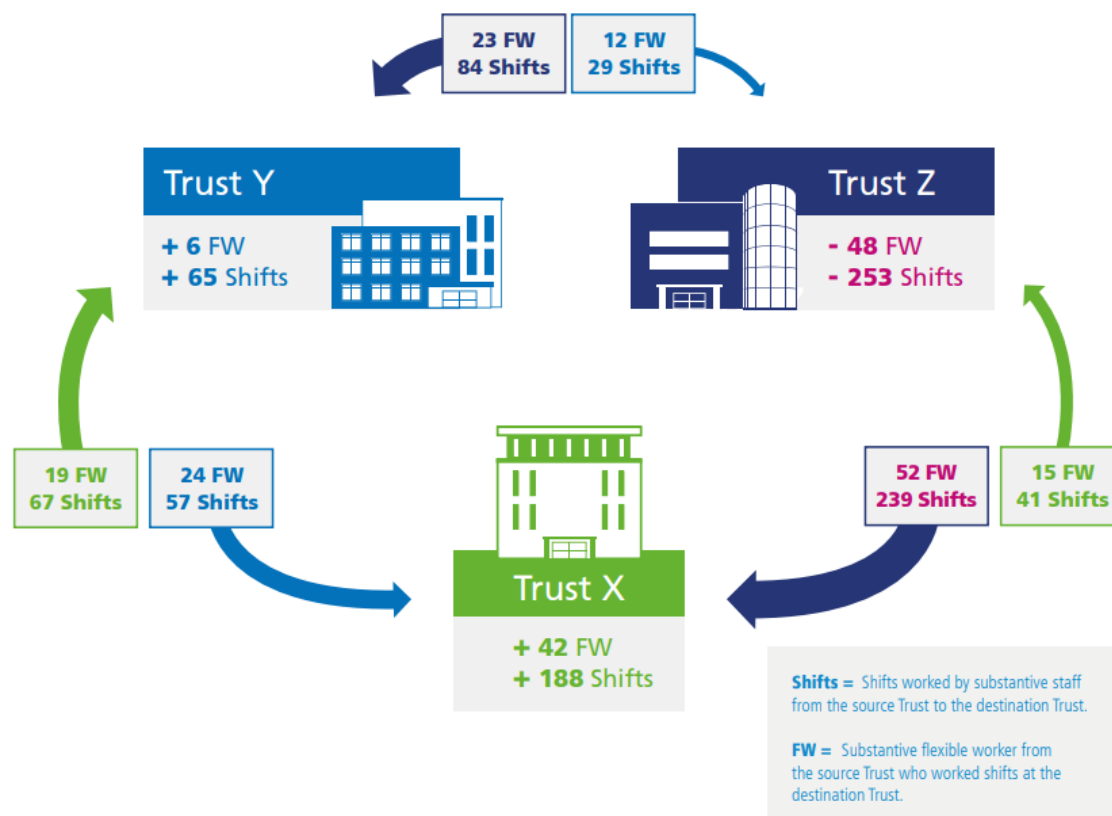


job description or all parties migrating to a single technology. These things need not derail progress on collaboration.

Where Trusts use different technologies, for example, ‘interoperability’ solutions can be built to create common workflows across different platforms. And – as the evidence from the shared banks managed by NHS Professionals clearly shows - while there may indeed be inequitable flows of personnel between Trusts in a shared bank arrangement, these exist anyway. There are a range of behavioural factors determining where and when people choose to work.

### A tale of three Trusts

Following an agreement between three Trusts to create a single, regional bank, NHS Professionals published a report<sup>3</sup> analysing the behaviour of substantive bank members over a three-month period. The research revealed important features of substantive bank staff behaviour, as the diagram and points below summarise:



<sup>3</sup> “Creating a Successful Regional Bank”, NHS Professionals, December 2017  
<https://www.nhsprofessionals.nhs.uk/Partners/Publications/-/media/E41BC82FF3CC401E997123647635745E.ashx>

- Of the approximately 5,000 substantive staff on the shared bank from across the three Trusts, only 2.9% elected to do shifts at a Trust other than the one at which they were substantively employed
- Two of the three Trusts (X and Y) experienced a net gain in terms of the number of bank workers electing to do shifts at the Trust – e.g. 76 workers from Trusts Y and Z elected to do shifts at Trust X whereas only 34 staff from Trust X undertook shifts for Y and Z.
- The Trust with the net outflow of bank workers (Trust Z) offered the highest average hourly bank rate -17% higher than the lowest paying Trust. Conversely, the Trust with the lowest average hourly bank rate (Trust X) recorded the biggest net gain – although this Trust also offered more shifts that pay extra for anti-social hours (38% of all shifts being night shifts and 51% 'long days'). It was also suggested that Trust X may be a more attractive alternative location for bank workers because it was smaller and more intimate. This implies that pay alone is not necessarily the main reason why people choose to work at one Trust and not another
- More than half of all external agency shifts during the three-month period were undertaken by substantive staff from the smaller Trust X, with lower average bank and substantive pay rates. It was apparent this was 'the norm' for staff from this Trust. From this we can argue that substantive pay rates, rather than bank pay rates, have more influence over whether people gravitate towards external agency.

These data suggest a key point: most staff will continue the same work pattern post-collaboration. This could be due to a range of factors including transport, familiarity with a Trust and its teams, or resistance to change.

Having said this, staff like the option to work in other locations because it gives them alternative employment if shifts are not available at their current Trust. Those that elected to work bank shifts elsewhere appear to have been less influenced by average bank pay rates, and more by the type of shift (and anti-social pay uplifts), the work environment and possibly other factors such as the convenience and cost of parking.

It is hard to say whether this will hold true in the current economic environment with the rising cost of living. This raises the possibility that staff decision-making and behaviour around bank work may also change with wider economic forces, making it harder to predict. Consequently, becoming fixated on the need to harmonise certain elements of the decision-making process (pay and job roles) can only ever control some of the variance.

The more important issue arising in this case was that the project was not derailed by 'knee jerk reactions' to short-term variance. Through transparency (sharing data and evidence around performance) and clear sight of the wider benefit to the region, it was accepted that some variance was inevitable and acceptable. This was made easier by the fact that the three trusted each other to take remedial action should any one party be materially disadvantaged.

## 2: What Success Looks Like

### BankShare<sup>4</sup> case studies

Here we present three real-world examples of the benefits achieved by collaborative workforce projects managed by NHS Professionals, including shared staff banks.

#### South Yorkshire and Bassetlaw

- Establishing a common purpose:* the primary impetus for the shared bank arrangement was to introduce a discipline in agency management for nursing and non-medical staff across the system. This established the over-arching ‘shared ambition’. Subsequent conversations between the parties also led to agreement that the collaboration should also seek to reduce unwarranted variation in processes across the six Trusts.
- Working together:* the aims and objectives of the collaboration were agreed over a period of several meetings with the various parties each prepared to commit to a common agenda that was more beneficial to the region, rather than individual Trusts. Working on already established relationships to build trust, their emphasis was on synergy and the fact that working together meant they were all likely to benefit more than working apart. NHS Professionals supported the process by exploring different options and solutions with the Trusts through a process of co-design.
- A joint solution:* the six acute Trusts in the ICS agreed not to employ staff members through the agency if they already hold a substantive post at one of the partner organisations. The overall effect was to enable greater visibility of staff hours worked and a reduction in agency spending and off-framework agency use. Essentially, the Trusts used their collective power to control the supply chain and create the conditions for flexible staff to work through the bank, rather than register with agencies. The Trusts also wanted to reduce variation in processes, so they worked together to align skills and training requirements, rates of pay, terms and conditions and role descriptions. The service is provided on one, agreed, technology platform. Although reaching agreement on all of this took time and willingness to compromise, the result is an approach that gives all parties confidence they have equal access to workforce talent. Outcomes are continually reviewed and monitored; the collaboration has its own governance arrangements and key performance indicators that all parties subscribe and work to jointly with NHS Professionals. Benefits are therefore measured for the collaborative, and not individual Trusts.
- The benefits:* carefully choreographed management of agencies led to quick wins (£1.72m savings on agency spending within the first 12 months) with additional savings of nearing £1m in year two. This is without factoring in the savings from running a

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<sup>4</sup> BankShare is an NHS Professionals programme that helps clusters of Trusts minimise their use of external agency staff by sharing their own substantively employed staff with each other. It also gives Trusts access to NHS Professionals’ bank of assured clinical and non-clinical healthcare staff to meet short and long-term temporary workforce needs.

shared service and more effective use of staff, with better fill rates from the migration of staff from agency to bank. There was no apparent adverse impact on shift fill at any individual Trust.

### Hertfordshire Collaborative

- *Establishing a common purpose:* the BankShare collaborative solution was launched four years ago, as part of NHS Professionals' existing relationship with Trusts in the Herts area. It initially involved three Trusts (East and North Hertfordshire, West Hertfordshire Hospitals and Hertfordshire Community). Princess Alexandra Hospital joined a year after the initial launch. While the underlying aim of the bank collaboration was the same as that for the South Yorkshire and Bassetlaw implementation - greater control over external agency use - there were subtle differences in the associated objectives. Here the focus was on 'less disparity' over pay rates (rather than pay harmonisation), a better experience for bank workers, and a better overall environment for their deployment.
- *Working together:* the hiring of a dedicated programme manager enabled high engagement and a strong collaborative ethos from the outset. The focus was solely on implementing and realising the benefits from working collaboratively and not in isolation. The Trusts took time to engage with other and align priorities around five identified core themes:
  - Pay rates
  - Recruitment processes
  - Employment checks
  - Training
  - Contractual arrangements
- *Joint solution:* using the BankShare platform, NHS Professionals configured a single solution to reflect the pay, process, compliance, training and contractual requirements agreed by the various parties. A Memorandum of Understanding was set up detailing the principles for shift length and pay rates (including clarity on agreed changes to existing pay rates, where relevant). The solution allows both 'bank only' and 'multi-post' holders (such as those that work both substantively and for the bank) to be visible and available on the booking system at all Trusts/sites.
- *The benefits:* by increasing the range of opportunities available to bank workers, the Trusts have created a more compelling proposition for their flexible workers – particularly those working on a 'bank only' basis. The alignment of pay, process, compliance and contractual arrangements also means much greater regional equity, better insight and improved workforce planning. Monthly reporting on worker migration, shift fill and Trust demand has made the use of the flexible workforce across all Trusts more visible. In addition, continued collaboration via the monthly meetings has created an ethos of shared problem-solving and more efficient use of the workforce. The benefits in external agency spending have been tangible: in the period August 2020 to July 2021, the total savings from the migration of staff from external agency to bank was just over £1.3 million.

## Collaboration: 12 success factors

Drawing on data gathered from our shared staff banks and other evidence from the NHS and public sector, we propose 12 success factors collaborators can use as they work together to optimise the people talent available within a healthcare system. Adhering to these guiding principles gives collaborative ventures a higher chance of success.

1. **Focus on a common purpose.** Success is more likely when all collaborators are focused on a single issue or challenge. The problem is not, for example: 'We haven't got a collaborative bank'. It is likely to be more specific: 'We don't have a mechanism for moving key talent around the system' or 'External agency spending is rising'
2. **Collaboration is a process, not a quick fix.** Take time to 'work the problem' and co-design solutions. It is important to consider and agree the process for governance and review as a priority so that decisions don't unintentionally disadvantage specific parties or the wider system. Questions on structure, policy and procedure must also be considered and agreed.
3. **Work to build trust.** Take time and effort to learn about the various parties in the collaboration and understand different perspectives, especially those outside the NHS
4. **Be willing to compromise.** All parties need to approach the collaborative process with an open mind
5. **Work to get buy-in from stakeholders.** These include clinical leaders who need to be comfortable with any changes made to clinical governance processes, such as compliance and training
6. **Balance strategic and operational perspectives in the co-design process.** This will help to create fully workable collaborative solutions
7. **Get 'permission' from senior stakeholders to compromise and work differently.** Stakeholders also need to support measurements of success based on joint outcomes, not just benefits to a single organisation
8. **Explore technology solutions.** Don't let concerns about partners using different technology platforms derail progress before exploring all possibilities for interoperability
9. **Share data and information.** Better solutions around, for example, pay rates and availability of staff across a system, come from shared insight and transparency between providers
10. **Allow divergence within the partnership.** Collaboration does not always necessarily mean unifying systems, processes and practices
11. **Be prepared to innovate.** For example, taking a system-wide approach to employer branding, recruitment, training and careers creates the opportunity for pooled funding and back office resources
12. **Think 'patient first, system second, workforce third'.** In solving challenges and achieving the common purpose, collaborators need to think patient first, system second and workforce third. For workforce, focus on what is beneficial to the region's talent pool to help retain and nurture staff across the system. The needs of one organisation should not dominate.