



**Patchwork**

**Key considerations for NHS  
system leaders when creating an  
STP/ICS collaborative staff bank**

Both the NHS People Plan and COVID-19 have placed the importance of workforce collaboration across health and care systems front and centre. The response to the pandemic has also highlighted the need to share a workforce beyond traditional organisational boundaries and demonstrated the benefits of being able to quickly deploy resources where there is the greatest need.

As a result, STPs and ICSs across the UK are now considering how to embed these benefits for the long-term through the creation of collaborative staff banks powered by technology. These banks will create a shared workforce pool that can be quickly mobilised without processing delays or duplicate onboarding checks.

This paper outlines some of the key considerations for system leaders looking to create a collaborative staff bank, including the overall system architecture, requirements for a Memorandum of Understanding, what mechanisms are available for payments and getting ready for implementation.

# 1) The collaborative must augment - not disrupt - local staff banks

The primary aim of a collaborative staff bank is to offer all participating NHS organisations an additional pool of flexible workers to book shifts that otherwise could not be filled by each organisation's own internal staff bank. Therefore, at the heart of a successful collaborative bank is the ability to augment local bank solutions without disrupting existing processes at each participating organisation.

To achieve this aim of augmentation rather than disruption there is generally a challenge to overcome - interoperability. The inherent nature of bringing together different organisations can mean that you are dealing with a myriad of systems and processes; this fragmentation can often become a blocker to the implementation of a collaborative.

For example, some organisations have internal staff banks whilst others might utilise externally managed services to manage their banks. Additionally, different hospitals are likely to use different rostering and temporary systems, so in order to ensure administrators don't have to undertake duplicate data entry and keep systems synchronised, it is vital to get end-to-end interoperability right.

Therefore, the chosen supplier for your collaborative staff bank must be able to integrate with all existing temporary staffing and rostering systems, whilst also ensuring the collaborative staff bank processes complement each organisation's existing local processes.

**This will ultimately enable collaboration whilst balancing the need for localised controls.**

## 2) Collaborative system architecture

When it comes to the architecture of a collaborative staff bank, there are two primary models that are used. The first is a **lead employer model**: where one organisation is generally responsible for the onboarding, compliance monitoring and payment of workers. The other is a **distributed employer model**: where there are a range of organisations who undertake these responsibilities. When considering which model to select, system leaders should take into account the localised context of their STP/ICS to understand which model will be accepted by all participating organisations.

	ADVANTAGES	DISADVANTAGES
<b>LEAD EMPLOYER</b>	<ul style="list-style-type: none"> <li>- Simplicity in design - only one organisation needs to undertake recruitment and compliance checks</li> <li>- Often the lead employer will take on the responsibility for payroll</li> <li>- Works well for existing lead employer arrangements e.g. for Doctors in Training</li> <li>- Can be quicker to implement as centralised processes with fewer stakeholders involved in the process design and operational management.</li> </ul>	<ul style="list-style-type: none"> <li>- Can be challenging to get all organisations involved to agree to a single lead employer (if none exists already)</li> <li>- Workers may need to join a new organisation (the lead employer) during implementation</li> <li>- If the lead employer is responsible for processing all payroll there can be cash flow implications for the lead employer</li> <li>- The lead employer will likely have to bring on extra resources to manage the additional workload.</li> </ul>
<b>DISTRIBUTED EMPLOYER</b>	<ul style="list-style-type: none"> <li>- Generally more accepted by many organisations as eliminates the need to identify a single lead employer</li> <li>- Some of the additional administrative workload can be absorbed by existing resources across the collaborative</li> <li>- Multiple 'hosts' creates redundancy in system. So if there any circumstantial changes with one of the employing organisations, there would be no disruption to the rest of the collaborative bank.</li> </ul>	<ul style="list-style-type: none"> <li>- Greater number of stakeholders tend to be involved as lack of ownership by a single organisation</li> <li>- The recharge payment mechanism can lead to additional complexity for payroll and finance teams</li> <li>- Generally requires participating Trusts to standardise statutory and mandatory training (see section 7).</li> </ul>

### 3) What is required with regard to an MoU/Data sharing agreement

Drafting a Memorandum of Understanding (MoU) with accompanying data sharing agreements can be a daunting task. Here are some tips on what should be included:

- ✔ **Principles of collaboration** - Setting out upfront the expectations of all parties in the collaborative, as well as how organisations will work together, can be an extremely useful exercise and prevent unnecessary challenges later on.
- ✔ **Roles and responsibilities** - Based on the determined system architecture, it is essential to set out which parties will take responsibility for key activities including worker employment, recruitment checks and shift management.
- ✔ **Data Sharing Agreements** - Openness and sharing of data is essential to a successful collaborative bank, so the MoU should cover all the GDPR considerations to enable this.
- ✔ **Payments Schedule** - This should set out how payments will be managed for workers, as well as invoicing between organisations
- ✔ **What if new parties want to join?** - Once they see the success of the collaborative staffing bank, surrounding organisations are likely to want to be involved. The MoU needs to be designed with enough flexibility to enable this, without all parties needing to resign each time this occurs.

System leaders should seek legal advice with the drafting of the MoU, however Patchwork Health is able to share a template MoU as a starting point.

## 4) Indemnity arrangements:

NHS England and Improvement has produced a guide on 'Enabling staff movement between NHS organisations' (August 2019). This provides the following recommendation around indemnity:

**“You should contact NHS Resolution at [CNST.help@resolution.nhs.uk](mailto:CNST.help@resolution.nhs.uk) to verify that workforce sharing is covered by the indemnity schemes you have with it.”**



## 5) Collaborative bank payroll mechanisms

To keep clinicians happy, payroll is absolutely something that you need to get right. There are several different models that can be employed - each with its pros and cons and therefore system leaders should consider which is most appropriate for their locality.

### **a) Payment by organisation where work undertaken:**

In this model, the worker is paid by the organisation at which the shift was undertaken. The benefit to this model is that Trusts only pay for shifts worked at their organisation within their usual payroll cycle. The primary disadvantage of this model (and why it is generally not favoured) is that workers have to be set up with numerous ESR numbers for each organisation and have numerous employers, which can have tax implications for the worker.

### **b) Lead payroll processor (generally occurs in lead employer models)**

This model, in which one organisation processes payroll for all collaborative shifts and recharges the organisation at which the work was undertaken, is generally favoured when there is a lead employer architecture established within a collaborative bank. The advantage of this model is that only one organisation needs to take on the additional workload for processing collaborative shifts. However, due to the increased capital requirements, this can lead to cash flow implications for the lead employer if the cadence of recharging is too long.

### **c) Distributed payroll with recharge mechanism**

In this model, each worker is assigned a 'host organisation'. This is usually the first organisation within the collaborative that the worker joins, or the one at which they undertake the majority of their work. If a worker completes shifts at another organisation, then the host organisation will still pay the worker for these shifts and recharge that to the organisation at which the work was undertaken. This model tends to be favoured by systems with a distributed employer collaborative bank architecture.

#### **⚡ Instant Pay**

To further incentivise workers to be part of the collaborative bank, rather than working through premium rate agencies, system leaders should consider enabling workers to access the earnings as soon as the shift is completed via a Financial Wellness provider.



## 6) Harmonisation of pay rates

A challenge that system leaders frequently encounter when trying to establish a collaborative staff bank is whether they should harmonise rates to a common rate card before going live with the collaborative staffing bank. The advocates for harmonising rates prior to going live are generally organisations who have better control over their hourly rates and are concerned that the creation of the collaborative staff bank will make their shifts appear less attractive compared to an organisation that is offering a higher amount per shift. Whilst this concern shouldn't be dismissed, there are several factors that system leaders should take into account:

- ✔ **Reliability of data:** Harmonising rates requires accurate data in which everyone is reporting in the same way to create a 'single source of the truth'. This can be hard to establish prior to go-live as organisations tend to capture and report metrics differently. For example, consider whether all organisations capture rate escalations accurately and have included WTD annual leave entitlement within their reported hourly rate.
- ✔ **Existing awareness of rates:** It is likely that clinicians are already aware of the different rates within a region and which organisation pays the most for a shift. If they were purely incentivised to work at the organisation which pays the most, it is likely that they will already be doing this - with or without a collaborative bank.
- ✔ **Worker experience:** Rates aren't the only factor that will attract a worker to filling a collaborative shift. Clinicians may want to work at an organisation if they are familiar with processes and systems (e.g. if they had previously rotated through the Trust) or if they want to get experience working at a specialist Trust. System leaders should recognise the multifaceted nature of flexible working and not place sole emphasis on rates themselves.

## 7) Managing Statutory and Mandatory Training

Similar to rate harmonisation, another area that can often cause challenges for collaborative banks is deciding on the requirements around statutory and mandatory training. It is common for organisations to have different minimum requirements around the level of statutory and mandatory requirements that need to be completed by clinicians to be on their local bank. NHS England and Improvement recommends using the 11 mandatory modules in the Core Skills Training Framework:

- ✔ **Conflict Resolution - Level 1**
- ✔ **Data Security Awareness - Level 1**
- ✔ **Equality and Diversity and Human Rights - Level 1**
- ✔ **Fire Safety - Level 1**
- ✔ **Health, Safety and Welfare - Level 1**
- ✔ **Infection Prevention and Control - Level 1**
- ✔ **Moving and Handling - Level 1**
- ✔ **Preventing Radicalisation - Basic Prevent Awareness**
- ✔ **Resuscitation - Level 1**
- ✔ **Safeguarding Children - Level 1**
- ✔ **Safeguarding Adults - Level 1**

## 8) Dashboards for a virtual Collaborative Control Centre

Collaborative staffing banks should not just enable the deployment of staff across an STP/ICS but also data-driven decision making. Gone are the days where good data reporting relied on combining Excel exports from different organisations. Instead, your STP/ICS should create a virtual 'command and control' centre providing an overview of how the collaborative is performing with regard to the following areas:

- ✓ Average hourly bank rate per grade for each staff type
- ✓ Rate escalations: who is requesting, who is approving, how much are they costing? Are there any particular areas of good/bad practice?
- ✓ Lead times: Are NHSEI recommendations being followed?
- ✓ Onboarding: Where are the blockers with regard to onboarding staff into the collaborative?
- ✓ COVID-19: Are there any particular COVID 'hotspots' within the collaborative? Do workers and departments have COVID risk ratings?
- ✓ Demand and capacity: Are there departments who are under greater pressure than others? Could resources be better shared across the STP/ICS?

It is recommended that system leaders have regular steering group meetings with key stakeholders from across all organisations involved, to discuss and act upon the metrics displayed within the command and control centre.

## 9) Considerations for implementation

It may seem a long way off but start planning for implementation early. Early stakeholder engagement ensures the buy-in of all relevant hospital administrators and clinicians with a focus on the transformational benefits of the collaborative for all parties.

A key building block is the establishment of a steering group that is represented by the Trusts' leaders, the ICS/STP programme lead and the chosen bank supplier. The steering group will ensure close coordination between participating organisations, as well as signing off on key decisions such as launch dates, pay rates, and process flows.

The chosen supplier should lead on the implementation of the solution to ensure a successful change management programme and the rollout of the collaborative.

Ideally, the supplier should provide the bulk of the PMO resourcing, with support from the temporary staffing BAU teams of every NHS organisation in the collaborative.

For more information, please reach out to [omar@patchwork.health](mailto:omar@patchwork.health) - who would be happy to share the expertise of Patchwork Health in working to establish the UK's largest and most advanced collaborative staffing banks.

*\*This guide should not be taken as formal advice but recommendations from our experience.*



**Please reach out for more information on how we can support you with your collaborative staff bank**

 **hello@patchwork.health**

 **020 3371 7556**