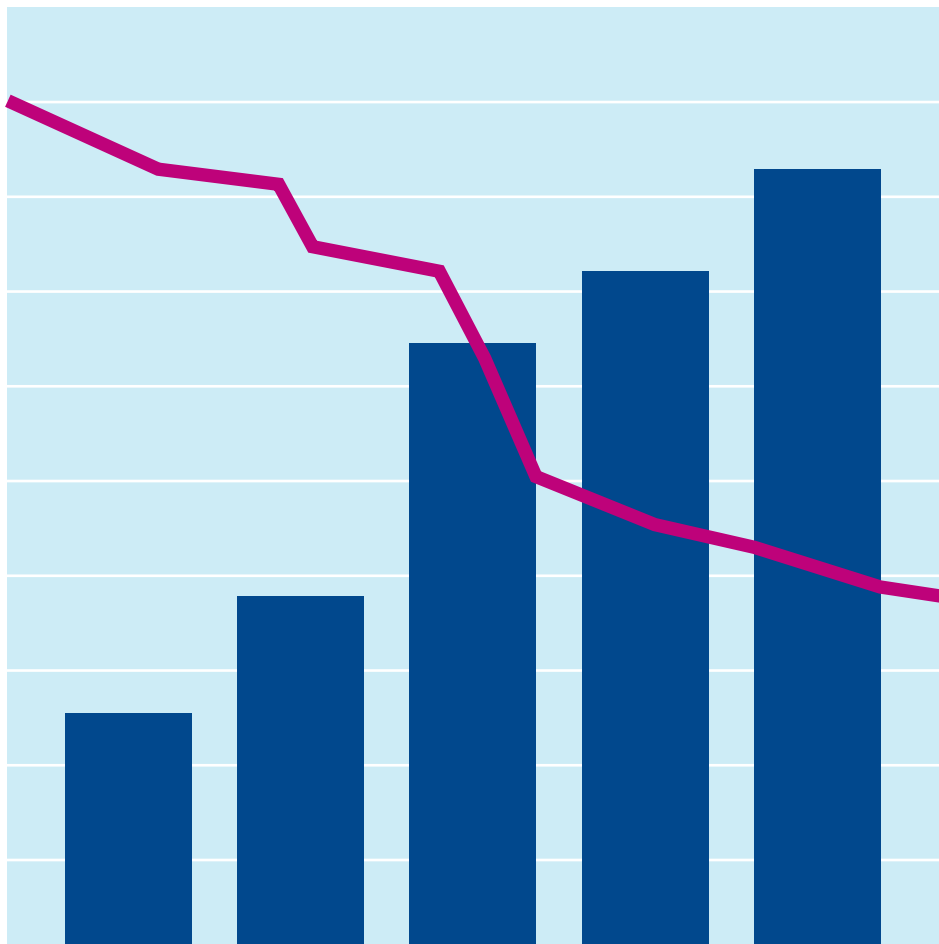


National Trends

Special Edition 2017



Are the Agency Rules working?

PART 2 - MARCH 2017

Yes, we believe the Agency Rules are working!

In 2016, we reported on some of the experiences of our clients in applying the NHS Improvement Agency Rules. At that time, we were able to demonstrate some success. One year on, we wanted to review how effective the 'Agency Rules' were in achieving their primary aim of reducing agency spend.

So let's start by reviewing where this started and then what actually happened last year.

The under-supply of skilled and experienced clinical workers in the healthcare market was leading to spiralling agency rates. Following the Francis Report, NHS Trusts were being led into agency-fuelled bidding wars in an effort to fill their establishment and comply with the standards of patient care.

Rates were sufficiently attractive that some clinicians were leaving their NHS substantive roles, only to return as agency workers for considerably higher pay and fewer responsibilities. Far from vacancy gaps being filled, the chasm was widening, especially in geographical areas where there were genuine alternatives for registered nurses, trained doctors and skilled therapists.

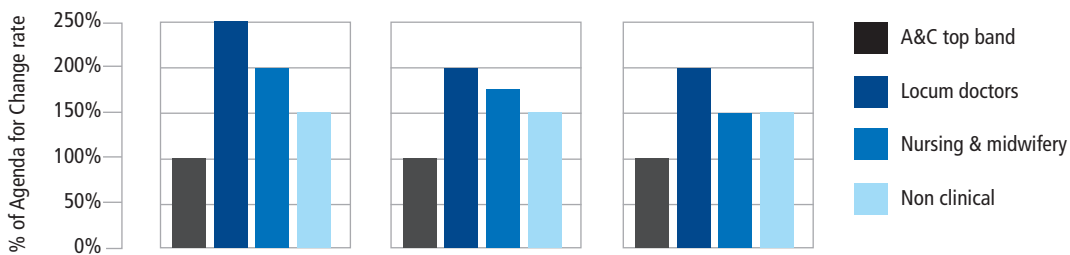
Trusts' temporary staffing budgets were spiralling out of control and NHS England was picking up the bill which had reached £4.5 billion.

Introducing The Agency Rules

In October 2015, NHS Improvement launched its Agency Rules. Starting from November 2015, upper limits or caps were set for agency rates which were relative to the value of Agenda for Change rates paid to NHS staff.

The caps were designed to set limits on the prices that agencies could charge, to focus attention on quality standards and to give Trusts the tools they so badly needed to break the cycle of deficiency.

Lower cap rates were set to kick-in at intervals over 2016 for different staff groups.



<p>September</p> <p>2015</p> <p>Agency ceiling set for each NHS Trust</p>	<p>November</p> <p>2015</p>	<p>February</p> <p>2016</p>	<p>April</p> <p>2016</p> <p>Agency framework compulsory</p>	<p>May</p> <p>2016</p> <p>CCS agency framework launched</p>	<p>July</p> <p>2016</p> <p>Agency worker pay cap Ambulance Trusts affected</p>
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The stated aims of the NHSI measures were intended to:

1. Significantly reduce agency spend

2. Improve transparency on agency spend

3. Bring greater assurance on the quality of agency supply

4. Encourage staff to return to permanent and bank working

A brief run through the NHSI measures (also referred to as “Agency Rules”) follows:

- In **September 2015**, Trusts were set individual expenditure ceilings for agency nursing staff. From 1 April 2016 these ceilings applied to all staff groups.
- From **1 April 2016**, all staff groups had to be procured through NHS Improvement approved frameworks.
- From **1 April 2016** caps on the hourly rates paid for agency staff were tightened (set at 55 percent above basic pay). Prior to this date NHS Improvement transitioned through two step changes in November 2015 (set at 150 per cent above basic pay for junior doctors, 100 per cent for other medical and all other clinical staff, 55 per cent for non-clinical staff) and February 2016 (to 100 per cent for junior doctors and 75 per cent for other medical and all other clinical staff, remaining at 55 per cent for non-clinical staff).
- There is a **‘break glass’** provision for Trusts that need to override the caps on exceptional ‘safety grounds’. Shifts exceeding the caps are reported to NHS Improvement weekly, with retrospective adjustments reporting for a period of four weeks.
- The caps on hourly pay rates were extended to ambulance Trusts and a cap on worker pay introduced from **1 July 2016**. Caps do not apply to substantive or bank staff.
- Compliance is a condition of access to the Sustainability and Transformation Fund.

Measuring the impact

With the caps in place now for more than a year, we can see where they are being effective and where they are gaining less traction. Generally speaking, caps on nursing agencies have been more successful than caps on agency locum doctors. In particular, we have seen a real change in the availability of registered nurses in specialist roles, such as Theatres and Critical Care. These roles in particular have long been the bastion of expensive agencies.

Some agencies have fought to retain their local dominance and high prices. Some have appeared unable to respond, almost ‘frozen in the headlights’ of uncontrollable change. But others have seen an opportunity and exploited it for their own benefit to grow their market share. This latter group have tended to work within the rate caps, recruiting capable people from the more intransigent agencies. Their attitude to accommodating environmental change is to be applauded.

Bank is best

Without a doubt, the biggest beneficiary among our managed service client base has been the Trust’s own bank. We have observed growing numbers of people join the bank at local Trusts. Some have substantive roles in the NHS; some have been solely agency workers for many years, and are simply glad to be working back in the NHS.

And the Trusts that have done best are the ones who have recognised that the people they depend on have choices. They have seized the opportunity of supporting their bank and worked to make it as attractive as the agency alternative.

Other staff groups

And what of other staff groups? We see general improved rate compliance in Allied Healthcare. Some Admin & Clerical roles have been harder to retain, particularly in areas like IT and project management where they can command higher agency rates elsewhere.

Locum doctors

And then there is the doctors market. At the time of writing, we see very limited compliance among agencies supplying locum doctors to our NHS clients. Why is this? Firstly, the rate caps were deliberately designed to start later in the year. Secondly, people who book locum doctors appear to be more risk averse and less willing to contemplate an alternative. And thirdly, there has not been the appetite to take on the agencies in this market for fear of disrupting supply to the Trust.

We expect this to change. The locum doctors market is ripe for change. Of concern is that some frameworks are unintentionally supporting agency rate stability. Where supply is scarce, the upper rate limit on the framework becomes the normal rate. Be in no doubt, 'master' and 'neutral vendors' get paid for supplying locum doctors via staffing agencies. These contracts depend on agency and they simply don't get paid if doctors provide their services directly to the Trust and so don't encourage it.

Alternative engagement models

The answer to the locum doctors' problem, as it is for the other staff groups, is to provide alternative engagement models that allow locum doctors to work in the Trust through a locum bank designed to meet the needs of the Trust. Whenever there is a vested interest in maintaining the status quo, change is much more difficult to pursue.

We believe that most locum doctors already hold substantive posts in the NHS. Pay is only one of those reasons and not always the most important one. Many would prefer to work for the NHS, providing they are not materially disadvantaged. They have no desire to line the pockets of the staffing agencies.

We have evidence that locum doctors are simply not benefiting from the fees charged by the agency that has placed them. NHS Trust clients have saved tens of thousands of pounds on a single doctor by engaging them through a staff bank, with no material disadvantage to the doctor. We believe that is where the real opportunity for change lies. Not by coercion or enforcement, but the application of simple common sense that benefits all concerned, except the agency.

IR35 and all that...

At the time of writing, HMRC's changes to the IR35 rules have been published and will shortly be applied. These have the effect of limiting the use of Personal Service Companies (PSCs) by the NHS and other public sector bodies. While some nurses, midwives and therapists will be affected, the biggest impact will be on locum doctors and senior A&C roles.

Disappointingly, NHS improvement has now retracted its recommendation that NHS Trusts should not engage anyone via an agency who already has a substantive role in the NHS. We think that's a missed opportunity for Trusts to work cooperatively. Regardless, we expect to see a similar outcome as a natural consequence of deploying Bankshare® as part of an STP (Sustainability and Transformation Plan).

And now staffing agencies are offering to provide "umbrella companies" to manage PAYE. This nearly always benefits the agency. We don't think it will take long for people to work out what their best options are.

Then there is the new Junior Doctors contract that came into effect in August 2016. The "fidelity clause" makes it clear that doctors should offer any additional hours they wish to work to the NHS first, either through their own Trust or another NHS Trust. The Trust also has the right to refuse permission for any doctor to work hours anywhere that might be considered 'unsafe'.

We believe that there is plenty of scope for doctors to work productively and safely within the NHS. It's simply up to the NHS to provide the best possible alternative engagement model that makes the choice to stay within the NHS easy and attractive.

Nick Kirkbride
Chief Executive



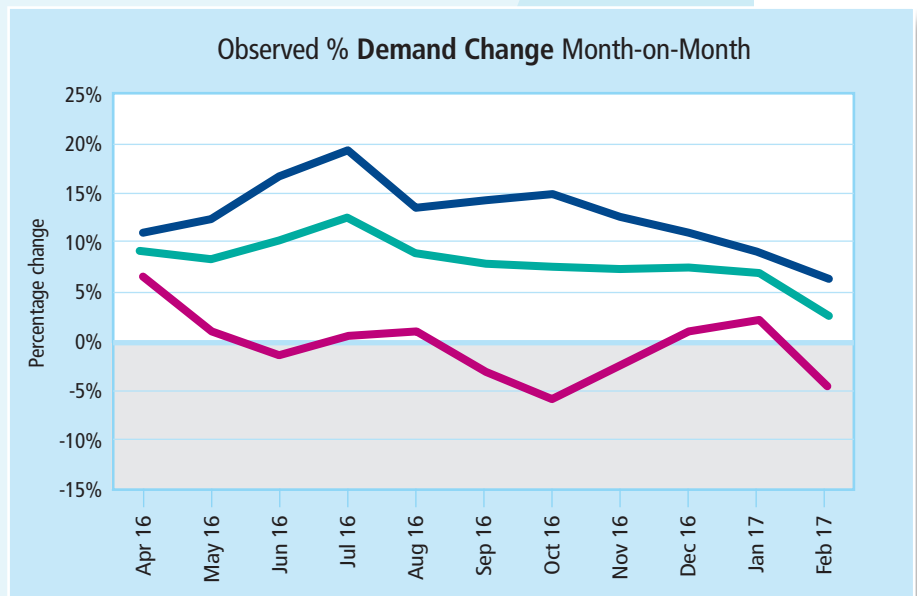
We have observed both **reduced agency volume** and lower hourly rates.

Agency spend was increasing at 36% in the 5 months before the rules were introduced compared to the same period of the previous year.

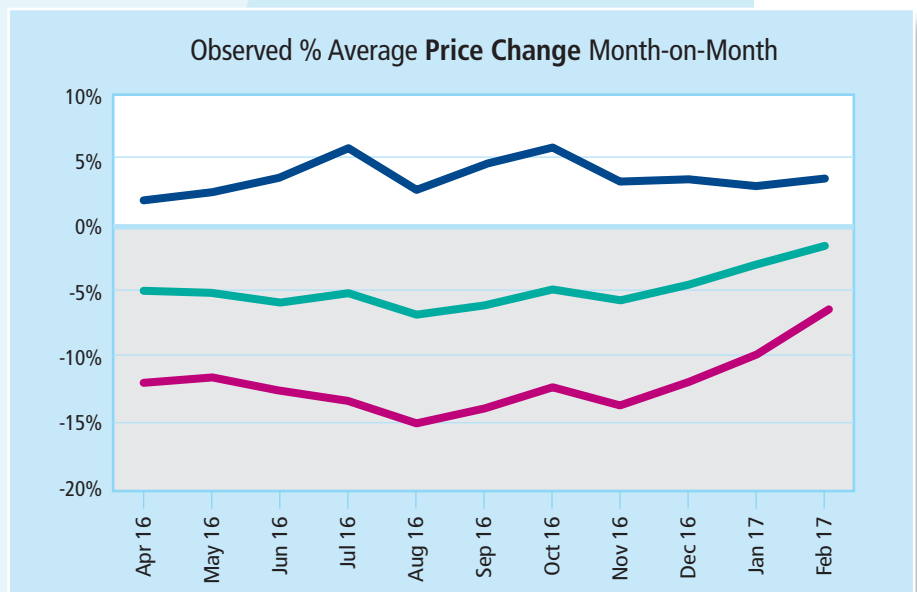
If agency spend trend had continued, spend between Mar 16 – Feb 17 would have been £432m against the actual spend of £265m. This is a 38.5% reduction against trend.

Bank spend increased against trend by 11% (£33m).

In this period, agency hours reduced by 7.14% and bank hours saw an increase of 7.65% compared to the total hours worked between Feb 15 – Jan 16.



■ Agency ■ Bank ■ Total

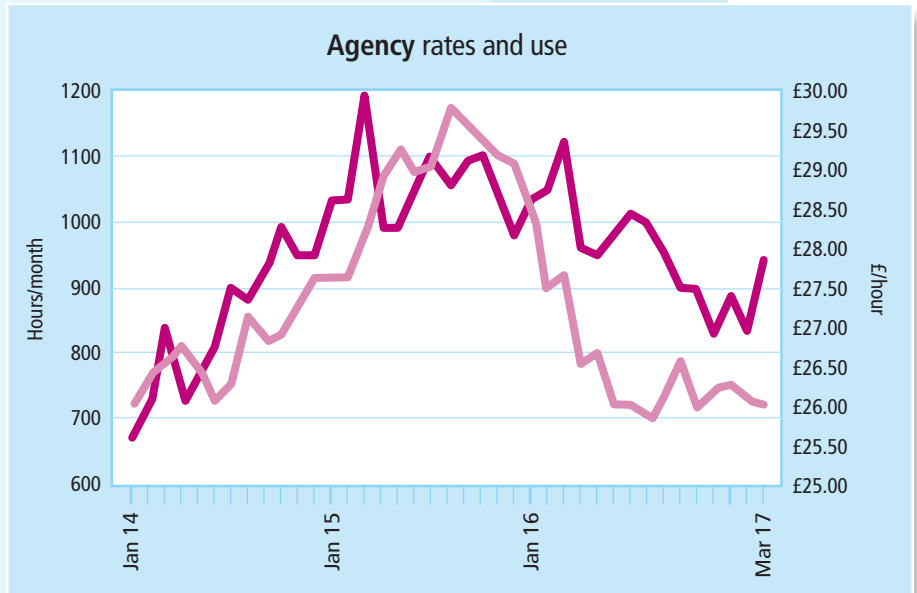


We have observed growth in bank hours and a **decline in agency use.**

This chart shows the change in non-medical agency hours consumed and the average agency hourly charge to the NHS.

Hourly agency charge rates have been reducing since the "ceiling" rules were introduced. The most significant decline commenced with the introduction of the price cap rules, and has remained stable for the last six months.

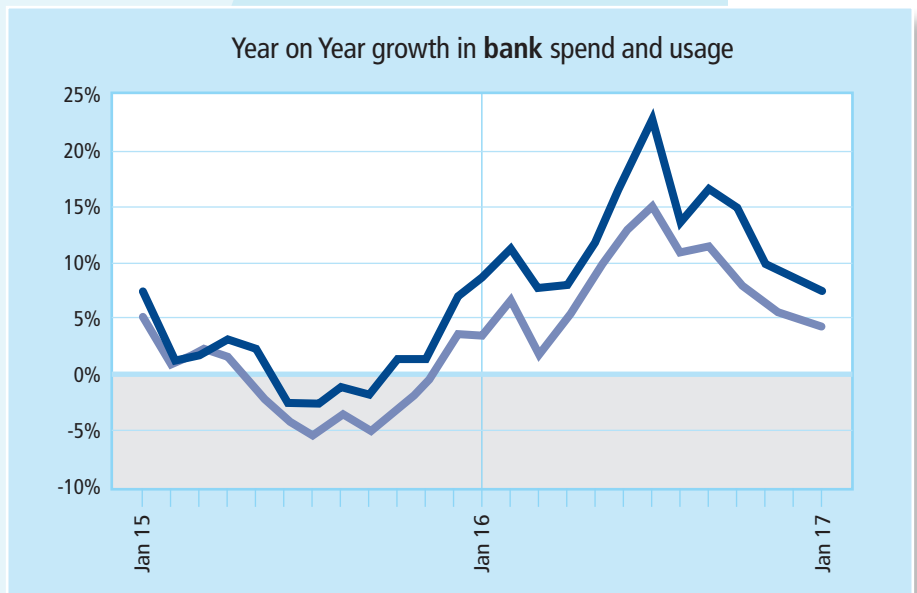
We have observed a reduction in agency use through the last year. However, agency use remains higher than in 2014/15.



■ Agency hours ■ Average agency rate/hour

...Meanwhile, the bank has grown.

The fear expressed by some that Agency Caps would reduce supply from the NHS has failed to materialise. This chart shows all staff groups with the exception of locum doctors. Recruitment and retention premium rates have been applied in some geographical areas and specialities to increase bank supply. Where these have been applied to match agency pay rates to workers, we have observed an 80% reduction in agency hours consumed and a 30% reduction in total spend to cover those hours via the bank.



■ Bank spend ■ Bank hours



The biggest change we have seen is the **decline in use of agencies for healthcare assistant roles (Band 2).**

The biggest change we have seen since the introduction of the Agency Rules, is in the decline in use of agencies for healthcare assistant roles (Band 2) from 25% to 21% of all nursing & midwifery hours. Many Trusts have simply stopped this use completely.

Yet more than half (56%) of all Trusts still use agency for healthcare support workers and non-clinical temporary staff. Their total fill is indeed higher by 5.6%, but their costs are 58% higher on average.

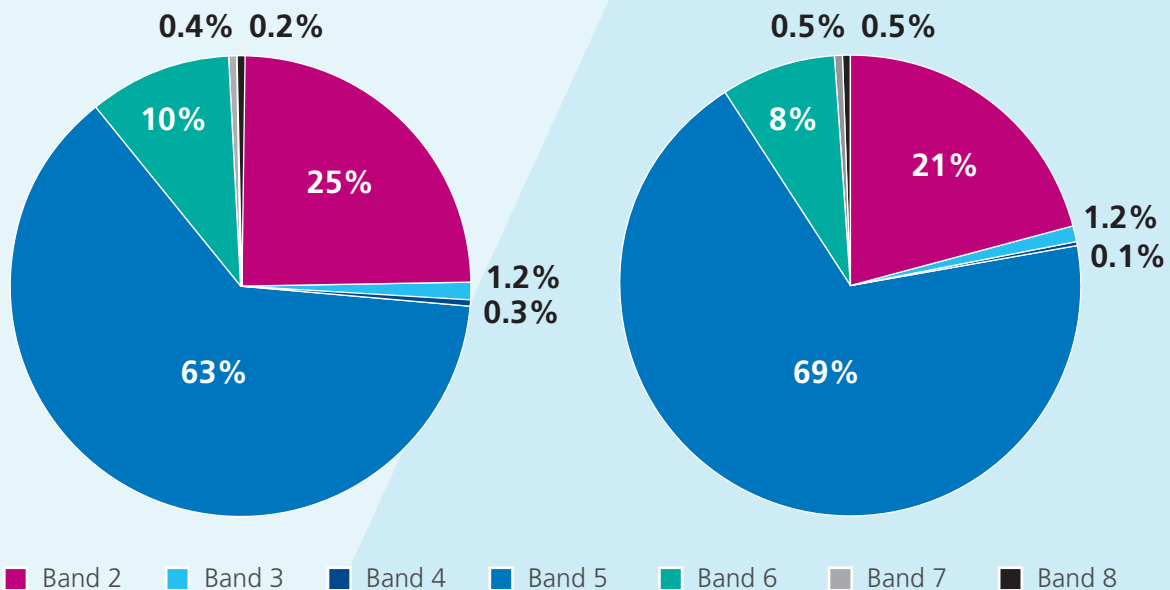
In Accident & Emergency departments, there remains a significant pay gap (10%) between agency and bank and there is a 10% differential in rates between A&E nursing and general nursing.

As Band 5 general nursing remains the majority of agency supply (69%) perhaps this is the area where we should be considering applying Recruitment & Retention Premiums (RRP) for bigger savings.

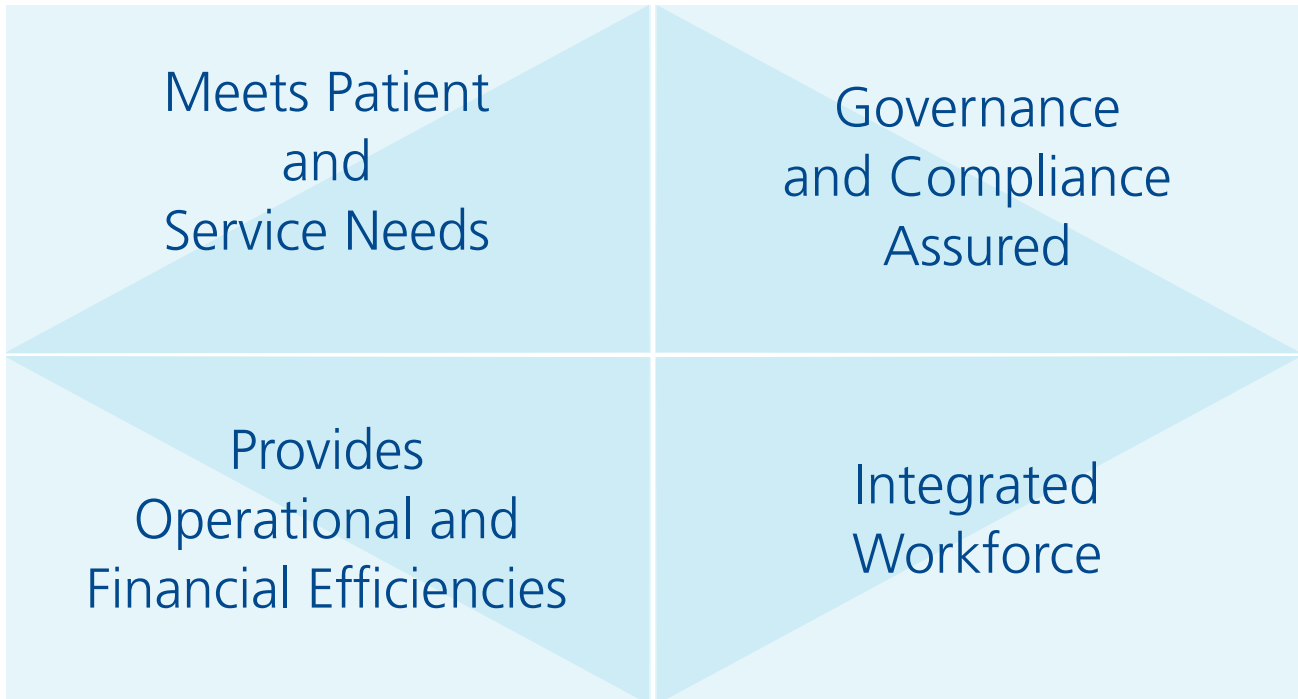
Distribution in non-medical agency hours used.

Q4 2015/16: 2.23 million hours

Q4 2016/17: 2.39 million hours



So what does a **good bank** look like?



A good well designed bank service prioritises these key attributes

- **Workforce Optimisation**
- **Maximise Potential**
- **Agency Management**

In addition, it must ensure that the Bank staff are considered to be “Part of the Trust team”, understanding where your substantive workforce are undertaking their additional hours and actively encouraging them to “Support Your Trust” is vital.

Ideally the Trust will collaborate with other local Trusts to maintain stability over bank and agency rates and prevent unacceptable price escalation.

And then there are joiners and leavers. It’s essential that people leaving the Trust, such as those retiring, are encouraged to remain part of the active bank workforce to retain their skills and experience. Can they keep their parking space or retain a discount on parking? Do they get to retain other staff benefits?

Electronic rosters – good or bad?

Effective and workable rosters present their own particular issues. In general, any roster is better than none. But according to our Workforce Insight team, some electronic rosters are not as effective as they could be.

Trusts that engage with regular Bank workers as part of the roster process simply see better results from their bank.

To help meet the Agency Rules on breaches, we recommend that temporary staffing requests are issued 4 – 6 weeks in advance wherever possible. There are always last minute demands due to patient safety, sickness and family matters, but if we manage what we can see, dealing with the unforeseen gets a lot easier.

Then there is the analysis of what works best to optimise fill across the Trust before resorting to using agencies. We continue to develop our propensity model to show which shift characteristics make them more likely to be filled and then understand the behavioural aspects of those choices.

For instance, based on analysis of our shift data, we recommend requesting longer long days rather than early/late/twilight shifts. Accurate, timely Business Intelligence of bank and agency activity helps to drive the right decision making and deployment strategies to reduce overall spend across the Trust.

We need to understand the current temporary staffing requirements, along with the forecast work plan, working as a wider team. We look for patterns of behaviour and expose performance issues that help us to see underlying trends and forecast demand and fill opportunities. And when we work across business units such as HR, finance and nursing, we are stronger together!

Benefits of being “part of the NHS”

There is no doubt that an engaged workforce is more productive and contributes to the success of the Trust. Engagement as part of the NHS team is just as true for bank workers. Bank workers who feel connected to the Trust and patients contribute more.

One of the big benefits we have seen this year is the willingness of people to migrate to the bank away from staffing agencies. They simply want to be “part of the team”.

So your substantive staff, particularly ward managers and location managers, should be talking regularly to their agency workers and asking “why aren’t you on the bank?” as bank work should be part of the NHS culture.

A culture of working for the Trust is developed and staff move from agencies despite the financial benefits simply to be “part of the team”.

Consider what benefits you can provide to your Bank other than Pay. By prioritising Bank direct bookings, the Trust has a better understanding of the requirements of the organisation. This gives bank workers first choice to work in those areas where they feel most productive.

Did you know...

Trusts with more than 35% of their substantive workforce registered on the bank get on **average 86% bank fill.**

Where more than 50% total bank shifts are direct booked on the ward, **the total fill is likely to be 90%.**

Anything less than 50% and the total fill is likely to be **76% or less.**

Some attributes that **make a difference**

Which shifts are popular?

Long days, beginning at 7am, are already the most popular bank shift, and 45% of all bank filled shifts are for periods of 12 hours or more.

By booking long days instead of early and twilight shifts, Trusts can remove the reliance on these shifts, which tend to be much harder to fill.

Did you know...

More than 7/10 shifts (70.5%) beginning at 7am are likely to be filled by bank?

On average, for shifts starting at 7am, the **typical agency shift is 78 minutes longer** than the average bank shift starting at the same time. If the same average shift length was offered to the bank, fill might increase by 13.6%.

More than half (52%) of all shifts requested to start between 1pm and 2pm (13%) go unfilled.

Just 1/6 of night shifts (starting between 19:00 & 20:00) go unfilled. Nearly 7/10 of night shifts (69.3%) are filled by bank.

Bankshare

- 50% of all general nursing agency shifts were filled by substantive NHS workers from neighbouring Trusts.
- Bankshare is becoming a high profile theme for 2017. Work through the challenges now to help your 2017/18 budgets go further.
- Bankshare, with aligned bank pay rates, could increase bank hours by over 50%. Removing the "pay factor" enables shared banks, which provides access to more workers.
- 93% of Trusts already report RN shortages and one in three nurses are due to retire in the next 10 years.

TIP: Bankshare, undertaken in line with a pay review, for just general nursing could reduce agency spend by up to 32%

Agency management - challenges

The Agency Rules are designed to help NHS Trusts reduce their use of staffing agencies. Not surprisingly, most staffing agencies would like 'The Rules' to be ineffective. The agencies are in the business of maximising their returns.

So we have seen a reversion to some old tactics:

- **Agencies calling wards directly to push shifts**
- **Unrequested agency workers being dispatched to Trusts**
- **Claiming for additional hours or increased rates without prior agreement**



We have also seen agencies agree to implement rate changes in line with the rules only to find that they have not advised their workers in good time. In one instance this led to a large number of immediate short-notice cancellations that put patients at risk. Such behaviour is intolerable.

But we have also seen some agencies step up and take on new responsibilities and find people to fill roles at the agreed rates. In general, they have tended to fair better than those less willing to change.

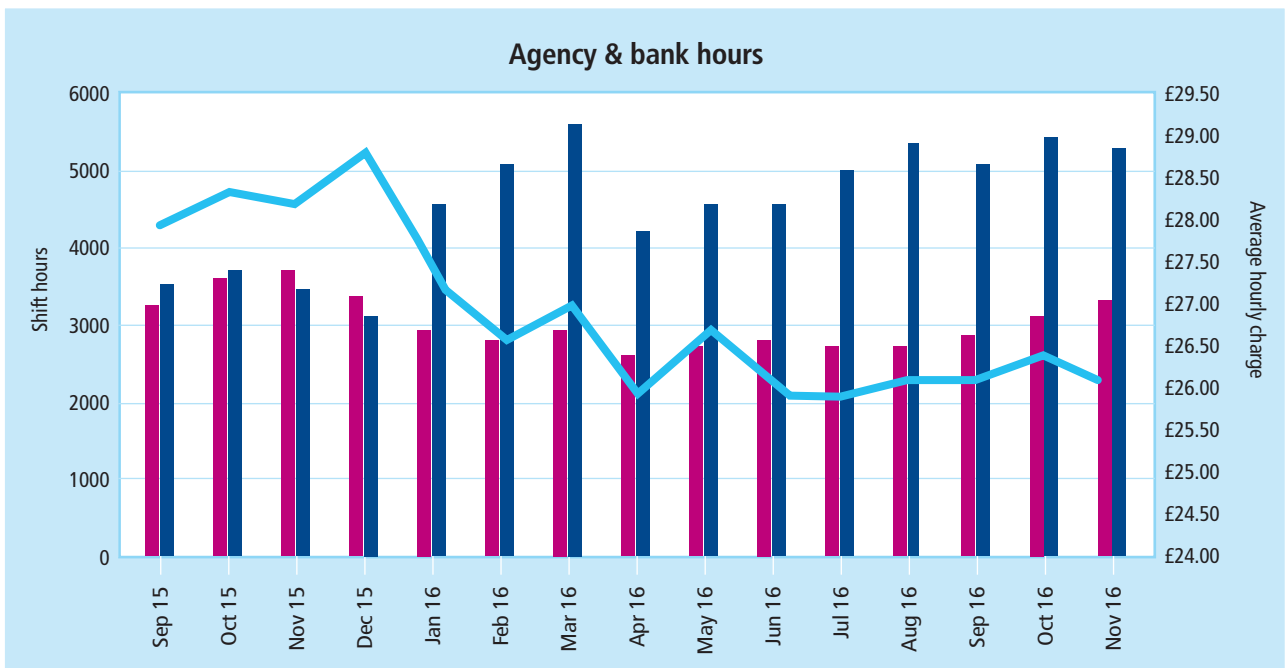
In the Manchester area, one agency was supplying more than 75% of all critical care shifts across the five Trusts participating in the NHSP Agency Partner Programme*. From January 2016, the agency was advised that the new rates would apply. They declined and threatened to withdraw all of their workers. That agency now supplies virtually no critical care shifts in any of those five Trusts.

In the case study below the average hourly rate for all nursing & midwifery band 5 shifts filled dropped by nearly £3 per hour from £28.28 in December 2015 to £25.50 in November 2016.

This is based on the high cost agency filled hours remaining at their April 2016 rate and the shifts being filled instead at the average agency critical rate of supported APP agencies.

Summary

- Look at temporary staffing holistically
- Business Intelligence MUST drive strategies
- Leverage the Agency Rules to support Growth on the Bank
- Make your Bank the "First Choice"



* Agency Partner Programme Update, 2017; NHS Professionals

■ Agency ■ Bank ■ Average hourly charge

Fabulous client stories

To support our view that the Agency Rules are indeed working, a number of specific observations are included here. Some focus on specific staff groups or on specific roles. They are all representative of the real change in agency use that we have observed over the last year. The caps have not been enforced everywhere and they are certainly not effective in all Trusts. But what follows is a glimpse of what is possible.

Manchester Trusts -	page 13
Stockport NHS Foundation Trust -	page 14
Royal Berkshire NHS Foundation Trust -	page 15
Plymouth Hospitals NHS Trust -	page 16
Central Manchester University Hospitals NHS Foundation Trust -	page 17
George Eliot Hospital NHS Trust -	page 18
Wirral University Teaching Hospital NHS Foundation Trust -	page 19
Southport and Ormskirk Hospitals NHS Trust -	page 20
Coventry and Warwickshire Partnership NHS Trust -	page 21
Chesterfield Royal Hospital NHS Foundation Trust -	page 22
East Kent Hospitals University NHS Foundation Trust -	page 23
West Hertfordshire Hospitals NHS Trust -	page 24
East and North Hertfordshire NHS Trust -	page 25
University Hospitals Southampton NHS Foundation Trust -	page 26



Cluster of Trusts in Manchester work together to control agency rates

A group of five NHS acute Trusts in the Manchester area have been collaborating on agency rates since 2012.

Working with NHS Professionals through the Agency Partner Programme (APP), they have driven savings in agency nursing costs despite an increase in demand for additional hours.

With the introduction of the Agency Rules, the Trusts have worked together to align agency rates with the cap rates. This has enabled the group to target specialist nursing roles and encourage agency workers to join the Trust or work through the bank.

The average 'additional hours' rate for band 5 nurses (including both agency and bank) has been reduced by an average of £2.94 per hour.

Combined savings from agency rate reductions since the introduction of the Agency Rules in November 2015 to February 2017 is estimated at £2.53 million across the five Trusts.

Annualised savings are estimated at **£2.5m**

Manchester Trusts

Collaborative demand for N&M temporary staffing increased **14%**

Bank filled hours increased **18%**

Bank rates increased **16.1%**

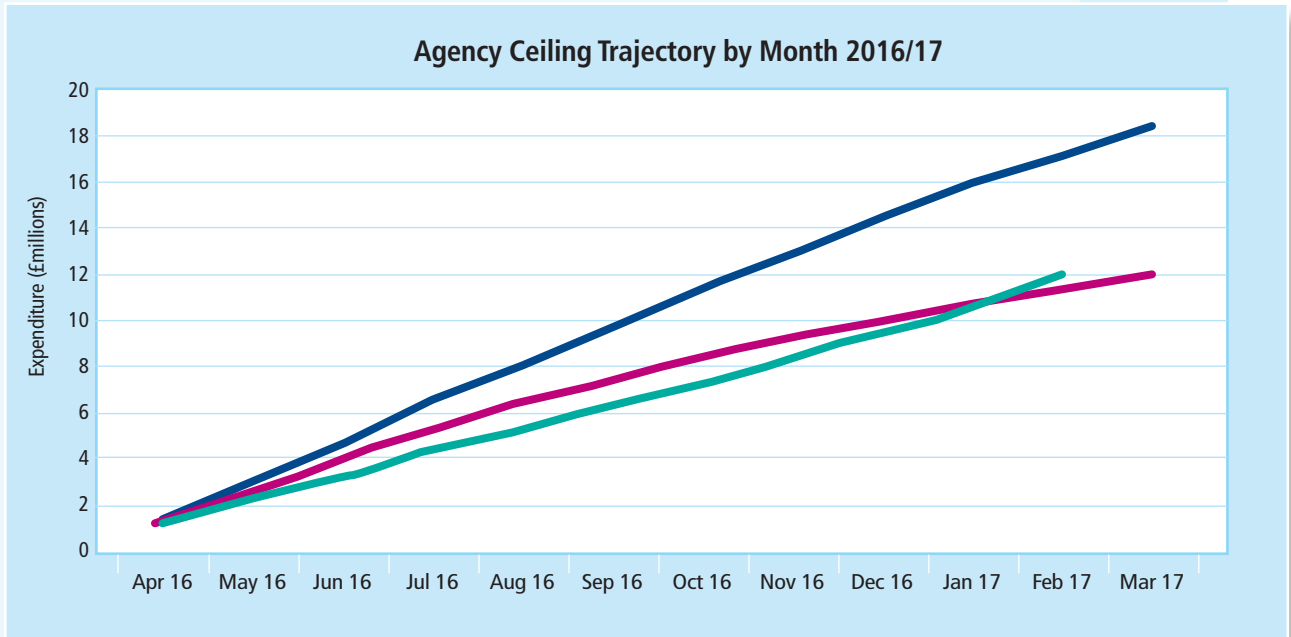
Agency filled shifts decreased **11.5%**

Agency hourly charges reduced **12.8%**

Agency spend reduced **21.7%**

Change in rates reduced the gap between agency and bank from **110% to 52%**

Stockport delivers on **controlling agency costs.**



Part of the Manchester cluster working through the Agency Partner Programme, Stockport NHS Foundation Trust has managed to control agency costs.

The chart shows the cumulative agency expenditure for Stockport in 2016/17 compared with the actual spend in 2015/16.

By working together with other Trusts in the area, Stockport has been able to increase the attractiveness of its bank and keep agency costs under control. Significant savings have been made particularly in specialist nursing roles.

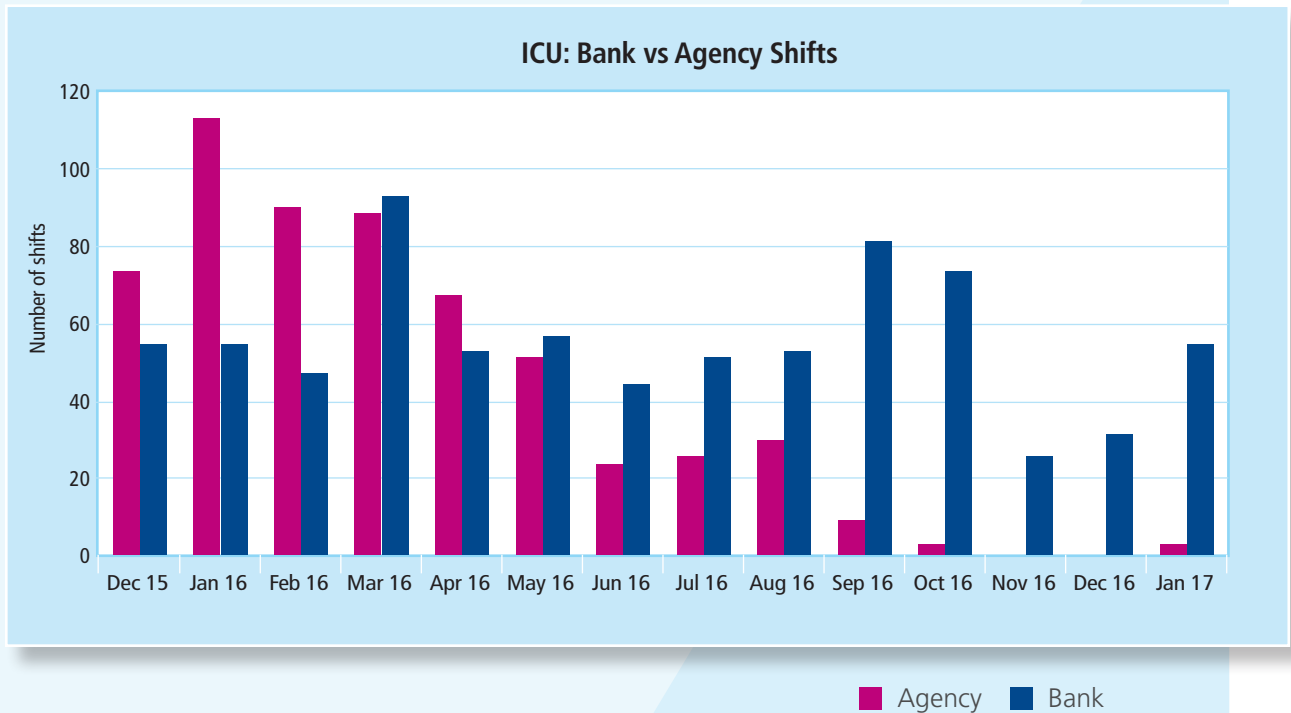
Annualised savings
are estimated at
£5m

Stockport NHS Foundation Trust

- Expenditure 2015/16
- Agency Ceiling 2016/17
- Actual 2016/17



Royal Berkshire minimises use of agency staff in Intensive Care (ICU).



A customised bank pay rate was introduced in March 2016 to minimise the gap between agency and bank pay.

Bank activity exceeded agency fill in the first month in operation.

Meanwhile, the Trust has been working hard internally to control shift demand in ICU.

From 50% dependence on agency in January 2016, the Trust now has little or no agency use in ICU.

Annualised savings
are estimated at
£516k

Royal Berkshire NHS Foundation Trust

Plymouth Hospitals reduces dependency on agency for A&C.

The 'A&C360' service was established in October 2016 to process and approve all A&C shift requests across the Trust.

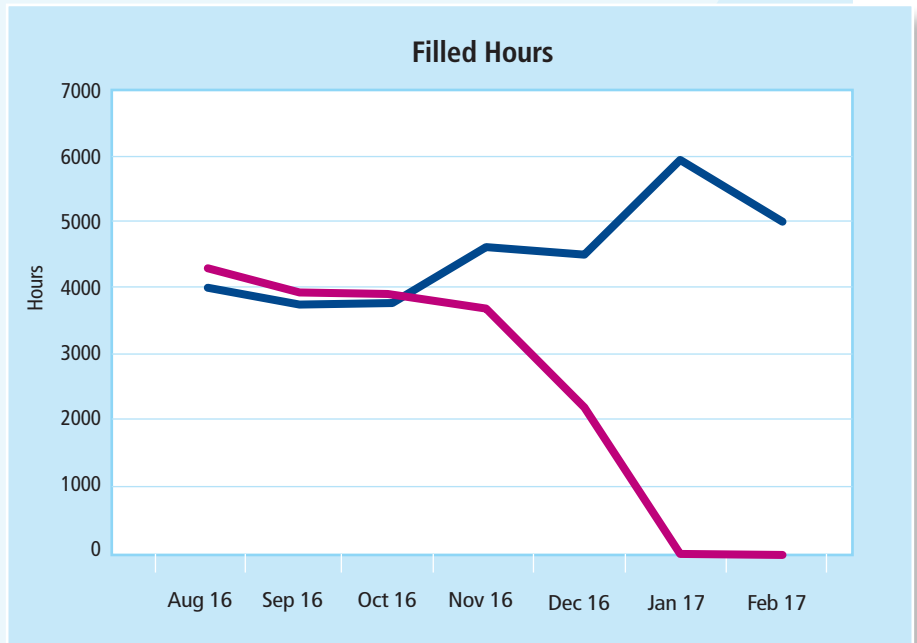
A bank and agency migration plan was developed by the Trust, including alignment of pay, and agency workers were encouraged to join the bank.

At the same time, overall demand was reduced from 50 WTE to 33 by filling vacancies.

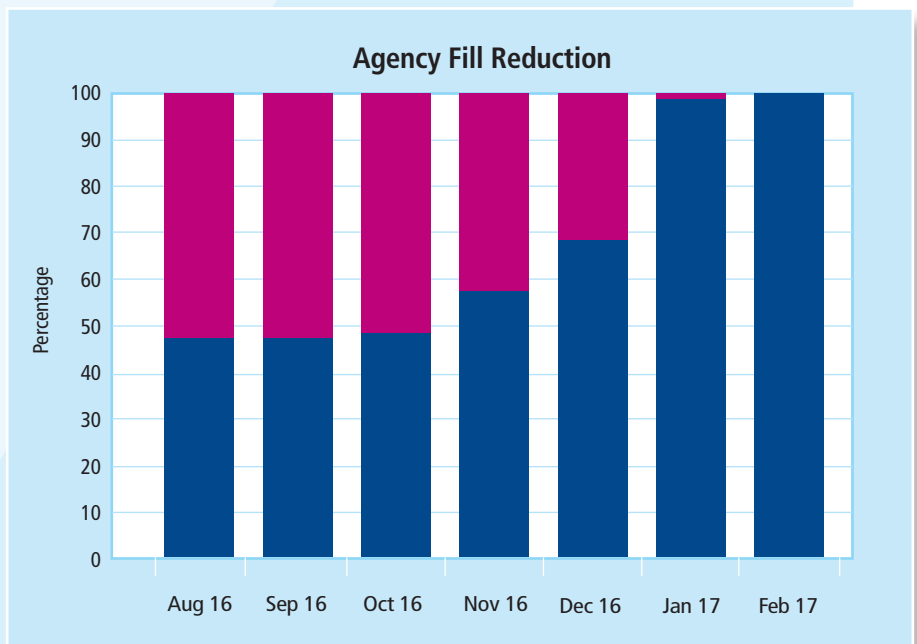
In the first month of service, bank fill improved by 8% and the Trust now has no agency use in A&C.

Annualised savings are estimated at **£36k**

Plymouth Hospitals NHS Trust



■ Agency ■ Bank



'Specializing' demand for care assistants reduced by half at **Central Manchester**.

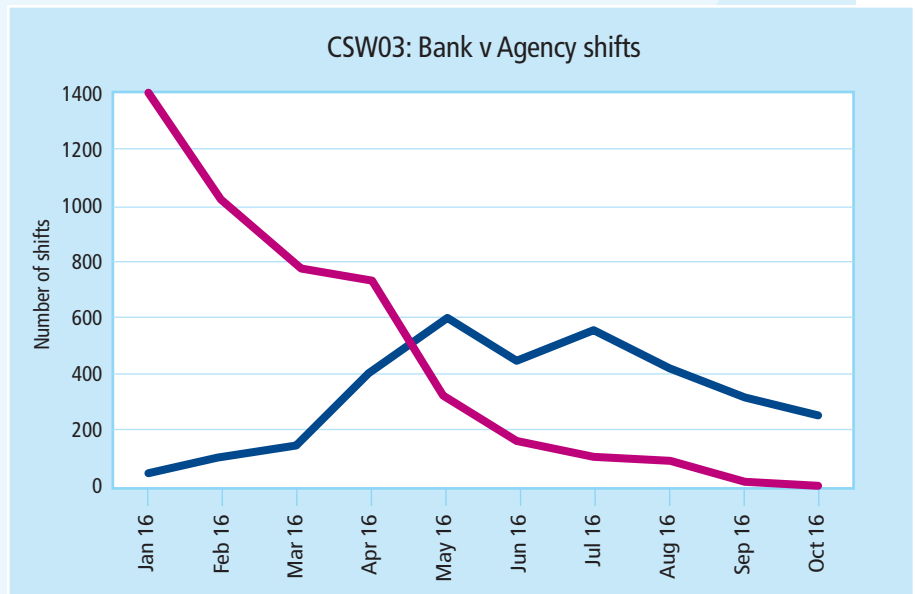
The Trust had been using an agency to supply care assistants with mental health experience to provide support and care for vulnerable patients who required enhanced supervision.

The Trust reviewed their processes for identifying patients who required enhanced supervision, identified what this patient group's specific needs were and reviewed how this specific need could be met.

Working with NHSP, the Trust implemented a training programme for bank staff to provide them with the required skills to support this group of patients and implemented a plan to migrate all agency care assistants to the bank from March 2016.

All patients requiring enhanced supervision have a daily matron review to ensure that the appropriate care is provided to meet each individual patient's needs.

Annualised savings are estimated at **£2m**



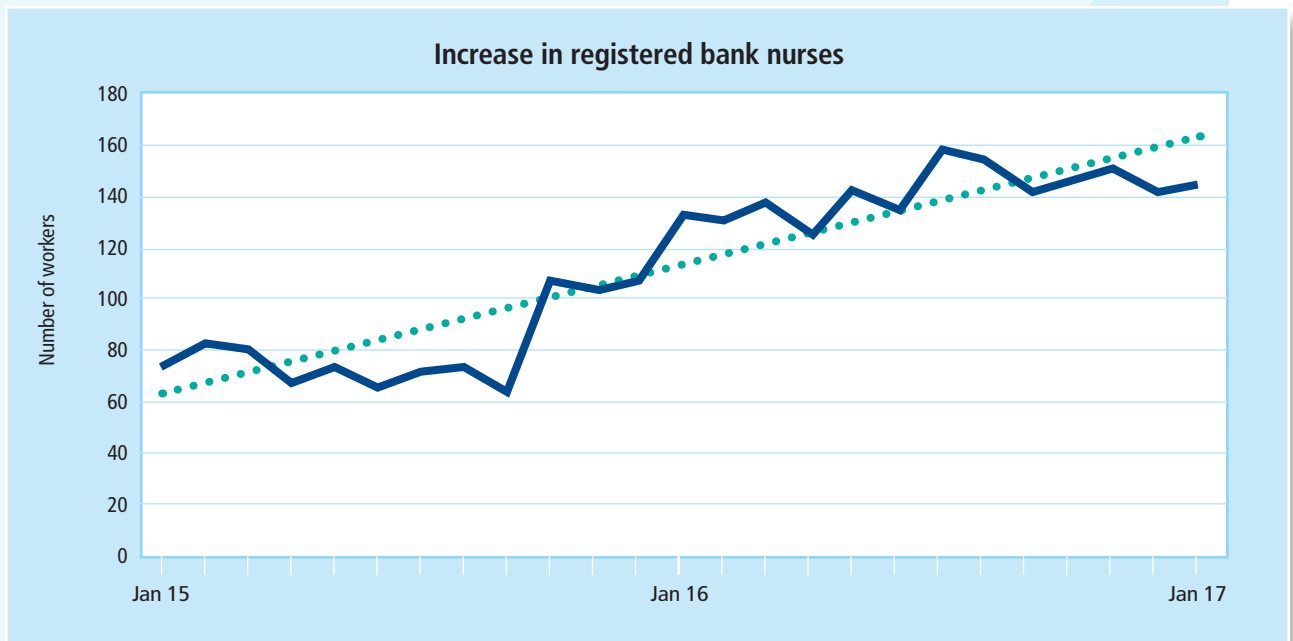
Consequently, agency use in this area has been completely eradicated and bank use has increased to fill the Trust's needs.

Over the 12 months to January 2017, the Trust saved an estimated £180k. This represents a total potential estimated annualised savings of more than £2 million per annum based on January 2016 usage

■ Bank ■ Agency

Central Manchester University Hospitals NHS Foundation Trust

Revised RN pay attracts 100 new bank members to **George Eliot Hospital**.



By increasing RN pay in line with agency rates, the bank has grown by more than 100 RNs, effectively doubling the number of bank shifts worked. The net annualised savings are equivalent to approximately £252k per annum.

- Active bank nurses
- Linear trend

The Trust has managed to significantly increase the number of Registered Nurses working through the bank and generate savings equivalent to an average of £2.80 per hour.

Annualised savings
are estimated at
£252k

George Eliot Hospital NHS Trust

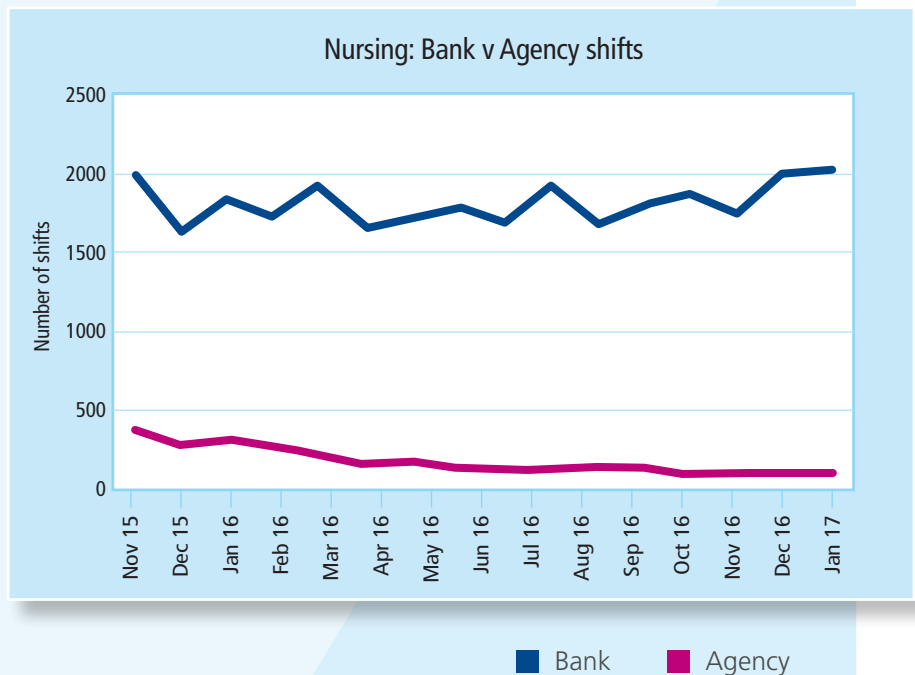


Wirral University Teaching Hospital reduces agency use by 69%.

The Trust has implemented a number of key initiatives over the last 12 months to help reduce agency use. All agency shifts now require prior approval by a manager and the local NHSP team help to drive effective bank fill by sending out Text Message bursts.

Agency use has reduced by 69% since the start of the programme and is now regularly below 5% of total temporary staffing hours.

The Trust has generated estimated annualised savings at £444k per annum.



Annualised savings
are estimated at
£444k

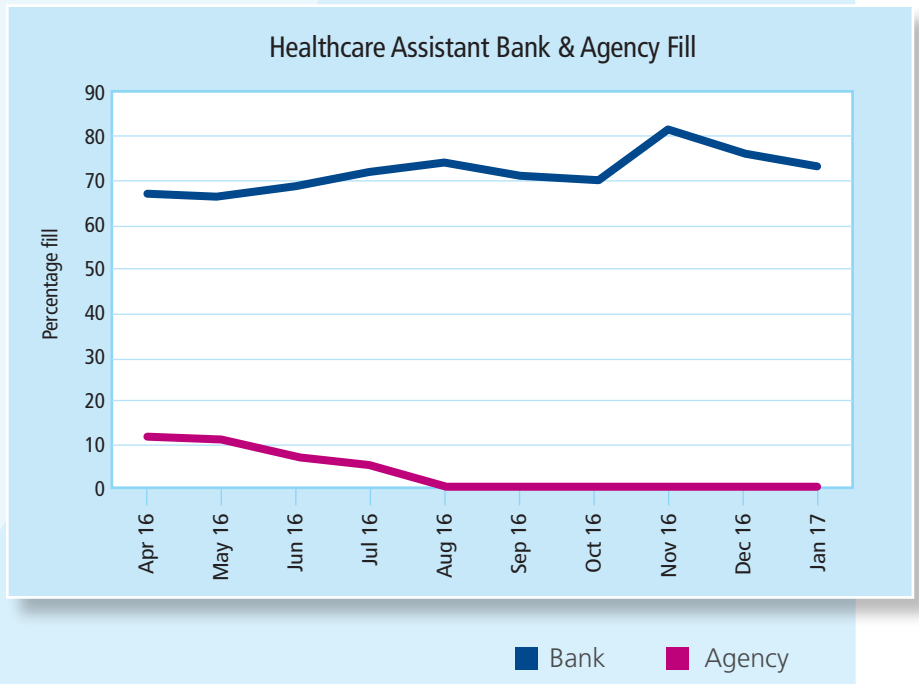
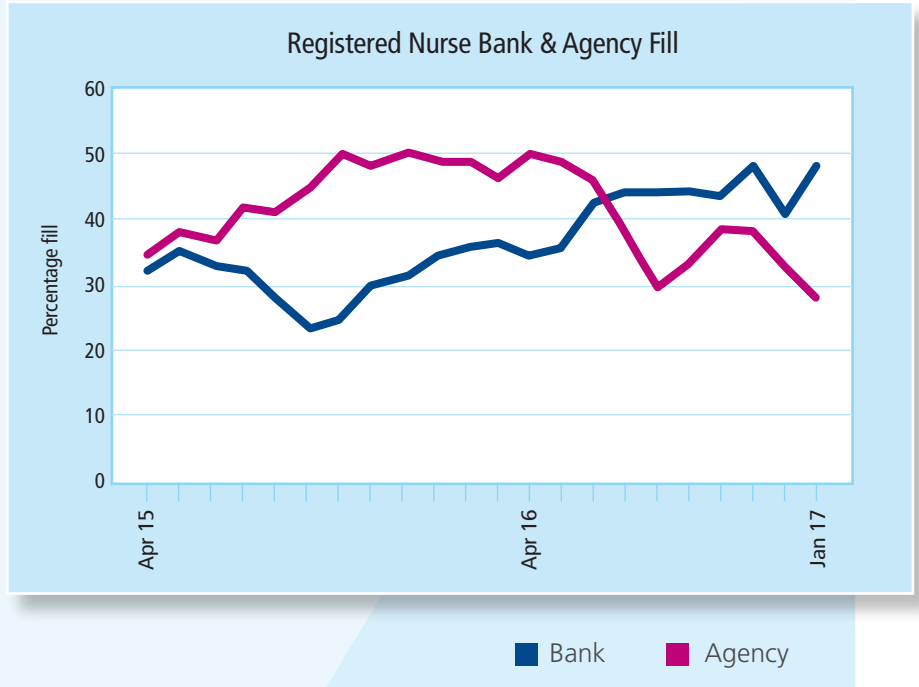
Wirral University Teaching Hospital NHS Foundation Trust

Southport and Ormskirk saves £1.5m.

The Trust has reduced the average hourly rate for registered nurses by more than £10 per hour (£10.10) by increasing the bank pay rate, making it more attractive than agency rates.

At the same time the average hourly cost for care assistants has reduced by £0.47 per hour and agency use has been virtually eliminated.

Annualised savings of £1.5 million and £65k have been generated respectively.



Annualised savings are estimated at **£1.5m**

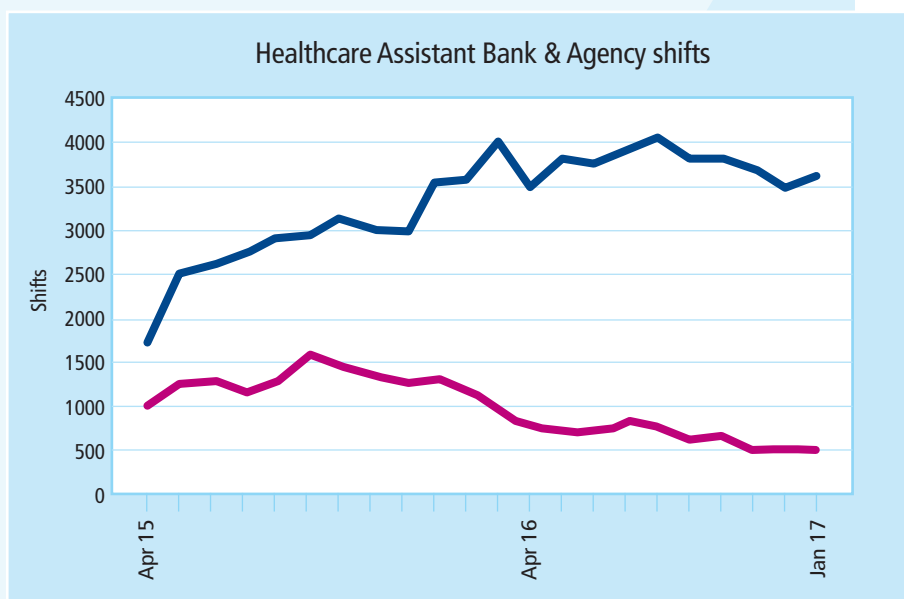
Southport and Ormskirk Hospitals NHS Trust

Agency use halved at Coventry and Warwickshire.

The Trust wanted to reduce the agency spend on healthcare assistants. They introduced automatic bank registration for all care assistants in May 2015 which ensured that every care assistant at the Trust was registered to work through the bank if they so chose.

At the same time, tighter controls on agency booking were introduced from October 2016 and direct agency booking stopped.

As a consequence, the number of active bank workers has increased by 86% and agency fill has reduced by 47%.

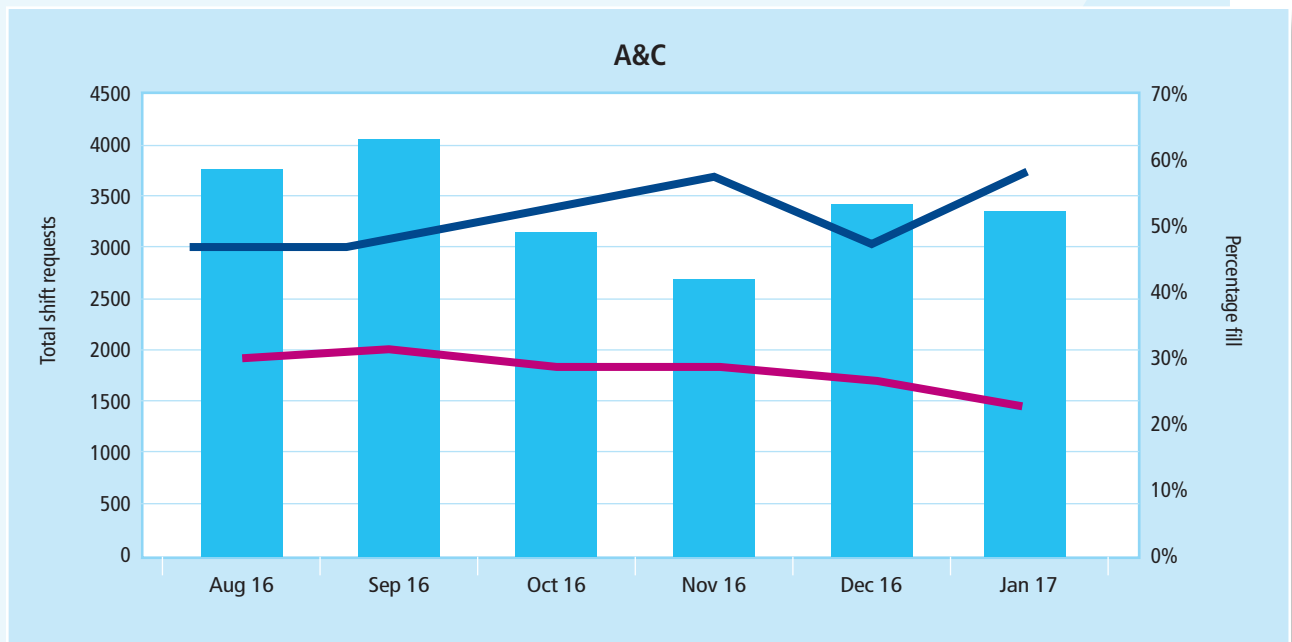


■ Bank ■ Agency

Annualised savings
are estimated at
£1.1m

Coventry and Warwickshire Partnership NHS Trust

Winter incentive reduces agency use at Chesterfield Royal.



■ Shifts requested ■ Agency ■ Bank

To increase the effectiveness of the bank, the Trust introduced a winter incentive during December 2016. This paid a bonus of £150 for every 33 hours worked.

Bank fill has increased by 11.3% and agency fill has fallen by 7.8%. Bank Only shift volume has increased by 93% with an additional 49 healthcare assistants having joined the bank.

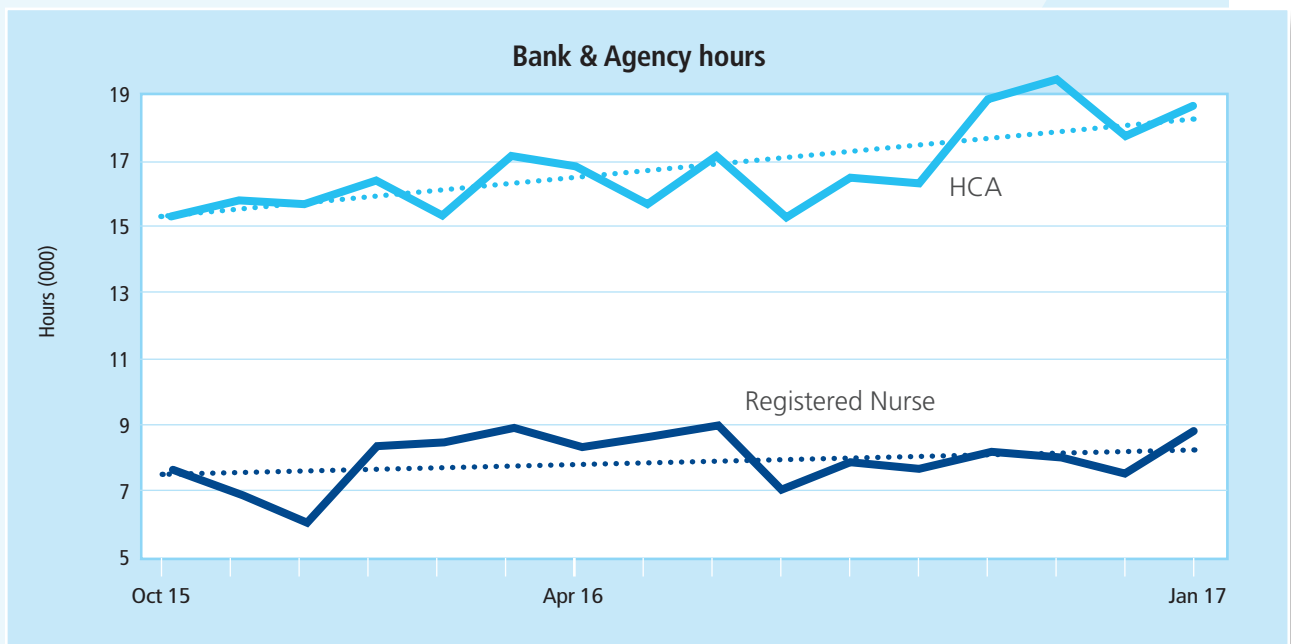
Net savings generated by the Trust are estimated at £28k for January and February 2017 and the Trust has agreed to extend the incentive to the end of the financial year.

Monthly savings
are estimated at
£28k

Chesterfield Royal Hospital NHS Foundation Trust



Pay incentive in critical areas helps **East Kent Hospitals** reduce agency spend by 59%.



By close partnership working between directorates, the Trust introduced a pay incentive in critical areas of nursing, including NICU, oncology, paediatrics, surgical and medical wards.

Agency workers were encouraged to join the bank through the Bank Exclusive process. The number of hours worked by the bank has significantly increased, up 20% for care assistants and 12% by registered nurses.

The average hourly rate has fallen by £0.60 and Agency spend has reduced by 59%.

Annualised savings
are estimated at
£252k

East Kent Hospitals University NHS Foundation Trust

■ RN
■ HCA

Agency use halved at West Herts.

The Trust uses NHSP's management information to monitor a range of key performance measures, helping to manage their demand at source and implement tighter controls on agency use.

An accelerated bank recruitment process encouraged 68 qualified nursing and midwifery staff to join the bank.

Enhanced bank pay rates were agreed for specialist nursing in ITU, Theatres, Maternity and SCBU which has seen a significant shift to bank working.

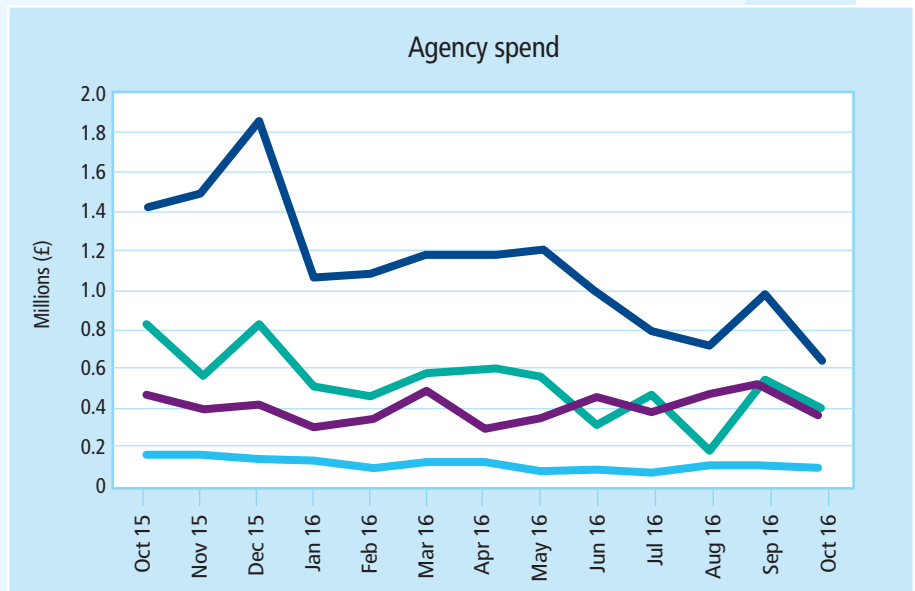
Behaviour change has been driven through increased partnership working and sharing of data. Demand for Nursing & Midwifery has decreased by 34% since November 2015. November 2016 saw the highest ever bank fill at West Herts, with more than 3,200 shifts filled (18.5% increase).

Registered nurse bank fill has steadily increased and agency fill has fallen by 53%. Admin & Clerical has maintained a 95% overall fill rate with a 24% reduction in agency usage.

The Trust estimates that it has reduced agency spend by £9.64M, in 12 months across all staff groups, comparing 2016/17 with 2015/16.

Reduction in annual
agency spend
£9.6m

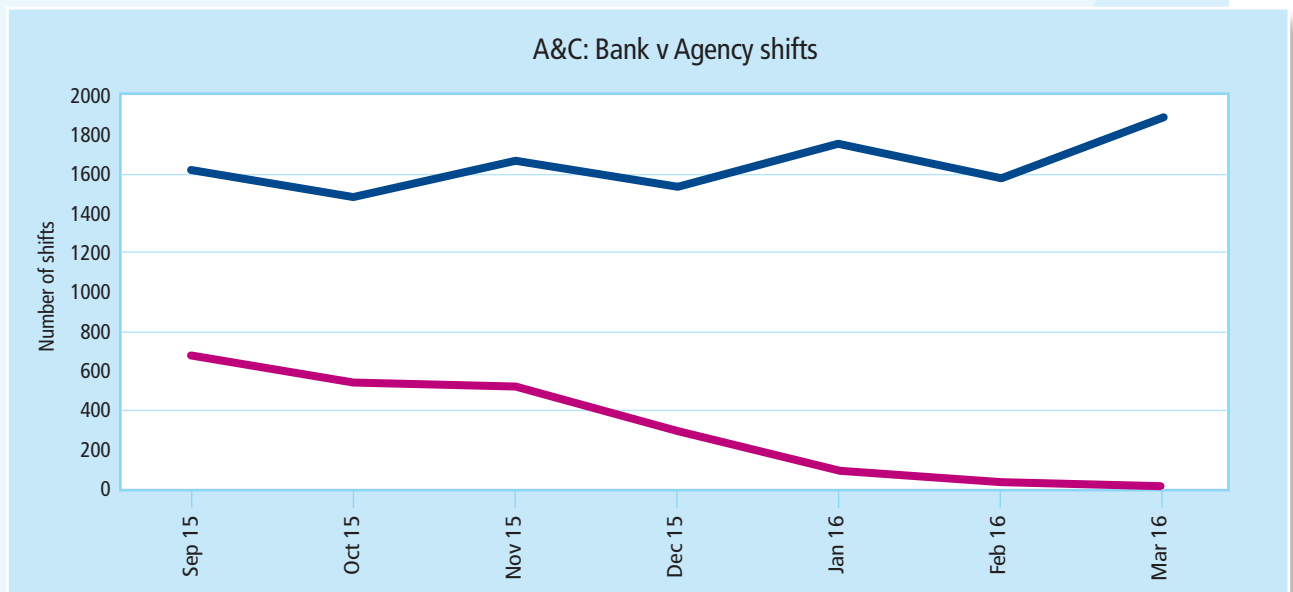
West Hertfordshire Hospitals NHS Trust



■ N&M ■ Doctors
■ AHP ■ A&C



Admin & Clerical agency use under control at East & North Herts.



At East & North Herts, the Trust has been working to exclude agency use from Admin & Clerical roles.

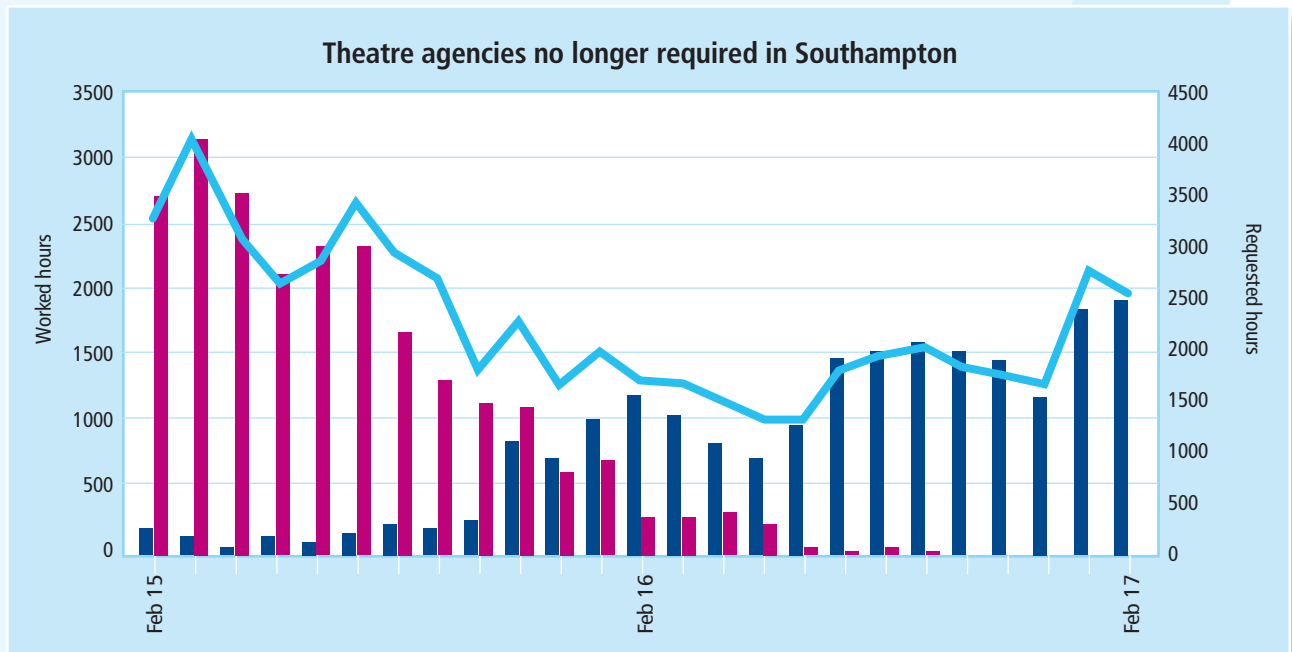
Since the introduction of the Agency Rules, bank fill has increased from 64% to 90% while use of staffing agencies has been reduced from 27% to 2%.

■ Bank ■ Agency

Annualised savings are estimated at **£800k**

East and North Hertfordshire NHS Trust

Agency removed from theatres at University Hospitals Southampton.



Since the introduction of the Agency Rules, University Hospitals Southampton have simply eradicated all agency nursing in their operating theatres. The Trust reached an agreement with their substantive theatre staff, many of whom were working via agencies in other Trusts nearby. This ensured that they would not be financially disadvantaged by choosing to work through the bank in their own Trust.

■ Agency ■ Bank

■ Requested

Better management of shift booking helped the Trust control excessive demand for additional hours. This has been reduced from a peak of nearly 4,000 hours per month to below 2,000 during 2016. Demand has begun to increase, but all serviced directly by the bank.

Annualised savings
"Priceless"

University Hospitals Southampton NHS Foundation Trust

Conclusion

In this Special Edition of *National Trends*, we have provided a snapshot of a few Trusts where the Agency Rules appear to be helping to make a difference. That is very encouraging. Of particular importance in all of these instances is the use of accurate timely business intelligence to identify potential risks from changing booking behaviours.

Where there is a dominant agency providing the majority of hours in any speciality or locality, there is likely to be some risk. This is where we encourage our NHS clients to take a 'holistic approach', looking at the vacancy factors, the demand drivers and booking behaviours specific to that situation.

We have helped many of our clients develop strategies tailored to deal with each of these situations. The key to the instances where those strategies work tends to be around leadership attributes of the people involved: taking on the challenge, taking key people with you, planning for the worst case and being persistent in seeing through the change in behaviour.

At every stage we encourage direct engagement with the people booking the shifts, the agency workers and the bank management team. They all need to know what is planned, when it will happen and how it might affect them.

But we also encourage detailed measurement of the 'before', 'during' and 'after'. These internal controls help people to understand what is at stake, what the outcomes should look like and early warning of where issues are arising.

The Agency Rules are not an answer in themselves, but they do provide the leverage NHS Trusts need to help get their agency usage and spend back under control. Ultimately, it's the people on the ground who will make the difference, not *The Rules*. In our experience, if you give people the right support, information and tools they can deliver the lasting change they want to see for the NHS.

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