

# Welcome

How can boards improve  
bank worker experience?

# Agenda

## **Welcome and introduction**

Facilitated by chair

## **Plenary presentation**

Dan Collard – EDI mandated standards specialist, NHS England

Donna Bisiker – programme manager for temporary staffing, NHS England

## **Breakout discussions**

## **Feedback and reflections**

## **Summary and close**

Facilitated by chair

## **Close of event**

- Please keep your camera on wherever possible
- Please note Chatham house rules apply
- If you lose connection, please re-join using the link in your joining instructions or email [race.equality@nhsproviders.org](mailto:race.equality@nhsproviders.org)
- Please ensure your microphone is muted during presentations to minimise background noise
- We will come to questions once we have heard from all our speakers
- Please feel free to use the chat box for questions and sharing examples of what has delivered improvement in your organisation
- If you would like to ask a question audibly, please use the raise hand function during the Q&A section and we will bring you in
- Any unanswered questions will be taken away and answered after the event
- You will receive a link to an evaluation form at the end of the day, please take the time to complete it, we really do appreciate your feedback.

# Race Equality

Session: How can boards support  
bank workers?

Presented by:

Dan Collard. Mandated Standards team, NHS England

# Background



## Who are we talking about:

- Bank workers
- Not bank staff
- Not external suppliers of bank staff/workers

## What do we know:

- Well over 150k and growing.
- Higher portions of ethnic minority workers when compared to substantive staff data (WRES).
- Nationally the largest 3 staff groups for bank only are: *band 2 and below Clinical, band 5 clinical* closely followed by *band 2 and below non-clinical*.

## Benefits of improving bank worker experience:

- Attraction
- Retention
- Recruitment
- Agency spend/ reliance
- Better patient experience
- Meeting national objectives such as EDI Improvement plan, LTWP, People Promise.....
- Evidence we are meeting the Public Sector Equality Duty (PSED) for all our workforce.



## NHS Staff Survey for bank only workers 2023 (NSSB)

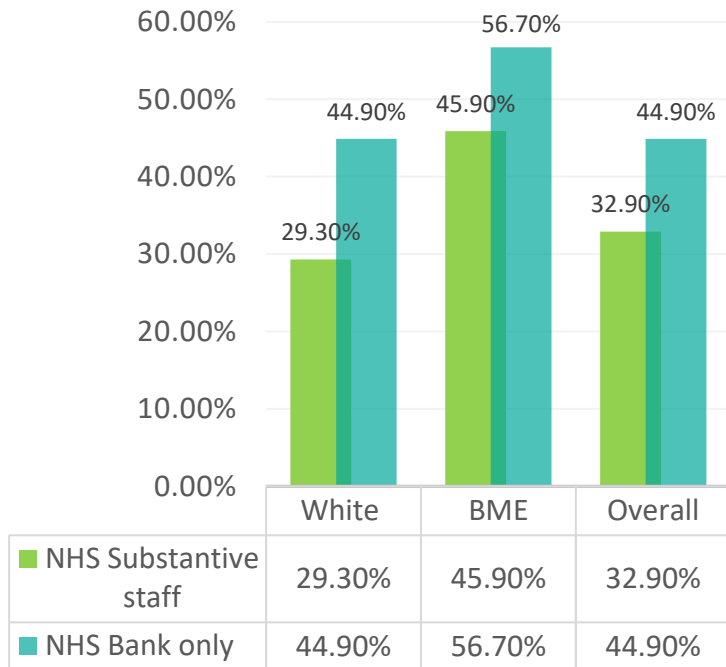
- National pilot 2022 with aggregated findings report
- 2023 mandated to trusts with more than 200 BO workers
- 2023 [saw national and trust level reporting \(Inc WRES and WDES\)](#)
- Future ambitions include, NSSB interactive dashboards, supporting trusts with less than 200 BO workers to partake, inclusion of external bank suppliers.

### **Some insights from the NHS Staff Survey for bank only workers 2023 (NSSB): 157 trusts, 146k offered, 18% overall completion rate (same as 2022)**

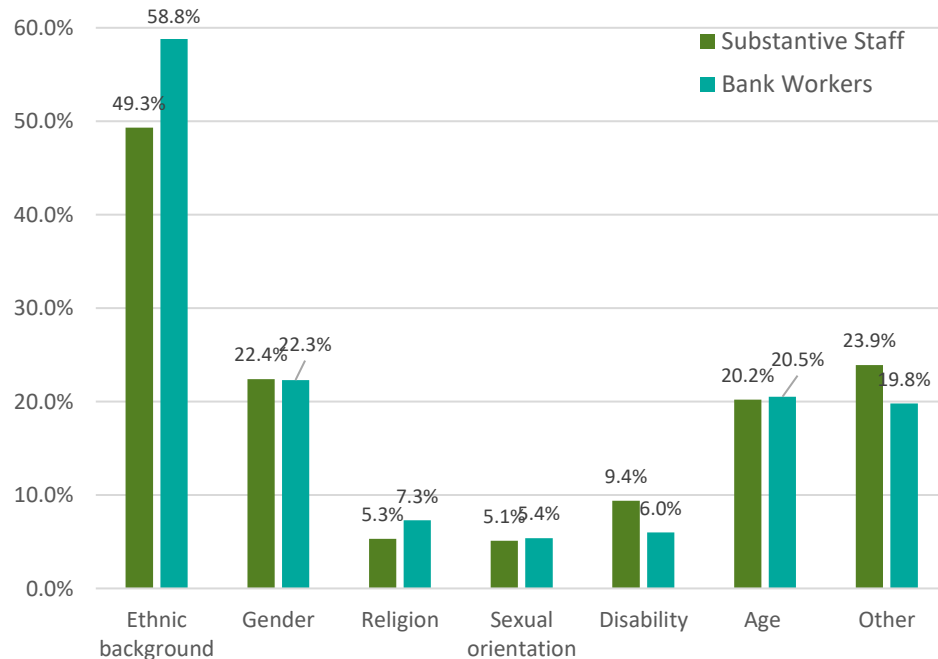
- 81.2% working in the same department, area or ward.
- 60% work the same shift pattern each week
- 62.1% work more than 15 hrs per week.
- 71.2% saying BO is their only source of work
- 18.5% of bank workers indicated that they chose bank to gain exp and skill to help them obtain a substantive role!
- 25% of bank workers (38.6% BME / 25.1% white) would consider moving to alternative form of contract in the next 12 months.

# Insights: bank experience through a WRES lens

NHS 2022 survey findings contrasting NHS held bank workers to substantive staff: **In the past 12 months have you worked on a Covid -19 specific ward or area at any time?**



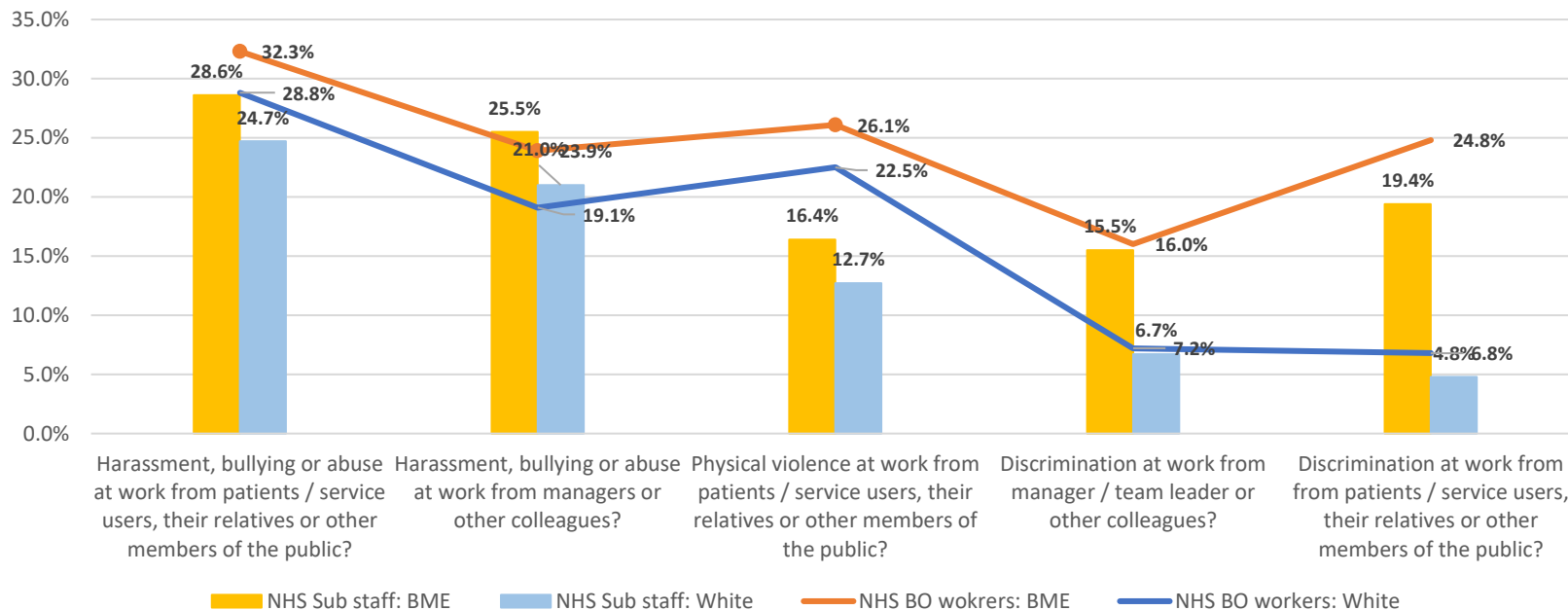
Contrasting the findings between bank to substantive when both groups' data is compared for 2022 findings: **For those who had experienced discrimination at work, what was felt to be the basis for this.**



**Question: Was the "covid bonus" pay award of 2023 implemented for your bank only workers?**

# Insights through a WRES Lens: High Impact Action 6 data

National Staff Survey Bank Vs National Staff Survey Substantive - 2023





## Insights: Bank experience through a WRES lens

2023 Bank WRES data for bank only workers (national)		
Indicator	BME %	white %
<b>Ind 4a: Q19a</b> - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?	32.3%	28.8%
<b>Ind 4b&amp;c: Q19b&amp;c</b> - In the last 12 months how many times have you personally experience harassment, bullying or abuse at work from managers or other colleagues?	23.9%	19.1%
<b>Ind 4d: Q19d</b> - Percentage of bank workers saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	59.8%	49.2%
<b>Ind 5a: Q18a</b> - In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?	26.1%	22.5%
<b>Ind 5b: Q18d</b> - Percentage of bank workers saying that the last time they experienced physical violence at work, they or a colleague reported it.	81.0%	73.5%
<b>Ind 6a: Q31</b> Percentage of bank workers planning to or considering moving to a permanent contract in the NHS in the next 12 months	38.6%	25.1%
<b>Ind 6b: Q29b</b> - There are opportunities for me to develop my career in this organisation.	58.4%	43.9%
<b>Ind 6c: Q44</b> - Is bank work in the NHS your main source of paid work?	67.2%	73.8%
<b>Ind 7a: Q21b</b> - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?	16.0%	7.2%
<b>Ind 7b: Q21a</b> - In the last 12 months have you personally experienced discrimination at work from from patients / service users, their relatives or other members of the public?	24.8%	6.8%
<b>Ind 8a: Q6b</b> - Satisfied with the extent to which my organisation values my work.	54.1%	44.4%
<b>Ind 8b: Q30e</b> - I feel save to speak up about anything that concerns me in this organisation.	64.4%	62.2%
<b>Ind 8c: Q26</b> - I think that my organisation respects individual differences (e.g. cultures, working styles, background, ideas, etc.)	72.0%	70.1%
<b>Ind 8d: Q11a</b> - I receive the respect I deserve from my colleagues at work.	76.7%	80.4%
<b>Ind 9: Q43b/Q44</b> - Percentage of bank workers who were recruited to the NHS from outside of the UK and now whose main source of work is on the bank.	4.3%	2.6%

### Upcoming report: Bank WRES National report Which through the ethnicity lens will also look at ...

- BO national workforce make up (ind1)
- Disciplinary cases (ind2)
- Dismissals for conduct and capability (ind3)

# Top 4 actions and next steps

1. Disciplinary review for bank and seek alignment to that afforded to substantive staff (process monitoring and reporting)
2. Using the EDI Improvement plans High Impact Action 6 as a framework, to undertake exploration / develop actions that very clearly are supportive of your bank only workers and that clearly focus in on ethnic minority groups.
3. Review what structures and processes are in place for substantive staff in relation to inclusion and engagement and ask: Can/do these clearly include bank workers.
4. In outward equalities reporting (IE [WRES action plans](#)) include data and actions taken to support bank workers.

**The next 2 pages offer areas for you to reflect and question within your teams/trusts**

## Areas to reflect on, possible recommendations and next steps

### Comms and engagement

- To review local process and structures to ensure Trust level communications are not just sent but are seen by bank only workers (trust news and events, vaccines bulletins, training, and development opportunities).
- To promote and support regular bank workers listening/engagement session lead by Trust managers and leaders (building trust).
- Are bank workers connected to communications channels in your area (consider using personal email accounts and not just trust provided ones)?
- Are bank workers and wider temporary staff are supported and engaged with during any trust culture improvement work?
- Do Trusts support and promote bank workers to attend staff support networks?
- Is there support to develop engagement with bank workers in local EDI work programs of work?
- Has there been a review of communication channels between external bank suppliers and senior leadership teams?

### HR processes

- Have you undertaken a review of pay progression structures for regular and long-standing bank only workers?
- For Trusts to monitor and review disciplinary cases for bank workers (akin to WRES indicator 3).
- Review local process and policy to support optional migration from bank to alternative flexible contracted positions within the NHS.
- When restricting workers, are local HR process and resources in place to enable timely review working restrictions across both formal and non-formal performance cases
- Are bank workers/staff supported to “bump out” agency workers?
- Have bank workers clearly been factored into work related to the 4 main pillars of the people plan for your organisations?
- Does your local Trusts monitor and review data that shows workforce flow? Bank only to substantive and substantive posts to bank only work?

# Areas to reflect on, possible recommendations and next steps cont.

## **Reward and recognition**

- Are bank staff included in celebration/recognition events?
- Is the imagery used by communications teams reflective of the local diversity in its population and inclusive of bank workers?
- Do local communication teams include and promote bank worker profiles in their work?

## **Safety**

- How do FTSU Guardians engage and support bank only communities (building trust)?
- Are there regular reviews of incident reporting that relate to bank workers?
- Do local areas have clear and accessible points of contact to safely raise concerns, if so what assurance processes are in place?

## **Learning and development**

- How does your organisation support personal development sessions/ career pathways for bank workers?
- Do bank workers receive formal supervision/appraisals opportunities to reflect, develop and grow?
- Do bank workers have access and support from the Trust to undertake the same levels of “role essential” training as those who work substantively?

# Areas to reflect on, possible recommendations and next steps cont.

## Line management

- Do local leaders understand the difference between bank and agency workers, with bank being recognised as part of the NHS family?
- Is there a space for local frontline managers (users of bank staff) to share and review bank workforce data, including voice challenges faced from this workforce to senior leadership?

## The board

- Does the board understand and recognise the levels of diversity in the make-up of the local bank workforce.
- Do bank workers get the opportunity to attend face to face sessions with senior leaders?
- Do local Trusts boards have any regular conversations or standing items about bank workers that are not solely focused on finance performance?

## System working

- Is there local / regional sharing of best practices that support bank staff?
- Do neighbouring organisations offer the same levels of pay/pay structures for bank workers?

# Long Term Workforce Plan Deliverables

## Temporary Staffing

<b>Ensure that working in an NHS bank is the most attractive route for staff to secure the working pattern that best suits them and earn additional income.</b>	Over the next 15 years, the NHS will need to further strengthen its approach to offering a blended career. Staff should have certainty through substantive roles and the opportunity for extra income by working additional shifts. We know that staff appreciate the flexibility that working in an NHS bank can offer; however, while this should not be the only route staff have to secure the working pattern that best suits them and earn additional income, it should be the most attractive one – to help fill short-term shortfalls and reduce the NHS's reliance on agency providers
<b>Reduce agency expenditure in secondary, community and mental health providers.</b>	Subject to the implementation of the other actions in this Plan, we aim to reduce agency expenditure in secondary, community and mental health providers as shortfalls reduce.
<b>Take measures that allow greater mobility of staff across boundaries and sectors through collaborative banks.</b>	We will support the NHS to take measures that allow greater mobility of staff across boundaries and sectors through collaborative banks. All ICSs now have a primary care flexible pool that supports staff to work across a locality's different primary care settings. There are 23 collaborative banks across NHS trusts, with 10 more planned, representing a 50% increase since the NHS People Plan was published in 2020 and covering nearly half of all trusts in England. The wider NHS will be supported to adopt these practices, building on the learning from primary care. This can be achieved by, for example, fostering effective relationships between partners and trusts and investing in technology that makes it easier for staff to accept a temporary shift.
<b>Develop and implement policy that prevents substantive staff from offering their services back to the NHS through an employment agency, and instead do so through their local collaborative bank</b>	We propose to support NHS providers to develop and implement policy that prevents substantive staff from offering their services back to the NHS through an employment agency, and instead do so through their local collaborative bank.

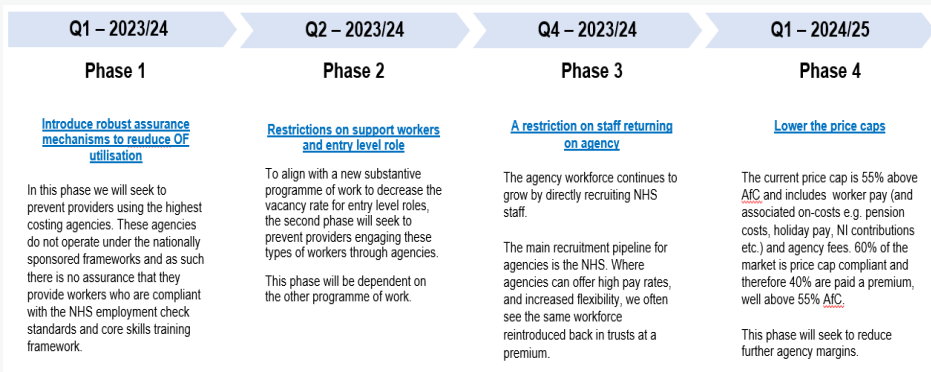
# We have established a temporary staffing efficiency programme to regain control over rising agency expenditure

In response to the levels agency spend rising across 2021-23 and 2022-23, NHS England established the Temporary Staffing Efficiency Programme (TSEP) in Q1 of 2023-24. TSEP has been initiated to support regional teams with data, tools and best practice guidance required to reduce agency spending within their systems and provides a single assurance framework for monitoring progress.

TSEP commenced start up in April 2023 and has defined its core activity into four distinct phases all designed to lower agency spend to 3.7% of the total pay bill across 2023-24.

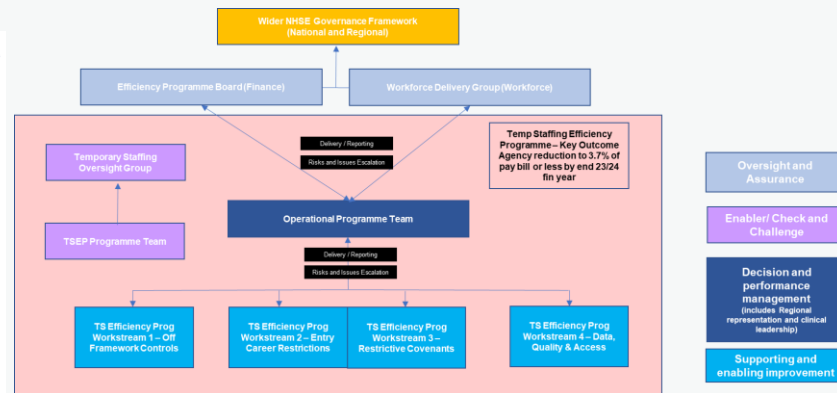
## Phases of TSEP activity

Activity runs from Q1 of 2023-24 to Q1 of 24-25



## TSEP Programme governance

Structure as of July 2023 (NB. Workforce Delivery Group is not currently live)



The TSEP Operational Programme Team (OPT) has been stood up to provide oversight, challenge and support to regional teams surrounding their activities to reduce agency expenditure across these four phases. The OPT is jointly chaired by NHSE workforce and finance leads and includes senior representation for all regions alongside clinical leadership. OPT reports into both the Efficiency Programme Board and the Workforce Delivery Group.

# Temporary Staffing Efficiencies Programme

## 2024/25 Business Priorities

**Purpose/Aim – What does good look like, what is this priority about and seeking to achieve (elevator pitch)**

To Support NHS providers to reduce their agency staff bills and encourage workers back into substantive and bank roles. This will help ease the financial pressure by developing and improving Trust's strategy, procurement and commercial negotiation in developing their approach to temporary staffing to ensure that the NHS has a sustainable, high quality and value for money supply of temporary staff.

**Key Milestones (define as a product or output where possible)**

- Eliminate off-framework supply
- Restrictions on agency use for bands 2&3
- NHS Path for staff returning via Agency following detailed legal review.
- Reduce the reliance on agency inc. achieving target of agency as % of total pay bill to 3.2%
- Temporary staffing data-enabled efficiencies and oversight at national, regional and ICB level via development of further supportive tools such as data dashboards and automation



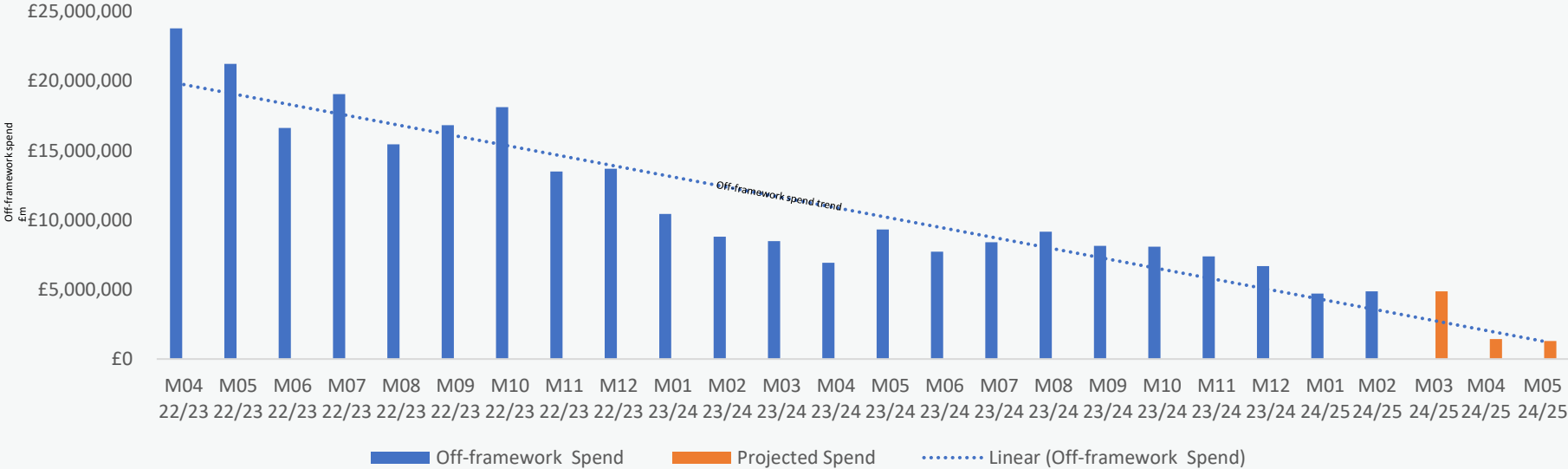
# Off-framework removal update

## Progress to date

With regional plans, we expect that national off-framework spend will **potentially reduce to £1,369,664 in M04 24/25**, with further potential reduction to £1,234,547 in M05 24/25. **This will mean a reduction in off-framework spend of £22,403,555 if provider plans are achieved by M04 from the peak in July 2022.**

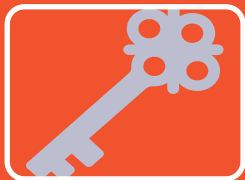
There has been a noted slight increase of off-framework spend from £4,718,477 in M01 24/25 to £4,872,677, however, due to increased scrutiny in provider temporary staffing data returns there has been an additional 9 providers who have submitted off-framework spend data in M02 24/25, who previously had not submitted spend data in M01 24/25. This accounts for an additional £502,693 in off-framework spend that was previously unreported. The National Team have also identified some potential reporting discrepancies/errors in a small number of Trusts data submissions. This is currently being explored via Regional teams.

TSEP Data availability	
M03	w/c 5 <sup>th</sup> August 2024
M04	w/c 2 <sup>nd</sup> September 2024
M05	w/c 7 <sup>th</sup> October 2024



# NHSE Agency Behavioural Insights 2023

The 2023-24 survey by NHS England's Temporary Staffing Efficiency Programme (TSEP) explored drivers and barriers for agency staff in the NHS, with 224 responses.



## Key Findings

- 66% work 30+ hours per week, some with varied shift patterns , mostly aim to work similar departments with similar working patterns
- NHS culture issues including workplace discrimination are experienced by 33% of agency workers on a regular occurrence



## Reason for Agency Work

- Flexibility, work life balance, and control over shifts – highly valued (46%)
- Higher Pay ( however on average bank workers are paid more particularly at love banding) 45%
- Negative NHS culture, do not want to be a permanent member of staff (44%)
- NHS burnout in previous role (38%)



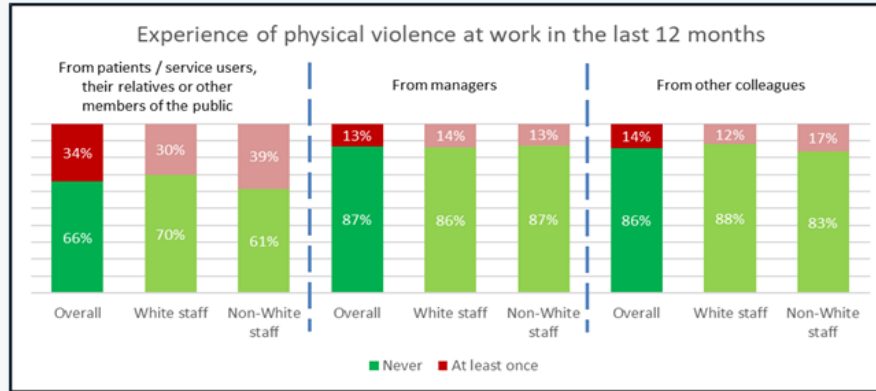
## Recommendations

- Address pay and flexibility to attract to NHS roles, promotion of NHS benefits.
- Improve NHS culture and reporting systems
- Create an ongoing monitoring of agency staff integration and transition to bank or substantive positions

# Agency Behavioural Insights- Physical Violence

On average, in the last 12 months, 1 in 3 respondents reported having at least one encounter with physical violence by patients, their relatives, or members of the public. Respondents who were of non-white ethnic origin reported a higher rate of experiencing physical violence from patients or service users at 39%, as compared to their white colleagues at 30%. A small percentage (3%) reported having experienced more than 10 incidents of physical violence in the past 12 months. Comparisons are shown in Figure 15 below.

Figure 15: Respondents' reports of physical violence in the last 12 months



Around 2 in 5 respondents reported having experienced discrimination at work in the past 12 months.

This was mainly from patients (51%), NHS colleagues (49%), and NHS managers (48%). The grounds for discrimination were mainly due to their ethnic background (68%), contract type (48%), and gender (24%). Other reasons identified included not having connections in the workplace, physical appearance, being a carer, and having fewer years of work experience.

# The high cost agency tool has been codesigned with regional teams

## Data tools

The high cost agency tool was developed in collaboration with the regional teams, the report is currently Excel based and produced monthly as soon as data becomes available.

The information currently provided to regional teams was developed to assist with identifying where the providers and systems with the greatest level of challenge exist.

The tool helps the regional teams identify where:

- **Off-framework usage is occurring** - helping to focus activities that support systems and providers to make better informed choices about where to source staffing from.
- **Agency rates are being escalated** – NHS England sets price caps which providers should reasonably expect to pay for agency staff. Provisions exist within the NHS agency rules that where there is likely to be an operational challenge or clinical safety risk the pay rates can be increased.
- **Temporary staffing utilisation data** – this information draws from the provider returns and is designed to help regional teams identify where local temporary staffing services may have operational challenges. This is intended to help focus activities to improve governance, encourage collaboration to increase supply and identify any other issues which require improvement activities.

## Other supportive approaches

In addition to the above, the national team have also produced a range of toolkits to support improvement and intervention approaches. Comprehensive key lines of enquiry to assist with system and provider interventions. There is also a fortnight data and support session where regional teams can bring challenges for peer or national problem solving. An education programme is also being developed.


## High cost agency tool – data items

Report tab	Reporting elements
<b>Summary table</b>	Total number of agency shifts Total number of OF shifts % OF agency shifts Total agency spend Total OPC shifts % OPC shifts
<b>Off-framework (OF) detail</b>	OF spend OF hours OF Full Time Equivalent (FTE)
<b>Over price cap (OPC) detail</b>	OPC spend OPC hours OPC FTE
<b>Unfilled &amp; Bank Shifts</b>	Total shifts requested Total unfilled shifts Total bank shift fill Total agency shift fill % Bank fill rate % Agency fill rate % Unfilled shifts

The above information can be viewed at national, regional, system and provider level. There are further drill elements available to view information relating to staff groups, grades, specific departments and agencies being utilised.

# NHS Futures – Temporary Staffing


## Temporary Staffing Hub - FutureNHS Collaboration Platform

**Agency Rules Toolkit** 

This toolkit is intended to support NHS organisations to procure quality and value for money agency workers in accordance with the [Agency Rules](#).

It has been produced by the Temporary Staffing Team at NHS England.

The core elements of procuring agency workers and the structure of this toolkit is as follows:



[Case studies](#) can be found at the end of this toolkit.

Please share any feedback or questions related to the content of this toolkit, or about agency usage more generally to [england.agencyrules@nhs.net](mailto:england.agencyrules@nhs.net).

Agency Rules Toolkit



### Agency Rules Tool Kit

The agency rules programme and toolkit aim to support NHS providers to reduce their agency staff bills and encourage workers back into substantive roles. This will help ease the financial pressure by developing and improving Trust's strategy, procurement, and commercial negotiation in developing their approach to temporary staffing to ensure that the NHS has a sustainable, high quality and value for money supply of temporary staff.

### Bank Development Toolkit

The bank development programme and toolkit aim to support NHS organisations to enable and encourage improvements in the efficiency and effectiveness of staff banks and support collaborative arrangements. The programme will work with trusts and systems to unblock issues that prevent collaborative working, broadening the work of the Agency Programme to support all areas in temporary staffing

# Nursing workforce national incentives

## Developing a healthy bank

The NHS LTWP sets out that trusts should reduce reliance on agency usage as part of their temporary staffing approach, with greater utilisation of bank staff alongside other reforms. The work aims to support trusts to review and improve their bank offer to maximise their effectiveness and usage in nursing

### Key areas of focus

Attraction

Staff experience

Flexibility

### Offer (Mechanisms for delivery)

**Improvement resource:** co-designed with providers to support organisations to identify and implement strategies to develop “healthy bank” offers and reduce nurse agency usage:

## Enhanced therapeutic observation collaborative

Demand for Enhanced Therapeutic Observations (ETO) has increased due to our aging population and complexity of patient presentation. This work aims to supporting systems develop and improve their approach to how care is assessed and provided. Underpinned by improvement methodologies and a specific focus on four key areas (outlined below), the intended aim is to improve patient and staff experience whilst reducing the reliance on temporary staff.

### Key areas of focus

Clinical assessment / decision making

Deployment / Redeployment models

Temporary staffing escalation

Insights and regular review

### Offer (Mechanisms for delivery)

**Bespoke support offer:** Clinically led direct improvement support collaborative which aims to aid the review of local delivery methods and identify opportunities for improvement. First cohort will be offered to c. 10 providers and scaled up over time.

## Universal Support Offer

Hosted on FutureNHS



Best practice case studies



Webinar Masterclass series (Launching Sept 2024)



Resource sharing



Collaboration forums

To join FutureNHS, learn about the next steps and contribute to both programmes please email: [england.nursingworkforce@nhs.net](mailto:england.nursingworkforce@nhs.net)

## Breakout discussion

- Please remember these discussions are held under Chatham House Rule
- There will be a facilitator in each room, they will take notes as part of the post event resource
- The breakout questions are:
  1. **What action(s) has your organisation taken to improve bank worker experience?**
  2. **What has been the role of the board in progressing this work?**

# Breakout feedback

Please use the chat box or the raise  
hand function



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# Tell us what you think



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# Visit our website for further information on the Race Equality work:

- Race 2.0 report
- Podcasts
- My journey as a White ally videos
- Blogs
- Previous events and additional resources



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# Thank you!



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