



Working in partnership to dramatically reduce agency spend

Bradford District Care Trust reduced its agency staff spending by 25 per cent over six months by joining forces with NHS Professionals (NHSP). This has been supported by a 13 per cent increase in bank (NHSP) versus agency fill rate to date. This has not only greatly decreased costs but is better protecting the health and well-being of staff while ensuring continuity and quality of care for service users.

High impact change 1: Increase understanding of the issue

Though the trust had a clear and transparent budget, we had very little understanding of the demand drivers behind our expenditure. With particularly high spending in comparison to other providers, we wanted to closely examine each aspect of our temporary staffing costs.

What we did:

We underwent an appraisal of our agency and bank provision, and over a 13 month period we carried out a risk assessment and costed the various options open to us.

The data showed that we had become dependent on expensive agency staff, supplied by more than 80 different agencies. To correct this, we greatly restricted our list of approved agencies, giving preference to low-cost agencies registered on the Buying Solutions Framework. All our bank shifts and agency bookings are now handled through NHS Professionals.

High impact change 3: Manage your workforce, establish a sustainable supply

We are in the process of applying for foundation trust status, making it essential that we can demonstrate financial control and quality through a sustainable supply of reliable temporary staff.

What we did:

To reduce our dependency on agency staff, we opted for a partnership with NHS Professionals that would allow us to satisfy the flexible working requirements of all staff groups in the most cost-effective way.

We decided to go with a 'big bang' approach and managed to implement the new system across the trust well within the usual three months. We encouraged all temporary and permanent staff to register with NHS Professionals, reducing costs as well as giving staff access to additional hours. All additional hours (overtime) are also now channelled through the NHS Professionals bank.

Wards now have the right information and tools to empower them to change the way they approach staffing. They can see the costs involved, the reasons for bookings and stop requesting expensive, non-framework agency staff. The partnership with NHS Professionals also ensures we comply with the European Working Time Directive, ensuring the health and well-being of trust staff, while ensuring continuity and quality of care.

The partnership started in March 2011 and we expect to see a shift in expenditure as managers use the information to drive down spend in their area over the next year.

High impact change 4: Work collaboratively

We encouraged local and inhouse engagement throughout this process to ensure that service users and staff were fully involved.

What we did:

We asked service users for feedback, and the issues they raised about continuity of care influenced how we chose to change our temporary staffing plans.

We have also been fully supported by the trade unions because they recognised that working together with NHS Professionals flexible workers would safeguard local jobs, ensure quality control and recognise staff contributions by allowing people to work additional hours in a controlled manner.

Working together with NHS Professionals we also implemented a complaints process, which means that less capable agencies and workers have been highlighted, and governance has been improved. Intelligence is now better shared across the trust to maintain standards and prevent abuse of bank working.

Results and next steps

Since partnering with NHS Professionals, we have seen significant improvements in efficiency levels. Projected year end spend on bank and agency (excluding locums who have recently been included in the project) is expected to be around £9 million compared to previous spending of £12 million.

The introduction of e-rostering and further tightening of management controls, including prompt planning of recruitment and use of fixed terms contracts, is likely to support a further reduction.

Total shift fill has been maintained at a safe 99 per cent. Bank fill has now increased from 30 per cent to 75 per cent, and brings with it the added reassurance of clinical governance for all bank workers registered to work in the trust. The inclusion of all staff groups has allowed the trust to put everyone on equal payment terms for bank work, with rates set for each role.

Armed with accurate management information data, we have been able to identify project management, leadership and development roles that could benefit our staff that would previously have gone to expensive temporary staff. This information provides us with further opportunities to reduce spend and develop internal skills as part of our talent management strategy.

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