A guide to recruitment outsourcing in the NHS

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The Issues

Striving for quality in the NHS isn’t an option, it’s a necessity. When you’re caring for people, it’s the human element that lifts that care to another level. Managers in the NHS today are looking to create the conditions where people get the right ‘medicine’ but are also cared for by staff who have time to really look after them.

Those same NHS managers have also been tasked with saving £20 billion by the end of 2015; with nursing and drugs being the biggest costs and with those costs increasing all the time. This target exists alongside an acknowledgment that quality of care is directly affected by reducing numbers of nurses.

It is now widely accepted, even though targets have yet to be agreed, that there needs to be enough people on a ward to respond to patients’ needs without being rushed, stressed or compromising care. Recently some NHS Trusts have been spending even more on increasing the numbers of nurses to maintain acceptable levels of patient care. So at first glance asking NHS managers to save £20 billion seems ludicrous, when we are all agreed that it is unacceptable to put finances ahead of patient care and drug costs keep rising.

The plain fact of the matter is that the NHS is under increasing financial pressure to provide for a population which is living longer and suffering more from chronic conditions such as obesity and diabetes. The problem is that whilst we all want better care and access to the latest in medical technology, the NHS must look for savings where it can to maintain services.

In 2013 spending on temporary staff was around £2 billion despite pressure to bring it under control. This was thought to be due to the fact that many trusts have reduced permanent staff levels but have also come under pressure to provide ‘safe staffing’ levels in the wake of the Francis Report, so a gap has appeared. Temporary and interim staff are not just coming in to fill seasonal staff shortages or cover for illness, they have become a ‘permanent’ part of the workforce.

The costs of managing a large temporary workforce should not be underestimated and it seems likely that in the medium term, the NHS will have to carry on with its current staffing mix, despite the recognition that contingent staff can be much more expensive to hire than their permanent counterparts. So if we accept there cannot be a cut in nurse numbers and agency staff are a big part of that mix; what’s to be done?

What if a change of approach to recruitment could deliver real savings without compromising on quality or numbers?

The Neutral Vendor solution

Talent is one of a new breed of outsourced recruitment companies that marry technology, intelligent use of data and recruitment industry expertise to streamline the recruitment of temporary staff, with no compromise on quality. These companies are known as Managed Services Providers (MSPs).

Neutral Vendor is a new way to hire temporary staff in the NHS. It is a single source, multiple supplier solution. It is challenging some existing practices that have been accepted as the norm over the years, using information to help understand what is happening and increasing efficiency without any compromise over quality or reducing the numbers of staff needed.

This model has been successfully operated by many large companies in the private sector and other public sector organisations. To put this simply, one company manages the recruitment process; this company is an expert in recruitment and has technology to manage and analyse large workforce movements.

So that all sounds fine in theory, but what is the advantage to you in having one more layer and new people to deal with? What’s the matter with your own trusted agency contacts? Surely they know the business as well as anyone?
The main advantage here is in terms of scale and use of sophisticated technology. Simply put having a central call-off point in a big organisation cuts down on administration so NHS recruiters do not have to deal with numerous agencies themselves, plus costs are reduced as agency fees are standardised. The neutral vendor may use any number of agencies which means more potential candidates can be considered. The vendor will also be using sophisticated software to help their managers identify the most qualified and skilled people fast and pinpoint where and when they are needed.

In addition all employment checks, registration requirements and vetting are managed by the neutral vendor, saving even more valuable NHS management time.

The overall benefits will soon be seen in terms of improved quality and reduced spend. This is particularly the case as agency staff can be costly to hire with additional agency fees, administration costs and VAT.

Having one company manage the overall process means data can be gathered and then used to produce good statistical information for analysis. This is really important as this data can reveal patterns that may show new and better ways of maximising the effectiveness of the workforce. Ideally they will know where the ‘gaps’ are before you do.

The take up of these new outsourced recruitment processes is in its early stages in the NHS and it will be exciting to see what differences and improvements will be seen in 2015 and beyond. As with all changes, it may be hard to appreciate the benefits on the ground in the early days, but we have seen systems like this make really big improvements in other organisations.

The NHS has much to gain by exploiting this new solution and nothing is going to be lost as quality will be maintained and costs cuts. That can only be welcomed in the NHS where safe staffing levels are now rightly seen as critical.

This guide is designed to help you understand in some detail more about what outsourced recruitment can deliver. With more than 20% of staff expenditure on the NHS on the temporary workforce, any savings that can be made are going to be significant.

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Before and After Neutral Vendor: Standardising Charges

**Before**

Worker Pay Rate

Statutory Charges

Agency Margin

**After**

Having one company manage the overall process means data can be gathered and then used to...
Chapter 1

Understanding procurement options of temporary staff available to the NHS
Procurement departments in the NHS are not short of ways to hire temporary staff. In fact, they have so many options the landscape has become a little blurred.

*Phil Rudge, Client Solutions Director at Talent, explains the options available to the NHS and the advantages and disadvantages of each method.*

**Why use an agency on a framework agreement?**

There are currently a number of national, regional and local framework agreements available for hospitals and trusts to select from when taking on temporary staff. Framework agreements are managed by a number of different entities which vary from the government backed Crown Commercial Services through to NHS joint ventures with procurement specialists and independent companies.

Framework agreements are built by utilising the tendering process through OJEU (Official Journal of the European Union). Trusts using a recruitment agency from a framework agreement have a degree of confidence that the agency has passed a rigorous business sustainability test and that they comply with all legislative requirements. The temporary staff compliance requirement in the contract between the framework provider and the recruitment agency covers the following but is not limited to; pre employment checks, vetting, evidence of training, occupational health, right to work, DBS checks and professional registrations.

It is the compliance element of the tender process that most agencies fail at and compliance is often the main reason agencies may not submit a tender. If hospitals and trusts decide not to use an agency from a framework agreement then they may be putting patient care at risk. You can’t be sure that agencies not on a framework agreement have been fully verified and checked.

Another reason recruitment agencies are not on framework agreements is because they are too expensive. Most framework agreements will enable hospitals or trusts to run mini competitions.

This gives hospitals and trusts the opportunity to drive down costs or focus on the competition to suit a particular set of requirements that meet their needs. Using this option means that a Trust can avoid the lengthy and costly tender processes through OJEU.

**Finding an agreement to suit your Trust’s needs.**

There is no government mandate for the NHS to procure temporary staff from a framework agreement. There are a range of frameworks for hospitals and trusts to select from, of those currently available each one offers something slightly different; it could be pricing, the level of management information supplied, how they manage compliance and regional agreements which attract local recruitment agencies. There is a framework agreement out there that would meet the needs of all hospitals and trusts within the NHS, you just need to do the research and see which one suits you.

Without doubt, those recruitment agencies currently working within a framework agreement have been successful in reaching the exacting requirements set by the NHS and the framework provider. They have been tested and measured through the robust tender process. You can be sure, they meet all of the requirements and will during the contract be further measured and checked to ensure standards are being maintained.

Those hospitals and trusts that have committed to a framework agreement should be commended for adopting a procurement approach that goes some way towards ensuring patient care and safety. Those NHS hospitals and trusts that go off framework for temporary staff should be concerned about the quality of recruitment agencies they are engaging with and what impact it could have on patient care and safety.

Today, even with a range of framework agreements in place, it is estimated that up to 40% of NHS spend on temporary staff is with agencies not on a framework agreement. The big question is who is checking those agencies?
Summarising the options open to NHS hospitals and trusts

- Off framework supply
- Ad-hoc Multi Agency Supply
- Preferred Supplier List (PSL)
- Master Vend
- Neutral Vend

How do these options work, what are the basic supply principles and what are the advantages and disadvantages to the NHS?

Off framework supply advantages
- Continuity of staff supply if framework agencies are unable to fill an urgent shift

If an incumbent recruitment agency either fails at the tender stage or does not submit a tender to join a framework agreement, there is an argument to say that continuity of staff supply to patients is important. However, who is checking for compliance? There will be times, with any option a hospital or trust select, that the recruitment agencies are unable to fill shifts required at the very last moment. The only option available then is to go off framework.

There are a number of recruitment agencies that prefer not to be part of any agreement, they wait in the wings, in the knowledge that they always have staff available and can fill the last minute shift requirement. They achieve this by charging the NHS two or three times the going rate. They have availability because they pay staff up to double the average pay rate thereby ring fencing staff. In other words they are holding the NHS hostage.

Off framework supply disadvantages
- Relying on the recruitment agency for compliant staff.
- Sustainability of the recruitment agencies business
- Does the recruitment agency have sufficient insurance cover?
- Ensuring all recruitment agency workers receive the minimum wage

We are not suggesting all agencies operate in an unprofessional or illegal way. Indeed some framework providers make it almost impossible for new and small recruitment agencies to get through the tender process by insisting on a degree of experience that can only be achieved by those agencies supplying the NHS on a framework. However, if any hospitals or trusts are using those recruitment agencies charging two or three times the average rate, they should have a serious look at the method of procuring temporary staff.

Ad-hoc multi agency supply advantages
- On framework
- Flexibility
- Quality staff

By utilising a multi agency approach the number of quality staff available is higher. The hospital or trust will be sourcing from many agencies, so being offered more staff to choose from. Multi agency is also flexible; offering a wider pool of agencies to fill shifts. Furthermore if the agencies are on framework, then they will have been checked for compliance.

Ad-hoc multi agency supply disadvantages
- No leverage of spend
- Multiple invoice logging
- Huge personnel demand to manage the process
- Almost zero management information

The use of multiple suppliers is hugely time consuming, costly and fraught with difficulties. A team of staff will have to manage the relationship with the recruitment agencies to inject a level of discipline around temporary staff supply and shift management. In addition significant resource will be required to manage the large number of invoices that will require matching and checking in preparation for ‘sign off’, not to mention the potential query resolutions.

There will be little formal measurement of staff performance available; regarding the reliability, responsiveness or quality of staff supplied. The amount of recruitment agencies involved in the process makes it almost impossible to capture this vital information. The multiple supplier option does not enable strategic decision making, due to the lack of real time management information available from the complex and large supply chain.
Preferred Supplier List (PSL) advantages
• Leverage spends
• Drive cost savings through volume consolidation
• Classic response to supply complexity
• Fewer supplier relationships to manage
• More focus and control

The PSL is a classic response to supply complexity. It has a core objective to reduce the number of recruitment agencies to manageable numbers and in doing so enable consolidation of the order volume. This process of selection can be used by hospitals or trusts to use as leverage in the cost negotiations with agencies, the result of which is an inevitable reduction in cost. In addition the hospital or trust has more control and can focus on any particular issues they may have.

Preferred Supplier List (PSL) disadvantages
• Tends to favour large suppliers
• Eliminates small flexible niche agencies
• Agencies get complacent once established
• No incentive to improve performance
• Maverick spends
• Quality of staff

A PSL can be inflexible. One of the key objectives is to reduce the number of agencies and as a consequence, selected agencies tend to be large or national chains. Often the small niche agency has no chance of being involved. This then leads to maverick spends when the agencies on the PSL are unable to meet the staffing requirement. In addition, agencies tend to get complacent, once selected they have no real incentive to improve their performance.

The method is static and not conducive to continuous improvement. Furthermore, the quantity of quality staff is reduced due to the limited pool of resource, unlike the multiple agency supply option which offers a huge pool of staff for the hospitals and trusts to select from.

Master Vend advantages
• Leverage spends
• Drive cost savings through volume consolidation
• Single supplier relationship to manage
• Management information

Given the inherent complexity associated with managing the supply of temporary staff, hospitals and trusts often go beyond using the traditional methods and appoint a Master Vendor. This option offers all the benefits of a PSL but with one dynamic difference, hospitals and trusts have just one supplier.

Master vend works as follows, the Master Vendor will supply staff from their own organisation until the resource runs out, to meet the additional demand the Master Vendor passes the shifts to a tiered supply chain of recruitment agencies. Master Vendors will supply a degree of management information and reporting that would be a step up from the PSL. From the hospital and trusts perspective managing a single agency relationship undoubtedly delivers time savings and offers simplicity.

Master Vend disadvantages
• Over reliance on one agency
• Agency monopoly
• Changes the power balance in the buyer/agency relationship
• Agency gets complacent once established
• No incentive to improve performance
• Quality of staff

Master Vendors are first and foremost recruitment agencies. Their number one priority is to supply staff themselves, before going out to the tiered supply chain of recruitment agencies. This has a direct affect on the quality of staff, much like in the example given for the PSL option. The main difference being the pool is smaller than a PSL and thus less quality staff are available. A Master Vendor is relying on its competitors to support its business; this leads to commercial tensions and affects the performance of all the parties involved in the supply process.

There is no incentive to improve, in fact, a degree of complacency sets in as the power in the relationship moves from the hospital and trust to the Master Vendor. The Master Vendor now manages the whole process and will endeavour to supply staff from its own agency first, only using the supply chain when needed. This results in a delay in the shift filling process as the Master Vendor utilises its own staff first, so not all options are explored as well as they could be.
Neutral Vend Advantages

- Direct and indirect cost savings
- Quality staff
- Builds supply chains
- Develops small niche agencies
- Eliminates maverick spend
- 99% candidate availability
- 100% compliant staff
- Visibility and control
- Management information
- Consolidated invoices

A Neutral Vend provider is not a recruitment agency, it is what is known as a Managed Service Provider. Neutral Vendors build supply chains to meet the objectives of each hospital or trust they work with. So they start with a clean sheet and can draw the right staff at the right time from any compliant recruitment agency.

Neutral Vend Disadvantages

- New concept to the NHS.

Neutral Vend is new to the NHS. It has only been available to hospitals and Trust since 1st August 2012. The move from a PSL or off framework to Neutral Vend is a big one, but the benefits of Neutral Vend make it worthwhile. Those hospitals and Trusts that have made the bold step and have started procuring staff through the Neutral Vend option are seeing real direct and indirect cost savings, an increase in compliant staff and critically, they have visibility of what is being spent, who is spending it and why.

As a type of procurement, Neutral Vend has been used extensively in Local Government and continues to grow at the expense of PSLs and Master Vend methods. Typically a Neutral Vendor will make a commitment to hospitals and Trusts to deliver on a set of agreed objectives that typically fall into the following categories.

- To reduce costs by a minimum of 20%
- To deliver 100% compliant staff
- To deliver the highest quality staff
- To reach 100% fill rate
- To supply management information that meets all the requirements
- To offer transparency and visibility of the entire recruitment process

Agency identification and engagement is managed by the Neutral Vendor and it may have access to hundreds of agencies, from large to small which maximises the availability of appropriate staff. The Neutral vendor will work with clients to identify all potential agencies in their market and area. The Neutral Vendor will also work to determine exact local requirements of the hospital or Trust to make sure it is engaging the right agencies locally and also ensure they are fully compliant.

The aim of the Neutral Vendor is to work with clients to develop the best possible supply chain that can consistently deliver staff that match the exact requirement, at the right time and at the right price.

As the neutral vendor has a helicopter view of all temporary hires, with information such as cost, timing, grade and location, it can collect excellent management information which will enable it to build up a detailed picture of what is happening and start to predict staffing needs through the deployment of workforce planning models.
Chapter 2

Reducing the cost of managing a flexible workforce in the NHS
Payroll accounts for about 70% of the NHS budget and efficient deployment of staff is essential to ensuring optimal productivity. Historically, as much as 29% of total workforce cost may be spent on temporary and flexible working, including overtime, bank staff and agency workers. There can be no doubt that management and fulfilment of unfilled shift demand is a major burden for Trusts. Here, Mike Trevor, CEO of Talent analyses how you can reduce the cost of managing your temporary workforce.

When looking to achieve cost saving efficiencies there are three basic areas to consider which are:

- Driving down shift demand
- Providing an effective bank service
- Reducing recruitment agencies spend and other associated costs

There is a lot of overlap between these areas; for example reducing the cost of providing an effective bank service will impact on reducing agency spend, but for the purposes of this article, let’s look at what might be done to impact each area and what tools are needed to achieve results.

Driving down demand – how to manage down shift demand

Our experience of managing banks for all staff groups across the NHS suggests that demand falls into two categories.

- Genuine demand relates to seasonal fluctuations in staffing needs, covering substantive staff absence and meeting unexpected patient-related pressures. This can be considered a normal level of demand for temporary working to maintain operations in any large enterprise and is not unique to the NHS.
- Superfluous demand arises from deficiencies in planning, forecasting, practice, management and policy.

Segregating one from the other requires consistent Trust-wide measurement, monitoring and approval processes.

Key to success in reducing costs is the ability to change behaviour at ward level and to encourage budget holders to think differently about temporary shift fill and how shifts are requested. Trusts with a demand-managed shift system can employ a number of tactics to make a positive impact on demand, such as:

- Centralise management of demand through a common Trust-wide process and supporting technology platform
- Second-tier authorisation ensures that each shift request is authorised by named individuals, usually a senior manager
- Every request requires justification by way of a reason code which the Trust can match against circumstances, such as vacancies, sickness, maternity leave, and special needs
- A telephone and fax ban helps prevent shifts from being requested by unauthorised staff and a common ordering platform ensures consistency and discipline of approach

¹NHS Staffing – Not Just a Number
http://www.policy-centre.com
Management Information

Whatever approach Trusts take to manage their temporary workforce, the management information needs to be thoroughly analysed and understood. Trusts can then take appropriate measures to ensure that temporary shift requirements are requested at the appropriate grade for the role and that the shift length requested is appropriate to need. Good quality management information also enables Trusts to identify and tackle unnecessary practices, such as large numbers of higher-grade bank bookings. Comprehensive ward-level expenditure can be collated and reported at source and made available on-line, real-time.

Then the need for Finance and Payroll to collate data from multiple sources in order to accrue actual spend against budget and workforce plan, becomes unnecessary.

Shift management

Shifts do not necessarily have to start and end at the same time. Reviewing peak-demand periods and setting the bank shift hours to match those hours makes perfect sense, providing you are operating safely and not compromising patient care. Every hour taken from the shift is an hour saved.

Lead-time management and planning

Analysis suggests that the shorter the notice period between the shift being released and the start of the shift, the more likely it is to be filled by an agency worker or not filled at all. Anything less than 48 hours’ notice should be avoided whenever possible. However, there are always times when urgent requirements arise because of circumstances beyond the control of the Trust. Sickness, travel disruption or domestic emergencies, can all lead to a short-notice requirement.

A Trust’s substantive workforce planning should take account of these normal fluctuations in demand. Short notice requests typically lead to an expensive ‘distressed agency purchase’ to fill the shift.

The use of ‘ghost/pull wards’ is gaining popularity, where Trusts forecast an approximate shift demand level based on historical trends and pre-authorises those shifts well in advance. Flexible workers who are booked into these shifts if not required are simply reallocated to other wards on the day.

Providing an efficient bank service – how to manage a bank

Almost all NHS Trusts now have a bank process from which they can fill shifts with either their existing staff or staff who work only for the bank. Providing an efficient bank is one of the major areas a Trust can work on to reduce costs, as using a Trust’s own staff from its bank is always cheaper than using expensive agency staff. At the moment, Trusts across the country are pro-actively assessing their flexible worker banks and considering ways in which they might be handled more efficiently.

NHS Trusts operate flexible worker banks in a variety of ways, from the fully-managed outsourced solution through to a small in-house team armed with a Blackberry and a PC, operating nine-to-five, weekdays only. The business case for the smaller, streamlined in-house bank is often superficially attractive but don’t be surprised if the reality differs considerably from expectation.

In our experience the business case for an in-house arrangement can underestimate annual costs by as much as 30%.

Building the bank

Trust substantive staff of all grades and disciplines should be encouraged to join the bank during their recruitment to the Trust. This will ensure that they are available to work additional hours through the bank as and when required. Experience of operating banks suggests that not all substantive staff will be willing to work at the grade specified by the temporary shift vacancy. However, this can be mitigated by, for example, recommending that senior nursing staff are encouraged, where appropriate, to wear a different uniform - relevant to the role they are undertaking and are not expected to perform management tasks normally associated with their senior role.

Encouraging workers to work additional hours on wards and departments other than their home-turf can be valuable for staff by ensuring that they are conversant with current general clinical and medical skills that they may use infrequently in their day job. Managed and controlled bank work is a normal part of any Trust activity and all substantive staff should be able to benefit from the additional income. Substantive staff particularly enjoy the attraction of weekly pay, which is often treated as completely separate from salaried income and used towards special purchases.
Managing shifts
When a ward cancels a shift that a flexible worker has already booked onto, two things happen:
• The Trust saves money by not paying for the shift
• The flexible worker needs to find another source of income

If the same unit regularly cancels shifts, particularly at short notice, bank workers stop booking shifts in that location. While substantive staff may not mind missing an occasional additional shift, a regular bank worker may suffer a reduction in their sole source of income. When cancelling an assignment, flexible workers should be given as much notice as possible to find another shift. If they are given a reason to work outside the Trust, they might never come back.

Harmonise pay & benefits
Encouraging all overtime and part-time working through a common process and technology harmonises pay across the Trust. Additional hours are then offered subject to the requirements of the role and shift requirements are paid at the agreed rates set by the Trust to ensure that the flexible workers are cost effective for the Trust.

Centralise and manage overtime
When all overtime is worked via a common process and technology, it is easier for the business unit manager to see the real staff demand in any location. Comprehensive management information covering all additional hours demand, including overtime, puts Trust management teams in a position to assess the impact on budgets of all workforce initiatives, including recruitment freezes and overtime payments.

Cost of managing a bank
The cost of running a bank can be split into three main categories:
• Direct pay costs
• Non-pay costs
• Non-recurring costs

What may surprise you is that many of the real costs of the bank are buried in other departmental budgets. At the end of this guide you will see a comprehensive list of these costs and you may find them thought provoking in terms of budgeting for running your own bank.

Forgotten costs associated with managing a bank
There are also other costs that are incurred when operating an efficient and safe bank that have been regularly omitted from business cases.

24 Hour Operation
Effective banks operate 24 hours a day to respond to emergency demand and therefore incur out-of-hours costs; the alternative to a 24-hour bank is emergency use of agency staff – a costly option where fees can amount to thousands of pounds a night for specialist nurses and Locum doctors.

Duplicated Back-Office functions
Operating in-house banks across the NHS also duplicates a number of back-office functions and expensive systems at a time when the NHS is requested to make significant reductions in management and administration costs.
**Recruitment and Managing Agency costs**

Turnover of temporary staff is notoriously high so Trusts must continuously recruit to maintain a good supply of bank workers. That means planning and organising recruitment campaigns, ensuring that all the necessary pre-employment checks have been carried out and that all mandatory training is current and appropriate. Not forgetting occupational health clearance, professional registration and reference checking as well as payroll, pensions and uniforms. Banks can completely turnover once a year therefore if you have 120 in the bank be prepared to recruit up to ten new flexible workers each and every month just to stand still.

Because of the problems recruiting for the bank, it is the case that most Trusts will still be recruiting a proportion of their flexible workers through recruitment agencies. Although the goal is to reduce relying on expensive agencies as much as possible, it has to be accepted that this reduction is a realistic goal, not elimination. So the goal here is to have systems in place to manage demand effectively, manage agency staff and lastly, but not least, minimise agency spend.

Here are some areas that need addressing to minimise agency spend:

**Demand Forecasting and Management Information (MI)**

In order to manage agency costs an accurate business plan should be in place at ward level which should accurately forecast future demand for temporary staff. To budget effectively they must provide the Trust with relevant and timely management information.

**Fraud Prevention and Detection**

Flexible workers have to be paid the right amount at the right time, supported by fraud detection and prevention systems. They need accurate timesheet information, verified by ward managers. They need support from payroll and the finance department, for example, reconciling agency invoices with actual hours worked.

**Systems and Processes**

Running an effective bank requires input from many departments. It also requires dedicated I.T. systems – and therefore software licences, I.T. support and administration.

**An Integrated Service**

Developing an effective bank will mean you have an integrated service that recruits and develops the flexible workforce, forecasts and manages demand and provides management with vital information. Having good information, which can be collected from managing the bank will be critical for planning and booking agency staff in advance and side-stepping high agency fees. Also lack of planning is likely to mean too few bank workers with the necessary skills, qualifications and compliance to support the Trust and this will lead in turn to higher usage of expensive agencies. The cost of failing to plan is not easily measured and can result in damage to the Trust's reputation by compromising on quality, reliability and patient safety.
The solution?  
What the Outsourced Model can deliver.  
As an alternative, an outsourced, fully managed service eliminates many of these costs at a stroke, replacing them with a managed service fee and transaction based charges. Services such as recruitment, payroll and I.T. infrastructure, admin and support are delivered efficiently, utilising industry best practice and realising economies of scale from shared services.

A managed service has a separate engagement contract for each flexible worker and can pay bank workers Agenda for Change rates. The Trust can decide to pay additional hours at an agreed rate for the role rather than the overtime.

Often a lower spine point can be applied than the Trust pays its own employees and very much lower than typical rates paid to workers employed via an agency.

A managed service provider will also interface with bank and agency-provided workers on behalf of Trusts. The provider will offer a full weekly payroll service and verification of bank and agency timesheets, along with query resolution and invoice payment.

Example of Total Temporary staff expenditure (Bank, Overtime, Agency) £10M

<table>
<thead>
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<th>Cost (£000’s)</th>
<th>In house cost (£000’s)</th>
<th>Cashable savings (£000’s)</th>
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<tr>
<td>Payroll Processing &amp; Finance</td>
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<td>-78</td>
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<tr>
<td>Overhead (office accom, IT, management)</td>
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<td>-64</td>
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<tr>
<td>DBS, OH and mandatory training</td>
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<td>-96</td>
</tr>
<tr>
<td>Uniforms (bank only)</td>
<td>16</td>
<td>-16</td>
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<tr>
<td>Recruitment advertising</td>
<td>6</td>
<td>-6</td>
</tr>
<tr>
<td>Bank systems (licence cost)</td>
<td>16</td>
<td>-16</td>
</tr>
<tr>
<td>Working capital (payroll funding)</td>
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<td>-8</td>
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<tr>
<td>Other (HR, legal)</td>
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<td>-10</td>
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<tr>
<td><strong>Totals</strong></td>
<td><strong>642</strong></td>
<td><strong>-642</strong></td>
</tr>
</tbody>
</table>

Talent Net Outsourced Charges                     | 230                    |

**Net Savings**                                    | **-412**               |

Potential efficiency savings                      |

| Demand management                                | -500                   |
| Employment cost saving (EMP, NI, Pension)        | -352                   |
| Overtime reduction                               | -190                   |
| Pay rate optimisation                            | -194                   |
| Agency spend reduction (increased use of bank staff) | -1416                 |
| Statutory breaks                                 | -94                    |
| Vendor neutral agency management                 | -900                   |

**Potential cost savings**                         | **-4058**              |
Chapter 2  Reducing the cost of managing a flexible workforce in the NHS

There is an additional saving to be made by the Trust from outsourcing its bank. When a Trust employee with a substantive contract works a shift for the in-house bank, the employer incurs National Insurance Contributions (NIC) at full rate. However, when the same member of staff works for a separate employer (ie the bank), NIC is not payable on the first £144 that the employee earns, saving up to £19 per shift.

The Trust makes an automatic saving on most shifts worked by substantive employees, who typically work no more than one extra shift per week. Neutral Vendors take this saving into account in their charges.

### Conclusions

- Managing a flexible workforce is more than just filling vacant shifts. It’s about understanding the underlying issues that cause excess demand
- Consistent Management Information, captured at source, enables Trusts to analyse and understand their demand profile, and optimise shift hours
- Use of a bank service managed by a trusted third party can help Trusts to make substantial savings through demand management and a reduction in the use of agencies as a distress purchase
- A well-managed bank with transparent procedures, from procurement through to invoicing, greatly reduces fraud opportunities
- Registration of all temporary and flexible workers at one single point provides Trust-wide harmonisation of pay and benefits, improves governance and minimises risk to patient safety
- All temporary and flexible workers registered with the bank should be subject to the same stringent checks as NHS staff, ensuring consistency with NHS Employment Check Standards

1 NHS Staffing – Not Just a Number

http://www.policy-centre.com
Chapter 3

Compliance - not an option, a necessity.
Phil Rudge, Client Solutions Director at Talent looks at the importance of ensuring your temporary workforce is fully compliant.

When a temporary Doctor, Nurse, Midwife or Healthcare Assistant clocks on for a shift, how can the Trust, full time staff and patients be confident all the necessary safeguarding, employment checks and compliance checks have been carried out? Are the processes and procedures around the recruitment and supply of temporary workers from recruitment agencies robust enough to ensure the safety of patients? Are they being carried out with the appropriate level of toughness and rigour?

Recruitment agencies supplying the NHS vary in size from local SMEs to multi-national organisations. There are consequently a variety of approaches to managing the safeguarding and compliance of temporary workers. The vast majority undoubtedly have the best intentions and are serious about ensuring workers meet all the compliance requirements. There are a few however who see safeguarding, employment checks and compliance as a road block to hitting sales targets. It is important to note at this point that there are a plethora of contracting arrangements available to the NHS procurement community to select recruitment agencies (see Chapter 1). Most of these contracting arrangements do not have safeguarding, employment checks and compliance as a core success criteria, rather the focus tends to be on cost saving. But if safeguarding, employment checks and compliance are not adhered to, then no amount of cost saving will compensate for failures in patient care, as demonstrated by the scandal at Stafford Hospital.

In some Trusts with a high volume of temporary staff, 100% compliance is difficult to achieve and NHS management teams have no choice but to place a great deal of trust in the recruitment agencies they work with to ensure the job is being done properly.

How recruitment agencies can be the weak link.

Non compliant temporary workers are generally the result of poor recruitment practices or a breakdown in the prescribed process by recruitment agencies. Whilst most recruitment agencies work to supply the NHS with compliant staff, there are regrettably a few recruitment agencies that disregard the absolute necessity for safeguarding and other compliance checks. Care must be taken when using recruitment agencies, as whilst most agencies will have defined processes they don’t necessarily have the systems, discipline, culture and management controls in place to track the compliance of temporary workers. When recruitment sales consultants are under pressure to achieve sales targets, compliance isn’t necessarily top of the agenda.

The contracting process makes sure everything is OK, right? – Wrong!

Some but not all Contract Awarding Authorities (CAA) as part of the bidding process physically visit those recruitment agencies that are submitting a tender. During the visit the agencies compliance processes are examined i.e. workers files and agencies policies, procedures and systems will be checked to ensure they meet the level required to ensure worker compliance. Successful recruitment agencies may also be visited during the contract period. My point here is that audits may be infrequent and problems can occur. If not spotted quickly and corrective action taken, the consequences can be serious for patient care.

The compliance check

The key areas of safeguarding and employment checks are:

- Criminal record and barring checks (DBS)
- Professional registration and qualification checks
- Occupational health checks
- Right to work checks
- Training certificate checks
- Employment history and reference checks

Each of the above areas are supported by sub sections that are relevant to different job roles within the NHS. As an example, a healthcare assistant will not have a professional registration unlike a nurse who will be registered with the Nursing and Midwifery Council.

During the recruitment process, recruitment agencies follow their processes to obtain and verify original documentation to support and evidence statements by the temporary worker. Current and original training certificates or an occupational health certificate will need to be seen, signed by the agency and a copy taken for the workers file. All safeguarding and employment checks required for a specific role have to be evidenced and collated in to a workers file. A worker is not 100% compliant until all of the requirements have been met. A missing employee reference or a training certificate that is out of date equates to a non compliant worker and a potential risk to patient safety.
How the neutral vendor solution guarantees compliance.

A critical part of providing compliant workers through the neutral vendor staffing solution is ensuring recruitment agencies are submitting workers with the agreed safeguarding, employment and compliance checks. One hundred percent compliance can be achieved by deploying a sophisticated, fit for purpose management information system that enables the neutral vendor to submit workers that meet all of the safeguarding and employment checks prior to their start date and throughout the duration of their assignment. The checks would include but are not limited to:

- Relevant skill assessments
- Two references from verified independent referees, which must include social care employment wherever applicable, one of which shall be from the last employer
- Copies of signed original relevant qualifications and training on file
- Proof of identity and eligibility to work legally in the UK
- Occupational health certificate
- Full employment history, together with written explanation for any gaps
- A full CV and signed application form
- Proof of address through a document that was issued within the last three months
- Driving licence / insurance and MOT where a car is required
- DBS check to the required level of the post and activity being carried out
- Current professional registration/memberships as required

During the implementation phase of a new NHS hospital or Trust partnering with a neutral vendor they should agree with the Trust the exact safeguarding, employment checks and compliance requirements for each job title. The agreed compliance becomes a minimum requisite when recruitment agencies are submitting workers to a shift request via the neutral vendor on behalf of the NHS.

How the neutral vendor provides transparency.

All recruitment agencies will be required to submit and evidence through a portal, all documentation relating to the job title requested. This means the neutral vendor has visibility of the safeguarding, employment checks and compliance status of all workers prior to them being submitted to the NHS for their consideration to hire. This process gives all parties transparency through the compliance process. When placing an order on the system via the NHS portal, Trust hiring staff have the option to fill out a Requirements Card which the recruitment agency must adhere to prior to putting workers forward.

The Requirements Card can specify any additional training required or specific requirement for a particular job role that is required for enhanced patient care. The Requirements Card gives the hospital or Trust the opportunity to detail their exact additional requirements to ensure the neutral vendor is submitting the right worker with the right mix of skills and experience.

This means that prior to submitting a worker the recruitment agency must evidence via the system that all the additional requirements have been met. Should a Trust require evidence the additional requirements have been met, documents will be attached to the workers submission for the attention of the NHS staff member managing the hiring process.
At Talent we operate a traffic light system as follows.

- **Red.** Workers when first submitted from recruitment agencies will show red on the portal within the compliance section. A worker cannot become compliant and therefore green until all required documents are visible by being uploaded onto the portal.

- **Amber.** Amber is date sensitive. A worker will become amber two months ahead of a training certificate or an annual registration date of a governing body expiring. Becoming amber is driven by the compliance content for each job role.

- **Green.** Green equals fully compliant. All documents match the exact safeguarding, employment checks and requirement of the NHS by job title and are visible on the portal.

The system will not allow candidates to be submitted to the NHS unless all agreed compliance requirements are met.

Prior to the commencement date of a new NHS hospital or Trust partnering with Talent, we will audit all incumbent recruitment agencies to ensure safeguarding, employment checks and compliance that have been agreed with the Trust are being met or will meet the new agreed levels.

### Ongoing compliance auditing

To achieve ongoing compliance, we would suggest, in agreement with the hospital or Trust, identifying and re-auditing twelve workers who have worked within the Trust during the last three months prior to the audit date. All new recruitment agencies joining the Talent and NHS supply chain will be audited prior to submitting workers. As an addition to the audit process, on a monthly basis, six workers who have worked within each NHS hospital or Trust could be randomly selected and those workers audited to add a further layer to the compliance process and make it more robust.

In summary, there are three levels of compliance embedded into the system.

1. Recruitment agencies are required contractually to upload onto the system all documents to evidence that each worker meets the safeguarding, employment checks and compliance requirements of each NHS Trust for each job title.

2. All workers will have access to their compliance via the portal. The visibility for workers will reflect what the recruitment agency has uploaded. This will enable workers to monitor their compliance status. Workers have to be educated on compliance and understand that if they are not compliant they cannot work.

3. When the neutral vendor submits workers following a shift request from the NHS, the safeguarding, employment checks and compliance requirements are checked by one of the neutral vendor’s service advisors before submission to a NHS Trust. The compliance status is submitted with the workers CVs enabling the Trusts hiring staff to have full visibility and understanding of each workers compliance status.

At Talent, none-framework agencies are audited up to four times a year by a dedicated Audit Team. Specifically this should focus on the safeguarding, employment checks and compliance requirements. Focus will be given to the validity of statements made when workers are submitted to booking with regard to, proof of work experience and proof of skill levels.

### Compliance is a challenge

The NHS faces many challenges. What they do not need are temporary workers that fall short of the required safeguarding, employment checks and compliance requirements. The balancing act between saving money and raising patient care and safety levels is a tough one, but one that needs to be conquered.

I hope I have explained here how it is possible to have full transparency in terms of compliance of all temporary workers working in NHS hospital and Trusts now. Trusts have the opportunity should they require it, to have full visibility of every document relating to a worker’s compliance level. Trusts should be in no doubt that the temporary worker stepping in to their hospitals are fully compliant to its exact requirement and is therefore qualified to carry out their duties to the expected level.
Chapter 4

How a Gainshare Financial Model Can Pay Dividends
Here George Psomas, Client Solutions Director at Talent looks at how using sophisticated recruitment software via a Managed Services Provider can pay dividends in terms of radically reducing recruitment fees.

In today’s difficult economic climate, finance managers are under growing pressure to find new ways to cut costs without adversely affecting organisational performance. In the NHS, organisations are going through a prolonged period of belt tightening and with ring-fenced budgets, excess fat will be trimmed and spending carefully scrutinised. With troubled times in mind, could a gainshare model of payment be the solution to those looking for cost-effective ways of purchasing new products or services?

Take the purchase of IT software as an example. Currently there are two basic models for buying applications; either licensing the software or paying for it to be hosted by an Application Service Provider (ASP). The licensing model, favoured most famously by Microsoft, is based on organisations either purchasing a piece of software outright, or paying a periodic licensing fee per user, as well as paying for any upgrades to be installed on its own machines. Realising that this made many applications prohibitively expensive for smaller companies, particularly start ups with growth potential but limited capital, software manufacturers launched the hosted ASP model. Instead of buying the software, customers pay a reduced monthly fee to ‘rent’ it, assured by watertight performance level agreements and availability guarantees.

When extolling the benefits of their product, most vendors will wheel out the magical ROI figure – the return on investment. The product they tell you will pay for itself in one year, three years, five years. It will be cost neutral thanks to improved levels of productivity. Process costs will be halved. Enhanced flexibility, speed and accuracy will differentiate you from the competition and double your profits. When extolling the benefits of their product, most vendors will wheel out the magical ROI figure – the return on investment. The product they tell you will pay for itself in one year, three years, five years. It will be cost neutral thanks to improved levels of productivity. Process costs will be halved. Enhanced flexibility, speed and accuracy will differentiate you from the competition and double your profits. But ROI returns aren’t universal. A quick glimpse at the small print usually shows a list of caveats and exemptions, and the precise conditions in which the claims can be met. An organisation that doesn’t fit within this pre-prescribed model will be on much shakier ground when it comes to assessing where and when it will see any return.

Then there’s the total cost of ownership to take into account. Software, notoriously, doesn’t look after itself. You can’t just plug it in and watch your business transform itself. There are support costs, training costs, hardware upgrades to ensure it runs at optimal levels, and new versions with added functionality to bring on board. These are the numbers that are much harder to ring out of suppliers, but are of equal importance. Suddenly the financial advantages of an investment in a major piece of software are a little hazy. Calculating the real financial implications is more like an art than a science. And in the current financial climate, there is no room for fuzzy mathematics and best estimates. Every decision to invest has to be backed up with watertight numbers.

Why a gainshare model could prove to be the next procurement model.

Gainshare is based on the principles of ‘no win, no fee’. Rather than paying up front in the form of a one-off licence or monthly fees, in a gainshare model, the seller and the buyer enter into a partnership to split the savings created by using the service. It places an immediate and ongoing obligation on the seller to ensure that it delivers the results it claims it is capable of. There is no opportunity to manipulate arbitrary figures or to ascribe a subjective monetary value to soft benefits. The financial effects can be seen straight away.

Recruitment managed services are a case in point. The normal model for the recruitment of staff is to use recruitment agencies whose standard business model is to charge a percentage of salary as a fee. The more senior the staff to be employed, the higher the commission, but 20% is a fairly typical number. Many HR departments choose to outsource the management of recruitment agencies to a third party, the so called master vendor arrangement. They may benefit from some economies of scale, but there are still fees to pay. Another option could the classic procurement route of a Preferred Supplier List. Like master vendor there are economies of scale and fewer supplier relationships to manage however, like with the master vendor model, there are fees to pay and there is no incentive to improve performance or reduce cost from the suppliers.
Alternatively they can choose a neutral vendor arrangement with a Managed Service Provider (MSP) that can automate the entire process and provide software that sits between the recruiter and a comprehensive chain of supplying agencies. The MSP issues the job requests to the agency supply chain, filters responses, selects potential candidates, submits those selected to the client for consideration to hire and automates all the paperwork associated with finding, hiring and paying temporary staff.

When using the MSP the recruiter gains access to a wide, diverse and competitive range of agencies. For their part, the agencies sign up because it is the conduit through which it gains access to a regular supply of potentially lucrative contracts. Because of the volumes involved, the MSP can take advantage of significant economies of scale, and reduce the commission to, let’s say, 10% of the salary. It then charges the recruiter 15% of salary, and keeps the 5% difference in lieu of a fee.

**Weaknesses in current procurement models**

As a result, the recruiter pays a total cost of 15% of the salary as a recruitment cost, which represents a clear, direct and indisputable saving of a quarter of the original commission of 20%. It does not, however pay any additional fees to buy or rent the software, and has no outgoings for maintenance, upgrades or service.

The MSP does not sell the service in the standard way. Instead the MSP provides a service that is based on negotiating a discount for the recruiter from the agency and sharing the difference. In this scenario and based on a successful negotiation, the MSP cut is 5% of the total commission charged, the agency keeps a reduced 10% and the remaining 5% is shared between MSP and the recruiter.

And this is the fundamental difference. The MSP is now absorbing an element of the risk because it no longer sells productised services. Instead the MSP is providing a service that is enabled by technology. The MSP incentives are aligned with providing exemplary service that exactly matches the recruiter’s needs. This is the fundamental principal of gainshare.

But it’s not just the purchase of staffing services that gainshare can be applied to, the model can work well for the procurement of all manner of services. Particularly for those industries where a payment method is focussed on the results delivered rather than on the time and effort spent in achieving them. This can help motivate service providers and remove the element of financial risk for the client in, for example, management consultancy or public relations.

As the belt-tightening continues, financial managers need to take a closer look at the value proposition being offered by traditional recruitment agencies and external service providers alike. If they can guarantee to deliver savings or performance benefits with absolutely no capital expenditure, that is certain to be an offer worth considering.
Chapter 5

Creating an ‘Agile’ Organisation
Mike Trevor, CEO of Talent provides some thoughts about how organisations need to be ‘agile’ to adapt and function under pressure.

Large businesses are complex and therefore hard to manage; healthcare businesses even more so as they function at the core of our society. As demands increase and policies change, healthcare organisations need to be ‘quick on their feet’ and capable of adapting to external circumstances in order to maintain an optimal cost structure. This ability is referred to as agility. Building an agile organization requires three components:

1. Elimination of fixed costs

The first driver of agility is to deploy assets and resources on a variable cost basis, which effectively eliminates capacity and utilisation issues. To achieve this requires two sets of actions.

1a. Outsource all non-core processes

Provision of services on a variable cost basis will require these services be standardised or at least composed out of standard elements. Any non-standard requirement for which specific capital investment is required can never be offered on a variable cost basis, as the investment would have to be amortized over the life of a long term contract. To all intent and purpose therefore, as far as agility is concerned this would be equivalent to owning the investment.

1b. Organise for assets and resources to be deployed on a variable cost basis

Having organised for outsourcing on a variable cost basis, the next step is to minimize the fixed cost of internal resources. Several forms of cost and resource variability are possible. In the field of Human Resources, for example, contingent, temporary or flexworkers are becoming more common. Multifunctional workers, for example, can effectively be used in different functions.

2. Switch-ability

The second driver of agility is the ability to switch suppliers easily. To achieve switch-ability, organisations must:

2a. Adopt, promote and enforce common performance and quality standards

Qualification and selection procedures for suppliers can take a considerable amount of time. This makes switching a major exercise. Maintaining standard specifications and performance standards will help overcome this problem. Promoting these standards over many suppliers is therefore the key to allowing organisations to switch between suppliers at a minimum penalty.

2b. Develop a professional supply base

Developing an independent professional supplier network can be time consuming and is probably best left to specialist managed service providers.

3. Supplier Networks

While the elimination of fixed costs and switch-ability are a necessary for agility, they are not sufficient on their own. What is lacking is a common sense of purpose, a “mission”, among the various supply chain participants. The principle behind supplier networks is that they provide the long term relationships and the common sense of purpose necessary whilst maintaining the concept of switch-ability.

The implementation of supplier networks requires two things:

3a. Mutually valued relationships

The perceived security of contracts have to be replaced by mutually valued relationships which are based on competencies, directed by a common mission and re-enforced by a regular flow of business. The relationships intended here are multi-level. This means that they are maintained at different levels within the organisation, from operational all the way up to the top.

3b. Work towards balanced power positions

When switch-ability has been established, new relationships have to be formed. This requires the relative independence rather than interdependency of both customer and supplier which, in turn, requires a relative balance of power. Both supplier and customer need to be sufficiently independent of each other so that switch-ability can be practiced without damaging the other.
Technology can help achieve these goals and the impact of technology on managing supplier webs and networks is clear:

- Through easy-to-access online systems 'maverick' spend can be reduced and replaced with lower priced contract spending.
- The automated workflows and processes allow employees to self-service, reducing the involvement and associated cost of other intermediaries to complete transactions.
- Improved visibility of spend allows further cost reduction through focused attention.
- Effective technology can provide access to suppliers that are not e-enabled therefore widening and expanding the breadth and depth of supply across the spend category.

- Technology can provide access to the aggregated spend and therefore cost reductions of other participating organizations.

However, e-procurement systems are just a transaction tool and they do not provide access to best-in-class practices or deep category knowledge that comes with working with a specialist managed service provider.

So when you are thinking of how to move your organisation forward and make it more agile, don't think about using a managed service provider to just solve a problem, think of it in terms of being able offer you more agility, to be able to cope with the pressure you are under now and be in shape to cope with any other challenges that might occur in the future.
The last word...

Finding the right people to care for patients is as important as being able to use the latest medical technology or drug therapies. From these people we demand high skills levels and an ability to care and empathise with patients; plus we often need them at short notice across many locations.

Getting it wrong, in terms of having not enough staff or staff who are not qualified, is simply not acceptable. So the pressures on healthcare managers are immense – which is why we believe that most large health organisations need specialist input from organisations like ours whose whole existence revolves around the management of temporary workers.

Hopefully within the guide you will have found some ideas and understood more about what can be accomplished in terms of improving processes and safeguarding patients.

I hope the articles in the guide have whetted your appetite and made you want to talk more about how some of these ideas can be rolled out in your organisation. Needless to say, I would be more than happy to tell you more about how we work and how we can help you.

Mike Trevor

CEO
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The authors of this guide are

Mike Trevor
Mike is the CEO of Talent HCM and one of the pioneers in the development of managed services in the recruitment industry. Mike has worked in a diverse range of industries from IT and electronics to chemicals, FMCG and outsourcing. Companies he has worked for include Amersham plc, Smiths Industries and Reckitt Benckiser. As a management consultant with A T Kearney he travelled extensively, working on international projects with large organisations. Most recently he has run as MD, CEO or COO various companies including Action plc, Granada Group, Protocol Group, Comensura and Hays. Mike believes that any organisation has only two things of real value; its brand and its people, everything else can be duplicated, ‘borrowed’ or adapted.

Phil Rudge
Phil is Client Workforce Solutions Director for the NHS division of Talent HCM. At Talent, Phil is tasked with working with the NHS to deliver significant savings, increase the quality and compliance of staff through Nexus, Talent’s neutral vendor workforce solution for temporary staff. Phil was the managing director of an award winning healthcare recruitment agency and also worked within the NHS, managing the NHS recruitment and tender process.

Phil believes that a vendor neutral type of arrangement is the only truly effective staffing solution which will consistently provide the results the NHS demand.

George Psomas
George works for the NHS division of Talent, where he specialises in designing and implementing talent and resourcing programs for some of the UK’s largest Trusts. Having originally trained as a designer, George later moved into business intelligence with leading IT recruiter, Mortimer Spinks. George believes that traditional recruitment models will not be able to compete with the new breed of workforce solutions companies now emerging in the UK market.

About Talent
At Talent we provide a range of workforce solutions which employers in any sector can benefit from. Working with senior-level HR, Finance and Procurement professionals within an organisation, we are able to design and implement highly customisable solutions which optimise the performance and productivity of its workforce.

Talent is also an approved supplier of temporary workers on the Agency Nurses and Social Care Workers framework agreement (RM970) from the Crown Commercial Service (CCS).

To discuss your requirements or to find out about Quest – our best practice tool – which helps you first measure how your temporary workforce is currently performing, then call us today on 0845 0340 979

www.talenthcm.com

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Cost of running a bank

Direct Pay Costs
Running a bank requires a wide range of skills and manpower from several departments in addition to the pay costs of the bank management staff. Typically, these costs include:

• Bank administration staff
• Bank staff recruitment costs
• Clinical governance
• Management information analysis and reporting
• Finance support costs (Management accounts)
• Payroll and pension’s administration
• Occupational health
• Timesheet validation and authorisation
• Administration and delivery of mandatory training
• I.T. development and support
• Management overhead
• Out-of-hours and on-call service costs

Non-Pay Costs
These include:

• Payroll processing (pay slips, P45, P60 etc)
• Mandatory training courses
• Mandatory employment and compliance checks (DBS, Right to Work, visa expiry)
• Uniforms & administration
• NHS Smartcards
• Application software licence and support
• e-Rostering system licence and support

Non-recurring one off establishment costs
These costs can include:

• Trust systems implementation project team
• Bank system procurement
• Bank system infrastructure (e.g. servers, storage, power, cooling)
• e-Rostering system purchase
• e-Rostering system hosting and infrastructure