

Reflect & Recover

Attract, Recruit and Retain by collaborative and flexible working: The NHS People Plan in action

An analysis of the **Digital Collaborative Bank** workforce response during the height of the Covid-19 pandemic



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The Digital Collaborative Bank is the largest and most mature collaborative staff bank for medics, consisting of 8 NHS Trusts spanning across 3 STP/ICs

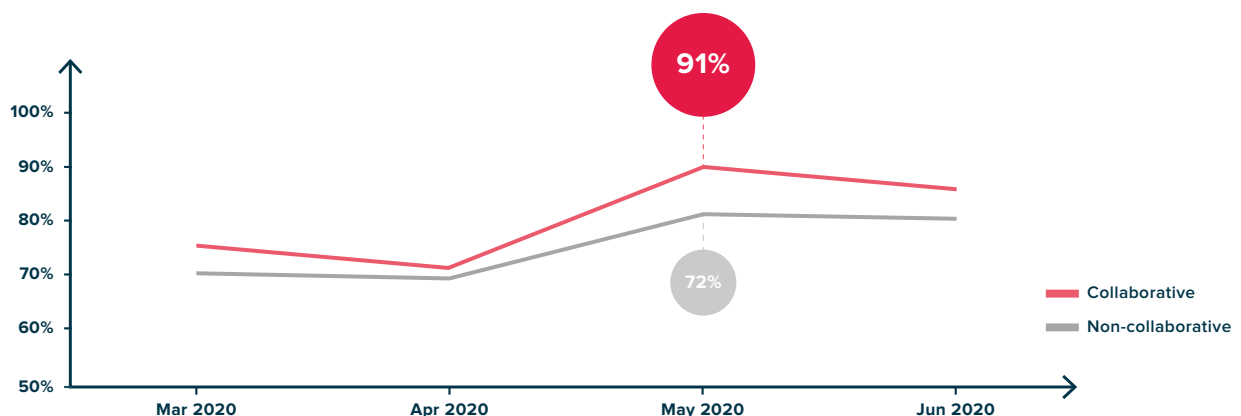


Transparency is the gold-standard

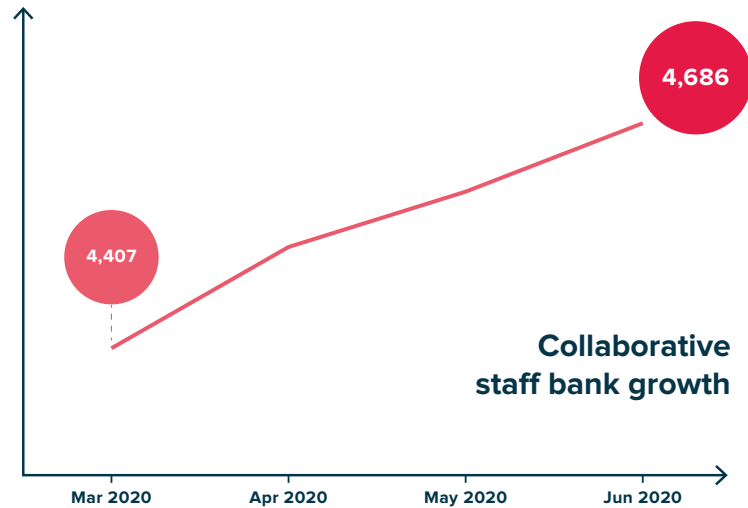
By working openly and collaboratively, the group's fill rate was consistently **5-10% higher** than the average Trust that is working independently.

A bank-only fill rate of **91%** was achieved across all **8 Trusts** at the height of the pandemic.

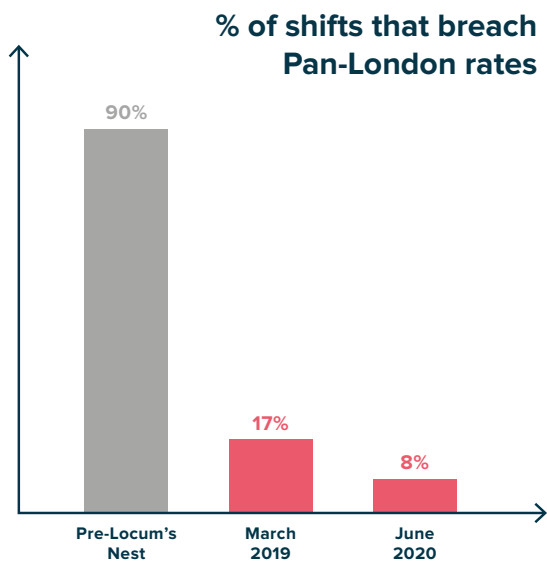
Covid-19 fill rates: Organisations in the Collaborative VS silo-operating NHS Trust



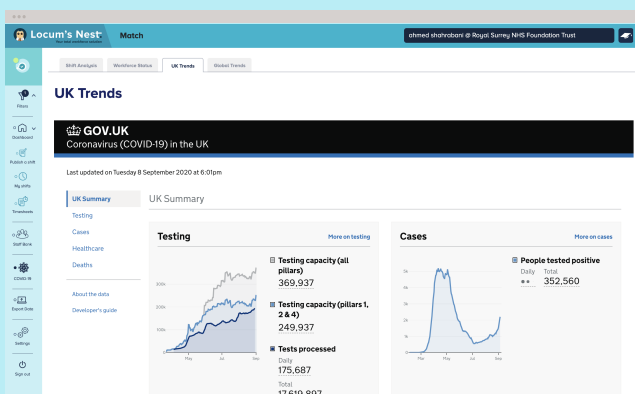
Almost **300 doctors** joined the collaborative staff bank during the pandemic.



Even though there was restriction on movement during the height of the pandemic, nearly **1,000 collaborative shifts** still took place enabling well-staffed wards (5-10% of total).



The group adhered to local NHSi rates over 90% throughout the pandemic, with some Trusts & departments being **100% compliant** to regional rate caps.



Our Covid-19 Dashboard triangulates PHE data to local Trust workforce data, predicting and preparing for imminent workforce requirement surges, well in advance.

Preparing for imminent winter pressures & the prospect of a second wave of Covid-19

Challenge	Preparations
<p>The existing workforce has been working relentlessly over the past 6 months with cancelled annual leave. They are now expected to continue throughout the winter months and are already fatigued.</p>	<p>Significantly growing the size of its contingent workforce will ease the pressure on the substantive workforce, reducing incidence of clinician burnout.</p>
<p>It is more difficult to close off services as we did during March-June 2020. A potential second wave may hit during the peak of winter where seasonal influenzas and incidence of Community Acquired Pneumonias are at their peaks. The winter climate will lead to fewer people socially engaging outdoors and more in confined spaces – potentially worsening the ‘R’ number.</p>	<p>Maximising fill-rates across specialist fields and clearing a substantial amount of clinical backlog with the support of bank speciality doctors and surgeons.</p> <p>Projected to save £100,000s in agency fees which can be redeployed in other critical areas.</p>
<p>Limited international recruitment of doctors and nurses has taken place over the last 6 months given international lockdowns and travel bans.</p>	<p>A 5,000-strong shared contingent workforce will be able to support Trusts should there be a geographically isolated Covid-19 outbreak or if a nearby hospital A&E closes down and adds immediate pressure to one Trust.</p>
<p>It has been difficult to predict case surges of Covid-19 in hospitals and therefore Intensive Care Units have, on occasion, experienced very high levels of pressure with minimal notice.</p>	<p>By integrating Public Health England localised data, workforce data as well as applying a seasonality index, Trusts have been able to use the NHS-bespoke Intelligence platform to predict surges in Covid-19 cases and ensure their rotas across ED, Acute Medicine and ITU are robustly staffed in anticipation for surges in demand based on the data.</p>



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Digital
Collaborative
Bank



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