

# NHS Professionals

White Paper | June 2011

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Patient safety: addressing temporary worker  
clinical standards, governance and compliance

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# Contents

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Section	Page
2. Executive summary	4
3. Chief Executive's foreword	5
4. Introduction	6
5. Clinical Governance	7
- Pre-employment	7
- Recruiting for values	8
- Induction	10
- Performance appraisal	11
- Dealing with complaints	12
6. Continuity of care	14
7. Reliability: A safety issue	15
8. Conclusion	16
9. Glossary of terms	17

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# 2

## Executive summary

### Making the clinical governance case

This paper, the third in a series of five, explores the quality and safety assurance of the contingent workforce and how, done well, this can deliver a workforce that is well-trained, reliable and offers continuity of care. With an ever-growing body of evidence, the economic case for a flexible workforce is undoubted. For NHS Trusts this comes as welcome news as the health system hits challenging times. However, stronger evidence is now coming through that the clinical governance case is also being met. NHS Professionals (NHSP), working in partnership with a wide variety of NHS organisations, is at the forefront of approach that ensures value-for-money, delivery of high quality

care as well as meeting the work-life balance required by 21<sup>st</sup> century healthcare professionals.

NHSP's experience is that Trusts that work closely with the organisations that provide their flexible workers have found that there are benefits in terms of raising the quality of the workforce and the standard of care they can deliver.

This paper is aimed at NHS Trust Board members, particularly non-executive directors, with a view to helping them become better informed about how the flexible workforce can contribute to their organisation and what can be done to manage the flexible workforce in such a way that it is safe and makes a positive contribution to the quality of patient care.

“Our track record means we can evidence how we take clinical governance seriously - using every opportunity to maintain continuous improvement.”

This approach benefits patients, frontline staff and those charged with the governance of our health service.”

Anne O'Brien, Director of Governance,  
NHS Professionals

The other papers developed by NHS Professionals to help NHS Trust Board members are:

- **Flexible staffing:** Delivering more for less
- **Delivering efficiency:** Exposing the true cost of managing a temporary workforce
- **Managing demand:** Best in class approach to reducing shift demand
- **Cost saving:** Reducing excessive agency spend through effective use of bank

# 3

## Chief Executive's foreword

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Patient safety and quality of care will always be the priority concern for Trust Board members – and rightly so. It is a top priority for NHS Professionals too. Getting both the level and quality of staffing right is key to satisfying these concerns.

Getting staffing levels wrong can be catastrophic for patients – as shown by the Care Quality Commission's 2009 investigation into serious failings at Mid Staffordshire NHS Foundation Trust. Among the many factors leading to the Trust's excessively high mortality rates was a shortage of adequately trained nurses<sup>1</sup>.

One solution to maintaining safe staffing levels is to use flexible workers to fill gaps in rotas. Historically, senior nursing staff may have had some concerns and have argued that flexible staff do not offer continuity of care as they are unfamiliar with ward routines and so on. This is understandable and there is literature to support this view<sup>2</sup>, especially where "off-framework" agency nurses are used to fill the gaps.

However, there is increasing evidence that robust clinical governance in recruitment coupled with adequate forward planning for inevitable periods of staff shortage – such as holiday periods and seasonal pressures – can do much to mitigate this. For example, offering regular "lines of work" to Bank workers already familiar with ward routines and procedures. Taking a strategic view, flexible workers can make a valuable contribution to maintaining the standard of care provided in support of the substantive workforce.

Since October 1<sup>st</sup>, 2010 the Care Quality Commission's (CQC) registration standards have placed the onus of responsibility squarely on NHS Trust Boards to ensure that the organisations providing them with flexible workers do so to the highest standards. Service users and commissioners can thus be reassured that the provider has the right staff, available at the right time and suitable for their role. Can you be confident that your organisation regularly seeks that reassurance from your agency providers? Do they provide unambiguous evidence on request? Do they even understand the task?

This paper draws on NHS Professionals' extensive experience of operating in more than 80 NHS Trusts. It explores what Trust Board members 'need to know' in order to remain well-informed and assured that their flexible workforce operates within a robust clinical governance framework, delivering a workforce that is well-trained, reliable and provides continuity of care.

Alongside this report NHS Professionals in partnership with the Good Governance Institute has published a Maturity Matrix and Board Assurance Prompt as tools to assist Trust Boards in identifying flexible nursing issues particular to the Trust.

I know this paper will be of interest to all NHS Trust Board members and I welcome your feedback.

**Stephen Dangerfield**  
Chief Executive, NHS Professionals

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<sup>1</sup> Investigation into Mid-Staffordshire NHS Foundation Trust, Healthcare Commission (now Care Quality Commission), March 2009

<sup>2</sup> Department of Health/National Audit Office, Improving the use of temporary nursing staff in NHS acute and foundation trusts, July 2005

# 4

## Introduction

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Trust Boards sometimes query the contribution that the flexible workforce can make to patient safety and effective care. Research has shown that high numbers of poorly managed temporary workers can have a negative impact on both patient safety and quality of care<sup>1</sup>.

Conversely, more recent research suggests that quality of care depends very much on providing continuity of care – something that can also be achieved by effectively managing a committed, professional flexible workforce<sup>2</sup>.

Delivering effective, safe care demands a balance between substantive and flexible staff who are well-trained, well-motivated, properly inducted and well-integrated into teams. Where the balance lies between substantive and flexible, depends largely on the specific nature of the care requirements of the ward, but getting it right requires forethought.

This paper discusses three areas that Trust Boards may wish to focus on as they consider patient safety and quality of care in respect of the flexible workforce:

- Clinical governance, including recruitment and knowledge assessment
- Delivering continuity of care
- Managing reliability

### Key points

- High numbers of poorly managed flexible workers can affect patient safety and quality of care
- Well managed flexible workers, recruited to agreed standards, can maintain high standards while adding flexibility to workforce management

“Providing that NHS Professionals or bank nurses are properly managed so that they keep their skills up to date and work on familiar wards, quality should remain high and they can add flexibility to staff management.”

Making the most of frontline staff,  
Audit Commission, June 2010

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<sup>1</sup> Department of Health/National Audit Office, Improving the use of temporary nursing staff in NHS acute and foundation trusts, July 2005

<sup>2</sup> Cited in Flexible Nursing, Institute for Employment Studies, Buchan et al, August 2010

# 5

## Clinical Governance

### Pre-employment

Maintaining a high quality flexible clinical workforce starts with recruiting the right workers and continues with structures and processes for managing them while in post. A robust clinical governance structure ensures:

- Pre-employment checks are carried out in a timely manner and always before employment begins
- Flexible workers provide evidence of mandatory training
- Shifts are filled by suitably qualified flexible workers
- Flexible workers are suitably orientated in new work settings
- Flexible worker performance is regularly reviewed and managed
- There are effective processes in place for dealing with complaints

The turnover of flexible workers in any Bank can be high; people's circumstances change over time. Recruitment of high calibre healthcare professionals, including nurses, locum doctors, and allied health professionals along with support staff such as care support workers and clerical staff, is a continuous process which itself requires continuity in relationships.

#### Pre-employment checks

NHSP receives more than 3,000 applications every month; fewer than half meet the required NHSP standard.

- All pre-employment checks (e.g. eligibility to work, Criminal Records checks, occupational health screening, professional registration) are carried out to NHS Employment Check Standards before employment begins
- A mechanism within NHSP: *Online* documents and maintains skills records
- At least six months NHS experience is required within the last two years, with checked references
- Applications from locum doctors are reviewed by NHSP's Medical Advisory Group, comprising a team of independent NHS medical specialists
- Availability to work a significant number of shifts at times of high demand is confirmed
- A knowledge-based assessment to provide an objective view of necessary skills
- A face-to-face interview with a Registered Nurse for nurses and care support workers
- For grades working at Band 7 and above, a face-to-face interview with a staff member from an employing NHS Trust

Once a flexible worker has successfully completed this process, they will be assigned a clinical classification code that describes the clinical areas in which they may work and the appropriate grade and pay band.

## Recruiting for values

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High quality care is about more than certificates and compliance documentation; it is also about values. Ask any senior nurse interviewing for substantive roles and they will confirm the need to ask questions to establish that candidates have the right nursing values. Values are about standards; they are the principles and ideals that give meaning and direction in nurses' social and professional lives. NHS Professionals wants to put values to work.

NHSP may not be a care provider but it does provide temporary staff who care.

NHSP is currently exploring how best to recruit for nursing values, experimenting with the recruitment process to include specific pre-employment questions that capture and codify what the senior recruiting nurse feels instinctively about candidate suitability.

"You cannot guarantee that everyone is going to have the same high standard of skill. At this hospital we have got nurses who can model themselves along the way, to a specific standard. But with them [agency nurses], you can't do that."<sup>1</sup>

Manias 2003,  
quoted in Buchan et al, August 2010

The table opposite (page 9), explores some of the desirable behaviours associated with professional standards of which any clinical professional would want reassurance from any temporary or flexible worker in their team.

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<sup>1</sup> Flexible Nursing, Institute for Employment Studies, Buchan et al, August 2010

**NHS Professionals Good Practice:** Recruiting for Nursing Values

NHS Professionals has developed a 'Flexible Worker Values Charter' that sets out the values and behaviours that are expected of NHSP flexible workers.

NHS Professionals' flexible workers should be:

Caring	Reliable	Professional
Desirable behaviours for an NHSP flexible worker:		
<ul style="list-style-type: none"> <li>• maintains the dignity of patients</li> <li>• meets the physical needs of patients</li> <li>• keeps patients safe from harm</li> <li>• engages with and talks to patients</li> <li>• anticipates the needs of patients</li> </ul>	<ul style="list-style-type: none"> <li>• attends on-time for shifts</li> <li>• does not cancel booked shifts</li> <li>• demonstrates awareness of limitations within the role</li> <li>• reports any concerns promptly</li> <li>• can be trusted to carry-out tasks with only indirect supervision</li> <li>• maintains a good standard of record-keeping</li> </ul>	<ul style="list-style-type: none"> <li>• arrives for duty wearing appropriate uniform</li> <li>• remains calm and approachable when dealing with difficult situations</li> <li>• acts as a role model for others</li> <li>• demonstrates a high level of knowledge and skills</li> <li>• is willing to learn and develop new skills</li> <li>• shares knowledge and skills with others</li> </ul>

## Induction

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Research has shown the importance of giving flexible workers the time and information to orientate themselves to new work settings. Fitzgerald and Bonner, for example, found that temporary workers are typically sent to understaffed areas and are therefore working in a high-pressure setting. The research showed they rarely had adequate time for orientation or to access information about the ward, resulting in a negative impact on patient safety.<sup>1</sup>

“[It is] incumbent on all parties – managers, clinical teams and temporary nurses – to work to create a context or an environment that is conducive to safe practice on shifts where temporary nurses are employed.”

FitzGerald and Bonner, 2007

### **NHS Professionals Good Practice:**

#### Orientation guidelines

NHSP has developed clear guidelines that spell- out what flexible workers new to a working environment can expect in terms of orientation, as well as what the ward can expect of the flexible worker. Intentionally, these also map onto NHSLA standards.

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<sup>1</sup> Fitzgerald M, Bonner A (2007), 'By the day nurses bank up in a casual pool!', *International Journal of Nursing Studies*, Vol. 44, pp. 653–654

## Performance evaluation

Regular appraisal of clinical staff is now routine in Trusts and has been a registration requirement for some health professions for many years. It is worth remembering that while on shift, flexible workers are under the direct supervision of the Trust. The organisation that supplies flexible workers does not supervise them, nor does it offer continuity of employment beyond that assignment. It can only appraise the performance of the flexible worker with direct support from the Trust. An ongoing productive partnership can make this a reality on both quality and patient safety.

For locum doctors, 'end of placement' reports should be provided, based on 'Good Medical Practice', to the appropriate supervising consultant.

### NHS Professionals Good Practice: Performance evaluation

NHSP is piloting a system for evaluating the performance of its nurses, using a pro forma that is linked to online timesheets with five Knowledge and Skills Framework (KSF) indicators, plus time-keeping, that is evaluated by the Ward Manager for that shift only. Consistently poor scores will raise an alert in the system and trigger an investigation.

The system can be used for any nurse on the NHSP system, which in some NHS Trusts could include staff in a substantive post who also work shifts through the bank.

A process should be in place to review and act on any concerns as well as highlight positive feedback.

### NHS Professionals Good Practice:

NHS Professionals has a framework of "strengthened appraisal" in place for revalidation of locums. Locums are expected to comply with the framework and have their folder of evidence reviewed by a trained appraiser.

### Dealing with complaints

A robust clinical governance structure will include processes for investigating complaints, ideally using the NHS Complaints Procedure and involving clinical leads from both the Trust and the organisation providing the worker.

Under the "Standards for Better Health", Trusts are expected to provide reasonable assurance of compliance against core standards, by way of systematic measuring and reporting of outcomes for their CQC registration compliance.

Trusts have a duty of care to share the learning from any complaints. Board members may wish to explore how this is achieved. If the complaint highlights a deficiency in the flexible worker's ability, is he or she supported to rectify this or simply banned from working in the Trust in future? Is the worker able to go on to another employer unchecked? Do complaints tell the Trust anything about its own clinical governance processes?

## Dealing with complaints

This duty of care is best discharged through a collaborative partnership approach between the Trust and the service provider to investigate the facts and reach a conclusion following an agreed process and timeframe. Partnerships work to manage, mitigate or remove risk. Open communication and feedback is seen by Trusts as a key success factor.

On average, complaints have been received on less than 0.15% of all shifts filled by NHS Professionals. The most common causes are:

- Time-keeping and attendance
- Attitude and behaviour
- Medication errors

### **NHS Professionals Good Practice:** Remedial Action Framework

NHSP has developed a Remedial Action Framework for working with Trusts to address any safety concerns following an incident or complaint. It is based on a three-way partnership between the Trust, the flexible worker and NHSP. To show our commitment to getting things right, the following is a real example.

### Case Study

In summer 2010, NHSP received a complaint about a nurse. While working a night shift, the nurse had incorrectly administered a morphine tablet instead of a slow release tablet. As a result, the patient's pain was not controlled correctly and the pain relief effect wore off sooner than it should have done.

The Trust was very supportive of the nurse and was anxious to keep her on as a bank worker, but on the condition that she did not administer drugs until she was shown to be competent.

The nurse concerned completed NHS Professionals' *drug administration* e-learning module and then wrote a reflection on the incident based on the Nursing and Midwifery Council's standards for medicines administration, which was reviewed and assessed by both NHSP's Nurse Lead and a Matron within the Trust. She subsequently carried out a supervised drug round with a senior nurse at the Trust. Ten days after the incident she was able to resume drug administration.

In this case, partnership between the Trust and NHS Professionals resulted in safer practice and helped the Trust retain the services of a valuable, trained, professional health worker.

**NHS Professionals Good Practice:**

Shared lessons from incidents and complaints

NHSP has developed an early warning system called SLIK – Shared Learning Information & Knowledge from incidents and complaints. A quarterly forum with representatives from across the organisation seeks to pull together information and identify patterns. The following is a real example.

In spring 2010, a series of complaints was received from a ward area in one Trust involving medication errors made by a flexible worker.

NHSP's Nurse Lead investigated this jointly with the Ward Manager at the Trust and by working together it was found that similar errors had also been made by substantive staff.

It came to light that there had been changes to the way that drug charts were stored and handled. They identified that communication about this change had not been widely available on the ward and this had contributed to the errors.

This issue was resolved by the Trust, preventing further errors occurring.

Clinical governance starts with processes for recruiting the right people to the right job and goes on to ensure that, once in employment, they are well-managed and supported to provide high quality care.

**Key points:**

- Recruitment of committed healthcare professionals is a continuous process and based on accurate assessment of needs
- Flexible staff need support if they are to work effectively as part of the team and this includes induction into new settings, performance evaluation and processes to handle complaints
- A partnership between the organisation providing flexible workers and the NHS Trust can help ensure that clinical governance is robust and active, not just a 'tick box exercise'
- Learning from when things go wrong or could have been better is critical

# 6

## Continuity of care

### Delivering continuity of care

A well-run Bank, operated by the Trust or outsourced to a third party, can help address the common safety and quality concerns associated with using flexible nurses. One of the ways it can achieve this is by ensuring that flexible workers are able, as far as possible, to contribute to providing continuity of care.

#### This can be achieved through:

- Managing and predicting demand to ensure recruitment levels are maintained
- Placing nurses in wards where they are known and with which they are familiar
- Enabling Ward Managers to preferentially select flexible nurses they know and trust to fill shifts
- Making optimum use of substantive staff who already know Trust procedures and policies
- Retaining experienced flexible workers by providing them with an adequate flow of work
- Ensuring flexible workers are fully conversant with the ward procedures through a suitable induction

In this way, informed judgments can be made on the best means to integrate flexible workers so that continuity of care can be maintained.

“If flexible working practices retain experienced staff and make sickness absence less likely then they should impact positively on patients through greater continuity of care.”

Flexible Nursing, Institute for Employment Studies, Buchan et al, August 2010

### NHS Professionals Good Practice:

#### What the numbers show

NHS Professionals' processes are all underpinned by the use of electronic and web-based tools that make shifts visible both to Ward Managers and flexible staff.

Data from nearly 2 million shifts filled by NHSP annually show that:

- 50% of shifts are filled by **substantive staff working through the bank**
- Only 7% of shifts are filled by a **first-time worker** on a ward
- 64% of shifts are filled by flexible workers **pre-selected by the Ward Manager** when the shift is requested
- 71% of Bank Only staff **work regularly on the same ward**

## Reliability: A safety issue

The risks posed by using flexible workers on the ward are overshadowed by the risk of unsafe staffing levels. Through effective rostering techniques and tools, wards should be able to identify the bulk of their shift demand well in advance.

Short-notice shift requests should always be the exception, reflecting a genuine emergency, such as unexpected absence of a number of substantive employees. The further in-advance a shift is made available, the more likely it is to be filled by an experienced, trusted bank worker.

Conversely, short-notice shifts (less than 48 hours) are much more likely to be filled by expensive agency staff, increasing pressure on already stretched ward staff.

Reliability is a key attribute of a committed flexible workforce. Once a Ward Manager has placed a shift, they rightly expect it to be filled by the right person.

Everyone has emergencies and everyone gets sick. But these are exceptions. People who book shifts and then cancel them at short-notice are unreliable. Flexible workers who 'do not attend' (DNA) when expected leave a hole in a busy ward.

This behaviour contributes to poor safety on the ward and adversely affects quality of care. It should be dealt with as part of the Trust disciplinary procedure.

### 24/7 systems access

Because of their individually set work patterns, flexible workers need access to booking systems at any time, day or night. This allows them to review available shifts for which they are qualified and in Trusts for which they are registered.

24/7 access to booking systems is an essential element of the mix in helping a committed workforce operate effectively. Only by working in this way, with robust shift management tools, can continuity of care become a reality.

### NHS Professionals Good Practice:

#### Flexible worker reliability

Unreliable flexible workers represent a risk to patient safety and cause considerable stress on the ward. To combat this kind of unacceptable behaviour, NHSP encourages reliable flexible workers through incentives and operates a de-registration policy for repeat offenders:

- Short-notice cancellations are flagged to the worker prior to cancellation advising them of a potential disciplinary process
- Anyone who fails to attend a booked shift as expected is automatically sent a general disciplinary letter
- Subsequent instances will result in a 6 month and 12 month warning respectively
- Anyone failing to attend or cancelling at short-notice will be automatically de-registered after the fourth instance
- Flexible workers can appeal against de-registration and each case is considered on its merits

# 8

## Conclusion

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A rigorously recruited and actively managed flexible workforce can be a safe and productive addition to any Trust assuring safety. A reliable, trusted flexible workforce supports robust clinical governance and continuity of care. It is not a one-off 'tick box' task, but an ongoing process that requires dedicated effort and a partnership relationship between NHS Trusts and the organisations that provide their flexible workers.

As a service provider, we recognise that our role is to provide the right people, process and systems to maintain the quality of care that the best NHS Trusts expect.

For Trust Board members, including non-executive directors, their role is to ask the right questions of both their own senior staff and of their service providers to ensure that their organisations are indeed, getting it right.

This approach satisfies many needs: it ensures value for money for the Trust, maintenance of care quality standards and continuity for patients, as well as meeting the work-life balance required by healthcare professionals.

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# 9

## Glossary of terms

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**Agency:** A third party recruitment organisation that provides temporary shifts not filled by the Bank. An agency should confirm with recruits if it is acting to find a job with an employer or temporary work. If the recruit is paid by the agency then the recruit is an agency worker.

**Agency Worker:** usually considered to be a 'worker' rather than an employee, receiving all the same employment rights as a worker, as well as some additional protection rights.

**Bank:** a managed body of flexible workers, either in-house or outsourced, usually comprising both multi-post holders who are substantively employed by the Trust but also complete shifts through the Bank, and 'Bank-Only' staff who only fulfil shifts through the Bank.

**Contingent Workforce:** a provisional group of workers who work for an organisation on a non-permanent basis.

Contingent Workforce Management (CWM) is the strategic approach to managing an organisation's Contingent Workforce in a way that it reduces the organisation's cost in the management of contingent employees and mitigates the organisation's risk in employing them (source:

"Contingent Workforce Management: Developing a Successful Strategy" Procurement Professional, October/November 2005).

**Employment Business:** a business that arranges temporary work with a 'hiring company' is legally known as an 'employment business'. NHS Professionals Ltd, is an employment business.

**Employment Agencies:** a business that introduces job-seekers to employers (e.g. a recruitment consultant).

**Flexible Worker:** Temporary worker; casual; part-time worker; books and works assignments to suit their own availability, without continuity of employment.

**GMC** – General Medical Council ([http://www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp)).

**KSF** – Knowledge and Skills Framework (<http://www.e-ksfnw.org/>).

**NHSLA** – NHS Litigation Authority (<http://www.nhsla.com/home.htm>).

**CQC** – Care Quality Commission (<http://www.cqc.org.uk>).

# About NHS Professionals

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