Improving patient safety and information governance

This Briefing summarises some of the findings, successes and learning of NHS Employers’ large scale workforce change’s (LSWC) improving patient safety and information governance programme. This programme forms part of the Registration Partnership Project, which involves NHS Connecting for Health (NHS CFH), the NHS Electronic Staff Record (ESR) and NHS Employers, working in partnership. One of the aims of the programme was to help trusts save time and money by doing a process once in the most appropriate part of the organisation. This was achieved by working with trusts to help them integrate their business processes more fully.

This Briefing includes case studies summarising the work of some of the participant trusts, ten top tips for successful integration and details of integration toolkits.

Background

HR departments in all trusts are required to carry out pre-employment checks, establish professional registration and obtain Criminal Record Bureau (CRB) clearance as part of the regular HR process. This is all recorded on the ESR and can involve sometimes lengthy, but important, verification and validation procedures.

Ten top tips for successful integration

1. Start the integration process now in readiness for full implementation.
2. Ensure you have executive/board–level support to assist in the integration of processes and maintain momentum.
3. Rethink both processes to see if better efficiencies can be made.
4. Set up a robust sponsorship structure and ensure they are aware of role–based access control/position–based access control (RBAC/PBAC) and how this relates to access required by staff.
5. At the earliest opportunity, set up a project group that includes all key stakeholders and decision makers.
6. Ensure that communication is part of the project plan. Communication to all parts of the organisation is key.
7. Manage the establishment of registration authority for independent contractors through involving and engaging key stakeholders in primary care, and building effective working relationships.
8. Start the registration process early to avoid confusion and increased workload when introducing new IT systems.
9. Stage roll out of smartcards to existing staff to avoid renewals occurring at the same time.
10. Speak to as many people as possible from similar trusts and find out how they overcame their challenges. NHS Connecting for Health also has case studies highlighting lessons learnt.
The benefits of integrating processes

- More robust NHS CRS smartcard governance – key HR-recorded events such as staff leaving or a suspension will translate immediately into withdrawal of access to an NHS CRS smartcard.

- Improved services to staff and patients – coordinating recruitment and registration authority (RA) procedures will facilitate NHS CRS smartcard issue during the initial induction period for new staff, enabling them to participate effectively from the start of their employment.

- Improved data security – integrated procedures and closer process alignment of HR and RA activity will reduce duplicate data entry and improve the security of information systems.

- Saving time and money – closer integration of HR and RA activity will lead to savings in the time spent in capturing and processing staff information. Once the technical interface is in place, data entry can be reduced to a single event on both the ESR and NHS CRS smartcard systems.

Programme objectives

- to implement and review integrated human resources and NHS CRS registration business processes across all participant trusts and primary care trusts (PCTs)

- to identify and develop good practice in implementation that reflects NHS organisations’ differing needs, for example, acute hospital trusts, PCTs and differing models of HR service delivery, such as shared services providers

- to provide evidence of reduced costs and reduced duplication of effort, leading to increased efficiency and improved staff experience of Smartcard administration

- to provide evidence of reduced risk for inappropriate access to patient records.

Trusts that participated in the programme

The programme included participants from foundation trusts, primary care, acute trusts, mental health and care trusts. All strategic health authorities were represented. A full list of the 150 participating trusts can be found on our website www.nhsemployers.org/workforce/workforce-4300.cfm
Each trust project team was made up of up to five members including:

- an HR director or senior HR manager with responsibility to implement new processes
- an HR person with a working knowledge of HR processes
- a medical staffing manager (as appropriate)
- a registration authority manager with authority to implement new ways of working
- a senior IT manager who can agree changes to systems affecting access to the NHS CRS and to provide technical advice.

Registration Partnership Project board

The Registration Partnership Project (RPP) board was set up in 2007 and is led by the Department of Health’s director of workforce capacity analysis and human resources, who is also the senior responsible owner (SRO) for the RPP. The board provided a national reference panel for the programme and included representatives from NHS Employers, NHS CFH, the ESR and the NHS.

Case studies

Below we showcase the learning and success of some of the teams that have taken part in the programme.

Learning from a care trust

Solihull NHS Care Trust

This trust has a centralised HR department which already managed a combined registration authority function.

What they achieved

The team had already integrated the RA procedures into their HR systems. However, a review of their current processes has helped the team to reduce delays in updating leavers’ records to terminate smartcards. Access to both the ESR and RA systems has helped staff make more effective use of their time.

What they did

The team took the opportunity to review their integrated process and identify any weaknesses. Having identified these and the improvements that were needed to resolve them, the team then moved on to defining the policies and processes to support the more effective function.

Benefits for patients and staff

- patient data is more secure with a clearly defined notification route linked to the ESR
- all registration authority forms are centrally administrated, reducing delays in terminating smartcard access for leavers.

Good practice within a foundation trust

Clatterbridge Centre for Oncology NHS Foundation Trust

This acute foundation trust is of the largest cancer centres in the UK, serving a population of 2.3 million across Merseyside, Cheshire, North Wales, the Isle of Man and South Lancashire. The trust has a centralised HR team.

What they achieved

HR processes were reviewed to incorporate RA procedures, saving about half an hour in staff time for every new starter or leaver. New starters now get their smartcards one week earlier and leavers’ records are updated two weeks quicker than before they harmonised the processes.
How they achieved it
The team believe that gaining executive support and communication were key to their success in integrating the HR and registration authority processes. With executive backing, their project group felt empowered to implement the changes to policies and procedures needed to effect change.

Benefits for patients and staff
- increased confidence in security of personal data
- improved data access for clinical staff, enabling more effective patient care
- clear processes and procedures, avoiding duplication of effort
- leaver process strengthened
- clear responsibilities.

Integration in primary care

Somerset Primary Care Trust
This PCT’s HR department provides full HR services for employed staff and administers the registration authority process for local independent contractors, for example, general practitioners and pharmacists.

What they achieved
The trust has radically reduced delays in issuing smartcards. All new starters now receive their smartcards on their first day in the job, a process that used to take an average of 13.5 days. The team also ensures that local independent contractors receive their cards within two days of receiving details of new appointments.

Improvements in information governance have been achieved and better processes are now in place for controlling access rights of cardholders who change roles or leave employment.

How they achieved it
For their own staff, the project team concentrated on revising recruitment and contractual processes, introducing new policies to ensure they also delivered registration authority requirements.

A new service level agreement was established with local independent contractors. The team believe that success was due to building effective relationships and working hard to engage key stakeholders in progressing the agreement.

Benefits for patients and staff
- new systems ensure care is not compromised by lack of access to information
- reduced duplication in recruitment processing
- reduced time taken to process smart card on appointment
- effective information governance ensured through improved security.

NHS Bedfordshire
This PCT’s centralised HR function provides RA services across the organisation.

What they achieved
The team has effectively reduced duplication efforts previously experienced in verifying the identification of new starters, meeting both pre-employment checks and RA standards. After investing significant time in getting the RA database up to date, they have put clear processes in place to ensure leavers’ records are quickly amended.
How they achieved it
By bringing together representatives from RA, recruitment, HR, IT and provider services, the project team agreed new and amended procedures particularly in the recruitment process, to incorporate the new pre-employment standards, and the leavers’ process, to meet RA requirements.

Benefits for patients and staff
• improved protection of patient records
• reduced duplication of identity verification
• clear recruitment and leavers’ processes to follow
• information governance security improved, with more robust recruitment and leaver’s processes.

Salford Primary Care Trust
This teaching PCT has a centralised HR department.

What they achieved
The integration of the RA procedures with current HR processes is expected to decrease the number of people involved in issuing smartcards for new starters. This will speed up the process, reduce duplication of effort and minimise errors. The team also expect to increase the number of trained RA agents in the recruitment and HR teams, which will help to minimise delays in the RA process.

What they did
The project team, including a clinical representative, has reviewed existing HR policies and procedures and created a new process action sheet for their integration with RA requirements. RA cover has been improved by making sure that there are now two trained RA agents in the team. They have set a series of standards throughout the process to minimise delay. Implementation of the new system started in October 2008.

Benefits for patients and staff
• improved care records security
• more streamlined process reduces error and minimises delays in issuing smartcards and amending RA records
• information governance and security improved.

Effective integration – addressing the complexities of shared services and devolved HR

Lambeth Primary Care Trust
This PCT in south London operated a devolved HR function.

What they achieved
The project has delivered significant cost savings both in staff time and travel expenses though enabling the administration of the RA through the devolved HR teams. The integration of recruitment and RA procedures has also sped up the process of issuing smartcards to new staff.

How they achieved it
A senior manager was nominated as lead for the project, ensuring they had the authority to make decisions. Current HR processes were reviewed and RA procedures were integrated into a new starters’ process map. Small changes were made within the procedure that gives authority to recruit, and HR staff received training to become RA agents, including an opportunity to shadow the IT team.
Benefits for patients and staff
- improved security of access to patient records
- improved patient confidence in NHS care record systems
- reduced duplication of identity checking for new starters
- smartcards issued quicker
- information governance security improved with more robust recruitment and leavers processes.

Berkshire Shared Services
This shared services team provides HR services to Berkshire Healthcare NHS Foundation Trust, Berkshire West Primary Care Trust and Berkshire East Primary Care Trust.

What have they achieved?
The duplication of identity checks has been eliminated and other delays in new starter processes reduced with dedicated HR resource now taking responsibility for new appointments. Cost savings have been made through integrating HR administration with RA processes in dealing with starters, leavers and staff changes.

How they achieved it
The project team included representatives from the National Programme for IT and from all three trusts. After process mapping current procedures, they integrated the requirements for RA with those of the ESR and developed a new role combining RA and recruitment administration.

Benefits of integration:
For patients
- patient information security significantly increased
- patient care more effective
- consistent procedures enhance patient care/management

For staff
- less concern around having to find RA
- one presentation of personal ID to verify identity
- new starters gain immediate access to patient records

For the organisation
- less duplication of resource in identity checks
- streamlined and efficient integrated processes
- cost savings
- employment checks carried out to national standards
- improved compliance with information governance requirements
- operating a shared service has enabled economies of scale and the development of dedicated expertise in recruitment and RA procedures

Measuring improvement
During phase three of the programme, a number of teams were asked to measure the improvements delivered by the changes implemented. Below are some of the reported or anticipated improvements brought about by integration (see figure 1 on page 7):
- the average cost saving in staff time was £23.49 per smartcard
- average times to print a new smartcard were reduced from one week to less than four hours
- average times to grant access to new starters
was reduced from two weeks to same day
• average times to amend a profile reduced from one week to same day
• average time to remove access rights for a leaver reduced from two weeks to same day
• average time to suspend access rights reduced from one day to 30 minutes
• the average number of staff needed to undertake the task has reduced from three to two.

HR/RA business process integration toolkit

The HR/RA business processes integration toolkit contains the learning from over 100 trusts that participated in the LSWC programme. The toolkit provides practical support in the form of a project plan, case histories and information resources. It is available online at http://nww.connectingforhealth.nhs.uk/implementation/registrationauthorities

Next steps

As well as the HR/RA business processes integration toolkit, NHS CFH is working on the development of a suite of toolkits that will be available to trusts to support their progress toward electronic management of access control. The preferred route for directly employed staff will be via ESR. For those staff whose records are not held on ESR an alternative route will be User Identity Management (UIM). UIM is new registration software which will replace the current paper based registration system.

Figure 1

Typical improvement following integration

The HR department verifying identity and giving access to systems means that staff can be fully effective on the day they start work.

<table>
<thead>
<tr>
<th>New starter delays before</th>
<th>New starter delays after</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 days</td>
<td>Same day</td>
</tr>
<tr>
<td>40 days</td>
<td>Same day</td>
</tr>
<tr>
<td>28 days</td>
<td>2 days</td>
</tr>
<tr>
<td>30+ days</td>
<td>5 days</td>
</tr>
<tr>
<td>22 weeks</td>
<td>Same day</td>
</tr>
</tbody>
</table>

Removing system access on the day staff leave, ensures that patient information security is increased.

Typical improvements following implementation of new process

<table>
<thead>
<tr>
<th>Leaver delays before integration</th>
<th>Leaver delays after integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>30+ days</td>
<td>Same day</td>
</tr>
<tr>
<td>45 days</td>
<td>Same day</td>
</tr>
<tr>
<td>105 days</td>
<td>7 days</td>
</tr>
<tr>
<td>14 days</td>
<td>Same day</td>
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<tr>
<td>5 days</td>
<td>Same day</td>
</tr>
</tbody>
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NHS Employers
supporting, promoting, representing

NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work.

The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:
• pay and negotiations
• recruitment and planning the workforce
• healthy and productive workplaces
• employment policy and practice.

NHS Employers is part of the NHS Confederation.

Contact us
For more information on how to become involved in our work, email getinvolved@nhsemployers.org

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