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Health Services Safety  
Investigations Body

## Investigation report

# Temporary staff: involvement in patient safety investigations

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### **Theme:**

NHS staff, Patient safety themes

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## **A note of acknowledgement**

We would like to thank the healthcare staff who engaged with the investigation for their openness and willingness to support improvements in patient safety.

## **About this report**

This is one of several investigations that HSSIB is carrying out to explore the theme of [workforce and patient safety](#). This stream of work is looking at how working conditions in the NHS can be optimised to support patient safety.

This report is intended for healthcare organisations, policymakers and the public to help improve patient safety in relation to the involvement of temporary staff in incident investigations. This is a legacy investigation completed by the Health Services Safety Investigations Body (HSSIB) under The NHS England (Healthcare Safety Investigation Branch) Directions 2022.

## **Executive summary**

### **Background**

The NHS regularly uses temporary staff to fill gaps in its workforce. This investigation explored the challenges of involving temporary clinical staff (bank only staff, agency staff and locum doctors working within trusts) in local trusts' patient safety investigations. Trust-level investigations are important because they are a way to identify learning to improve healthcare systems, with the aim of reducing the potential for harm to patients. Identifying learning requires staff to be engaged in an investigation; if temporary staff are not involved, learning may be lost, posing a risk to patient safety.

HSSIB identified this risk following analysis of serious incident reports provided by acute and mental health NHS trusts. To explore the issue further, the investigation carried out site visits and engaged with NHS trusts, providers of bank staff, agencies that supply staff to NHS trusts, substantive (permanent) NHS staff, bank and agency staff, and a range of national stakeholders.

## **Findings**

- Limited engagement of temporary staff in patient safety investigations may limit the potential for learning and undermine an investigation's ability to influence future safety improvements.
- Patient safety investigations are being concluded without vital information because of observed and perceived barriers to engaging with temporary staff.
- Temporary staff are not always able to report patient safety incidents, and this impacts on the development of an open reporting culture and the ability to learn from patient safety incidents.
- The extent to which patient safety investigation findings are fed back to temporary staff varies, limiting the ability for all of those involved to learn.
- Support is not always provided for temporary staff following a patient safety incident; this can have an impact on staff members' welfare and on patient safety.
- NHS England's approved framework agreements for agency staff do not specifically refer to patient safety, or to support for staff following patient safety incidents.

## **HSSIB makes the following safety recommendations**

### **Safety recommendation R/2024/020:**

HSSIB recommends that NHS England includes guidance on engaging temporary staff in learning responses within their 'engaging and involving patients, families and staff following a patient safety incident'. This should be developed in collaboration with providers of temporary staff to the NHS to help assist healthcare providers being able to fully investigate incidents from a systems perspective, enabling learning that can improve patient care.

### **Safety recommendation R/2024/021:**

HSSIB recommends that NHS England updates the agency worker framework agreement criteria to explicitly require framework agreements to adhere to the staff support principles of the NHS England Patient Safety Incident Response Framework. This will improve patient safety as there is a recognised link between staff having wellbeing concerns and the delivery of patient care.

## **HSSIB makes the following safety observation**

### **Safety observation O/2024/019:**

Agencies providing temporary staff to the NHS can improve patient safety by facilitating the involvement of temporary staff in investigation processes, including interviews. This is to enable the investigation of patient safety incidents in line with the Patient Safety Incident Response Framework.

## **Local-level learning**

Healthcare providers can use the findings from this investigation as prompts to help them consider how they involve temporary staff in patient safety investigations:

- How do you ensure that temporary staff are aware of how to record patient safety incidents?
- If an incident takes place, how do you ensure that temporary staff are able to record it?
- How do you engage temporary staff in a learning response?
- Do you have processes in place so you can conduct interviews with temporary staff?
- Can you work with employment agencies to create agreed methods of including temporary staff in learning responses through your contractual arrangements?
- How do you ensure that learning is fed back to those staff involved, including temporary staff?

# 1. Background and context

## 1.1 Introduction

1.1.1 This investigation report is part of a wider programme of work being carried out by HSSIB on the theme of workforce and patient safety. To identify topics for investigation within this theme, intelligence was reviewed from service and professional regulators, national reports, the Parliamentary Health and Social Care Select Committee, academia and research. Discussions also took place with a large number of national stakeholders to understand their emerging concerns in this area. As a result of this work four investigations were launched in June 2023 looking at temporary staff, the digital environment, prioritising patient care, and skill mix and integration.

1.1.2 This investigation focused on temporary clinical healthcare staff who work in the NHS in England and sought to identify the challenges this cohort of staff experience that may impair their ability to deliver safe patient care. While temporary staff are present throughout the NHS, including in non-clinical roles, the scope of this investigation was limited to clinical staff only.

1.1.3 The investigation analysed and identified commonalities across 30 serious incident reports (investigation reports by local trusts into patient safety incidents) that had been conducted between May 2022 and May 2023, where temporary staff had been involved in the incident. More details about how the analysis was carried out can be found in the appendix. One risk that emerged from the analysis was around the involvement of temporary staff in trusts' patient safety investigations. This investigation report focuses on this risk, with future reports planned to consider other risks identified.

# 1.2 Background

## **The NHS workforce**

1.2.1 The NHS has a shortfall of staff which has been recognised to impede patient safety (NHS Providers, 2022). Many of the gaps in staffing left by this shortfall are filled using temporary staff, with ‘an estimated four in five registered nurse vacancies and seven in eight doctor vacancies ... being filled by temporary staff’ (Nuffield Trust, 2022).

1.2.2 There are various contractual arrangements under which clinical staff work for or are employed by the NHS. Staff who have a permanent contract with an NHS trust are known as substantive staff. This investigation focused on three specific types of temporary staff; bank only staff, agency staff and locum doctors. These are defined below.

### **Bank staff**

1.2.3 Bank staff are flexible workers who can be contracted directly by a provider or through an outsourced organisation to take on shifts which are available due to planned or unplanned gaps in rotas. Some substantive staff work extra shifts as bank staff. Other bank staff do not hold substantive posts and take on available shifts on an ad hoc basis in line with their individual choices – these are known as bank only staff.

1.2.4 Trusts will often have a local bank of staff they can offer shifts to and there are also regional or collaborative banks which can be drawn upon to fill rota gaps.

1.2.5 In this investigation the term Bank staff is used to refer to non-doctor clinical staff, such as nurses or healthcare assistants.

### **Agency staff**

1.2.6 In this investigation the term agency staff is used to refer to non-doctor clinical staff who are contracted through an agency, such as agency nurses or healthcare assistants.

1.2.7 NHS healthcare providers may use agencies to secure temporary staff to cover gaps in rotas. HSSIB understands that approximately 5% of Nursing and Midwifery Council registrants work for an agency, equivalent to around 16,000 staff. The use of agencies in the NHS is monitored by NHS England, which collects data on the number of shifts undertaken by agency staff and the associated costs. Current data indicates that the shifts completed by agency staff in 2023 cost £3.4bn, which is approximately 2.3% of the overall workforce budget.

1.2.8 There are attempts at a national level to reduce the spend on agency staff