

# Enabling staff movement between NHS organisations

A toolkit for sharing staff appropriately and  
efficiently

August 2019



The NHS Long Term Plan says that when organisations work together they provide better care for the public. That is why on 1 April 2019 NHS Improvement and NHS England united as one – our aim, to provide leadership and support to the wider NHS. Nationally, regionally and locally, we champion frontline staff who provide a world-class service and constantly work to improve the care given to the people of England.

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# About this toolkit

The increased service pressures and changes to the way health and social care services are commissioned and delivered require an increasingly flexible and adaptable approach to sharing resources, including workforce, between employing organisations.

Some providers already operate workforce sharing arrangements that facilitate temporary staff moves, but for others this practice may be new and useful in their EU exit contingency planning. Those that do share staff find the need to repeat employment checks and statutory and mandatory training slows the speed with which they can do this. Once their movement is agreed, staff should be able to do so quickly and efficiently without unnecessary administrative and procedural delays.

In the recently published [System working – staff mobility/portability guidance for employers](#), NHS Employers discusses some of the existing workforce sharing arrangements in the NHS that providers may wish to replicate and includes example template agreements for the various arrangements.

This toolkit supports that guidance by:

- signposting providers to useful information on how to set up a workforce sharing agreement
- providing sample text that providers could add to such an agreement to accelerate the process
- providing examples of agreements already operating in the NHS.

# Consider which type of agreement best suits your provider's circumstances

Any temporary redeployment of staff from one NHS organisation to another will require both the staff member's agreement and a legal instrument to do this. If your provider does not have a formal agreement with other providers for sharing workforce, you will need to set one up before staff can move and you should obtain legal advice when entering into such an agreement.

We recommend you read NHS Employers' recent [guidance](#) which explains your options and the issues you need to consider. The options are:

- a bilateral or multilateral workforce sharing agreement, underpinned by a service-level agreement (SLA)
- a secondment agreement
- a licence to attend
- another contractual mechanism.

The NHS Employers' guidance provides information on:

- legal considerations: these depend on the type of agreement you adopt and include data sharing, working time regulations and TUPE
- practical matters, including uniforms, IT access, security and travel costs, and car parking
- 'secondment' agreement considerations

and templates for:

- governance arrangements for a 'sharing agreement models of care', under which you will need a services contract/SLA
- a 'licence to attend'.

You should obtain legal advice when entering into a services agreement under which workforce is shared, including on your existing contractual and employment relationships.

## Indemnity arrangements

**Suitable indemnity arrangements are important in any agreement, to ensure all parties are aware of their liabilities in respect of employees being deployed.**

**As per the NHS Employers' guidance, you should contact NHS Resolution at [CNST.helpline@resolution.nhs.uk](mailto:CNST.helpline@resolution.nhs.uk) to verify that workforce sharing is covered by the indemnity schemes you have with it.**

There may also be public procurement considerations.

To make the deployment of staff more efficient, we recommend you include a warranty in the contractual agreement, recognising the transferability of the necessary employment checks and mandatory and statutory training modules. A warranty should mean that employment checks and training modules do not need to be repeated by the host provider. Your legal advisers will be able to advise you according to your arrangements, but in this toolkit we provide some sample warranty text, which you will need to modify to fit your circumstances.

**Note:** In providing this sample text, NHS England and NHS Improvement do not warrant or guarantee that it is relevant or appropriate for any workforce sharing agreement. You should obtain your own legal advice on your workforce sharing arrangements in general and consider if the sample warranty text should be modified accordingly before you use it.

## Types of staff who can be shared/deployed

Deployment of specific groups or individuals will depend on the staff members' agreement, whether your provider has an existing workforce sharing arrangement that limits the deployment/sharing of staff or whether certain groups of staff are subject to contractual or other limits on deployment/sharing (eg junior doctors in training). Also, workplace clauses in individual staff members' contracts may mean they cannot be required to work at other places.

The staff member's line manager or an appropriate senior officer at the employing provider will need to confirm that they can be deployed, as well as an appropriate senior officer/relevant head of department at the host provider.

If the employing provider has not completed any of the pre-employment checks for a staff member, it needs to rectify this before deploying/sharing that staff member.

A staff member should not be at a financial disadvantage from working at another trust and reasonable adjustments should be considered where staff with a protected characteristic under the Equality Act 2010, eg a disability, are asked to travel. Refer to the NHS Employers' [guidance](#).

## Line management of deployed/shared staff

This will depend on your workforce sharing arrangements. If line management remains with the employing provider, the host provider should ensure it has local management arrangements and a local point of contact to assist deployed staff with any practical arrangements.

# Consider adding a warranty to any agreement or contract

## Respecting people's time

Up to two days can be spent repeating administration and training each time NHS staff move from one employer to another, which is frustrating for staff and means providers incur an added cost.

Adding a **warranty** can avoid the need for host providers to repeat employment checks and training modules, making the process faster to complete and saving both resources and people's time, in line with NHS Employers' guidance.

We recommend adding a warranty to any agreement that:

- the employer organisation has:
  - carried out the necessary pre-employment checks (including the need to consider right to work restrictions)
  - ensured that the 11 mandatory and statutory training modules of the core skills training framework (CSTF) have been completed
- the host provider will rely on the employer organisation's assurance that those checks/training modules have been undertaken, recognise the transferability of the training modules and not carry these out itself. It can request a copy of the pre-employment check documents or training records if desired.

All the host organisation then needs to do is check the staff member's identity on arrival and run any necessary site-specific health and safety training (eg fire safety, infection control).



You should seek legal advice about adding a warranty to any new or existing workforce sharing arrangement or contract/SLA. In [Annex A](#) we provide sample warranty text that you can modify to fit your circumstances.<sup>1</sup>

If you are already using workforce sharing agreements that do not include a warranty on pre-employment checks and mandatory and statutory training, you could consider agreeing governance arrangements with the other provider(s) in the form of a memorandum of understanding (MoU) or similar agreement, taking legal guidance where appropriate. Look also at the three example agreements in the next section.

## Pre-employment checks to include in a warranty

You need to decide what [pre-employment checks](#) to specify/provide assurance about under the warranty. To make the process as efficient as possible, we recommend as a minimum you cover the six NHS employment check standards:

- identity
- professional registration and qualification
- employment history and references
- the right to work
- work health assessments
- criminal record.

If the staff member is required to undertake different duties, the warranty may not be sufficient and the host provider may need to make relevant employment checks. Some checks may need to be periodically updated. You may decide to include these additional or updated checks under a warranty, depending on your arrangements.

<sup>1</sup> Please note: In providing this model text, NHS England and NHS Improvement do not warrant or guarantee that it is relevant or appropriate for any workforce sharing agreement. You should obtain your own legal advice on your workforce sharing arrangements in general and consider if the model warranty text should be modified before it is adopted.

## Mandatory and statutory training to include in a warranty

To make the redeployment as efficient as possible, we recommend including the 11 mandatory modules of the core skills training framework, namely:

- conflict resolution – level 1
- data security awareness – level 1
- equality and diversity and human rights – level 1
- fire safety – level 1
- health, safety and welfare – level 1
- infection prevention and control – level 1
- moving and handling – level 1
- preventing radicalisation – basic prevent awareness
- resuscitation – level 1
- safeguarding children – level 1
- safeguarding adults – level 1.

You may want to agree more or different training modules depending on your arrangements, the staff being deployed and the work they do.

**Top tip:** Since employers are statutorily obliged to carry out certain checks and provide certain training, providers will want to consider whether any warranty or workforce sharing agreement affects their indemnity arrangements and contact NHS Resolution at [CNST.helpline@resolution.nhs.uk](mailto:CNST.helpline@resolution.nhs.uk) where appropriate.

## What about sharing data?

Parties have a duty to protect personal information about staff and take all reasonable measures to ensure the confidentiality and security of personal data for which they are responsible, whether computerised or on paper.

If personal data is collected, processed or shared as part of workforce sharing agreements, providers should ensure that their privacy notices are up to date and, depending on the information being shared, that they have appropriate data sharing and information governance arrangements, taking advice as appropriate.

The NHS Employers' guidance provides more detailed information on data protection and transfer.

Providers may need to update their data policies and potentially put a data sharing agreement in place if documentation relating to employment checks is shared under the arrangements.

# Example workforce sharing agreements between NHS providers

We provide three examples of existing workforce sharing agreements in the NHS to show how providers (including those with multilateral workforce sharing arrangements) have agreed assurances or warranties relating to employment checks and training.

You may find it useful to refer to these when considering what is the best workforce sharing agreement for your provider. We include contacts for further advice should you choose to set up a similar arrangement.

## Kings Health Partners (see [Annex B](#))

A protocol between several trusts and their university partner in London covers the mutual recognition of properly appointed staff and legitimises the movement of these staff between their organisations. This has operated since 2010.

An honorary 'passport' allows members of all staff groups to work at other organisations. Several forms, briefing and frequently asked questions relating to the honorary passport are accessible and included in Annex B.

For more information, contact [Sarah Garrity](#), Head of Workforce at Kings Health Partners.

## South Yorkshire (see [Annex C](#))

An arrangement between trusts in South Yorkshire, Mid Yorkshire and North Derbyshire clarifies the governance underpinning multilateral models of provision such as inter-trust on-call rotas. A table in the agreement document sets out the roles and responsibilities that are likely to apply to SLAs as well as various template letters.

The arrangement currently applies to one specialty only but has scope to apply to others and to wider staff groups.

For more information, contact [Ben Chico](#), Programme Manager at South Yorkshire and Bassetlaw Shadow Integrated Care System.

## West Yorkshire (see [Annex D](#))

An agreement between trusts in West Yorkshire sets out the principles that support staff working flexibly across the organisations in 'virtually integrated services'. The agreement recognises the transferability of statutory and mandatory training meaning that staff are only required to undertake any specific training requirements of their employing organisation.

For more information, contact [Madeline Hoskin](#), Programme Manager at West Yorkshire Association of Acute Trusts.

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This publication can be made available in a number of other formats on request.

Publishing approval reference: 000637 NHS Improvement publication code: IG 16/19