

Libraries for Nursing and the SCONUL Health Sciences Group - Spring Study Day

Nurse Education and Higher Education : Tendering and Contracting between Institutions

Date: 12th May 1994

Venue: Royal College of Physicians

Study 1 : The Institutional Experience.

Keith Cooper, School of Education & Health Studies, South Bank University

He began by asking "Why should the University want nursing students?" His answer was in terms of the Mission Statement of the University, the prestige that would arise, the additional numbers of students, the potential for non-capped expansion and the complementary nature of the courses with existing work. The decision to take on a sizeable number of permanent teaching staff in return for what could be relatively short-term health service contracts was a risk that had to be considered. The way in which nursing staff and students are integrated into the university is something that has to be managed and there is a need to induct new staff into a new culture of education.

Keith Cooper sees no sign of a positive approach to this.

Contracts

- legal implications and obligations should be carefully checked
- don't believe it when the government says policies won't change
- whose rules are being followed?
- important that high level authority is involved - "It would be nice to have this contract but only at the right price"

Costing/Pricing

- costing is not an exact science! (different people will come up with different costs); all organisations have the same problem.
- must include TUPE costs if staff are transferred (TUPE = Transfer of Undertakings: Protection of Employment Regulations).
- indirect costs (buildings, central admin. etc) very difficult to work out. NB: listed buildings can be a source of difficulty as can special facilities e.g. HAL, therapy rooms, Radiography
- other parts of the university who don't use specialist facilities may resent sharing these costs.

- Inflation: Bid on 1994 prices and the contractor will uprate this by an "official" figure each year which may not be actual inflation - build in a contingencies line to cover this.
- Core or marginal business?
 F/T teachers £80 an hour
 Core teachers £30 an hour
- relationship of cost to price, i.e. the cost may not bear relation to what a purchaser is prepared to pay.

Staffing: affected by TUPE (Transfer of Undertakings)

- a major factor although around since 1970s are now recognised to cover non-profit making concerns.
- conditions of service "not less favourable than current".
- includes pension rights - which are more favourable in NHS.
- mandatory consultation with Trades Unions has added to timescale considerably (involve national people as they will have more experience than local union representatives).

Study 2 : The Library Experience

John Akeroyd, Head of Library Services and Learning Resources, South Bank University

John emphasised that his talk was based very much on South Bank experience. Other institutions he talked with to compare notes are at earlier stages of the process and therefore could not easily be used for comparison.

Earlier experiences of other mergers (i.e. not nursing) show that it takes time to integrate - as long as 10 years or more.

John felt that the commonality of ethos and processes in libraries helps integration - apart from the "odd" NLM classification system! (This appealed to me because it had always been considered odd when I chose Dewey DC when re-classifying after amalgamating several libraries.)

He praised ENB Management Guidelines, particularly:

1. Service Level Agreements (called Service definitions in South Bank). They are useful as they define level and extent of service.
2. The "Passport" idea - reflects a developing London proposal in M25 region. John feels that all libraries are going to have to re-assess access policies because of new approaches to courses/teaching/learning.

3. Performance Standards - lot of good sense here. John feels we have gone past the point where national guidelines are of particular value.

Resources/libraries in the ideal world

- i) John feels that the JIE institute would wish to integrate resources either physically or systematically. However "Geography" will finally decide if this is possible.
- ii) Requirements of "other" users (i.e. health service staff). Within negotiations there is a need to disaggregate these groups although it is possible that they will be included in contracts. Other means such as IT and efficient transport services could be used to provide a distance service as an alternative to maintaining small satellite service points.

The trend is for centralised service points. There could be problems if contracts are lost if collections have been integrated.

Staffing

There are considerable differences in grades, job specifications/descriptions etc. South Bank has experienced difficulties in making these consistent! However this again was found with previous mergers and some staff are still working under different conditions (i.e. those with which they transferred).

Unit Costs

Generally believed to be higher in Colleges. However HE may have to recognise that their lower unit costs may not be maintainable if having to deal with distributed service points.

Centralisation of procedures is likely to have financial implications e.g. Classification and cataloguing may need/require conversion.

Staff Development and interchange

The move into HE must be of benefit to Colleges with the more organised approach and higher level of resources available.

Finance

There are differences in practice and approach to budgets. South Bank have had difficulty in understanding these. JA seems to have had experiences of colleges that don't have set budgets for Learning Resources through the year and have end of year money which is then spent without thought on multiple copies! (I did point out that this wasn't the case in all Colleges. However there were other people from HE present who had similar experiences to John despite the integration having taken place some years previously.)

Report by Anne Lawrence

Study 3 : How to Write a Contract

Mike Buckingham, Senior Lecturer, Institute of Advanced Nursing Education, RCN

This paper will consider writing contracts from the point of view of education and training contracts.

The development and winning of contracts is currently often seen as a life or death scenario, but will this be the same in the future?

We all know what a contract is: "any legally binding agreement between two or more parties" (Adam J.H. (1986) *Longman Dictionary of Business English*).

As such, a contract states precisely all the terms and conditions which are agreed and will include clauses on payment and clauses on penalties.

It is a record of the rights and responsibilities of both parties to the contract in the provision of goods or services as agreed by them.

To be enforceable a contract must be legal, e.g. the sale of illegal drugs on the streets cannot be covered by a legally binding contract.

Are contracts for education and training legal? Depends on the status of the parties and the terms included. They may be a statement of intent, this is the case when the contract is between two parties of the same organisation, e.g. the NUIS or within an NHS Trust.

Legal contracts should be checked by legal people. What do the words used really mean?

Contracts are typically also described in terms of the length of time they have to run, especially when they are employment contracts, e.g. fixed/short term or rolling.

What then do we need to get into the contract?

The Parties

Purchasers? - RHAs - their role in Statutory Qualification contracts for nurses and other PAMs. Need for Regional Self sufficiency.

Local Trusts.

Providers - Institutions - Colleges of N & M - Universities etc.

The Service

Are we going to talk of:

Inputs, Process, or Outcomes or maybe a mix of these.

Each has a role and each presents issues.

Inputs states e.g. how many to be recruited to a programme.

Quality of inputs may be specified e.g. qualifications on entry.

Process Curriculum, Experiences, Wastage, Availability of learning resources.

Outcomes Recognised qualification with number qualifying.

Other measurable training outcomes.

Consider inputs

Do you remember the publication "The Black Hole" predicting a shortfall in the number of potential recruits to nursing courses with the right qualifications by the mid 90s? What happened? Overtaken by the economy.

The numbers do need agreeing - The provider must be involved (if at all possible) with manpower planning as a reduction in students who are providing a service reduces the number available to the clinical areas.

The Price

Are we going to agree a price based on outcomes or inputs, e.g. number of places on a course?

Most initial contracts for education were based on the number of places because this is safer, but we cannot ignore the outcomes - especially how many nurses will hold a particular qualification. Obviously the service and the price are very closely intertwined. Both need GOOD MANPOWER PLANNING - but how well can this be developed?

We can only know for certain what is happening now and what has gone on in the past. Everything in the future is no more than our best guess - Finger in the wind stuff really. Short-termism can influence this greatly and is a constant dilemma in setting contracts. The need to deal with the here and now within the current financial constraints and the desire to ensure the future is not harmed may not be easily compatible considerations.

We need also to consider the cost of the process - Teachers (what level, how many) and resources (including books, journals, videos - you name it) but also buildings maintenance and other things.

The NHS has been used to marginal costings as many of the costs were included in general running expenditure. It is only with the setting of contracts that the real costs start to emerge, and they can be frightening.

The Terms

Many issues to consider - but looking at them broadly.

Who should be/will be involved in recruitment and selection - provider only, purchaser only, purchaser and provider jointly - who has final say, how can disagreements be resolved? Are we recruiting for a national or local or regional perspective RNMH example?

Clinical placements - How do we square the circle and get all the students through retracting areas and, e.g. community. The rights and responsibilities of both parties MUST be spelt out - who has what rights - what each party's responsibility is.

Quality Assurance - is this just about the qualification or identified course outcomes/competencies - or is there a desire on the part of the purchaser to have some control over the quality of the process - AND - the provider having some control over the process of clinical placements - could think of many other issues - mentorship, role models, continuity of experience. We need to think clearly about everything needed.

e.g. a cleaning contract in one Health Authority I have been involved with had to be rescinded when the contractor was unable to meet the specifications set within the costings agreed. It is important to ensure contractors costings are realistic.

In another authority work on the laundry contract presented difficulty in specifying standards for sheets (what constitutes a clean sheet? how much of a stain is acceptable before the sheet is unusable? what of repairs? where can the sheet be creased in the ironing process and leave it usable plus other considerations?). It is no use having a set of standards that are so cumbersome they are impractical to use.

We also need to consider whether we are looking at Value for Money, or just 'Cheaper'. That is the tension. Price versus Quality - need to know what our acceptable level of quality is - be able to specify this and measure it.

Another issue can be, what if more than one organisation provides education and training for a purchaser of that service. Where do students get access to learning resources - who pays for it?

Employment Post-Qualifying - should there be a built in period of supervised practice?

Making the Contract Work

Information is vital - we get this by access to groups, agreed monitoring information and personal contacts. Dilemma:

- Trusts may feel some information we need is commercially sensitive to themselves e.g. Planned closure of a clinical area - Plans to review skill mix - Changing clinical activity in an area.
- Education establishments may also be reluctant to divulge some information to their purchasers, e.g. lack of investment into library resources.

These issues can have major impacts on the education process, e.g. in one college following work on establishing an Adolescent Psychiatry Course the unit in which the course was to be based was earmarked for moving or closure.

Protection

Both parties need protection from :

- failures in provision by either side
- breaches of confidentiality
- abuse of privilege
- unjustified termination of the contract.

The process to be followed must be carefully spelt out - including the process of arbitration if agreement is not reached.

The length of the contract and its renewability (or rules for renewing) will obviously be of importance e.g. is it a one off contract or is it a rolling one with, say, yearly renewals for part or all.

Contracts can be considered as the oil for the wheels of the service. Unless they are written well they can be like adding a poor quality oil or the wrong oil to the wheels and lead to a breakdown. It is vital that effort is put into the process of writing these contracts and that we consider very carefully all the issues that need to be included. It is no good not including something we are not keen about in the hope that the other party will not notice. They will and when they do, the situation for this contract and any future contract will be all that more difficult to resolve.

Evaluation of the Study Day

As usual evaluations tend to be based on limited responses. Christine Pinder has analysed a sample of 12 responses (38 people attended).

Evaluation Questionnaire: Analysis of Answers

Question 3 - what respondents hoped to gain

2 major areas:

- awareness and understanding of the tendering/contracting process in relation to mergers, and the implications for library staff and services.
- specific "tips" on the writing of contracts, service provision, negotiating SLAS. "Help!"

Question 4 - publicity 68%

Lowest score of all questions. For some reason, all LFN publicity did not get through. No-one in the Yorkshire Region received it. A re-evaluation may be necessary.

"I saw totally conflicting information in LFN newsletter and London Medical Bookfair leaflet, regarding venue and date."

"Nothing from LFN".

"Perhaps details could have gone direct without having to phone".

Question 5 - venue 85%

Venue was generally approved of:

"Wonderful building".

With the same reservation from several respondents:

"Room was very hot and stuffy, otherwise good".

Question 6 - catering 86%

Comments all favourable except one:

"Rather uninspired and stodgy".

Question 7 - timing 81%

No problems or major comments

Question 8 - cost 83%

Most respondents thought the cost of the day was reasonable, and good value for money.

One commented: "Very cheap compared with recent study days!"

Question 9 - content of sessions 83%

Positive responses overall, but one respondent commented that the morning was more relevant than the afternoon (see also Question 11 analysis). Other comments:

"From a Trust point of view - skewed to Colleges of Nursing - but this was expected and the day was still useful".

"Did not address clinical placement issues in detail".

Question 10 - format of sessions 84%

No comments

Question 11 - speakers 88%

Excellent score - obviously, the right speakers were targeted! Of those who commented, 2 preferred the morning speakers (see also Question 9 analysis) and 2 the afternoon speakers:

"M. Buckenham was particularly good and clear, as well as funny".

Question 12 - study days as a whole 83%

I don't think we can argue with this good score.

Have you met the aims you outlined at the beginning of the questionnaire?

All but one respondent said yes, with some comments:

"Especially useful to talk to others attending".

"A useful day and the groups are ones in which you feel able to have your say".

Suggestions for Future Topics

As listed by respondents:

- report on "Passport to Learning" scheme for nursing libraries
- user surveys - how to do them etc.
- links between HE institutions and regional library services
- getting published
- Internet for nursing
- research needs of nursing staff
- networking
- what would be the ideal "modus operandi" for health service librarians? Individuals would like to deliver the service proactively, as opposed to responding reactively to change
- providing nursing information in a multicultural/multilingual context