

C

Introduction	3
The research	5
Phase one of the research	6
Phase two of the research	12
A note from HCL Nursing	17
Appendix	18
Notes	23

A



The Royal College of Nursing and HCL Nursing explore the dependence on agency nursing in the UK and the role of agency nurses themselves.

C

Rachael McIlroy, *Senior Research Lead, Royal College of Nursing*
Claire Billenness, *Managing Director, HCL Workforce Solutions*
Ross Carter, *Associate Director, HCL Nursing*
Tatiana Kinsky, *Brand Manager, HCL Workforce Solutions*

In Glasgow, the RCN Congress 2016 debated the recent extraordinary rise in the use of agency nursing in the NHS. It was agreed that while there have rightly been concerns expressed about the increasing cost, the use of agency nursing is all too often ignored and the perspective of agency nurses themselves overlooked.

In a unique collaboration between the RCN and HCL Nursing, a leading health care recruitment company, this investigation looks at the kind of work agency nurses do and their working patterns, as well as the main motivations for choosing agency work. It also examines the impact of the recent cap on agency staffing spend imposed by the Department of Health in England.

Agency staff have long offered health care organisations the ability to cover shifts and unforeseen circumstances such as sickness absence. But the last few years have seen the potential growth in agency staffing lead to widespread shortages in the nursing profession. As NHS trusts and independent sector health care organisations alike struggle to cover shifts, they look to HCL and other health care staffing agencies to help ensure safe levels of care.

The National Audit Office has calculated NHS trusts in England spent around 3.3 billion on agency staff in 2014¹,¹⁵ compared with 2.2 billion in 2009¹,¹⁰, driven primarily by staffing shortfalls. NHS Improvement estimates nursing staff account for 31% of total spending on clinical agency staff by all NHS foundation trusts.

The main policy response to this development has been the imposition of the agency cap by the Department of Health in England, setting a limit on the amount of money NHS organisations can spend on agency staff. While the cap has, yet to take full force, we take a look at the early impact on agency nurses.

Our research paints a complex picture of supply and demand. Employers have long used agency staffing to cover unforeseen shortages and plug gaps. Nursing staff choose to work for an agency based on a considered judgment about the best outcomes for themselves and their families, the types and lengths of shifts, the level of variety and responsibility involved, and the extra income it offers.

The patterns within HCL Nursing's data give an indication of the demand for agency nurses from both NHS and independent sector health care organisations. While this is snapshot data from one agency, it provides a unique insight into the typical demand for agency staffing, the types of nursing staff needed, in what settings and what time of the day and week.

The data clearly shows nursing staff are required for all times of the day, all times of the week, for all specialities and in all healthcare settings. We cannot say demand is being driven from any particular direction, it is across all parts of the country, and for all kinds of nursing. We see demand rising for nursing staff working in paediatrics, mental health settings, accident and emergency and intensive care units; they are needed in hospital wards, theatres, inpatients and in the community.

The research also shows the use of agency staff is predominantly in response to short-term demand, with just under half of all bookings made within 24 hours of the nursing shift starting. However, lead times, the notice given before the start of the shift, can also be as long as three months and on average are longer at weekends than during the week. This suggests the use of temporary staffing is central to workforce planning, with health care organisations making regular and scheduled use of agency nursing staff to fill demand, particularly at weekends, as well as responding to short-term need.

From the perspective of agency nursing staff, their overriding motivation for choosing this type of work is enhanced flexibility, for both those working solely as an agency nurse and those combining it with other work. The primary driver is the search for optimum control over shift work and choice over the number of hours worked.

The secondary, yet important, motivation is pay. And for those nursing staff combining agency work with other nursing jobs, this is felt even stronger. It is likely the financial driver for undertaking agency work as additional work is linked to pay restraints in both the NHS and the independent sector, with many having faced below inflation pay rises over recent years.

With respect to the Department of Health's agency cap, the results from this survey do not give a clear indication about its long-term impact. However, findings suggest agency nurses are actively thinking through the implications on their working lives and financial situations. With 40% of respondents to the survey stating they would seek alternative agency work in the independent sector and another quarter stating they would seek a career change, it appears many are taking the issue very seriously.

While several respondents stated they were actively looking for a permanent job

T a

Our research is split into two phases. The first phase looks at a sample of placements assigned to HCL clients across a 12 month period. This allows us to look across the landscape of a whole year and break it down according to type and length of shift, as well as type of agency source. This enables us to examine the market and make some tentative conclusions about what is driving demand and supply. We also analysed the notifications of availability HCL nursing received from their sources during this period.

The second phase consists of a survey of HCL candidates. This was emailed to all nursing staff on HCL's books and asked them about their last assignment, their motivations for working through HCL and about the impact of the agency cap imposed by the Department of Health.

Part a

We analysed a sample of almost 95,000 nursing placements made by HCL over a 12 month period¹, in the NHS and independent sector health care organisations; and in a variety of settings. Placements were taken up by a range of general and specialist nursing staff, including support workers and registered nurses.

This allowed us to look at the total number of assignments across the year, split into days (8am-6pm) and nights (6pm-8am) in order to examine where

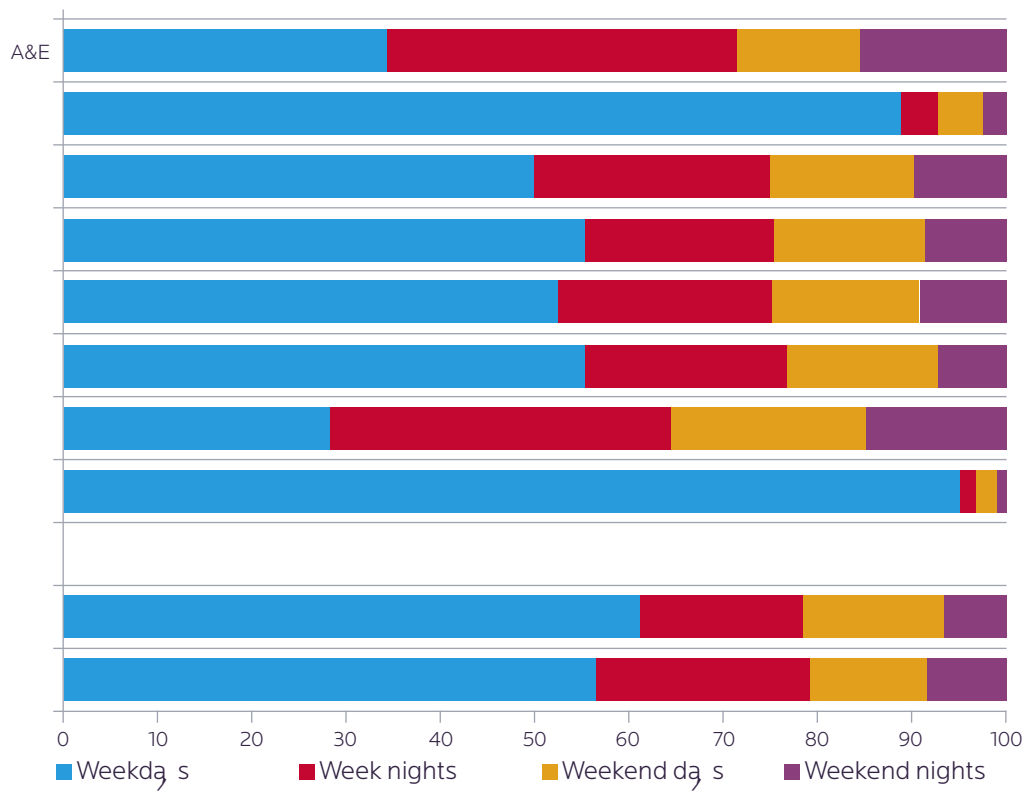
Total hours of nurses' availability



Average length of shift

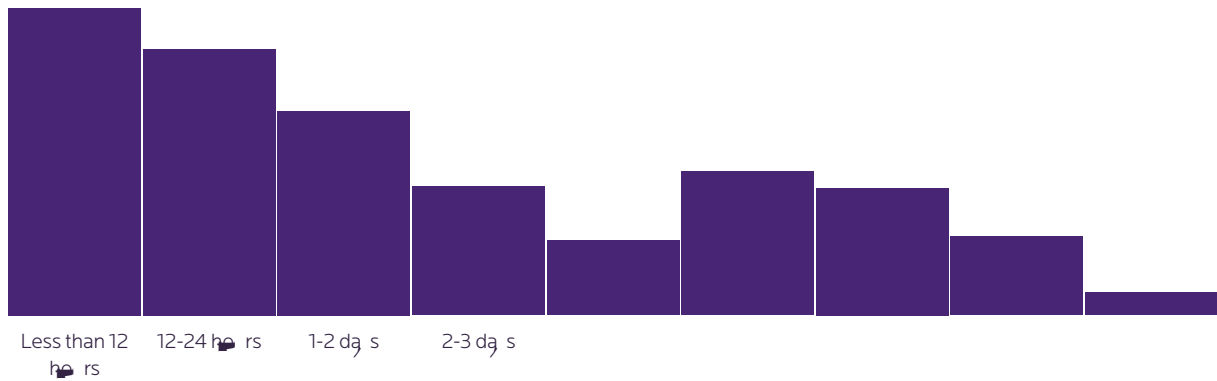


Looking at specialist, general nurses, health care assistants and support workers, paediatric nurses and community psychiatric nurses are most likely to work weekends, while scrub nurses, recovery nurses and those working in anaesthetics are most likely to work weekdays.



Lead times

Data on lead times gives an indication of the level of planning related to the use of agency staffing. While the data does not indicate the reasons for staffing cover (eg maternity leave, sickness, staff shortages), this analysis provides some insight into how temporary staffing is used across the week.



A quarter of all assignments are arranged less than 12 hours before the shift start time and 43% of all assignments are arranged with less than one day's notice. Comparing weekdays to weekends, 46% of weekday assignments are shorter-term (less than 24 hours), compared to 33% of weekends.

This indicates the high level of need among healthcare organisations to, often, requiring shifts at very short notice and the ability of providing staff to respond quickly to these requests.

While most bookings are made at short notice, there is also a clear demand from providing organisations to, often, staffing rotas with longer notice. Eight per cent of all assignments are made at least two weeks ahead, ranging from seven per cent of all weekday shifts and 10% of weekend shifts.

Further analysis shows there are differences in how the market operates during the week and weekends. The chart below shows:

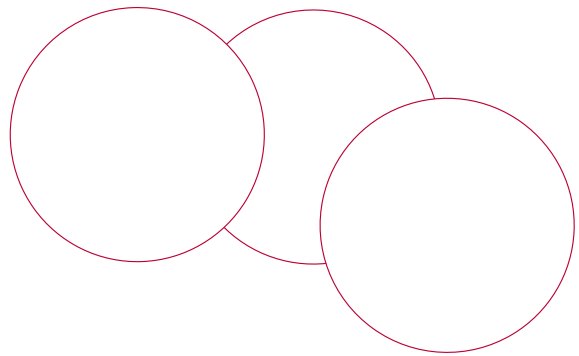
- † The average lead time for all assignments is 97 hours (3.6 days)
- † Comparing weekdays and weekends, the average lead time is higher at weekends (117 hours compared to 91 hours)
- † The range of lead times is a matter of minutes to just over three months
- † The overall average shift length is 9.4 hours
- † During the week, the average lead time is 83 hours (3.5 days) for day shifts and 100 hours (4 days) for night shifts
- † During weekends, the average lead time for day shifts is 106 hours (4.4 days) compared to 128 hours for night shifts (5.3 days)

P a a

Key findings

Type of organisation work at



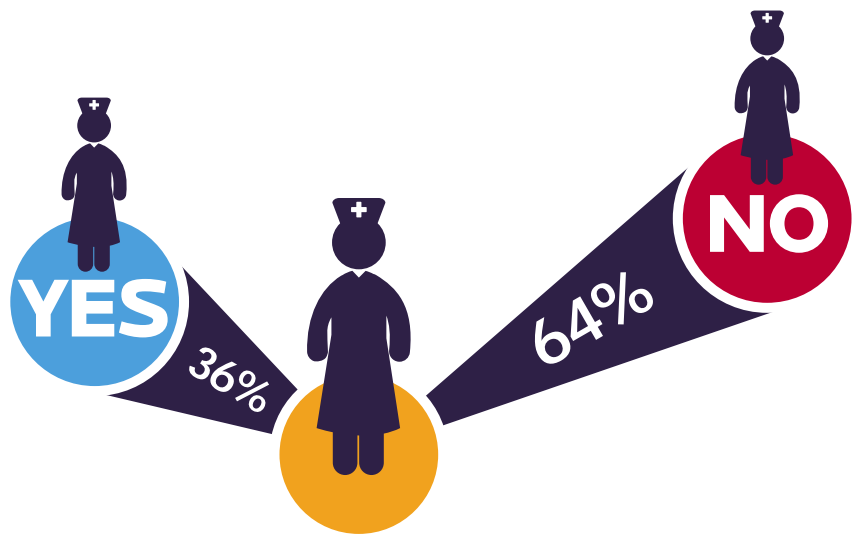


Working through agency



67% believe the cap has already had an impact on agency nursing, including the emotional and psychological impact caused by uncertainty, reduced availability of shifts, and nurses being put off taking shifts further afield.

Do you feel agency staff are well respected in the NHS



Reasons given for why respondents felt that agency staff are not well respected in the NHS included being seen as a cost burden rather than health care professionals, not considered part of the team and jealousy over pay rates. They also felt that the lack of familiarity can mean skills and experience are not always appreciated, and that agency nurses are often given a more difficult workload.

Those who thought agency staff are well respected felt that substantial staff were normally happy workload is being lightened.

Acknowledgements HCLN

The NHS's growing reliance on agency workers has become a central focus point for the Department of Health and the media. The shortage of nurses in the UK driving the dependence on agency nursing is well documented. HCL have long highlighted this, and successfully campaigned to have nurses added to the Shortage Occupation List in October 2015. The steep rise in the NHS spend on agency workers has led to the recent introduction of agency caps, limiting the amount that trusts can spend on agency staff. While the subject is regularly in the spotlight, the agency workers themselves are rarely given a voice.

Agency staff are not afforded the respect they warrant; their abilities are distrusted and their motivations are questioned, assumed to be monetary. The reality is, of course, different.

In increasingly understaffed environments, the lack of control over working rotas is driving many nurses to seek other options. As confirmed by the results of our survey, the inability to pick when and where to work is the primary reason for which nurses turn to agency work.

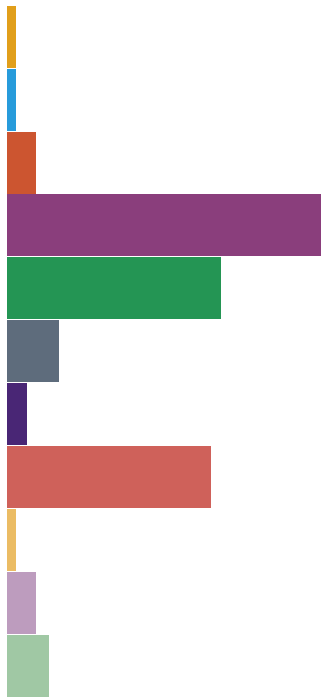
The press focuses on extreme cases, citing scenarios in which nurses receive up to 1,600 for a shift. This is not applicable to the vast majority of agency nurses. For the most part, agency nurses will receive rates established by government frameworks, in line with basic pay rates.

More importantly, framework approved agencies are required to adhere to strict compliance levels, meaning all nurses are highly skilled, experienced professionals, offering their services to trusts that would otherwise be understaffed, thereby jeopardising patient safety.

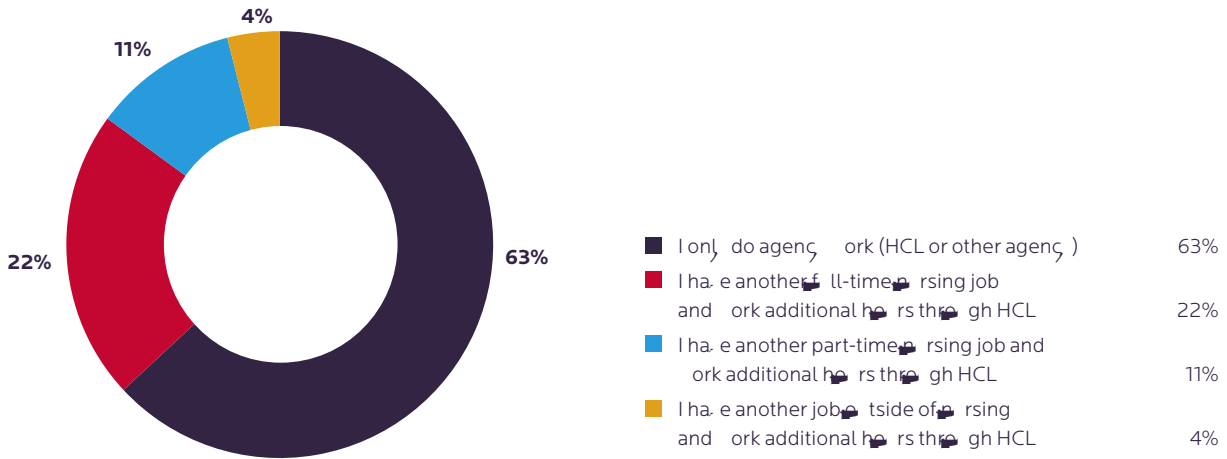
It is disheartening to find 64% of agency nurses who responded to our survey felt that agency staff are not well respected in the NHS. When we consider 27% of these nurses do agency work on top of their direct employment with the NHS, we see how warranted the disrespect they receive is. These are nurses whose skills are unquestioned when working in their own trust, only to be regarded with scepticism when they walk into another trust as an agency nurse.

Providing as they do instant skills and experience lacking at the trust, as well as much needed respite for overburdened substantive staff, flexible staff should be valued as a solution to staffing issues rather than part of the problem. With the same dedication as their permanent counterparts, they carry out their job before safely handing over to the next shift. Without being tied down by bureaucracy, they are able to dedicate their time to patient care. Self-driven, they find their own training and maintain continuing professional development in their own time.

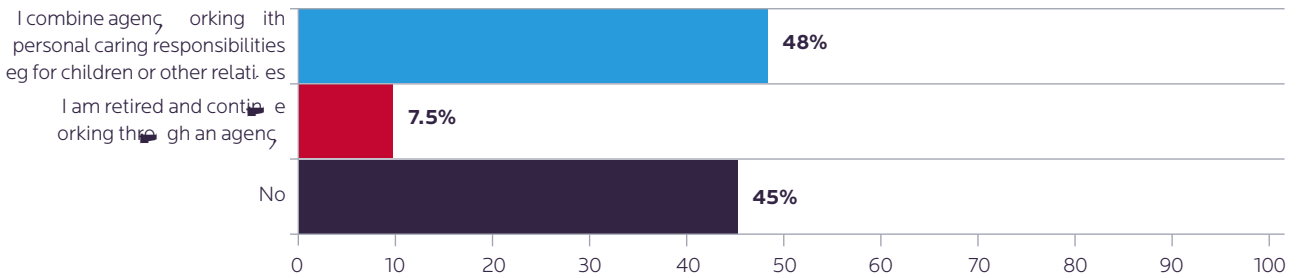
In this research paper we hope to have gone some way to dispelling the myth that surrounds agency nurses, and instead provide them with a voice. It is high time these highly skilled, efficient and dedicated professionals are recognised for the valuable role they play in enabling trusts to achieve safe staffing levels and to build a case for permanent recruitment.



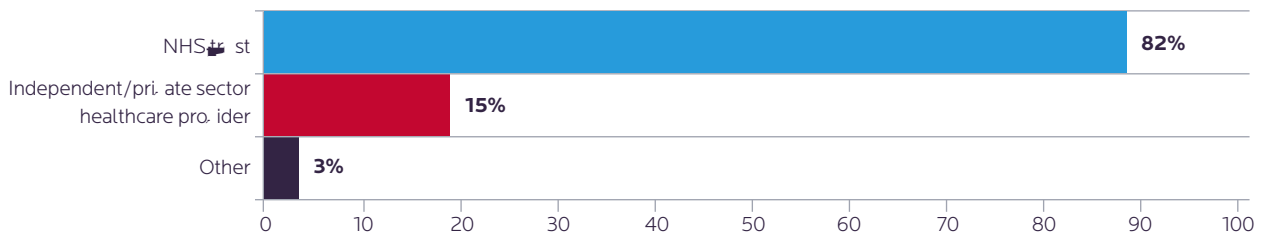
What are your normal paid working arrangements?



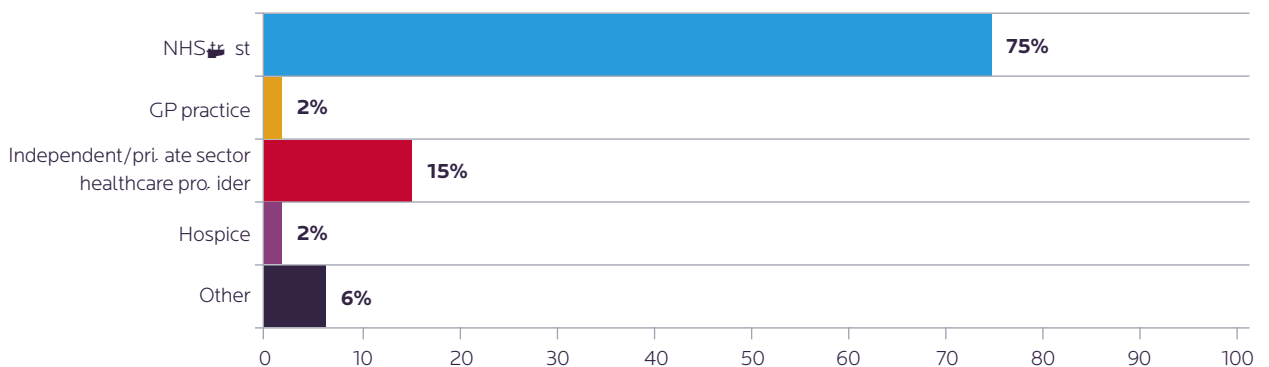
Do either of these apply to you:



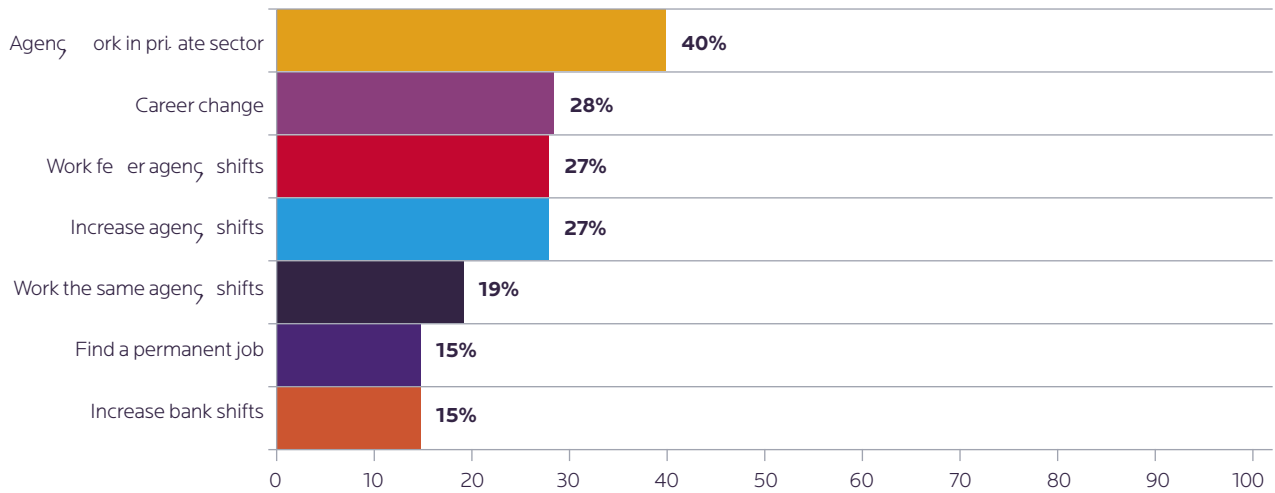
Where is your full-time nursing job?



Where is your other part-time nursing job?



The Department of Health has put in place an agency cap. If the hourly rate which you are normally offered was reduced – what would you do? (Please select up to two options)

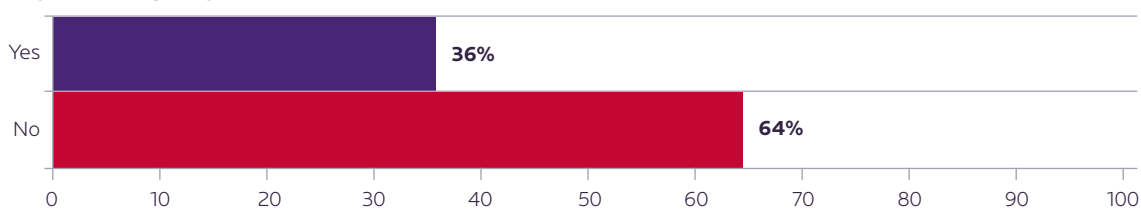


Do you feel the caps have made an impact on NHS assignments far(?)

64%

In your view, what are the most important factors to make a successful assignment? (Please select up to three options)

Do you feel agency staff are well respected in the NHS?





HCL Nursing
Recru