

A research paper

Agency nursing under the microscope: understanding flexibility in the NHS



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Agency nursing under the microscope: understanding flexibility in the NHS

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

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Introduction

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 rightfully been concerns expressed about the increasing cost, the value 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 due to unforeseen circumstances, such as sickness absence. But the last few years have seen exponential growth in agency staffing due 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 2014–15 compared with £2.2 billion in 2009–10, 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.

“

Agency staff are no longer motivated to travel longer distances to work as the pay is too low to cover costs

”

“
I cannot find a suitable permanent job that is commensurate with my educational training and skills
”

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, in outpatients 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 our 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 in the NHS as a direct result of the agency cap, the long-term success of the cap depends rather more on the NHS being able to attract and retain nursing staff. However, respondents' views from our survey provide at best a mixed picture about the NHS as an employer. The very things nurses are seeking from agency work – control over shifts and hours, better work-life balance, the opportunity to gain new experiences and skills, direct patient contact and less bureaucracy – will all have to become the norm for permanent NHS staff.

The research

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 nurse. 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 nurses 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.

Agency Nurses

“
**We get no sick pay,
 no holiday pay and
 have to pay into a
 private pension.
 We are bridging the
 staff shortage so a
 higher hourly rate
 works out around
 the same as regular
 staff, plus we have
 to go into unknown
 situations**
 ”

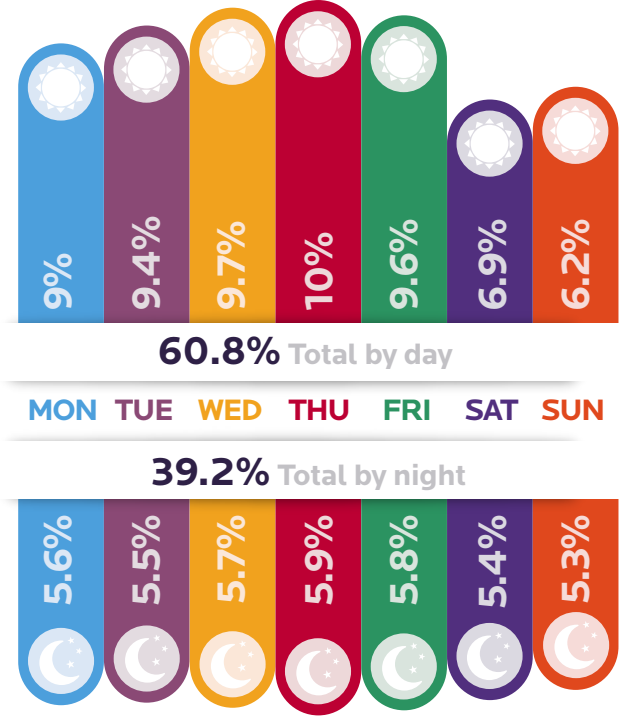
Phase one of the research

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 agency nurses were assigned across the year. Of these 95,000 placements assigned by HCL in the last 12 months, 85% were at NHS trusts, and 15% were for private hospitals and, the majority were during day time shifts (61%) rather than night time (39%).

Comparing weekends and weekdays – more day shift placements are made on each of the week days than Saturdays or Sundays. However, night shifts are spread evenly across the week.

Total number of placements

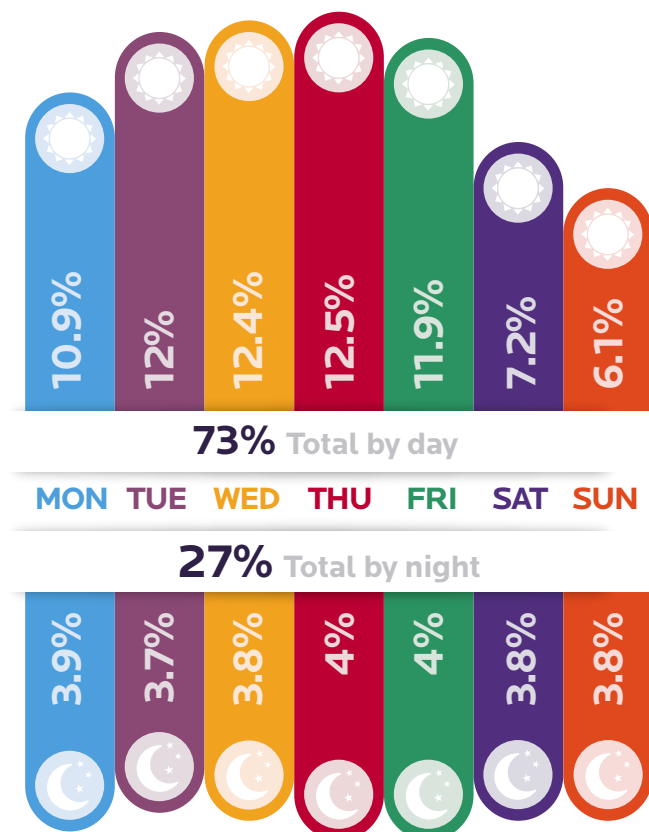


We can also look at total number of hours spread across the year, rather than just the number of placements made. This allows us to look at the total volume of hours worked rather than individual placements.

Since many shifts fall across daytime and night-time hours, we are looking at the total volume of hours rather than whether they are assigned as a day or night shift.

¹. The twelve month period spanned from May 2015 to April 2016

Total number of hours



Days versus nights

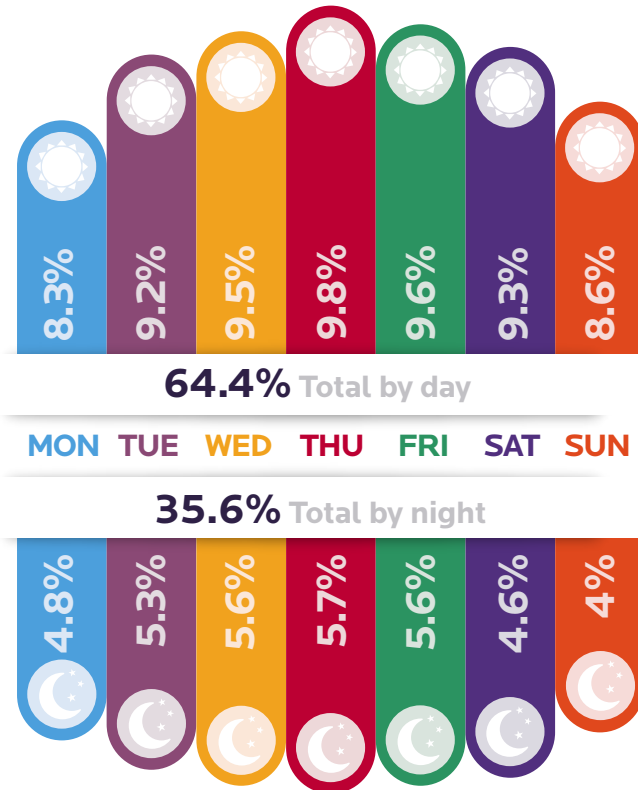
Across the total number of hours assigned in the last 12 months, the majority have been during day time hours (73%) rather than night time (27%). This can be attributed to the lower number of staff needed at night, as well as an unwillingness from trusts to incur higher agency rates during unsocial hours.

Day of the week activity

If we go on to compare weekend to weekday placements, the majority (79%) are weekday shifts and 21% are weekend shifts. This pattern can again be attributed to lower demand and concerns over costs. With constant pressure to keep their agency spend to a minimum, trusts are reluctant to use agencies on weekends, when rates are at their highest. Due to there being less staff on duty at weekends, trusts are able to rely on their internal banks to cover fewer staff shortages, and will endeavour to do so wherever possible.

The idea that the days and timings of booked shifts are largely driven by demand from trusts, rather than the desires of the agency nurses to hold out for the highest pay rate is strengthened when contrasted with the availability patterns of HCL's nurses.

Total hours of nurses' availability



The agency nurses registered with HCL provide their future availability up to three weeks in advance to enable the HCL recruitment teams to match appropriate shifts.

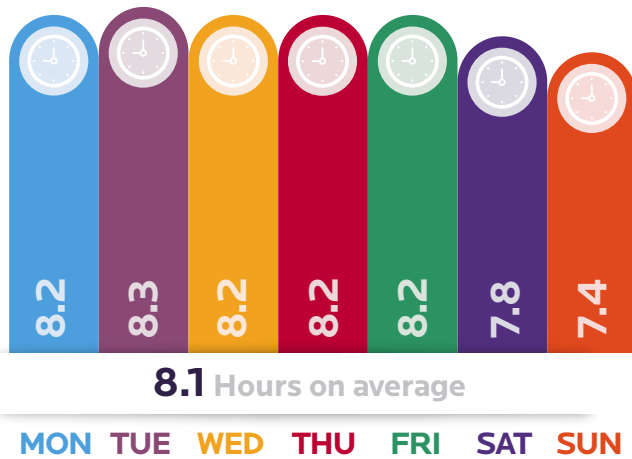
As can be seen in the above table, though the majority of requests from nurses were for day shifts, the percentage of requests for night shifts is significantly higher than hours actually placed (35.6% compared to 27%). Similarly with regards to days of the week, nurses' requests for shifts are more evenly spread over the course of the week, with Monday and Sunday representing the smallest percentage of availability.

A popular belief about agency nurses is they hold out for shifts until the last minute in order to command the best rates. What this shows is nurses themselves are offering up their availability for the duration of the week and trusts are holding out until the last minute, in the hope of avoiding the use of agencies. It should also be noted that nurses are often registered with more than one agency. For example, in the case of HCL Nursing, 40% of their nurses are registered with HCL only, and the other 60% are registered with at least one other agency. This shows agency nurses will look for several avenues of work, making themselves available for shifts – the more notice a trust gives the agency, the better the match.

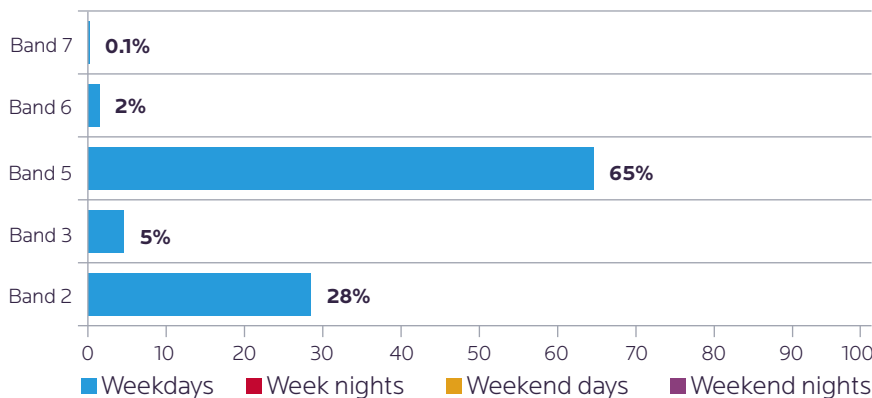
Looking at all day time placements, weekdays form the bulk of all shifts, at around 11% to 12% of all shifts during the week. However, looking at all night time placements, they tend to be more evenly distributed across the week, including weekdays and weekends.

Turning to the average length of shift, across the week this is 8.1 hours. Further analysis shows placements tend to be slightly longer during weekdays than weekends. Once again, shorter shifts at the weekend can be explained by trusts' reluctance to turn to agencies over the weekend.

Average length of shift



In terms of banding of staff, the largest quantity of agency work is allocated to those employed within Agenda for Change Band 5, who are registered nurses. The next highest group are Band 2 health care support workers and health care assistants.

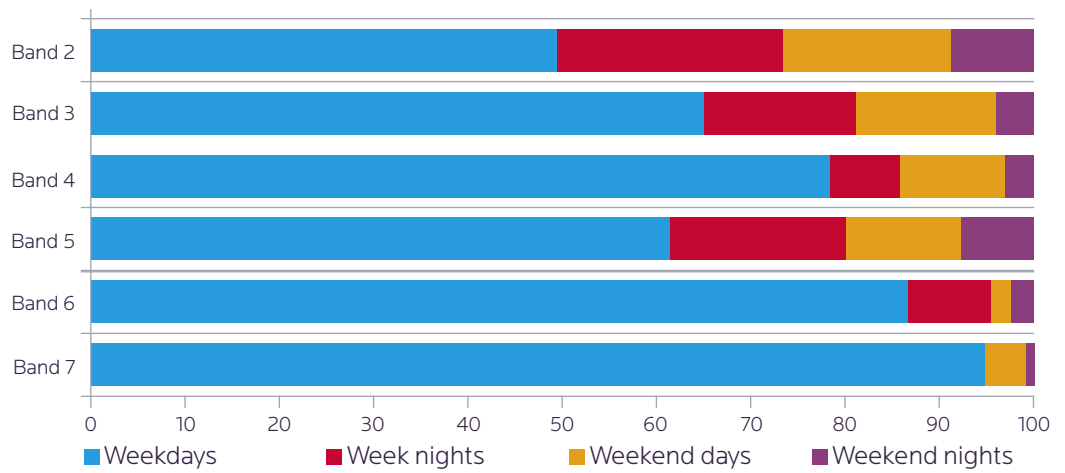


We can also look at the type of agency nurse according to their pay band and speciality to understand the types and lengths of shift they work. The tendency to work weekday time shifts increases markedly according to seniority, with Band 6 and 7 nurses most likely to work in the weekday. Around half of all Band 2 nursing staff work weekday shifts and a fifth work week night shifts. This is reflective of a greater willingness on the part of HCAs to work unsocial hours. By contrast, the HCL recruitment consultants confirm the more senior the nurse, the more selective they are of the shifts they work.

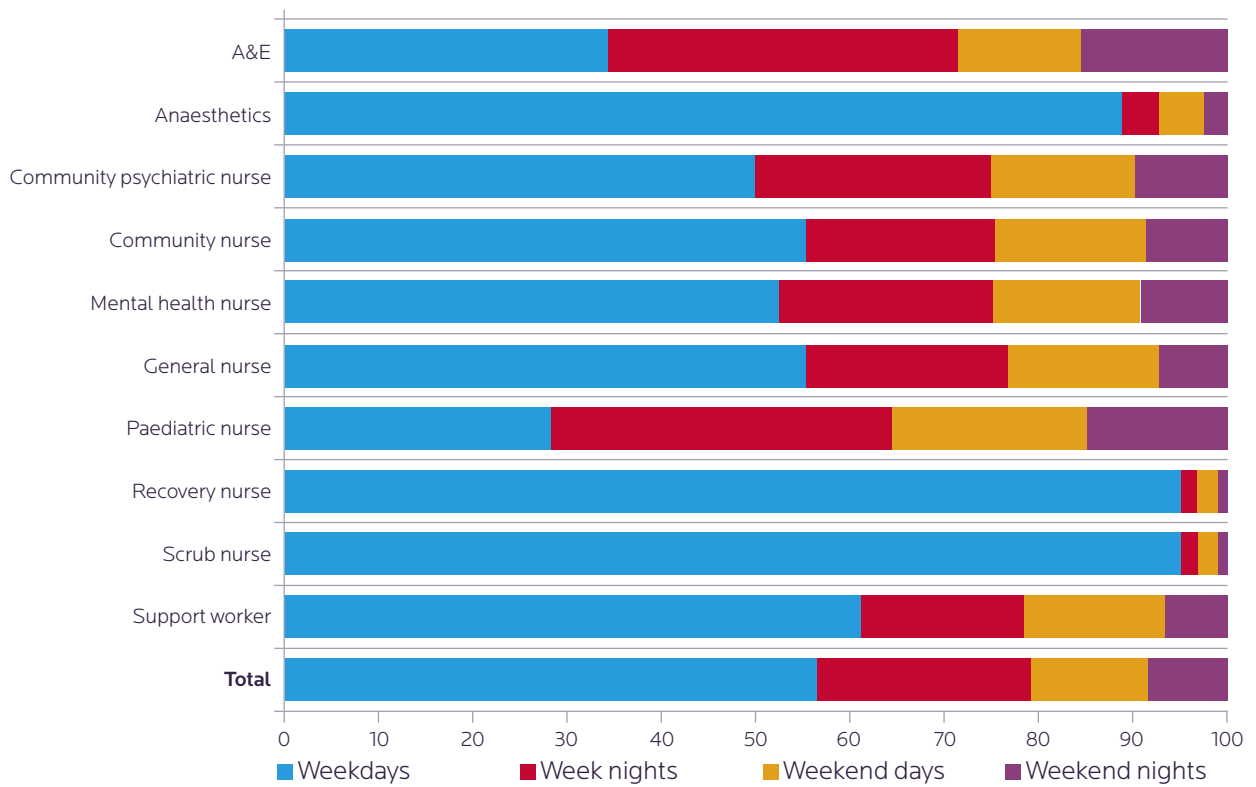


I loved working for the NHS but now I'm looking at the private sector. This will lead to even more of a crisis leading the NHS to pay more in desperation



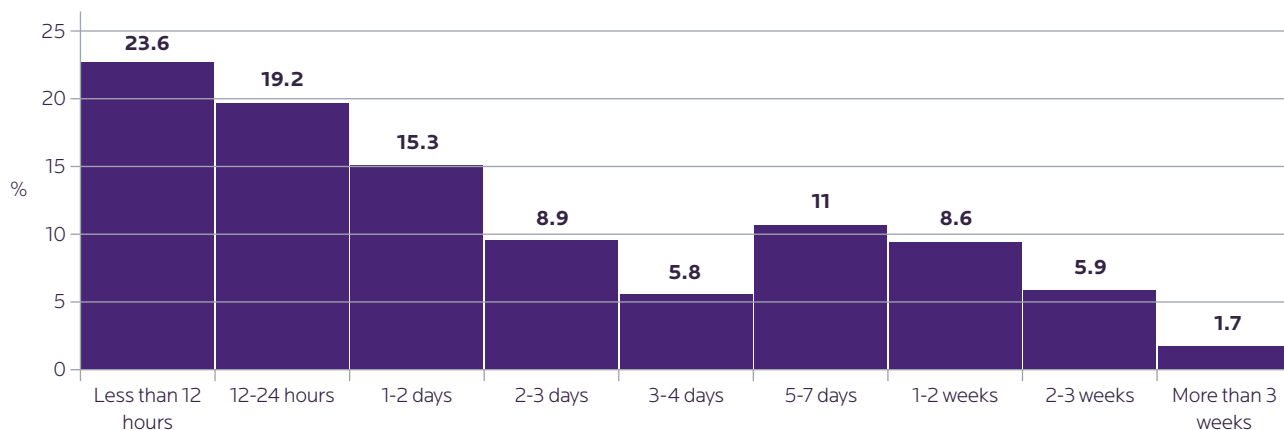


Looking at speciality, general nurses, health care assistants and support workers, paediatric nurses and community psychiatric nurses are most likely to work weekends, while scrub nurses, recovery nurses and those working in anaesthetics are most likely to work weekdays.



Lead times

Data on lead times gives us 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.



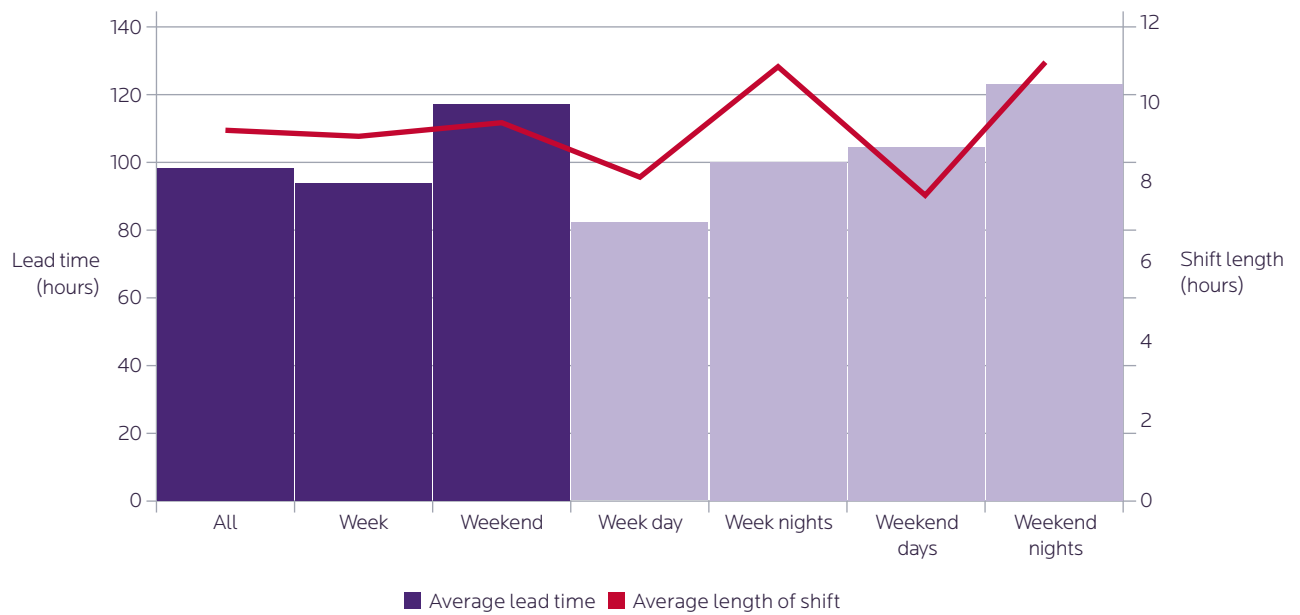
A quarter of all assignments are arranged less than 12 hours before the shift start time and 43% of all assignments are arranged with less than one day's notice. Comparing weekdays to weekends, 46% of weekday assignments are very short-term (less than 24 hours), compared to 33% of weekends.

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

While most bookings are made at short notice, there is also a clear demand from nursing organisations to fill 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)



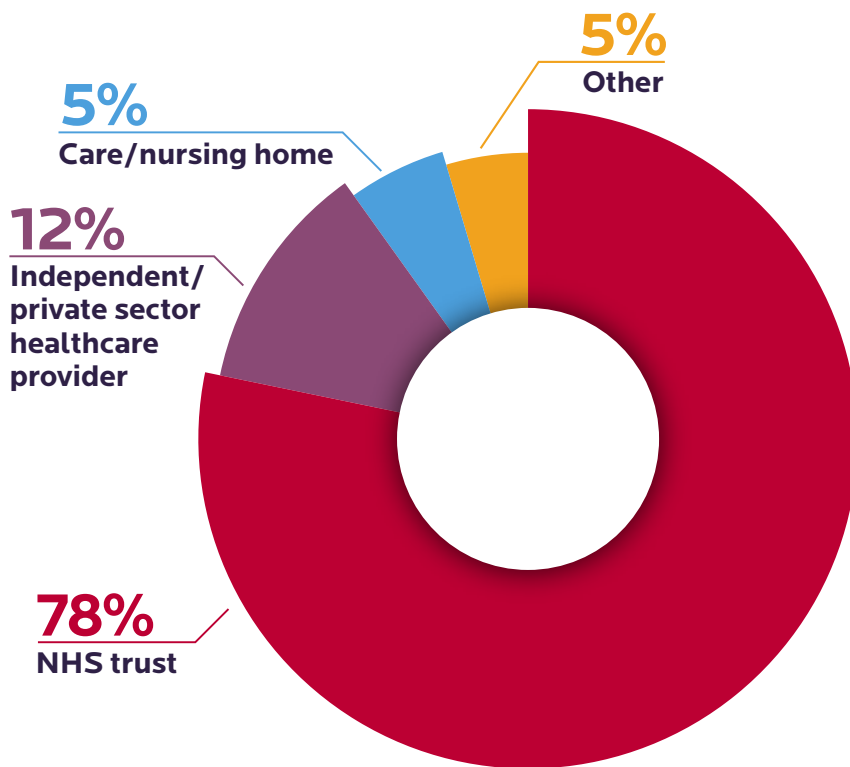
This data suggests on the whole, the use of temporary staff is in response to short-term demand. However, with longer average lead times at weekends than during the week, it appears the use of temporary staffing is central to workforce planning, with health care organisations making regular and scheduled use of agency nursing staff to fill demand, and particularly so at weekends.

Phase two of the research

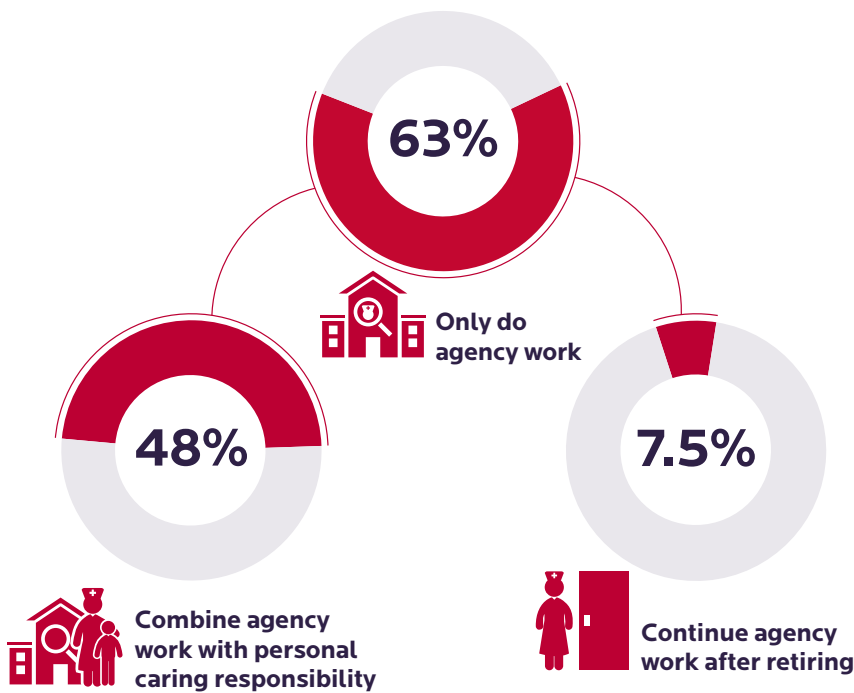
In an attempt to understand the main motivations for choosing to work through an agency and their opinion on the position of agency workers, a survey was emailed out to over 10,000 nurses, HCAs, and theatre staff registered with HCL Nursing. In total, 455 people responded.

Key findings

Type of organisation work at



The majority of respondents (80%) worked their last assignment in the NHS. Other employers included independent sector health care providers and care/nursing homes. Respondents worked in a range of settings including hospital wards, theatres, mental health care and in the community.



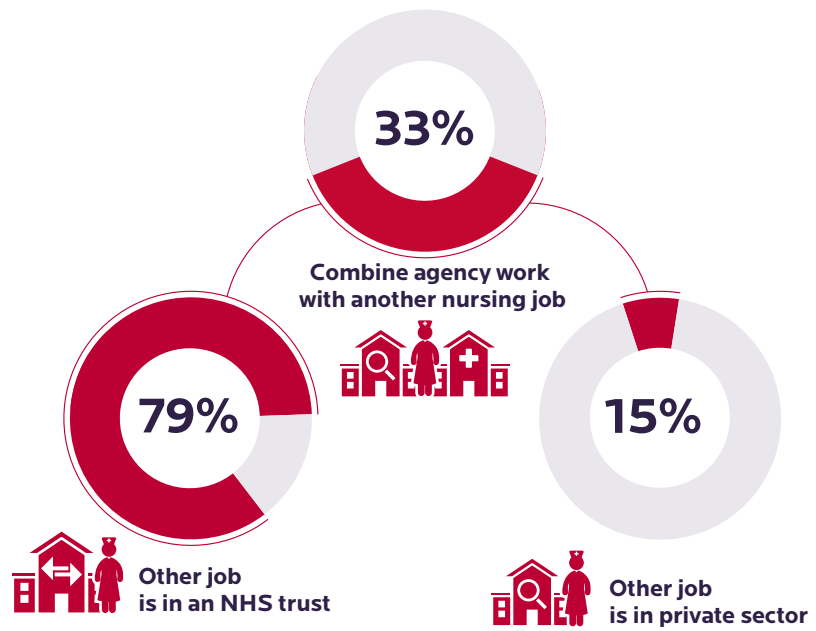
Two thirds worked solely for an agency. And half of these combine agency working with caring responsibilities.

“

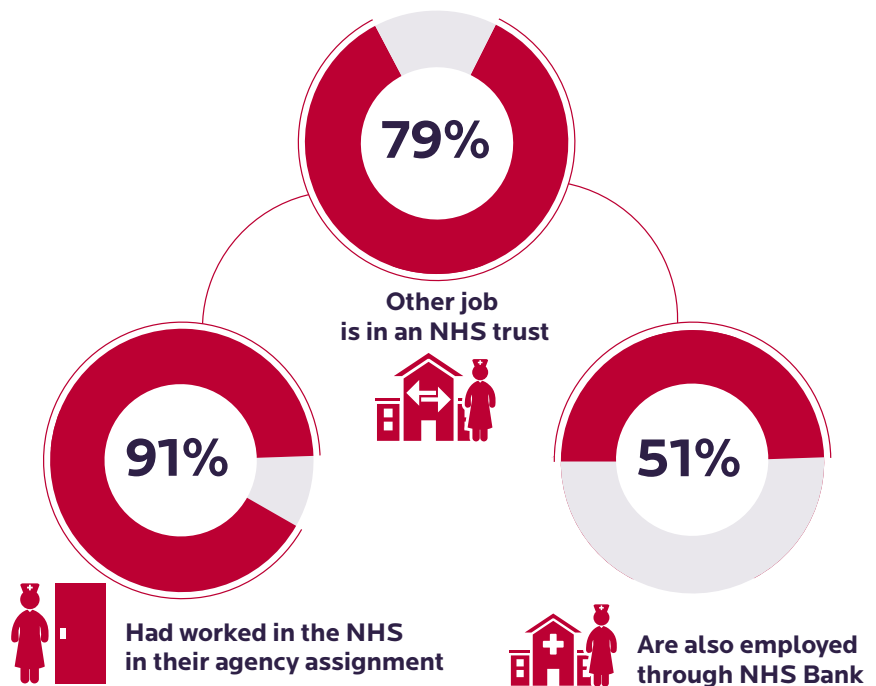
I can choose the pattern of shifts and days I want to work

”

“
 Because I move from one hospital to another, I am able to move quickly to a specific department where I wish to work. I have more control over the direction in which I wish to take my clinical work
 ”

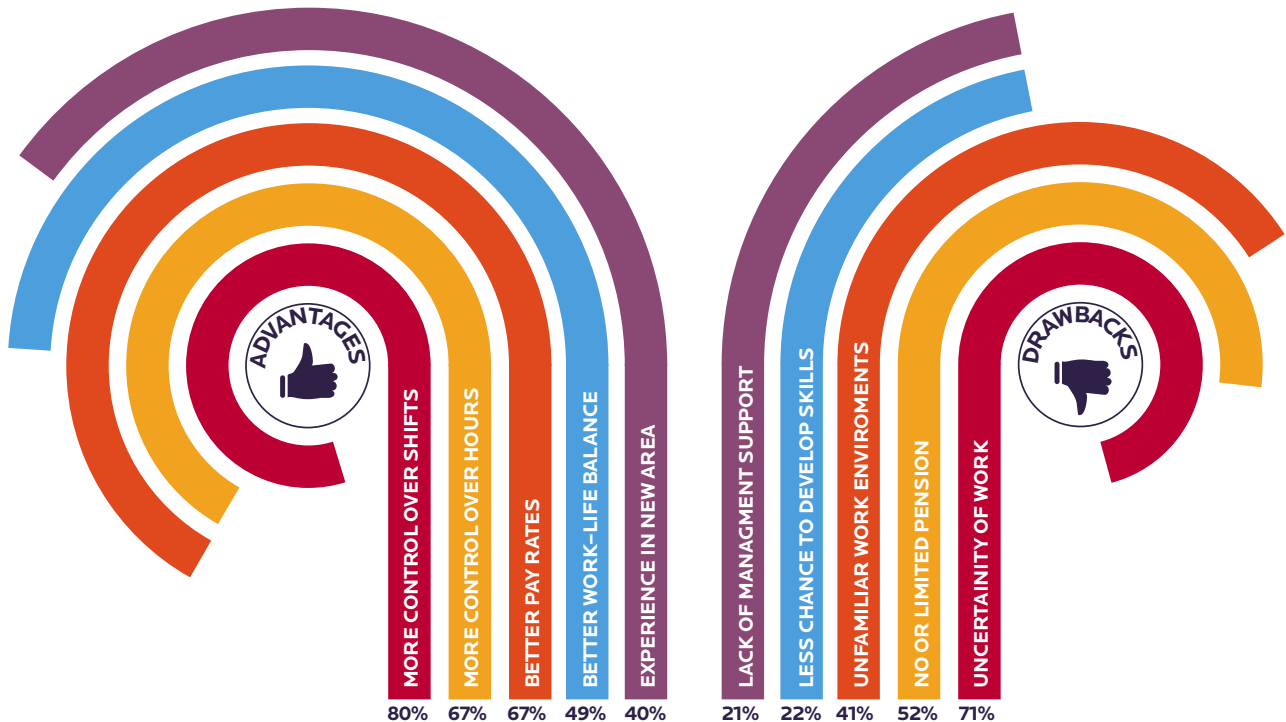


One third combine agency working with another nursing job. Of those who combine agency working and other nursing work, 79% do so in the NHS and 15% work in the independent sector. And of these respondents, 23% have recently reduced the hours of work they do in their contracted jobs to work more agency shifts.



Of those who work in the NHS as their main job, the majority (91%) also worked in the NHS in their last assignment and half (51%) are also employed through the NHS Bank, indicating the high level of reliance on the same NHS nursing staff working extra hours either through an agency or the NHS Bank.

Working through agency



Amongst the reasons for working for an agency, the flexibility it offered was seen as the main advantage. Other advantages include higher pay, and the opportunity to gain experience in a different area or specialism. Drawbacks include the lack of pension provision and uncertainty over work availability.

Following the introduction of agency caps, if their normal hourly rate was reduced nurses said they would consider



Following the introduction of the Department of Health's agency caps, if the hourly rate nurses were offered was reduced:

- 40% would choose to work in the private sector
- 28% would consider a career change
- 27% would work fewer agency shifts, while 27% would work more agency shifts

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 substantive staff were normally happy workload is being lightened.

A note from HCL Nursing

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 very 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 flexibility 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 wards that would otherwise be understaffed, thereby jeopardising patient safety.

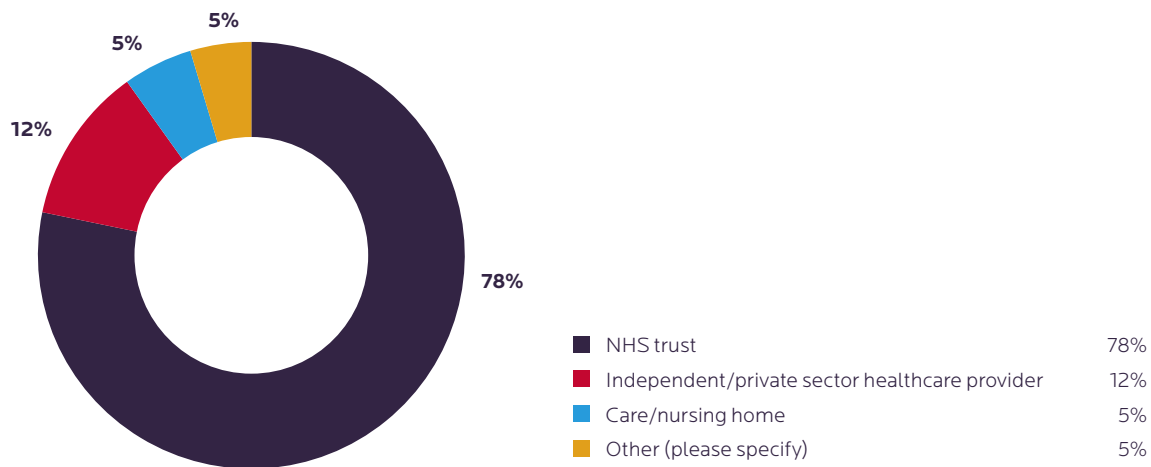
It is disheartening to find 64% of agency nurses who responded to our survey felt that agency staff are not well respected in the NHS. When we consider 27% of these nurses do agency work on top of their direct employment with the NHS, we see how unwarranted the disrespect they receive is. These are nurses 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 fund their own training and maintain continuing professional development in their own time.

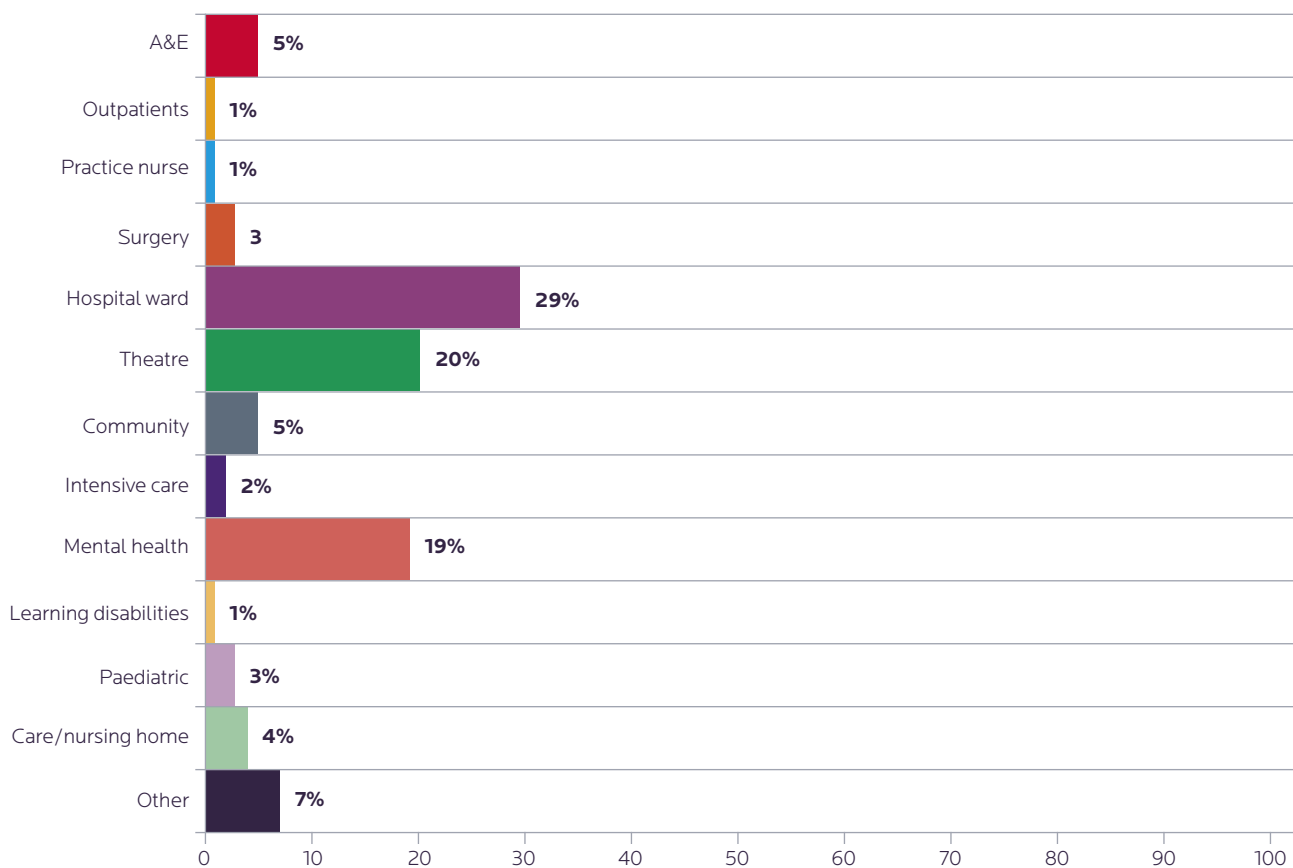
In this research paper we hope to have gone some way to dispelling the myth that surrounds agency nurses, and instead provide them with a voice. It is high time these highly skilled, efficient and dedicated professionals are recognised for the valuable role they play in enabling trusts to achieve safe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

Appendix

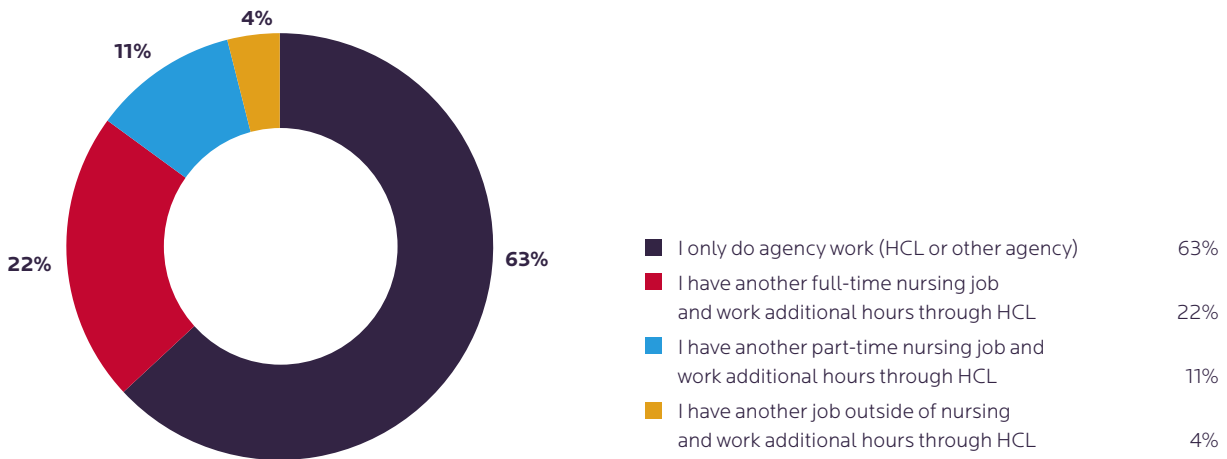
In your last agency assignment, which type of organisation did you work for?



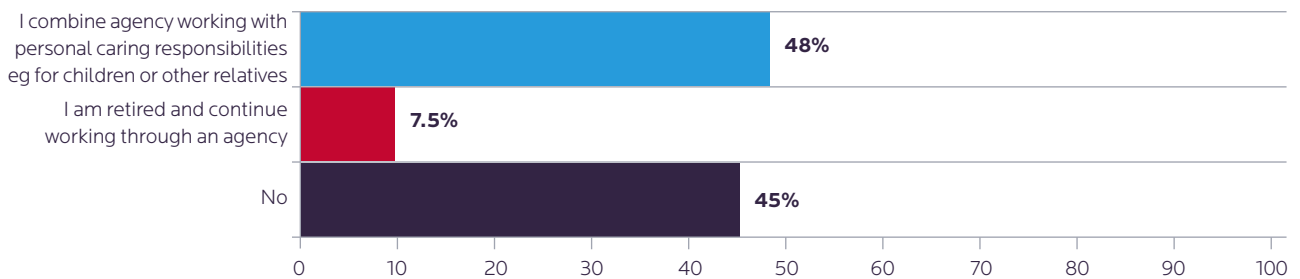
What kind of assignment was this:



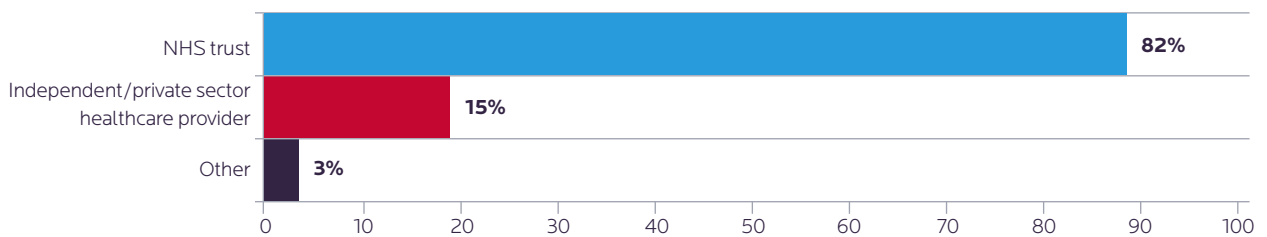
What are your normal paid working arrangements?



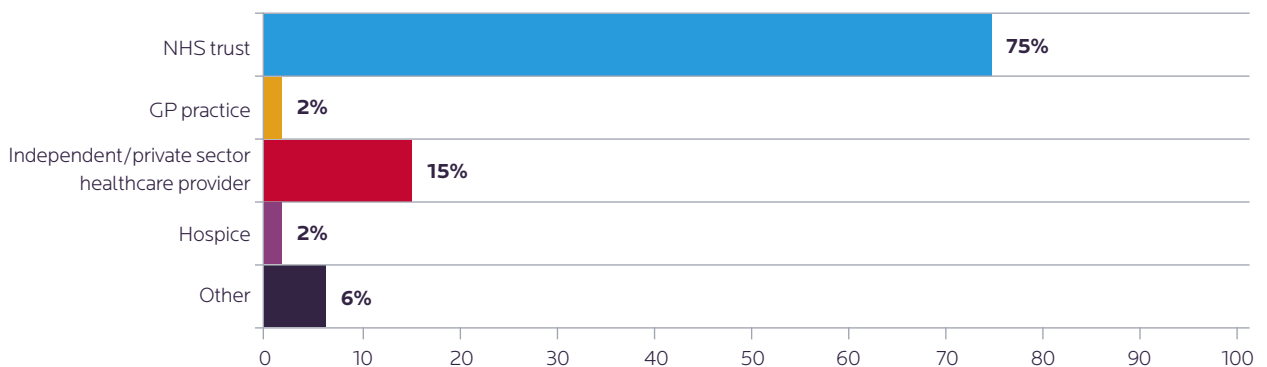
Do either of these apply to you:



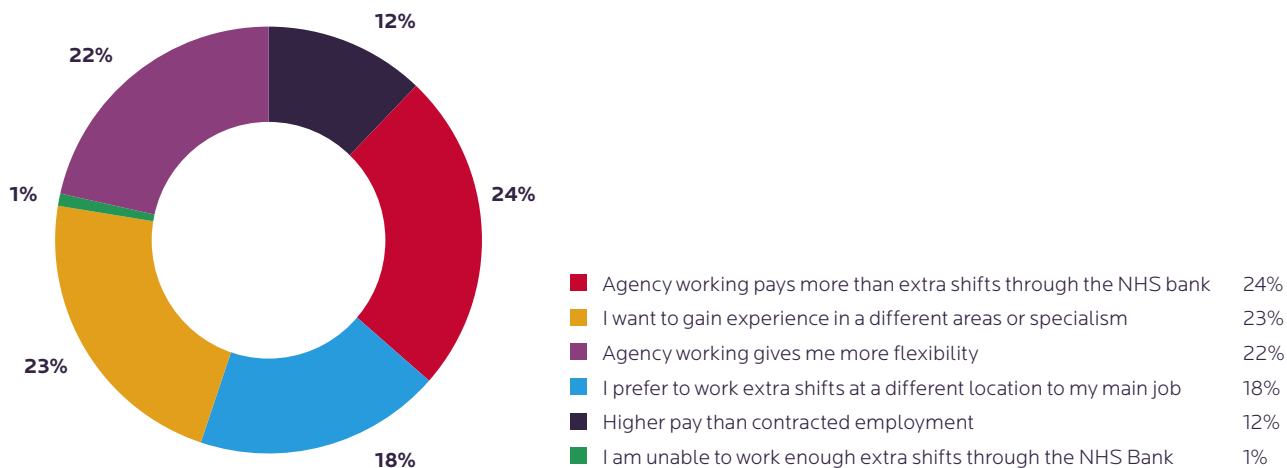
Where is your full-time nursing job?



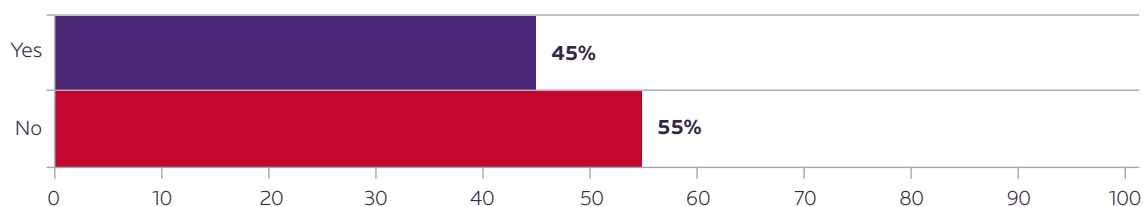
Where is your other part-time nursing job?



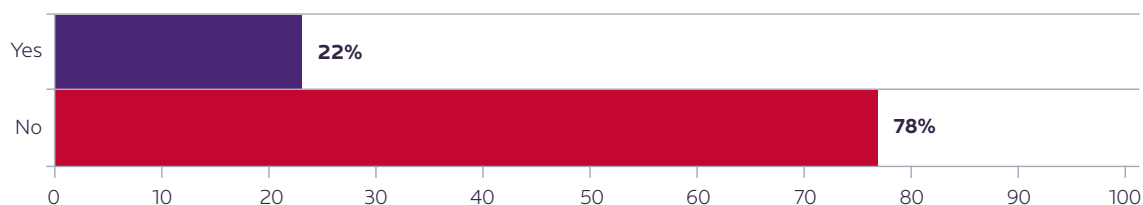
What is the main reason for working through HCL?



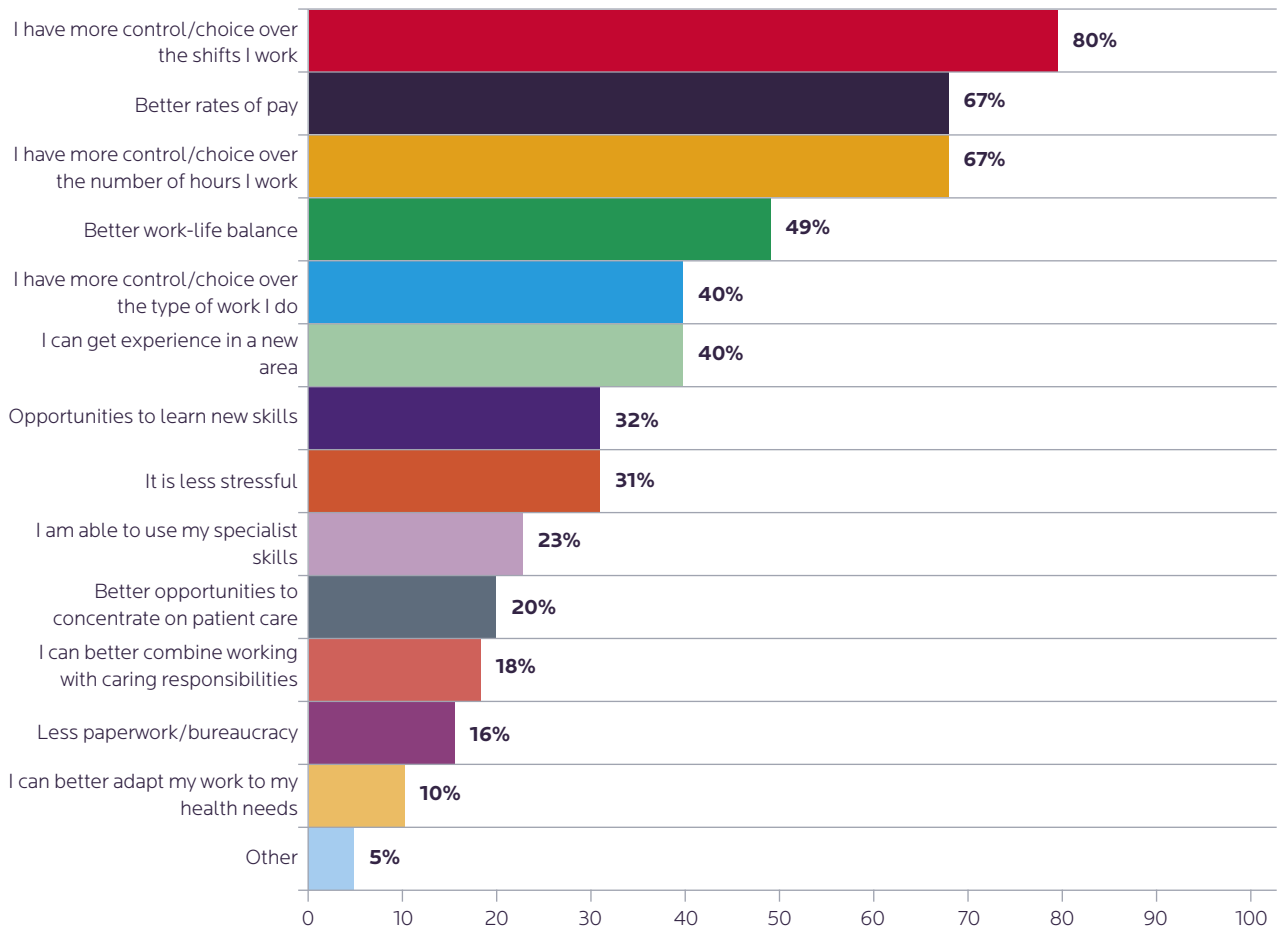
Do you work for an NHS trust bank?



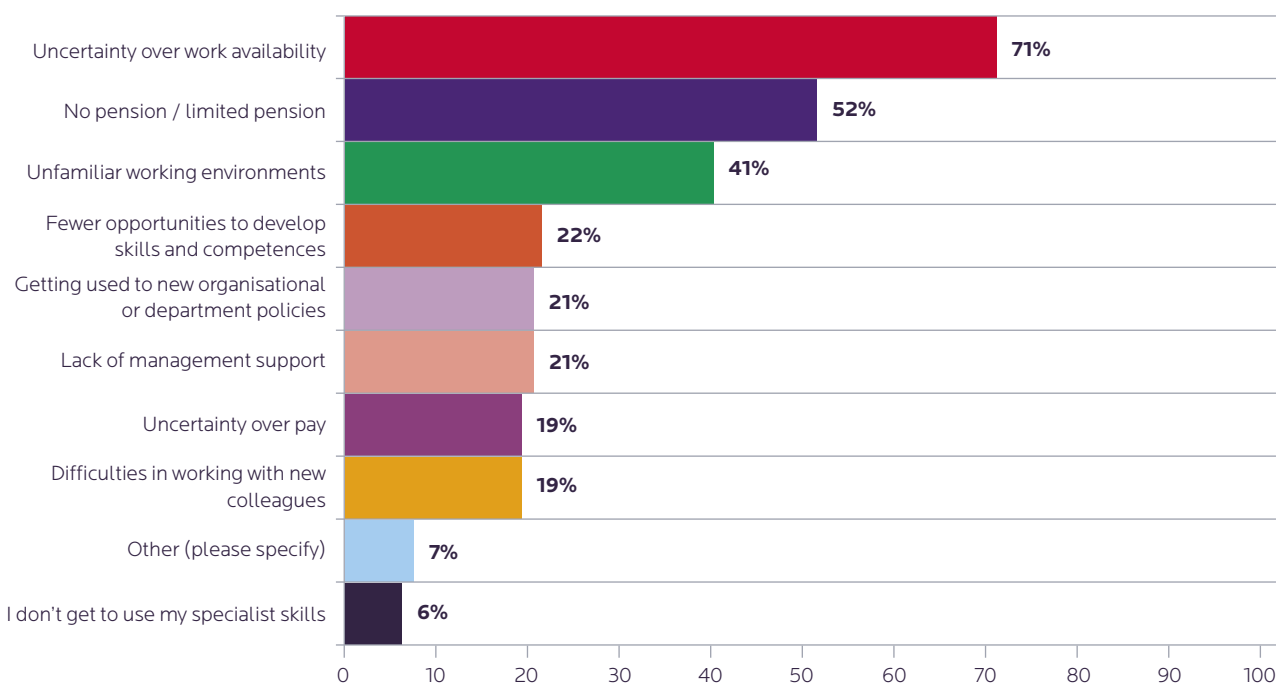
In the last six months have you reduced the hours you work in your contracted job to work more agency shifts?



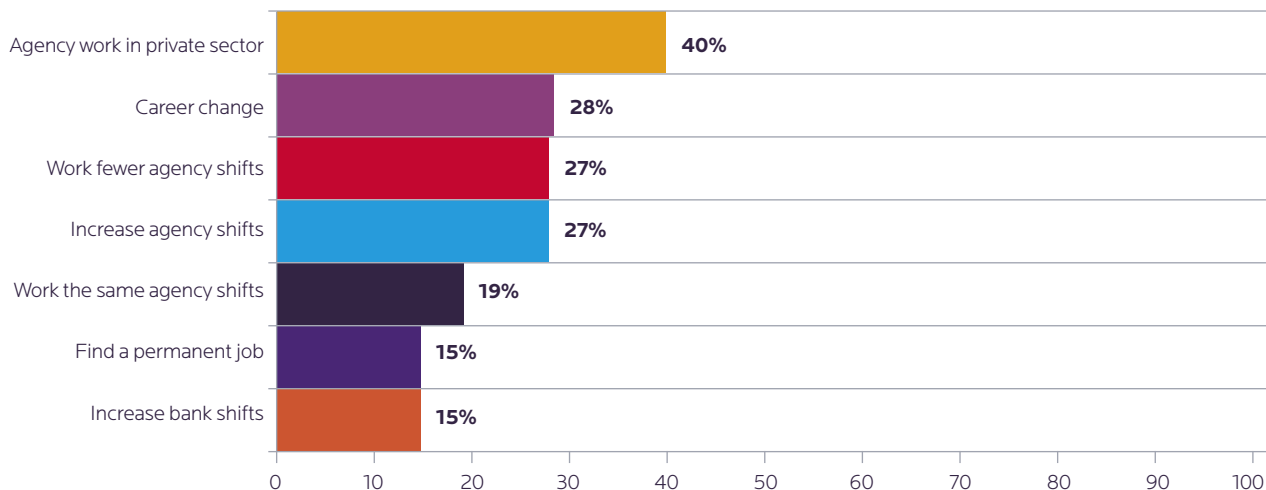
**What are the best things about working through an agency, compared to working in healthcare permanently?
(Please select up to five)**



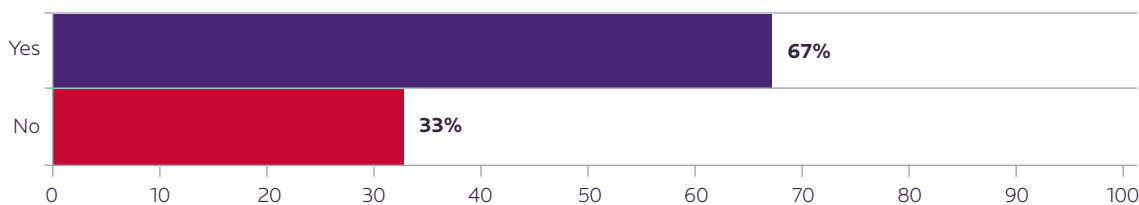
**What are the main drawbacks about working through an agency, compared to working in health care permanently?
(Please select up to three answers)**



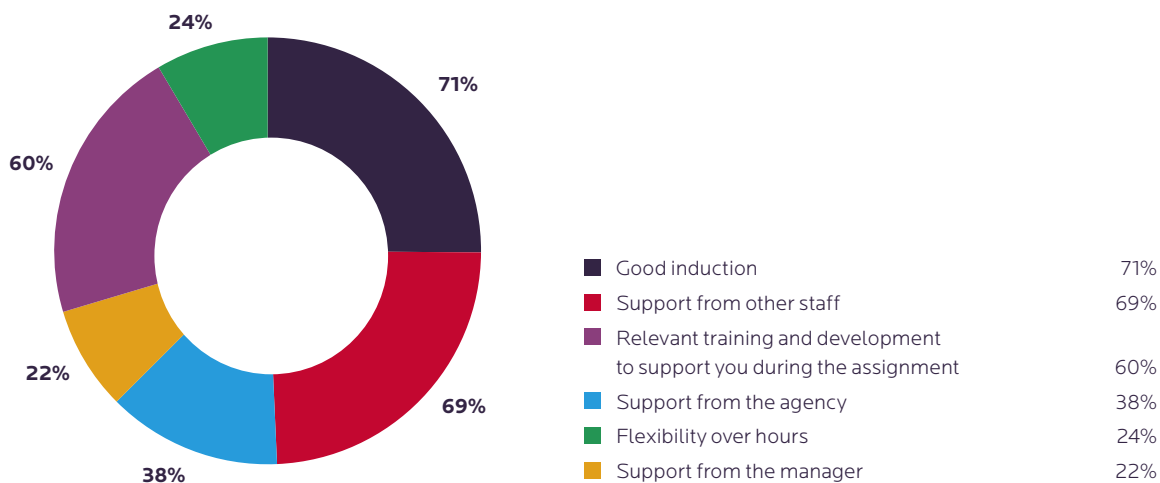
The Department of Health has put in place an agency cap. If the hourly rate which you are normally offered was reduced – what would you do? (Please select up to two options)



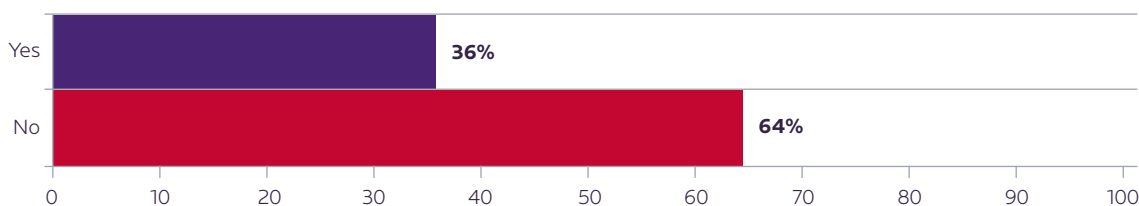
Do you feel the caps have made an impact on agency nursing so far?



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?





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Shaping nursing since 1916

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