

# “In the Front Line”

## Supplementary Report on the Use of Agency Staffing

July 2015

Workforce  
Matters

scottishcare 

# Introduction and Methodology

## Introduction

This short report has been produced by Scottish Care from research undertaken over a two week period in July 2015.

It was undertaken as a direct result of the publication of our research report '*In the Front Line*' in June 2015. That report explored a wide range of issues affecting recruitment and retention in the care at home, housing support and care home sector in Scotland. The report highlighted increasing concerns in relation to the use of agency staff and a developing sense of difficulty in the recruitment of nursing staff in particular.

Following publication of '*In the Front Line*' a significant number of social care providers expressed their concern that the serious challenges in recruiting and retaining staff which '*In the Front Line*' had articulated had grown worse in the period up to the end of June 2015. Providers indicated that the pressures in relation to recruitment were starting to have an impact on service delivery.

This survey was an attempt to get an up to date picture of the challenges facing the independent sector in the summer of 2015.

## Methodology

This report was compiled from responses to a Scottish Care on-line survey, held over two weeks

at the start of July 2015.

The survey was sent via email to all independent care home, care

at home and housing support services in Scotland that work with older people. This encompasses all members of Scottish Care (the largest representative body of these services), crossing private and voluntary sector provision.

Emails were forwarded to the above services alerting them to this survey and inviting participation. In addition, the survey was featured on the Scottish Care and the Scottish Care (Workforce Matters) websites and was advertised through social media accounts.

The total reach of the survey was approximately 1000 individual services.

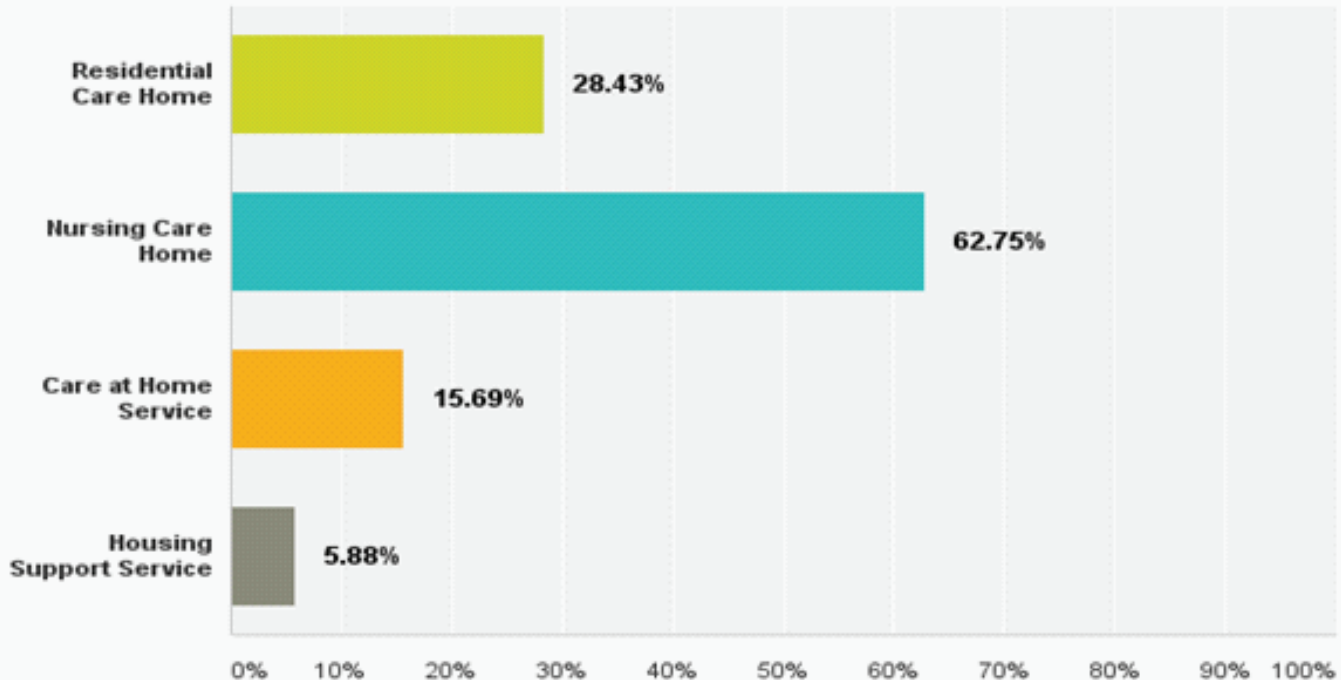
In a brief period of just two weeks there were 104 responses to the survey. It should be noted that the survey was held during a major holiday period in Scotland and with only minimum email follow-up. The fact that the responses were so high (in comparison to similar and relative studies) is itself an indicator of the significance and relevance of the issues the survey covered. Some of the responses also covered groups of services related.

Responses were collected across independent sector care home,

care at home, housing support and day care services. Of the 104 respondents 28% were residential care homes; 63% nursing care homes; 16% care at home services and 6% housing support services.

## Q1 What type of service are you responding on behalf of?

Answered: 102 Skipped: 2



All Local Authority areas were represented in provider responses except Clackmannanshire, Moray, Orkney and the Western Isles.

## Research findings:

### Use of Agency Staff

Respondents were asked whether over the last three months their organisation had increased its use of agency staff in relation to:

- General care staff (e.g. support workers and practitioners)
- Managers and supervisors, and
- Nursing staff.

The results indicated for each of the categories that there had been an increase in the use of

agency staff, most especially for general

care staff and for nursing staff

with only a minimum increase in the use of agency staff for supervisors and managers.

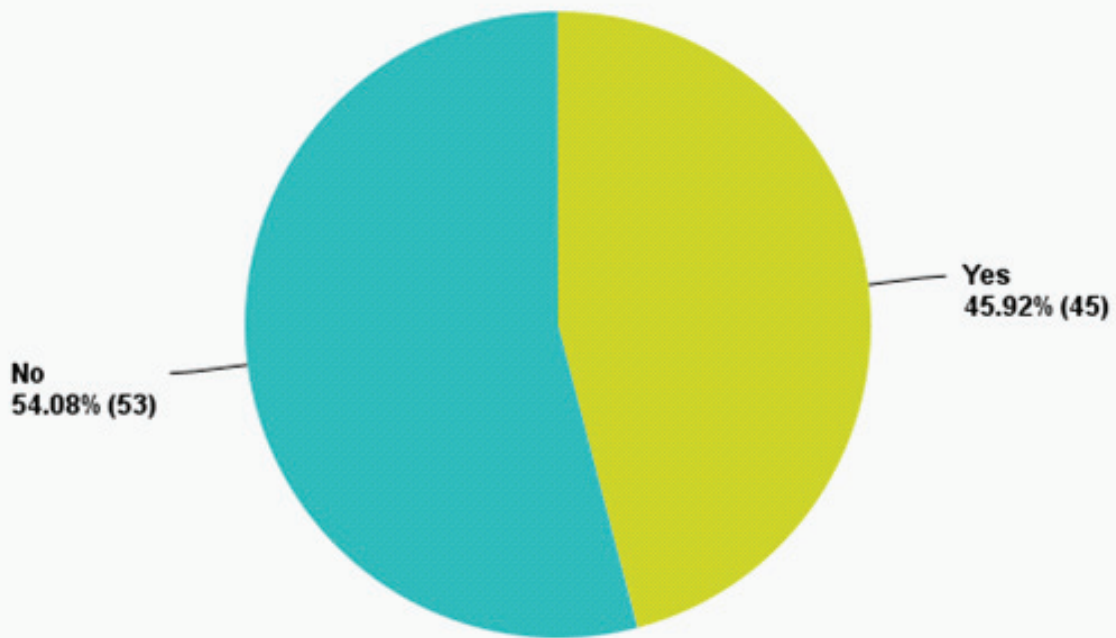
- 32% increased use of agency for general care staff
- 6% increased use of agency for managers/supervisors
- 46% increased use of agency for nursing staff

This response evidences a substantial increase in the use of agency staff across a three month period and, when the results of our previous research in January 2015 are taken into account, suggests a substantial alteration in the pattern of agency usage across the independent social care sector in Scotland.

This is particularly worrying in relation to nursing use where organisations are facing especial challenges in recruiting and retaining nursing staff.

### Q5 Over the last 3 months, have you increased your use of agency staff in relation to nursing staff?

Answered: 98 Skipped: 6



## General Recruitment of Staff

Participants were also asked whether as a whole there had been any change in the recruitment of staff compared to the previous year.

- 69% found recruitment more difficult than last year
- 23% indicated there had been no change



Our earlier research in 2015, *'In the Front Line'*, indicated that regardless of service and geographical location the majority of social care providers were struggling to recruit and that 60% said recruitment and retention is worse this year compared to last.

A rise of 10% within a few months is a matter of real concern in an already stretched and challenged recruitment environment.

### Impact of Challenges:

The survey also asked respondents to indicate what they considered were the main impacts of the increased use of agency staffing and any additional challenges in the recruiting of nursing staff.

They were asked to reflect on the impact of the use of agency staff under four categories, namely cost, quality of care, continuity of care and regulation.

As can be seen in the summative table below, there was an overwhelming consensus that there was a negative or very negative impact for most of these categories.

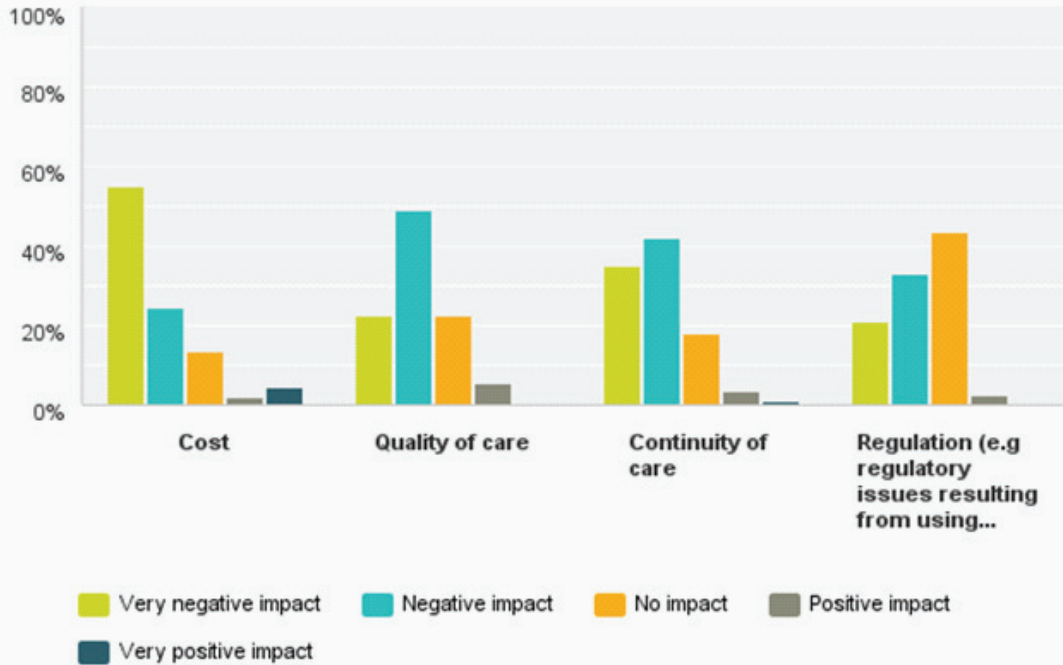
In relation to the use of agency staff:

- Over 79% felt a negative or very negative impact on costs;
- Over 71% felt a negative or very negative impact on the quality of care;

- Over 77% felt a negative or very negative impact on the continuity of care;
- Over 53% felt a negative or very negative impact in relation to regulation.

### Q7 To what extent does the use of agency staff impact on:

Answered: 90 Skipped: 14



## Cost

There were a range of issues articulated in relation to cost. Some of these issues relate directly to the additional cost burden upon organisations who have to use agency staffing to fill vacancies or absence because they are unable to recruit staff to permanent positions. There is another set of issues which relate to the financial sustainability and viability of organisations as a result of having to pay what some perceive to be exorbitant agency costs and fees.

The effect on other staff by the use of agency staff was considered

to be a primary concern. It should be stated at this point that the majority of respondents wanted to affirm that the individual agency staff members acted professionally and contributed well to the organisations they worked in. It is not the individual agency staff that are the issue but the very fact of organisations having to use them in the first place which negatively impacts upon colleagues and providers. However it is nevertheless also the case that some respondents felt that there was not the same sense of loyalty,

motivation or commitment to the organisation on the part of some agency staff.

A significant number of providers in the survey commented that the fact that agency staff were paid more than in house staff had a directly detrimental effect on staff morale. Organisations are facing stringent economic circumstances within a tight commissioning environment and whilst pay in the sector has increased in the last year, it has not to the extent of meeting the fees agency staff are able to earn.

*‘Over £600 per shift for nurses. But also importantly this is fed back to other staff, who wonder why they can’t be paid the same and it causes resentment’*

It is also clear from a number of respondents that when in-house staff talk to agency colleagues, there is a natural temptation to share what each earns and many staff are leaving permanent employment with providers to attach themselves to local agencies.

There is an overwhelming sense

from the comments made by respondents that the present situation is unsustainable both in terms of financial sustainability and in relation to service quality. This is coupled with a growing sense of frustration that agencies are deliberately exploiting the challenges which social care providers are experiencing in recruiting staff by setting

exorbitant fees and proving to be inflexible. There is absolutely no sense of partnership and many respondents indicated they felt they were trapped into using agency staff because they had no choice but to use their services in order to maintain staffing levels and ensure those they supported were properly cared for and safe.

*'The agencies are taking advantage of the short supply of qualified staff available in the market to charge exorbitant amounts.'*

*'Rates are v high and drives up wage rates as we try to recruit a team.'*

*'The cost of agency nursing staff is excessive and they pay their staff much better than our own. I have also asked agencies if they can assist with recruitment but they say they have no staff looking for permanent placement. Cannot continue to rely on expensive, unmotivated agency nurses but expensive recruitment exercises have proven fruitless to date.'*

*'Agencies using the shortage of staff to increase their costs to the homes.'*

*'Agencies are charging a higher rate now that NHS are having a recruitment drive and there is not enough nursing staff or indeed students being trained to cover either the private or public care services.'*

*'Huge impact on finances, limits resources that can be spent on other needs and plans for future purchases curtailed.'*

*'These agencies will bring the industry to its knees if they are allowed to continue in their current manner.'*

## Quality of Care

The overwhelming majority (71%) of respondents indicated that there was a very negative or negative impact on the quality of care through the use of agency staffing. The negative impact which respondents mainly highlighted was the direct impact on those who were users of the service or residents, whether through loss of continuity, changes in practice and approach, inexperience or sometimes poor practice.

*'They need constant direction - even just to interact on a social basis with service users.'*

*'Agency staff not committed to organisation or residents. Often agency staff believe they are there to do medications.'*

*'Agency staff are not motivated or part of the team and just turn up and leave. Have had to report one Staff Nurse recently who fell asleep on shift - unacceptable. Cannot be the 'Named Nurse' for a client group which would normally be undertaken by the permanent member of staff.'*

*'Makes rolling out improvements /new paper work or keeping staff motivated difficult.'*

Whilst some respondents noted the high quality of agency staff, a sizeable majority also highlighted that there were negative impacts on other staff through having to mentor, train and guide new colleagues who often only remained a short time, and on the general morale of organisations where limited resources were being utilised for agency costs.

*'Although some agency staff are good, the quality is inconsistent and affects staff morale.'*

*'Some agency nurses have been a 'waste of space'.'*

*'No continuity of care, participation in audits/supervisions/appraisals/staff training etc.'*

Given the very person-centred nature of most social care activities, there has to be a realisation that quality and consistency of care is directly impacted by the use of unfamiliar and new staff. As respondents stated:

*'Some of our staff have done agency shifts for other providers and their experience indicates that despite best intentions quality is compromised due to unfamiliarity with the service user/environment.'*

*'Service users do not like all the different faces staff do not have the time to get to know the residents. Relatives complain the care is not as good quality.'*

*'Poor continuity of staff affects quality of care and perceptions of care especially amongst people with dementia.'*



## Continuity of Care

The issue of continuity has already been noted as a concern under the section above but 77% of respondents particularly expressed concern that lack of continuity had a very negative or negative impact on other staff, the organisation, but most especially those who used the service. Some organisations have managed to build a positive relationship with agencies to try to ensure the same staff are used and where this happens, it clearly is a positive practice.

*'We work with the agency to keep the same core group of carers as required.'*

*'We have been lucky as the same staff have come back to us so there has been continuity.'*

However for the majority of respondents in the survey the lack of continuity resulted in many negative comments:

*'Continuity must suffer as a result of repeated use of agencies.'*

*'The Nurse may not have been in the Home before and clearly does not know the residents needs after one shift. There is no continuity as you, as the customer of the Agency, are very much at their behest.'*

*'Impossible to achieve with Agency Staff who have no accountability, responsibility or interest.'*

*'Different faces all the time and no bonding with the service users result in relative complaints due to no continuity.'*

*'Continuity of care depends on well trained staff not just in care practice but the ethos and culture of the home.'*

## Regulation

The survey also asked respondents to comment on the impact the use of agency staffing was having on issues related to regulation and inspection. It is clear from

the respondents that they feel the impact is likely to be negative or very negative, especially in the medium to long-term, if the use of agency staffing continues

for some time. A number of respondents commented on the direct impact on gradings when they have had to use agency staff:

*‘Recently been severely punished by Care Inspectorate for the % of agency staff being required.’*

*‘Sometimes we have complaints because there is less continuity of care and this may impact on communication which can have a negative outcome on the care being provided.’*

*‘It was actually the other way round for us. We were told to use agency rather than using our own staff who now actually go work agency on their days off. And we have 2 nurses who work at homes near us coming to work agency for us. Ridiculous situation. The reason for this was that we couldn’t be seen to be working our nurses long hours as it was detrimental to care provision. But the fact that the nurses are doing agency on their days off seems to be ignored.’*

*‘Poor paperwork from agency staff impacts profoundly on grades being given.’*

*‘Difficult to maintain grades as break in line management and no-one to delegate issues regarding carers. Cannot forward plan.’*

*‘Operators/Managers can’t achieve the desired outcomes when they are forced to use agencies.’*

## Other Nurse Employment Challenges

At the time of undertaking this short survey, Scottish Care had heard from a number of providers that one of the main reasons agency staff were being used was a perceived shortage of nurses and real challenges in providers

being able to recruit nurses. The survey asked respondents to specify any additional challenges they were facing in recruiting nursing staff to work in the independent sector.

Not surprisingly the number one difficulty related to the sector’s inability to compete with agencies, the NHS and local authority organisations with regards to competitive terms and conditions.

*‘T&C s offered by NHS and other care providers. Role of nurse in care home is hard work and lots of responsibilities in comparison with NHS nurse.’*

*‘There is high competition by the providers, most nurses will rather work for agencies who are paying better than stay in care home with more responsibilities.’*

*‘The NHS are taking nurses at wages we can’t compete with. If the fee rates allowed us, we could maybe hold on to nurses. But we’re well above 60% as it is.’*

*‘We are unable to pay comparable rates to compete with the NHS who are already short.’*

*‘Any nurses without permanent posts are taking up agency positions with better rates of pay and no responsibilities or commitments to rotas.’*

There were also other factors such as comparative workload putting some nurses off working in care homes, a lack of numbers being trained and a sense of shortage.

*'Lack of nurses coming through from university.'*

*'There is a major shortage which everyone including Govt acknowledge but there is no strategy at national or Scottish level to address the problems.'*

*'Lack of nurses in general to interview.'*

*'The continued increase of more and more documentation, audits etc. We are losing personal contact with the very people we want to care for as we are constantly 'evidencing' what we do.'*

Some respondents also highlighted concerns relating to quality and competence of some recently trained nursing staff:

*'Newly qualified nurses need so much more support. They do not receive basic care needs in their training and they are not prepared for responsibility.'*

*'The competency levels of the nurses. Also falling population numbers.'*

*'There aren't enough of them and the calibre of trained staff continues to deteriorate.'*

*'They don't seem to understand their responsibilities and don't have the desired work ethic or bed side manner required in the care sector.'*

However, dispiritingly, the vast majority of comments in the survey stated that despite all efforts, providers were simply unable to recruit nurses:

*'Very difficult to recruit nurses and bank nurses.'*

*'No nurses applying for posts.'*

*'Ongoing vacancies for a long period of time with no applicants.'*

*'Not getting any applicants.'*

*'Not enough nurses willing to work within the care home environment.'*

*'Despite expensive adverts in local and national press over past six months, we had one response.'*

*'Nurses are just not available and hospitals are increasing their workforce so they are actively recruiting also.'*

## Conclusions:

This short survey highlights a developing and critical crisis facing the independent social care sector in Scotland in 2015.

As a result of the significant recruitment and retention challenges facing social care in general, but care home and homecare/housing support services for older people in particular, many providers increasingly have to use agencies to staff their organisations and ensure that their services meet regulatory requirements and quality standards. The survey evidences that this is especially the case in regard to nursing staff.

Providers responding to this survey

feel that they are being ‘held to ransom’ by some agencies who are charging excessive fees in the knowledge that providers have to recruit staff to remain in business and ensure the quality of care and support is maintained.

However the use of agency staff in itself brings about challenges which threaten the sustainability of the sector in general and individual organisations in particular.

This survey highlights that the vast majority of providers believe that the use of agency staff has a directly negative impact on existing staff morale, on their ability to retain staff on existing or improved terms and conditions,

and on the quality of staff leadership and management. The survey further illustrates that the use of agency staff has a directly negative impact on the quality of care, on organisational sustainability, serves to reduce the continuity of care, and can lead to challenges regarding service grading and inspection.

In addition the survey highlights the severe challenge in relation to nurse recruitment: including a perceived shortage of nurses; an unwillingness on the part of some to work in the care sector; concerns over the quality of new graduates; and chiefly the sector’s inability to compete with the NHS and agencies in relation to terms and conditions.

## Recommendations:

The increased use of agency staffing, regardless of the impacts on quality and business viability, taken alongside the compelling evidence of challenges in the recruitment of nurses, highlight a direct threat to the stability of social care provision at a local level across Scotland.

One of the consequences of this threat to service delivery is that older peoples’ care providers in the independent sector will increasingly find themselves unable to respond to Scottish Government priorities and targets on delayed discharge and bed-blocking. There is already evidence that the inability to recruit locally coupled with the dependency on agencies and a nursing shortage is preventing some providers from responding positively and flexibly.

There is a real sense gained by reading the responses, especially the individual comments which were garnered in this research, that many providers feel that they are at ‘breaking point’ and that the sense of being ‘held to ransom’ by agencies and the inability (despite creative efforts) to recruit is pushing many organisations to the edge of viability and energy.

Scottish Care recognises that dealing with the immediate crisis in regards to staffing in the social care sector can only be achieved through a strategic collaborative partnership between providers, local authorities, central government, the regulatory bodies, and the new Health and Social Care Partnerships. This must be both an approach at local, geographic levels, to take

account of the peculiarities of local recruitment challenges and potential, and also at a national strategic planning level. A national approach to the recruitment and retention of staff in social care, including nurses, would benefit not only providers but those who receive support and care.

Scottish Care is eager to engage with partners to discover ways in which we can develop an effective pool of professionally trained staff able to work in the care home and care at home/housing support sector.

We are concerned at the extent to which there is evidence of staffing agencies seeking to exploit the challenges facing providers, not least because the quality of direct care and support is being significantly impacted.

The time may be right for all stakeholders to seek to develop a common contract framework with agencies reflecting appropriate standards, quality safeguards and realistic costings. There may also be a case for tighter regulation of staffing agencies.

At the same time, if agency staffing is going to remain a significant factor in the short term, work needs to be undertaken to ensure that an appropriate strategic engagement with staffing agencies is developed to include all partners, not only providers, but especially commissioners, regulators and central government.

The use of agency staff does seem likely to remain a dominant feature of the social care landscape in the immediate future. It is therefore very important to ensure that consistent, high quality care is delivered at a financial cost which is sustainable and reasonable.

Scottish Care will continue to work with regulators to monitor the impact of agency staff usage and nursing shortages are having on the quality of service provision and upon the existent workforce.

As an organisation, Scottish Care will continue to work with partners to ensure that the terms and conditions of staff who work in the sector are sufficiently attractive to ensure we will be able to attract individuals to enter and remain within social care.

More work also needs to be undertaken to ensure that individuals with the appropriate values and behaviours are equipped and skilled to work in the sector.

We need to ensure that the social care sector is sufficiently attractive for all individuals to choose it as the setting for their work and career. A particular focus

needs to be given to ensuring that nursing staff can find social care nursing to be both professionally beneficial and career enhancing.

However, there is an immediate challenge in relation to the use of agencies and clear evidence of a shortage of nurses attracted to work in care homes and home care services which urgently requires a strategic, collective and collaborative response. We hope this research contributes to the creation of such a response.

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*July 2015*