



# INDEPENDENT SECTOR NURSING DATA 2017







# 1. INTRODUCTION

This short report has been produced by Scottish Care as a result of survey research undertaken over a two week period from September to October 2017. It is similar to a study which lasted a six week period from August to October 2016.

In November 2016 Scottish Care published two reports. The first was *'Voices From the Nursing Frontline'* which gave a description of the challenges and experiences of frontline nursing staff in Scotland's care homes. In addition a data report was published which provided a description of the challenges facing the sector at the time. In particular it highlighted a vacancy level of 28% and an average agency cost of £343. A subsequent report *'Voices from the Nursing Front Line: Update Report 2017'* was published in June 2017 and evidenced the progress that had been made in addressing the ten recommendations made in the earlier report.

In the year since these first reports Scottish Care's members increasingly shared anecdotal evidence and growing concerns around a worsening of the issues, with challenges in recruiting and retaining nurses becoming

operationally critical. Providers articulated their strong belief that pressures around recruitment of nurses and consequential use of agency staff were making services unsustainable and that many were actively considering de-registering services.

The survey undertaken to form the basis of this report was an attempt to obtain an up to date picture of the nurse recruitment and retention challenges facing the independent sector in 2017 and in so doing it seeks to build upon the earlier reports.

We hope this report can provide a unique insight into one of the significant workforce challenges facing the independent social care sector, where data has previously been limited, and therefore support a wider range of stakeholders to better understand the criticality of this issue. We also hope it can lead to collaborative working around some practical solutions to addressing the very real challenges experienced by providers in relation to the recruitment and retention of the nursing workforce within social care in Scotland.



## 2. METHODOLOGY

This report was compiled from responses to a Scottish Care online survey, held over two weeks from late September 2017.

The survey was sent via email to all those organisations described as care homes with nursing who were members of Scottish Care at the time. These ranged from very small, family-run organisations to corporate organisations with a large number of homes across Scotland. They also varied considerably in terms of geographical location, from remote and rural to inner city services. It was therefore sent to 686 email addresses across independent sector care home services in Scotland, alerting them to the survey and inviting participation.

As a result of this approach, 91 responses to the survey were collected. Responses were collected at an

organisational level, therefore a significant number of these responses were representative of a number of services. These ranged from organisations with only one service, to those with 42 services with nursing provision. The total number of nursing care homes represented by their organisations through the survey was 317.

Responses were collected across independent sector care home services. Of the responses, 85% were completed on behalf of private organisations and a further 15% represented voluntary providers of care services, including registered charities.

All Local Authority areas were represented in the responses, other than Orkney, Shetland and the Western Isles. This is reflective of Scottish Care's membership coverage across Scotland.





## 3. THE FINDINGS

### *A story of nursing in social care*

There were around 6,650 nurses working in the social services sector at the end of 2016, representing around 10% of the nursing workforce in Scotland. The independent sector employs 6,051 (91%) of social care nurses across care home services for adults, housing support and care at home services. Care Homes for adults employ 64% of this total and nurse agencies another 27%. The number of nurses in nurse agencies has increased substantially in recent years with an increase of 44% between 2014 and 2016. At the same time the number of nurses directly employed in Care Homes has fallen by 12% over the same period. This has a major effect on the sustainability of services.

We have stated before that these nurses are not included in existing nursing data in the same way. This points to the inequity of esteem that exists in society in relation to social care and nursing in social care in particular – coverage of the number of nurses working in Scotland focuses solely on NHS figures and ignores social care as a significant and crucial employer of nurses. It is to be hoped that the new National Health and Social Care Workforce Plan and the processes related to its development will help to address this inequality in treatment.

The total number of nurses employed by organisations who completed the current survey is 2,329 nurses. The total number of nurses in independent sector care homes at the end of 2016 (according to SSSC data) was 3,873. Therefore just over 60% of the total nurses working in independent sector care home services are represented through the responses to Scottish Care's survey. We are therefore confident that its findings are substantially representative of the picture of nursing care in the independent sector at the present time.

It is important to understand the profile of nurses working in independent social care services across Scotland. Respondents were therefore asked to provide information about the average age of nurses in their employment.

For 30% of services surveyed, the average age of nurses is 35-44. For a further 56%, the average age of nurses in their service is within the 45 to 54 age range. The total percentage of nurses who are over 45 is 64%. This degree of older nurses is a major challenge for the sector. The fact is that a significant proportion of nurses working in social care are older than both the national working age average of 40 and the average age of the independent sector care home, care at home and housing support workforce of 44.

Whilst this finding is confirmed with other research undertaken by Scottish Care where nurses highlighted that the role was often undertaken by older staff because it demanded more life experience, it is nevertheless a matter of concern in relation to developing the future workforce. It may also be the case that younger nurses are more likely to seek employment within the NHS where there are better terms and conditions, including holiday and sickness benefit and maternity provision.

The age of the workforce has implications for nurse recruitment and retention strategies, and it should be noted that this year's findings suggest an increasingly older workforce than even those of last year where only 40% were between the ages of 45 and 54 compared to 56% this year. This is a matter of concern even taking into account a limited degree of diverse respondents. One can conclude from this data and elsewhere that the independent sector is particularly losing younger nurses which is a matter of especial interest.

### Nurse vacancy levels

As close as can be reasonably estimated, the nurse vacancy level across respondents to this survey is 31%. Scottish Care's 2016 estimation of a 28% vacancy level suggests a very concerning trend. However the vacancy level for some providers in the survey was as high as 60%. To put this into perspective, nurse vacancy levels within the NHS currently sit at around 4.5%.

In fact, an extremely troubling trend is evident when examining nurse vacancy levels in more depth across independent sector care providers.

The number of organisations experiencing difficulties filling nurse vacancies has increased year on year. When this question was asked by Scottish Care in 2015, the results indicated that just over 66% of organisations had these difficulties. In 2017 91% of providers surveyed indicated that they were having difficulties filling nurse vacancies. In the current survey some 54% of providers indicated that they had found the recruitment of nurses to be more difficult this year than the previous year, which was itself one of considerable challenge.

There were some parts of the country where the recruitment of nurses was considered to be particularly challenging, particularly Edinburgh and Aberdeenshire. There was a further group which also evidenced particular difficulties, namely Glasgow, Fife, South Ayrshire and the Scottish Borders. However over a quarter of respondents indicated that they had difficulties in recruiting in all the areas they operated so whilst the exact nature of the issue may vary slightly by service or by area, it is



impacting on all services regardless of their location. It is clear that difficulties are being faced by organisations operating in urban or rural settings, and those in-between. Scottish Care recommends that intensive work needs to be undertaken by Integrated Joint Boards, alongside local independent sector providers, to establish the particular issues for each area and to subsequently develop solutions tailored to local need and partnership working. Whilst workforce planning within the social care sector is at a relatively early stage in its development, it is clearly a matter of some urgency that focus and energy is given by the new IJBs to planning around nurse deployment in the independent care sector.

The reasons providers believe they are experiencing these recruitment challenges are numerous and multi-faceted, but can be categorised by six headings:

- Quality of applicants – deficiencies in those applying for nursing roles relating to their skills, qualifications, values, attitude and work experience
- Social care image – negative perceptions of care homes and a lack of understanding about what nursing in a social care setting involves
- Terms and conditions – issues relating to pay, conditions of employment and limited career pathways within social care
- Better opportunities elsewhere – nurses choosing to seek employment in the NHS or through nurse agency services rather than working for social care providers
- Insufficient supply – a lack of applicants for posts, either due to a general shortage of those being trained as nurses or particular challenges for remote and rural care settings
- Brexit – the impact of losing nurses to fill gaps left by European staff within the NHS, the decision of some European nurses to leave the care sector and the challenges of undertaking any new recruitment in Europe.

By far, the most common reason stated for nurse vacancies is an insufficient supply of nurses, with 91% of respondents identifying this as the biggest recruitment challenge they face. This raises questions about whether current student nurse intake levels are sufficient. Whilst there has been a recent and growing recognition of the role of social care nursing, Scottish Care believes that social care needs are still not being sufficiently recognised in calculating required intake levels and that this needs to be reconsidered as a matter of urgency. The disproportionate impact on social care of factors such as Brexit need to be taken seriously into account. However in isolation, this will not improve the situation. Additional educational and awareness raising work also needs to be undertaken in order that those obtaining their nurse qualifications are fully informed about, and experienced in, nursing in care homes. We are still hearing too many

anecdotal stories of care home nursing being the object of dismissal and disparagement from nursing colleagues and professionals.

This year 43% of organisations compared to 33% last year identified better opportunities elsewhere as a barrier to successfully filling vacant nurse posts, and 40% this year compared to 31% last year see pay as a contributing factor to the challenge. The sharp rise in both of these responses highlights that we still have a considerable distance to travel towards making care home nursing attractive with regard to terms and conditions and opportunity. These point to the ongoing inequalities of employment terms and conditions that exist between the NHS and the independent care sector. Serious and urgent attention must be undertaken by all stakeholders to increase the parity between the NHS and the independent sector. This is especially urgent at a time when we should be promoting an integrated workforce as part of health and social care integration.

Of equal concern is the sharp increase in respondents – now standing at 27% who suggest that a primary reason in recruitment difficulties relates to applicants lacking quality as a result of poor values and attitudes. This is worthy of further examination not least with those within the colleges who screen applicants.

Worryingly, the average time taken to fill a nurse vacancy is currently 8-12 months. However, a number of providers admit that they have been trying unsuccessfully to fill vacant nurse posts in their services for upwards of two years. This has detrimental implications for continuity of care, plus requires services to seek high-cost solutions such as nurse agency use in order to continue to meet safe staffing levels.



## Nurse recruitment

Independent sector organisations employ a range of methods to recruit nurses. The majority use online advertising (93%), the press (66%) and the job centre (50%) to advertise positions, with 70% also using their own website to publicise vacancies. There has been a slight decrease in the use of the press since 2016 and a significant decline in the use of job centres since 2015, but this is likely to be attributed to increased use of social media and recruitment agencies, which a number of respondents highlighted as additional methods they utilise for recruitment purposes.

98% of respondents recruit nurses from the UK. Nearly 42% recruit from the European Union; an increase of 7% from 2016. Obviously, Brexit is likely to have significant implications for this recruitment channel which could present even more difficulties for the social care sector in filling nurse posts in the future. This is highlighted by the fact that 65% of respondents indicated that they had found it more difficult to recruit nurses from Europe in the previous year.

Additionally, over 26% of organisations recruit nurses from out-with the European Union. This figure has risen by 7% since the previous survey, indicating a shift towards more international recruitment strategies being adopted by care organisations.

Of nurses successfully recruited from within the UK over the past year, 79% have been recruited from other independent sector care providers which is evidence of a great degree of churn and movement between organisations. However 53% of organisations have in the previous year attracted nurses from the NHS which is a higher figure than before. This is interesting, given that the general perception is that the NHS is a preferable employer to social care services given the better terms and conditions available to nurses working there. The fact that quite a significant number of organisations are seeing a migration of nurses to their services from the health sector shows there are desirable reasons to choose to work in social care.

## Nurse retention

Similarly, the data collected suggests independent sector organisations are facing significant challenges in relation to the retention of nursing staff.

In 2017 the average annual turnover for nurses amongst the organisations surveyed had jumped from 29% in 2016 to 43%, but some organisations have had turnover of all their nurses within a one-year period. This is extremely worrying with not only the negative impact upon the continuity of care but upon the morale of other colleagues within the care home.

There doesn't seem to be an identifiable trend in terms of length of service of nurses leaving care organisations. Average employment periods range from under 6 months to over 10 years before nurses make the decision to leave. The most predominant length of service is 2-5 years, with 28% of organisations finding this to be the most common period for resignations. This is significant because the typical length of service at departure in the 2016 survey was 1-2 years. So the care home sector is losing more experienced nurses at greater regularity in 2017 than ever before. The range is likely to be reflective of the myriad of reasons why nurses choose to leave, from the nature of the job meaning higher than average levels of responsibility, to higher average age of the nursing private sector social care services. This indicates a high degree of mobility within the independent care sector.

Of those who left, there are stark differences in positive and negative reasoning. Very few left for reasons relating to redundancy, dismissal, TUPE or similar. However, the overwhelming majority of nurses who left responding organisations did so due to negative factors such as salary, shift pattern, another job opportunity or career development reasons.

Respondents were asked to identify where those nurses who had left their organisation had gone on to work, if known. It is clear that nurses are mobile across a number of different employers, going on from independent sector care services to work for others in the private and voluntary sectors, or to work in care services operated by the public sector. Some also go on to work out-with health and social care, perhaps leaving the nursing profession entirely, whilst others are leaving due to decisions to retire. Most significantly, 70% of organisations have had nurses leave their employment to join the NHS over the last 12 months. An equal concern is that nearly a third (32%) left health and social care completely. In addition unlike in previous surveys 8% of organisations indicated that they had lost nurses because of their unwillingness to be re-validated as a result of changes to NMC validation. Although the total number of nurses was relatively small this is a matter of concern given the overall challenges for recruitment and retention within the sector.



## Nurse agency use

One of the most frequent areas of concern expressed to Scottish Care by care providers is the increasing reliance on nurse agency services to plug workforce shortages. This survey enables us to move from anecdotal to statistical evidence on whether this is a growing problem for the independent care sector.

When asked if they had increased their use of nurse agencies over the last three months a disturbingly high number of providers - 46% - said that they had, with 27% saying that they had not and 21% indicating agency use had remained the same during that period.

When providers were asked about the level of their use of agencies to fill positions in the previous month to their completion of the survey, 27% indicated they had not used an agency nurse; 18% had used agency nurses a few times; 31% used them every week, with a high number at 16% using them every day.

Whilst nurse agencies may provide a valuable service in enabling services to maintain safe staffing levels and

undoubtedly there are a number of skilled individuals working for them, reliance on these services as a regular substitute for employed nurses is detrimental to service viability, not to mention staff morale and continuity of care.

Respondents were asked to provide estimations as to the average cost per shift of utilising an agency nurse. This was calculated to be an average of £343 in 2016 for a shift, but the findings show it could be as high as £800 for one nurse for one shift. The data for 2017 suggests an average of £434, which is a substantial increase on the previous year. In addition a number of providers noted that they were paying in excess of £1000 a night for a nursing shift. Whilst figures vary depending on agency as well as the type of shift and location of service, with night shifts and rural locations generating premium rates overall there is evidence of substantial increase in agency costs. It is therefore easy to see how the cost can add up significantly when services are relying on agency nurses to cover a number of vacant posts on a regular basis.

## Impact

It is important to understand the impact on services of these nurse recruitment and retention difficulties, beyond the figures. Respondents were therefore asked what the effect of continued nurse vacancy challenges were likely to be, both on current care provision and on future service models.

In relation to current delivery of care services, organisations overwhelmingly commented on the likelihood of their increased use of nurse agencies to counteract vacant permanent posts. Almost all respondents closely linked this to a corresponding increase in costs and a decreasing ability to deliver high quality, reliable care. Other issues mentioned include:

- An inability to invest desired time and resource into service development due to the ongoing challenges of managing vacancy cover
- Pressures on staff including higher stress levels, increased workload, less flexible shift patterns and a feeling of being unsettled due to nurse shortages, high turnover and agency use
- Difficulties in maintaining consistency in care standards and team leadership

- Particular stress on managers and supervisors and consequential difficulty in recruiting to these posts
- An overall reduction in the staff team's knowledge and confidence
- Family concerns due to reduced communication, through agency staff not knowing residents well
- An increase in job dissatisfaction and errors in practice amongst other nurses
- Reduced ability to schedule and invest in training
- Continued review of staffing models, ranging from lower staffing levels overall to the up skilling of care teams to fill gaps in the service
- Ceasing to operate nursing services, and changing Care Inspectorate registration accordingly
- Closing of services due to their unsustainability, brought about by high agency costs

A significant number of respondents highlighted that they were on the point of seeking to de-register from being nursing homes on the basis of their inability to recruit nurses and high costs of nursing agencies.





## Conclusion

With 91 responding organisations representing 2,329 of the nurses working in independent sector care services across Scotland, across all but three local authority areas, it can be assumed that the resulting findings are reasonably representative of the experience of most services with nursing provision in this sector.

The findings in this updated report indicate that the independent sector is in a period of real criticality in relation to nursing care. Even compared to 2016 figures, the challenges of recruiting and retaining nurses to work in social care settings appear to have worsened considerably and to be affecting all organisations, regardless of size or location.

An average service is forced to operate with nearly a

third of its nurse workforce missing, expending huge amounts of time and resource into recruitment strategies which are taking nearly a year to come to fruition. It is facing impending resignations and retirements and in the meantime, having to compromise on investment and improvement in order to meet the inflated costs associated with employing agency nurses to maintain service provision. This is clearly an unsustainable model, and one that needs addressed as a matter of urgency.

The care home sector in Scotland is facing a significant crisis. It cannot face another year of spiraling nurse agency costs, even greater recruitment and retention challenges, without there being an inevitable set of closures and withdrawal from the care home sector.

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Thanks to all the organisations that took part in this research and shared their information around nursing with Scottish Care.









## NOTES





**If you would like to discuss this report  
or its findings, please contact:**

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