INDEPENDENT SECTOR NURSING DATA 2016
The Survey

50 responding organisations representing 269 services and 2500 nurses

87% private sector
13% voluntary sector

all Scottish Local Authority areas represented, other than Shetland, Orkney and Na h-Eileanan Siar

The Findings

A picture of nursing in social care

- 6,620 nurses in social care in Scotland
- 5,020 of these working in the independent care sector

2-10 years
average length of nurse services for 69% of services

45+
average nurse workforce age for 49% of services

Nurse vacancy levels

28%
average nurse vacancy level

98%
of organisations struggling to fill vacancies

91%
believe there is an insufficient supply of nurses

7
months taken to fill vacant nurse posts
Nurse recruitment

76% of organisations have found nurse recruitment more difficult this year

35% of organisations recruit nurses from the EU

17% recruit nurses from further afield

Nurse retention

29% of organisations have had nurses leave to join the NHS in the last year

Average annual nurse turnover

44% of organisations have known nurse retirements over the coming year

Nurse agency use

55% of organisations have increased their use of agencies in the last year

58% of organisations used a nurse agency service in September 2016

£343 average cost of an agency nurse per shift, but as high as £800

Impact of nurse shortages

Current provision:
- Increased use of agency nurses
- Increased costs
- Reduced quality of services
- Reduced continuity of care

Future services:
- Changed staffing models
- Reduced quality of care
- Ceasing to offer nursing provision
- Closure of services
1. INTRODUCTION

This short report has been produced by Scottish Care as a result of survey research undertaken over a six week period from August to October 2016.

It was undertaken as a follow-up to Scottish Care’s research report, ‘In the Front Line: Supplementary Report on the Use of Agency Staffing’ in July 2015. Through the exploration of agency usage in particular, the report highlighted a developing crisis facing the independent social care sector in Scotland in relation to the recruitment and retention of staff. The report evidenced particular challenges in relation to nursing staff in care home services, whereby a growing shortage of nurses was leading care providers to increased reliance on agency staff in order to meet regulatory requirements. Whilst the use of agency staffing to plug nurse shortages was enabling services to maintain safe staffing levels, it was having a detrimental impact on staff morale, the viability of services and the quality and continuity of care provision.

In the year following the publication of this report and particularly in the Spring/Summer of 2016, Scottish Care’s members increasingly shared anecdotal evidence and growing concerns around a worsening of the issue, with challenges in recruiting and retaining nursing staff becoming intolerable. Providers indicated that the pressures in relation to recruitment were starting to have an impact not only on service delivery but on the sustainability of 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 2016.

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 and 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 six weeks from late August 2016.

Initially, the survey was sent via email to a sample of Scottish Care member organisations. 18 organisations were selected to provide what Scottish Care deemed to be a sufficiently representative sample of those with nursing provision across the social care sector. 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.

However, given the importance of this data, it was decided to extend access to the survey to all of Scottish Care’s member organisations in the final two weeks. It was therefore sent to 686 email addresses across independent sector care home, care at home and housing support services in Scotland, alerting them to the survey and inviting participation. It was recognised that the survey would only be of relevance to a proportion of these services, being those with nursing provision and predominantly care home services, but we wanted to ensure it had as wide a reach as possible.

As a result of this approach, 50 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 43 services with nursing provision. The total number of services represented by their organisations through the survey was 269.

Responses were collected across independent sector care home and housing support services. Of the responses, 87% were completed on behalf of private organisations and a further 13% 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 picture of nursing in social care

5,020 nurses work in independent sector across care home services for adults, housing support and care at home services. This is 79% of the total number of nurses working in social care throughout Scotland. It is essential to recognise the size and importance of this workforce – 59,188 nurses working in the NHS in Scotland. An additional 6,620 nurses work in social care. However, they aren’t 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.

Approximately half of the total nurses working in independent sector services are represented through the responses to Scottish Care’s survey. We are therefore confident that its findings are sufficiently 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 and length of service of nurses in their employment.

For 47% of services surveyed, the average age of nurses is 35-44. For a further 40%, the average age of nurses in their service is within the 45 to 54 range. From the results, it can be ascertained that the average age of the nurse workforce is over 45 for nearly 49% of services. This indicates 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. This chimes with other research conducted by Scottish Care, where nurses told us the role was often better suited to those with more life experience and that younger nurses may find it more difficult, both as a result of poorer terms and conditions compared to the NHS and the autonomy of the nursing role in social care. The age of the workforce has implications for nurse recruitment and retention strategies, which are explored further in Scottish Care’s ‘Voices from the Nursing Front Line’ report.

In terms of average length of nurse service, for nearly 37% of organisations this is in the 5-10 years range followed by 2-5 years for 32% of organisations of services. It is positive that a significant proportion of nurses have remained with organisations for long periods of time, suggesting a relatively stable workforce with high levels of job satisfaction, continuity of care for individuals they support and a good number of experienced, skilled nurses working in the social care sector. However, the low number of services with lower average lengths of service may be a symptom of the recruitment difficulties currently faced by the sector.
Nurse vacancy levels

As close as can be reasonably estimated, the nurse vacancy level across respondents to this survey is 28%. Scottish Care’s 2015 estimation of an 18% vacancy level suggests a very concerning trend. To put this into perspective, nurse vacancy levels within the NHS currently sit at around 4.2%.

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 significantly. When this question was last asked by Scottish Care in 2015, the results indicated that just over 66% of organisations had these difficulties. Now, 98% are struggling to fill posts.

The reasons providers believe they are experiencing these recruitment challenges are challenging 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

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. Scottish Care believes that social care needs have not been sufficiently recognised in calculating required intake levels and that this needs to be reconsidered as a matter of urgency. 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.

33% of organisations identify better opportunities elsewhere as a barrier to successfully filling vacant nurse posts, whilst 31% see pay as a contributing factor to the challenge. These point to the ongoing inequalities of employment terms and conditions that exist between the NHS and the independent care sector, whereby an inability to offer parity is forcing nurses to choose between the health and social care sectors at a time when we should be promoting an integrated workforce as part of health and social care integration.

Respondents were asked to identify whether problems filling nurse vacancies were more prevalent in particular geographical areas. However the results evidence that the issue is shared across all Local Authority areas and 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 further work 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.

Worryingly, the average time taken to fill a nurse vacancy is currently 7 months. However, a number of providers admit that they have been trying unsuccessfully to fill vacant nurse posts in their services for upwards of one year. 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 (83%), the press (65%) and the job centre (65%) to advertise positions, with 52% also using their own website to publicise vacancies. There has been a slight decrease in the use of the press and 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. Other advertising routes were identified including word of mouth, universities, radio announcements and the NHS.

100% of respondents recruit nurses from the UK. Nearly 35% recruit from the European Union; an increase of 14% from 2015. 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. Additionally, over 17% of organisations recruit nurses from out-with the European Union. This figure was at 5% last time providers were surveyed, 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, 82% have been recruited from private sector social care services. This indicates a high degree of mobility within the independent care sector. Furthermore, nearly 49% of organisations who have undertaken recruitment over the last year recruited nurses from the NHS. 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. However, it is important that we don’t consider the health and social care sectors as two separate entities, but that we start to consider them as integral parts of the same system and enable nurses to work across different settings to maximise their skills and the career pathways available to them.

Despite these important elements, it is important to note that over three quarters of organisations have found nurse recruitment to be more difficult than in 2015, when this figure was 58% compared to 2014. A further 20% have found the challenges remain similar over the two years. This demonstrates the growing recruitment problem for social care services which offer nursing support.

**Nurse retention**

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

In 2015, Scottish Care’s data indicated that organisations’ annual turnover rate for nurses was significantly lower than for other staff, with an average of 7%. Now, the average annual turnover for nurses is 29%, but some organisations have had turnover of all their nurses within a one year period.

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 by a small margin is 1-2 years, with 25% of organisations finding this to be the most common period for resignations. 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 workforce in care meaning more people are reaching retirement age.

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, 74% of organisations have had nurses leave their employment to
join the NHS over the last 12 months, with these nurses making up 28% of the total nurse leavers represented through the survey.

The reasons why nurses are considering or progressing moves away from the independent care sector are explored in more detail in Scottish Care’s recently published ‘Voices from the Nursing Front Line’ report. However, the numbers leaving the sector for negative reasons suggest that, with sufficient attention paid to supporting nurses working in care homes and better understanding of what motivates them to either stay or leave, there may be a proportion of leavers that could be better retained within the social care sector.

Retirement is a significant issue for the social care sector, given the fact it has an older than average workforce. Retirement is a significant issue for the social care sector, given the fact it has an older than average workforce.

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.

The results show that 55% of organisations have increased their use of agency nurses between July and October, and a further 16% have maintained their previous frequency of use.

More specifically, in the course of September 2016 58% of organisations utilised the services of a nurse agency. Of these:

- 6% of organisations brought in agency nurses on a few occasions throughout the month
- 34% used agency nurses on a weekly basis to cover shortages
- 13% of services had a daily need for agency nurses in order to deliver care

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 for a shift, but the findings show it can be as high as £800 for one nurse for one shift. This figure varies depending on agency as well as the type of shift and location of service, with night shifts and rural locations generating premium rates. 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
- An overall reduction in the staff team’s knowledge and confidence
- Family concerns due to reduced communication, through agency staff not knowing residents well
- Difficulties effectively recording elements of care provision, including medication
- An increase in job dissatisfaction and errors in practice amongst other nurses
- Reduced ability to schedule and invest in training

Some organisations did remark on proactive steps they had taken to address their nursing challenges. These tend to centre around the upskilling of senior care staff and the introduction of new job roles to take on some of the traditional nursing tasks. However it is recognised that whilst these may be positive developments in delivering high quality care, they are not long term solutions to the requirement for skilled and motivated nurses to enter and remain in the care sector.

For future service models, responses centred around four directions if the current situation around nurse shortages prevails:

- Continued review of staffing models, ranging from lower staffing levels overall to the upskilling of care teams to fill gaps in the service
- Reduction in service quality to levels deemed unacceptable by the services themselves
- Ceasing to operate nursing services, and changing Care Inspectorate registration accordingly
- Closing of services due to their unsustainability, brought about by high agency costs

This indication of the future direction of care services which offer nursing provision raises questions about whether this fits with the aspirations for health and social care in an integrated landscape. The policy ambition of supporting more people in their local communities as opposed to hospital settings suggests a requirement for more high quality, nursing provision to be available. The results of this survey imply that, conversely, the challenges being experienced around nurse recruitment and retention are leading to a significant reduction in both the quality and availability of nursing provision in social care.
4. CONCLUSION

With 50 responding organisations representing 2,500 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 indicate that the independent sector is in a period of real criticality in relation to nursing care. Even compared to 2015 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 over a quarter of its nurse workforce missing, expending huge amounts of time and resource into recruitment strategies which are taking over half 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 findings of this report are but a snapshot in time of a proportion of the independent social care sector. They do not purport to provide a comprehensive picture of the nursing issue, nor could they. However, they do provide valuable information previously unavailable to both Scottish Care and its partners and can serve as a starting point to understanding and addressing this multi-faceted challenge.

Through both this report and Scottish Care’s accompanying ‘Voices from the Nursing Front Line’ report, we hope to be able to inform the dialogue and work in partnership with other organisations to improve both the recruitment and retention issues for nurses in the social care sector. It is imperative that we do so.

Report compiled by Becca Gatherum, Policy & Research Manager for Scottish Care.

Thanks to all the organisations that took part in this research and shared their information around nursing with Scottish Care.
If you would like to discuss this report or its findings, please contact:

Scottish Care
54A Holmston Road,
Ayr, KA7 3BE
01292 270240
Co. SC243076