

Chapter 43

Health Service Executive

Nursing Resources

Nursing Resources

43.1 Nursing resources have traditionally been provided by staff directly employed, agency staff or by nurses on overtime. In 2009, €4 million was spent by the HSE on agency nursing. Other State funded hospitals also use agency nurses. More recently, some innovative resourcing solutions have been tried in some hospitals.

Chapter Focus

This chapter reviews

- the response to internal audit findings on the management of agency staffing
- the extent to which alternative resourcing options are available.

Management of Agency Costs

43.2 HSE Internal Audit reviewed agency costs in the South region in November 2009 and identified a number of issues including

- the fact that the cost of utilising agency staff can exceed the cost of employing HSE staff by as much as 36.5%
- the absence of national or local contracts between recruitment agencies and the HSE which would set terms, conditions and costs of agency staff and that this has led to inconsistencies in relation to administration fees. In particular, it was found that these fees ranged between 9% to 15% depending on the agency used
- certain nurses supplied by agencies were in fact nurses on career breaks from the HSE which contravened the terms of the Career Break Scheme.

43.3 A number of managers interviewed by the audit team indicated that the moratorium on the recruitment of staff in the HSE which prohibits the employment of temporary staff within the HSE (other than specified staff grades) meant that they have no option but to utilise agency staff to maintain frontline services, irrespective of the additional costs.

43.4 In response to an audit query the HSE stated that

- the HSE South has implemented a policy of utilising overtime and redeployment prior to engaging agency staff.
- the HSE has contacted all known nurse agency providers and agreed a national maximum agency rate to be paid against specified service requirements. The new service requirements flags if the agency staff member has been a HSE employee in the last five years. These arrangements are applicable nationwide.
- the HSE has the development of a career break database under examination. One of the potential benefits of the database would be the provision of clarity to those hiring agency staff as to whether or not individuals were on a career break from the HSE.

Alternative Resourcing Options

43.5 My review examined an alternative resourcing approach utilised in St. James's Hospital and at Beaumont Hospital. The arrangement involves creating a bank of nurses to meet needs on a drawdown basis. Nurse Bank units have also been developed in at least three other hospitals – St. Vincent's University Hospital, Mater Misericordiae University Hospital, and the Adelaide and Meath Hospital.

Features of Nurse Bank

Nurses register with a Nurse Bank unit to provide nursing services, either on a specific bank contract or if already a staff member by providing additional hours. The employment methods used within the Nurse Bank structure are

- **Bank Contracts** – This involves qualified nurses being employed on “if and when required” basis contracts. The nurses are paid hourly pay rates. Pro rata terms and conditions are applied based on hours worked. Hours are notified to each nurse at the commencement of each period of employment with contracts varying in duration
- **Additional Hours** – Some part time nurses in the hospital may wish to work additional hours. These nurses inform the Nurse Bank unit that they will be available to work additional hours. They are paid normal pay rates for the additional hours until they reach the core hour threshold. Overtime rates will apply after this threshold
- **Overtime** – Some full time nurses in the hospital may wish to work additional hours as overtime. These nurses inform the Nurse Bank unit that they would be available to work over their core hours and overtime rates are paid. Additional hours worked are subject to compliance with the European Working Time Directive.

43.6 Both St. James's Hospital and Beaumont Hospital supplied estimates of the savings projected from the use of their Nurse Bank schemes.

St. James's Hospital

43.7 An exercise carried out by the Finance Section in St. James's Hospital compared the cost of a nurse employed on a Nurse Bank contract with an agency nurse for the three most common rostering schedules²⁹⁵. A saving in the region of 14% to 16%²⁹⁶ was estimated to have been made in the period reviewed. A second exercise was carried comparing the cost of a nurse on overtime with the cost of an agency nurse and savings in the region of 6% to 8%²⁹⁶ were estimated.

²⁹⁵ Two different rosters one for day duty and another for a full week of nights were used.

²⁹⁶ Costs from two different agencies were used.

Beaumont Hospital

43.8 A costing exercise for its Nurse Bank was also done by Beaumont Hospital and a saving of 17% was estimated when comparing a one-month roster²⁹⁷ of bank nurses to the corresponding shifts if covered by agency staff. In May 2010, 62 whole time equivalent (WTE) nursing posts provided their services under the Nurse Bank system. It also operates a similar system for healthcare assistants. In May 2010, 30 WTE healthcare assistants posts provided a service under that system.

43.9 Some of the other benefits identified by nursing management at St. James's and Beaumont Hospital were that

- bank nurses are more familiar with hospital policies and procedures than agency nurses
- better planning and greater operational efficiency is achievable as nurses can be contacted directly and at short notice
- mandatory training such as formal induction and infection control is given to all staff registered on Nurse Bank which facilitates greater safety standards
- the skill mix of nurses available in the Nurse Bank is taken into consideration when filling a vacant position.

Conclusion

With the advent of employment control frameworks and constrained budgets it is necessary for management to seek maximum capacity within existing resources.

The matters noted on audit suggest the need for the HSE to continue to ensure that the learning from the internal audit review of HSE-South is spread throughout the organisation. In addition, it may be possible to utilise the Nurse Bank concept, pioneered in the Dublin Academic Teaching Hospitals and being operated on a pilot basis, more widely.

The HSE has stated that it has no national plans at present, but matters such as this are kept under review. The CEO of St. James's Hospital informed me that the hospital has already implemented a healthcare assistant bank and is considering implementation of a similar system for clerical staff.

While there are limits to health employers capacity to deploy these resources especially where specialisation is required such a system holds out the prospect of maintaining capability at reasonable cost. It may be also possible for a similar system to be developed for health care assistants in hospitals and for nursing staff at primary care level.

²⁹⁷

Two different rosters for day duty and two different rosters for nights were used over the month period.

