

+48

Report

Quarter 2

Spotlight

2020

+US WORKFORCE SERVICES

A true healthcare partner. Our primary focus is supporting NHS Organisations & Healthboards when it comes to the procurement and engagement of agency personnel, through a combined use of technology, process and supply chain management.

By using our combined services, we are able to generate sizable savings which can then be reinvested into those areas that matter most. Ensuring patient care and patient services are never compromised.

What Services do +Us provide to the NHS?

+Us already provides services to over 25 NHS Organisations. All these organisations engage with the +Us Contingent Workforce Services Platform for all their Medical, Non Medical, AHP, HCS and Non Clinical temporary staffing needs. This provides the hirer with complete control, visibility and compliance at every stage of the process. From issuing the vacancy requirement, through to documentation upload, to weekly worker payments for shifts completed.

What sets us apart is our "People"! From our client partnership and engagement teams, through to our on-site specialists and implementation personnel to our central shared services team who handle an average of 5,000 enquiries every month, +Us know how to create the difference and provide the ultimate customer experience.



JASON PALMER

Head of Client Partnerships

INTRODUCTION

NHS Organisations continue to face challenges in filling shifts for Medical, AHP, NMNC and Nursing workers, as the national demand for talent continues. This has been compounded by ever changing restrictions to travel and isolation guidelines, limiting supply availability of agency workers. This has resulted in a broadening of the supply chain with more recruitment agencies being called upon to meet demand and compete on price.

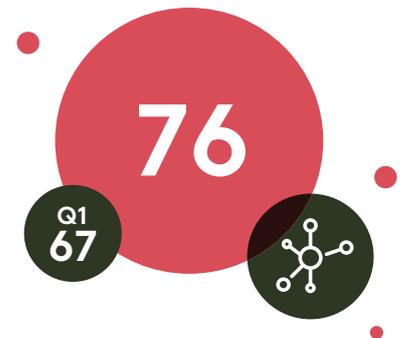
Our Q2 Spotlight Report focuses on April – June 2020, where the NHS experienced the peak of the Covid-19 pandemic, having a significant impact on clinical services, and subsequently the volume of contingent workers supplied to deliver the same level of patient care and safety. As well as the clinical services within the NHS, the remote way of working has also impacted on support services within the NHS, and recruitment agencies alike.

As an overview, the Q2 Report showed that only 8% of shifts requested were specifically attributed to Covid-19, with an overall increase in total hours used in the large majority of AfC roles and Medical specialties,

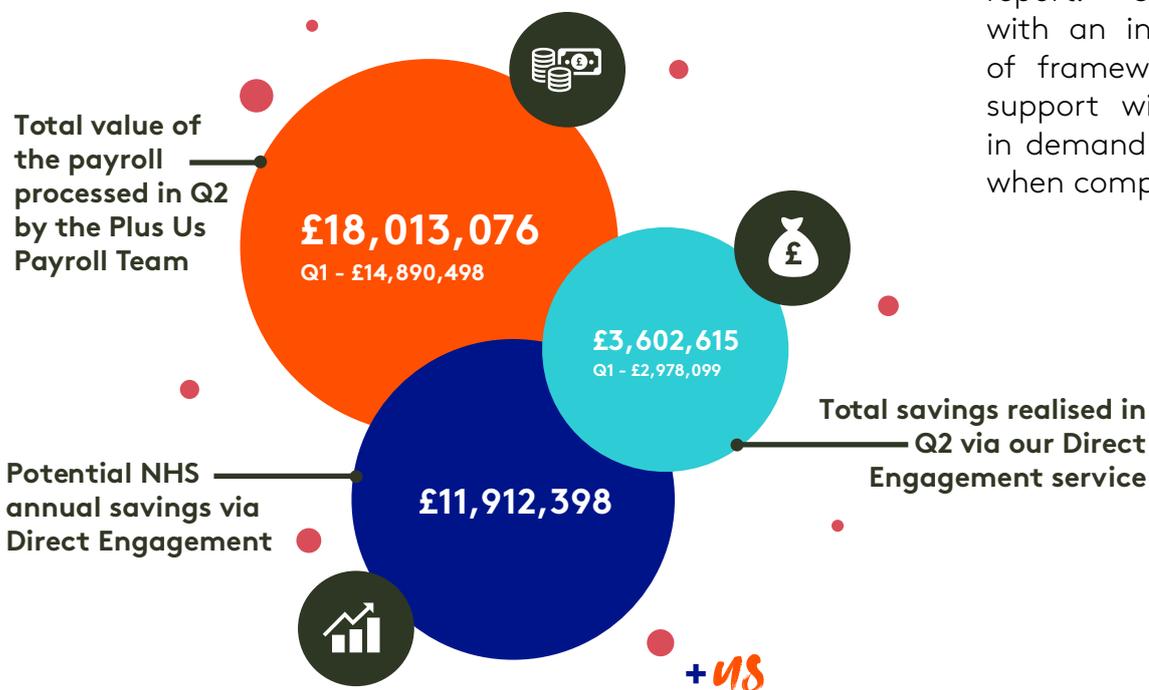
aside from ST1-2 and ST3+ positions.

The maximum pay rates continue to sit significantly above NHSi Cap Rates, namely Consultants at £160.29, highlighting a similar trend to the Q1 Spotlight Report. Alongside this, the average tenure continues to be a significant factor in an NHS Organisations financial position, which further highlights the need to move those high cost agency workers into substantive roles or considering a phased approach with bank conversions against a pre-defined rate card, to ensure financial stability and providing additional financial resource within the organisation.

Our workforce service platform allows for an ongoing review of an NHS Organisations performance, helping build solutions through data, creating the right balance when it comes to an NHS Organisations need for flexible resourcing services.



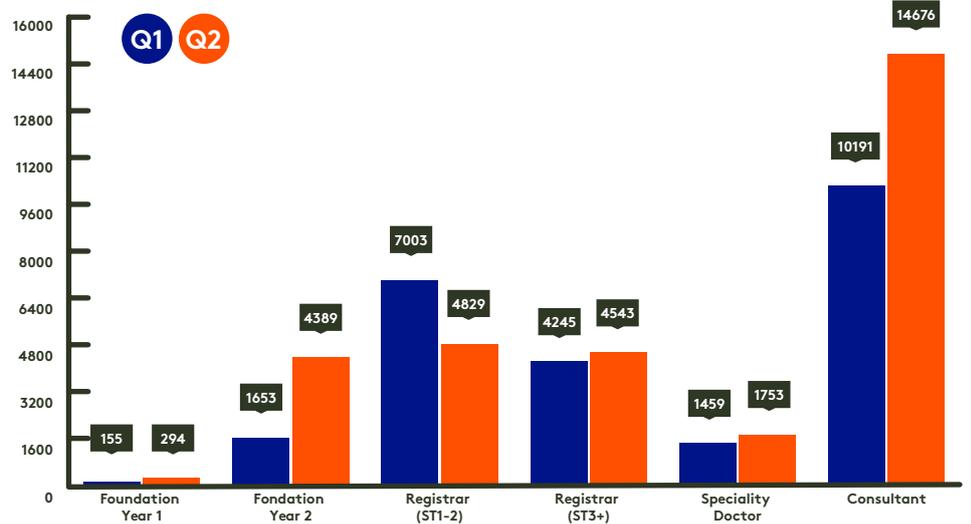
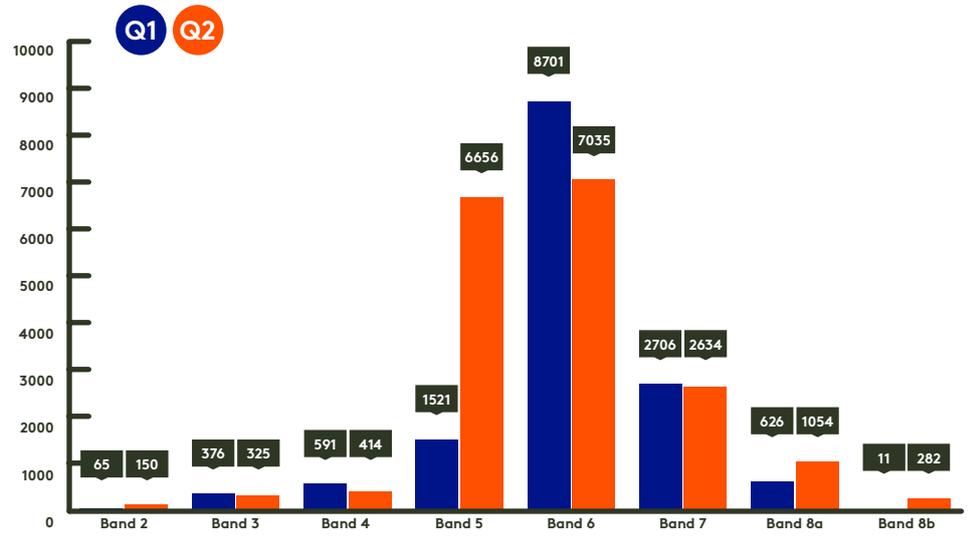
Healthcare agencies supported the supply of agency resources through the +Us Workforce Services Platform in Q2, an increase of 13.4% from our Q1 report! +Us have worked with an increased number of framework agencies to support with the increase in demand from our clients when compared to Q1.



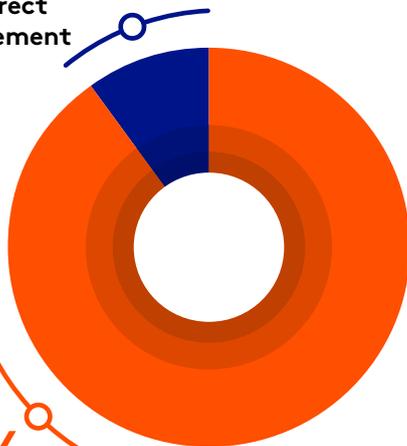
Healthcare Agency Filled Shifts by Grade

Of the 49,056 shifts filled in Q2, 7,035 were from Band 6 agency workers, a reduction of 1,666 from Q1. Band 5 positions saw the most significant increase from Q1, increasing by 337.6%. All other AfC bandings remained relatively constant in comparison to Q1.

Medical specialties gained the most variance since Q1 with Consultant shifts increasing by 4,485, likely due to the Covid-19 pandemic and specialist requirements. Consultant usage attributed for 51.8% of total medical shift usage. The only reduction in usage came within the ST1-2 registrar grade, falling 31% in Q2.



9.8%
Non Direct
Engagement



90.2%
Direct
Engagement

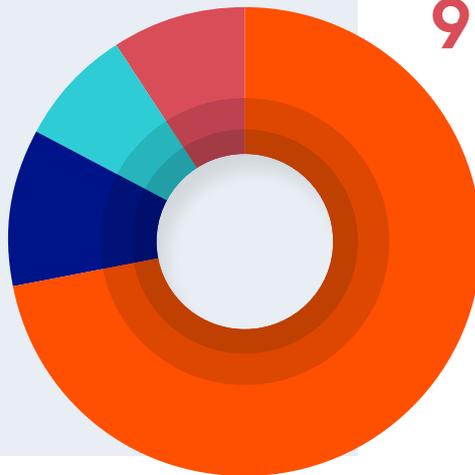
Direct Engagement vs Non Direct Engagement

In Q2 over 90% of workers booked were processed via the +Us Direct Engagement On-Payroll model. Q2 saw an increase in not only Medical workers, but also AHP/HCS and NMNC workers. Not only does this bring a significant financial benefit, but a fully compliant one too.

Reason for requesting a Vacancy

In Q2 the NHS witnessed the expected increase in requirements attributed to Covid-19, at 8% and a similar trend with Additional Service Requirements, increasing by 3% from Q1 to support the specialities and services seeing an increase in demand due to the pandemic.

The overall trend with request reason was largely due to Vacancies within the NHS Organisation, which reduced slightly from Q1, but remained high at 72%.



72% Vacancy

11% Additional Service Requirements

8% COVID-19

9% Other:

- Pending Substantive Recruitment
- Sickness
- Maternity Leave
- Annual Leave
- Unplanned Leave
- Increased Dependency

Paid Hours by Grade

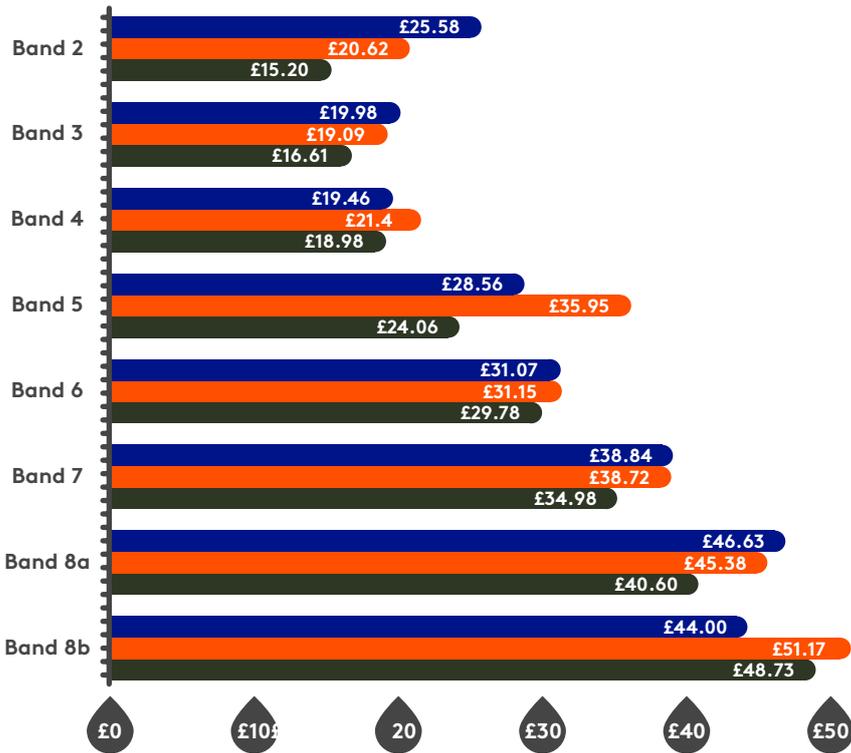
In Q2, our paid hours by grade totalled 268,591, showing an increase 9.8% from Q1.

Medical specialties totalled 65.2% of total bookings, with Consultant bookings showing the highest across all grades and bandings, at a total of 30.6%, a similar trend to Q1.

Under agenda for change (AfC) roles, Band 2 to Band 8b bookings were a total of 93,530 paid hours, an increase of over 10,000 hours from Q1. The significant increase came with Band 5 positions, increasing by 225.4% from Q1.

	Paid Hours		
	Q1	Q2	
Consultant	69,314	82,160	↑
Band 6	45,905	38,196	↓
Registrar (ST1-2)	43,079	31,899	↓
Band 5	9,466	30,800	↑
Registrar (ST3+)	29,700	25,569	↓
Foundation Year 2	10,957	23,062	↑
Band 7	16,270	13,837	↓
Speciality Doctor	10,380	11,137	↑
Band 8a	4,113	5,287	↑
Band 4	2,867	1,947	↓
Band 3	1,386	1,696	↑
Foundation Year 1	677	1,234	↑
Band 8b	67	1,131	↑
Band 2	332	636	↑
Total	244,513	268,591	↑

Q1 Q2 NHSI Cap Rate



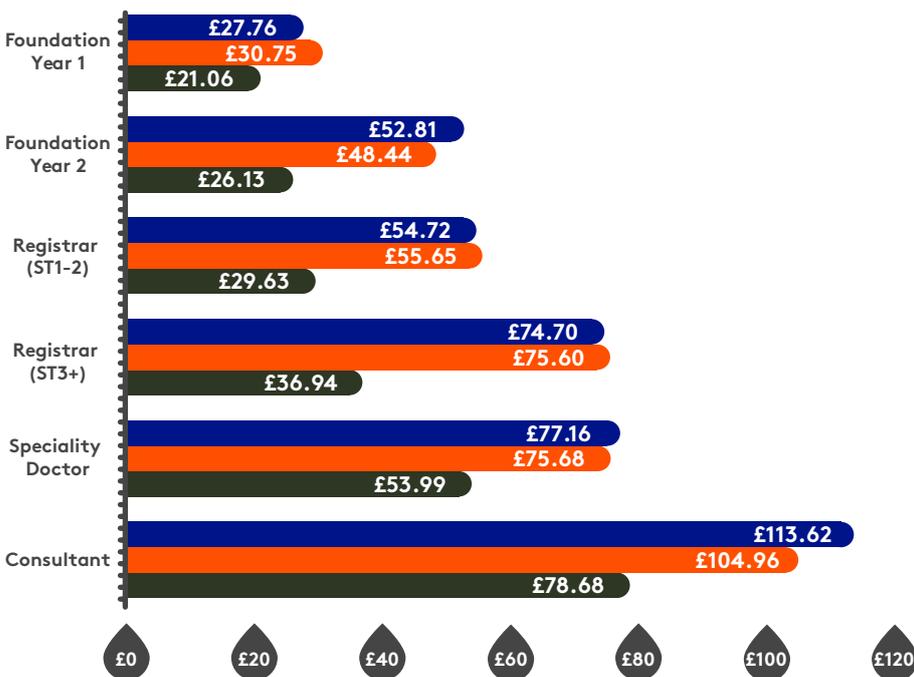
Average Charge Rate by Grade vs NHSI Cap (AfC)

Following the trend from Q1, all AfC roles saw the average charge rate above the core NHSI cap rate, with the charge rates ranging from £1.37 - £11.44 above.

Across all AfC bandings, the average charge rate collectively increased from £31.76 to £32.93, with the largest increase from Q1 to Q2 coming from Band 5 at £7.39 per hour.

From Q1, the average charge rates have however fallen for Band 2, Band 3 Band 7 and Band 8a.

Q1 Q2 NHSI Cap Rate



Average Charge Rate by Grade vs NHSI Cap (Medical)

Following the trend in the above table, all Medical average charge rates sat significantly above the NHSI core cap rate, with the variance increasing from Foundation Year 1 through to Consultants. Registrar (ST3+) saw the largest increase above NHSI caps in Q2 at 104.7% and increasing by an average charge of £0.90 from Q1.

From Q1 to Q2, Consultants saw the largest proportionate decrease in average charge rate, despite a spike in total shifts worked, with the average charge rate reducing from £113.62 to £104.96 per hour, a 7.62% reduction. Contrary to this, Foundation Year 1, Registrar (ST1-2) and Registrar (ST3+) saw an increase from Q1, between £0.90 - £0.99 per hour.

Highest Charge Rate Per Hour by Grade vs NHSI Cap (AfC)

As expected from the above average charge rate, the highest charge rate is equal too or higher for all Band 2 – 8b. In Q2, Band 5 to Band 8b were significantly above NHSI cap.

Band 5 and Band 7 saw the largest highest proportionate charge rate, 137.6% and 124.4% over the NHSI cap rate.

From Q1 to Q2, the highest charge rate increased between Band 2 – 4 between £1.51 and £8.19. The largest % change from Q1 to Q2 was Band 8b where the highest charge rate increased by 27.16 per hour.



Highest Charge Rate Per Hour by Grade vs NHSI Cap (Medical)

The trend is much the same for Medical grades, with all exceeding the NHSI cap rate by between £18.94 – £84.36 per hour. The largest differential from Q2 and the NHSI cap is the highest Registrar (ST3+) charge rate, which was 228.4% above, this is also an increase for Registrar (ST3+) from Q1's report by £16.30 per hour.

Contrary to the above increases, Foundation Year 1, Foundation Year 2, Speciality Doctor and Consultant grades either remained constant, or noticeably reduced in highest charge rate from Q1 to Q2 by between £15.00 - £16.06 per hour. The largest % decrease was Foundation Year 1, seeing a 27.2% reduction in highest charge rate from Q1 to Q2.



Highest Pay Rate Per Hour by Grade

Following the trend of the 'Highest Charge Rate Per Hour by Grade' graph on the previous page, all Medical and AfC roles exceeded the NHSI cap rates. In comparison Q1, AfC bands 1-4 saw an increase in average pay rate, whereas Bands 5-8a in fact saw a steep decline, with the largest from Band 8a, with the highest pay rate decreasing £26.70 per hour.

For medical specialties, there is a progressive increase in highest pay rates for Registrar (ST1-2) and Registrar (ST3+) despite a significant reduction in total shifts booked, whereas Foundation Year 2 remained relatively stable and Foundation Year 1 and Speciality Doctor higher pay rates reduced. Consultant pay rates remained the highest at £150.79 per hour.

	Pay Rate (ph)		
	Q1	Q2	
Consultant	£150.79	£150.79	➔
Registrar (ST3+)	£100.00	£114.30	⬆️
Speciality Doctor	£108.11	£92.00	⬇️
Registrar (ST1-2)	£76.00	£84.00	⬆️
Band 7	£64.00	£72.00	⬆️
Foundation year 2	£68.28	£68.50	⬆️
Band 8b	£40.50	£65.31	⬆️
Band 8a	£79.73	£56.03	⬇️
Band 6	£60.00	£55.50	⬇️
Band 5	£60.00	£50.68	⬇️
Foundation Year 1	£50.00	£40.00	⬇️
Band 2	£21.00	£29.00	⬆️
Band 3	£25.41	£26.02	⬆️
Band 4	£25.91	£25.91	➔

Average Commission Rate by Grade

In Q2, the average commission for Consultants fell by £0.67, despite the highest pay rate remaining the same. The average commission rate charged was lowest in Band 2 roles under AfC positions at £2.96 as expected, with the remainder progressively increasing between £3.71-£5.91 per hour for Bands 3-8a. For medical specialties in Q2, average charge rates progressively reduced across all grades aside from Foundation Year 1, which saw an increase of 40.6% to £4.29 per hour. The largest fall in average commission was for Registrar (ST1-2), falling by 12.7%.

The overall reduction in average medical commission shows a positive trend within the supply chain.

	Commission		
	Q1	Q2	
Consultant	£8.44	£7.77	⬇️
Speciality Doctor	£6.25	£6.12	⬇️
Band 8a	£5.72	£5.91	⬆️
Registrar (ST3+)	£5.87	£5.78	⬇️
Foundation year 2	£5.38	£5.22	⬇️
Band 7	£5.24	£5.17	⬇️
Band 8b	£3.50	£4.98	⬆️
Registrar (ST1-2)	£5.66	£4.94	⬇️
Band 5	£4.95	£4.84	⬇️
Band 6	£4.69	£4.79	⬆️
Band 4	£4.30	£4.41	⬆️
Foundation Year 1	£3.05	£4.29	⬆️
Band 3	£4.91	£3.71	⬇️
Band 2	£4.58	£2.96	⬇️

IR35: GETTING READY FOR APRIL 2021

The last time that the NHS considered IR35 was in the lead up to April 2017. This saw a drastic reduction in the engagement of locums and off-payroll workers with a personal service company (PSC). However, it didn't remove them entirely.

IR35 is due to change again in 2021 and this may result in some renewed interest in IR35. It's worth NHS Trusts and Health Boards being aware of the adjustments being implemented next April, to avoid surprises from HMRC, locums and other off payroll contractors.

What changed in 2017?

A brief recap on the 2017 changes to IR35 saw the obligation to determine whether an engagement with a locum/contractor should be subject to tax and national insurance contributions being deducted at source pushed onto the NHS Organisation/Healthboard. This requires an assessment of whether the worker is likely to be treated similar to employees (except for pay and benefits) whilst engaged with you.

Having made this determination, the liability for ensuring PAYE is deducted at source, then falls to the 'fee payer' (i.e. the party which pays into the PSC's bank account). This may

be the recruitment business which finds the worker, or it may be the NHS Trust/Health Board where the PSC is contracted directly.

What changes in 2021?

For public sector bodies, there are only 2 adjustments to the law which you need to be aware of:

1. *When taking reasonable care in deciding if an engagement is inside or outside of IR35, you must produce a "Status Determination Statement" – i.e. a note of whether the engagement is 'inside IR35' (PAYE deductible), or 'outside IR35' (no deductions required) and details of how this conclusion has been reached; and*
2. *An internal 'contractor challenge' process, to enable workers (and recruitment businesses) to dispute the IR35 status of an engagement.*

Most changes to the IR35 legislation in 2021 affect

private sector (medium and large enterprises); from April 2021 they will be treated the same as the public sector. As a result, public sector bodies have only minor adjustments to make to their processes in order to continue to comply with the law in this area.

What do you need to do to continue to comply with the law?

This is quite straight forward for the public sector, with only minor tweaks to your processes being required. You will already confirm if an engagement is subject to the IR35 legislation when advertising a role, in future you simply have to say 'why' this is the case from April 2021.

Status Determination Statements (SDS)

Producing a document which shows how each employment status test (substitution, control, financial risk, mutual obligations, etc) operates in practice on the engagement

is all that is required here. NHS Organisations and Healthboards engaging with +Us have access to Brookson Legal to help put together an SDS for roles, to arrange this, simply contact your account manager for further details.

Contractor challenges

The updated legislation expects contractors to challenge the IR35 status of their engagement and therefore required hirers to have a process in place to deal with such challenges within 45 days of receipt. Have a central point of contact within your organisation (whether in the Finance Team, Procurement or HR), to own the challenge and ensure that a response is provided within the 45 day timeframe to avoid inheriting the PAYE liability inadvertently. Again, NHS Trusts and Health Boards engaging with +Us have access to Brookson Legal to support with such challenges, simply contact your account manager for further details.

If you require additional guidance in getting ready for the April 2021 changes to IR35, then our fully qualified Legal Team will be able to walk you through the process, providing you with best practice advice and support. To start this process please contact Anne Stewart your National Partnership Manager in the first instance.



Written by
Carl Henning

"Carl is a solicitor and employment status expert, having spent the last 20 years advising individuals, recruitment businesses and hirers on IR35. Carl trained with international law firm DWF LLP, and has worked with Brookson since the inception of IR35 in 2000. Carl's primary role is to provide technical oversight of the legal team to ensure that advice given to clients is up to date and in line with current legislation, case law and HMRC/regulatory guidance."

About Brookson Legal

With over 20 years' experience assessing temporary workers IR35 statuses, Brookson Legal have put this expertise towards helping businesses prepare for legislative changes in the public sector in 2017 and the upcoming changes to the private sector in 2021.

Carrying out thousands of employment status assessments each year and providing hundreds of workshops helping key individuals within a business understand the requirements for compliantly hiring temporary workers, they have become essential for businesses who want to put compliant processes in place when hiring temporary workers.

DEALING WITH THE PANDEMIC



North West Anglia
NHS Foundation Trust

A VIEW FROM THE FRONT LINE

The pandemic had a massive impact on working practices and care of our patient groups at North West Anglia NHS FT. It required innovative approaches to communication with loved ones, as there was a 'no visiting' rule imposed during the height of the pandemic. The teams introduced the use of Skype for patients to contact their family and introduced 'letters to loved ones', where relatives sent letters to their loved ones and staff then read these to the patients.

Staffing was certainly a challenge as the flexibility of staff movement was limited. The Trust saw an increase in staff that were shielding and rising sickness at the beginning of the pandemic. Bank and agency staff were used to support filling gaps in safe staffing levels where possible. However, some staff did not want to work in these Covid receiving areas.

The decision to put a stop to visiting was an incredibly hard one to take. Whilst we absolutely had to take the safety and protection of our patients and workforce very seriously, we all very much appreciate the emotion and anxiety involved in our inpatients having to face their time in hospital without the physical support of their loved ones.

After careful review, we have lifted a number of visiting restrictions across our sites and put in place a phased return which will gradually see our hospital visiting return to normal so

long as we don't see a rise in infection rates locally.

There are still some clear rules around visiting. The virus hasn't gone away and as we're learning with other regions, local lockdowns can be necessary and in these cases we would need to revoke visiting once again. However, we're hopeful that so long as we don't see spikes in infection rates in areas local to our hospitals, we can manage visiting safely with the help of everyone who is coming into our buildings.

There are still wards where Covid patients are being treated though and these areas will retain visiting restrictions to prevent the spread of infection. Face masks or coverings are now compulsory in all hospitals in the UK and we ask anyone (except those exempt) visiting as a patient or visitor to ensure they're wearing one as they come into the building. Upon arrival into our hospitals, visitors will notice newly installed

signage, designed to remind patients, staff and visitors to adhere to national guidance relating to hand washing and social distancing. We have also installed more hand sanitising stations across our hospitals, enabling those in our buildings to regularly sanitise their hands.

Those coming to visit inpatients are asked to ensure they're familiar with the online guidance around the times they can visit their friend or relative, and the guidance in place once they arrive at the ward. Visitor details are being taken on arrival, in accordance with government track and trace requirements.

Please help us to keep your loved ones safe by following the guidance we have put in place and doing your bit to keep everyone safe when visiting our hospitals.

Written by
Joanne Bennis

*Chief Nurse and Director of
Infection, Prevention and Control*



ED Staffing are a fast-growing, niche locum agency, being an approved framework provider under the CPP and H.T.E, working in the specialist emergency medicine area within the locum market. We offer a fast-paced service providing reliable solutions to our clients seven days a week.

We focus on forming sincere partnerships with our clients recognising that providing that personal touch enables us, as an agency, to render a relevant and optimum service tailored to specific individual requirements.

The global Covid-19 pandemic certainly bought its challenges in terms of supporting the NHS with the same volume of Doctors we were at the start of the calendar year in January / February.

As we went into March, when the Government announced the UK lockdown on 16th March, it bought around a lot of quick change at ED Staffing, and a big change in terms of service delivery with working from home due to having the main offices forced shut. During this time, we made sure that staff worked around the clock to support the NHS in unprecedented times, utilising the +Us portal to make sure all of our worker compliance packs and supporting information was up to date, to make sure the NHS Organisations utilising our services secured bookings double speed.

We ensured our teams were set up to work remotely to continue supporting the NHS during peak of the

Covid-19 pandemic.

In terms of existing bookings we had before the pandemic, we did see a handful of our Doctors contracts ended due to those wards offering non-Covid care / elective patients shut, which was expected due to the NHS's clinical priorities.

Across specialities, A&E services remained relatively stable with bookings, and a wider range of specialities are now starting to increase again following the resumption of elective surgery and outpatient services. These are more so in Medical specialities, other than Acute Medicine and Respiratory where bookings haven't seen a spike again.

The August Doctors rotation has also bought about an increase in vacancies being released via the +Us portal, which is a great sign that the NHS is beginning to get back to some form of normality.

With a phased return to our normal working environment in the main

office at ED Staffing, we've ensured our emphasis is on recruiting highly experienced and expert doctors in their respective specialities to support the increased demand and will continue to make this our priority going forward as we enter a new service delivery dynamic within the NHS.

Since March 2020 to where we are now in August, the +Us portal, and its ease of use, has made the process of working with +Us clients far easier, ensuring we can get all candidate information over when a vacancy is realised. At ED Staffing, we would certainly recommend working with +Us as a Direct Engagement partner, with the use of their agency portal to streamline processes through a single portal. The team are there if there are any questions or issues, and are very good, at dealing with the requests quickly to enable us to focus on supporting the NHS, providing our fantastic locums.

+Us

Get In Touch

New Business Enquiries

If you're considering partnering with +Us and want to discuss our services in more detail, please contact:

Joshua.Bennis@plusus.co.uk.

Existing Clients

To discuss how we can support you with additional services, please contact: Jason.Palmer@plusus.co.uk.