

Case Study: South East Continuing Healthcare (CHC) Temporary Staffing Programme – NHS Workforce Alliance & SETS

Background

In December 2023, the NHS Workforce Alliance, in collaboration with the South East Temporary Staffing (SETS) Programme, began a targeted engagement initiative within the Continuing Healthcare (CHC) and All Age Continuing Care (AACC) environment. The initiative aimed to address challenges related to reducing rate disparities and optimising resource use to enhance patient care and deliver better value. It also addressed the underlying causes of workforce shortages such as standardising role profiles and strengthening recruitment strategies across the South East of England.

The workforce delivering CHC/AACC services is commissioned at ICB level and has historically not followed the same journey in regulation and management as the provider level operations of temporary staffing. Mandates and requirements such as the Agency Rules from NHS England have not been adopted at ICB level which led to a position of low agency engagement, including off-framework usage, and high-cost disparity amongst peers, creating risks for patient safety and financial sustainability for respective provisioned services.

Problem Statement

NHS Commercial Solutions, as part of the NHS Workforce Alliance, led discussions and conducted a comprehensive analysis which revealed several systemic challenges:

- Limited supply of highly specialised staffing and dependence of ICBs on temporary staffing allowed the market to set rates
- 61% of staffing was sourced from off-framework agencies, exposing services to non-standardised rates and inconsistent quality assurance.
- 24% of placements were non-compliant with IR35 regulations, posing legal and financial risks.
- High-cost disparities offered an opportunity to save an estimated £1.5 million annually through efficiency gains.

The outcomes of the analysis took careful explanation to:

- not disenfranchise leads from being able to fill critical requirements
- increase understanding why compliant market routes, such as frameworks, help to support patient safety.

Collaborative Action Plan

In response to the findings, a CHC workforce subgroup was formed. Chaired by the Head of Operational Finance at NHS England and comprising AACC leads from all South East ICBs, representatives from NHS England, the NHS Workforce Alliance, and the South East AACC Assurance Team, the group committed to a unified action plan developed by the NHS Workforce Alliance with NHSE.

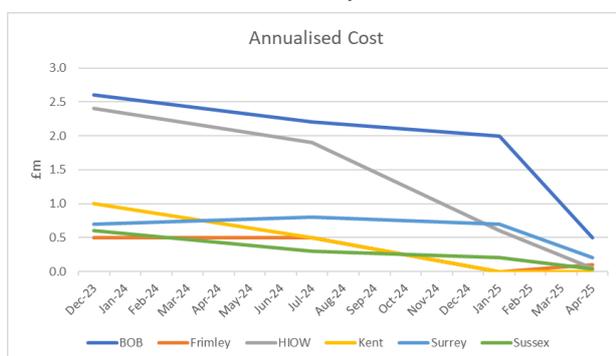
The steps were devised as an effective methodology for moving forwards, comprising of an opportunity for internal standardisation, ensuring aligned operations and then examining the opportunity for cost reduction once reaching an aligned playing field. The seven step plan, under two major subheadings was presented and agreed to ICB leads at engagement stage.

In alignment with the SETS methodology in play across 27 provider trusts in the South East, production of a phased step-down plan to support reducing rates, over a slightly longer period, in a controlled and carefully managed way is in process. As maintaining an assurance of patient safety was a priority for leads, by working together, we were able to identify and contain 'outlier' rates, and step-down rates safely and collaboratively.

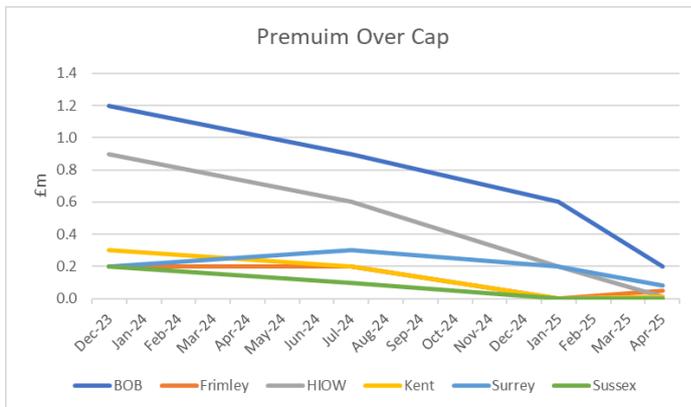
As such, the NHS Workforce Alliance created the following pathway for the South East to support achieving the established aim of reducing spend and bringing efficiency to agency use:

- Agency Max Commission Rates – establishing the max commission fee, dependent on band.
- Agency Regional Benchmark Rate – establishing a benchmark of best value for the same roles being used in the region – to be established together and include plans for stepping rate down, closer to the NHS England capped rates.
- Agency Engagement – a need to include a micro step within the project for allowing facilitation of agency engagement with the top performers who can provide staff against this requirement – in order to encourage relationships with approved framework providers, instead of off-framework.
- Permanent / International Recruitment – to support the reduction of reliance on agencies, ICSs requiring further support can use existing frameworks to find a third party/commercial partner to support filling vacancies on a permanent basis.

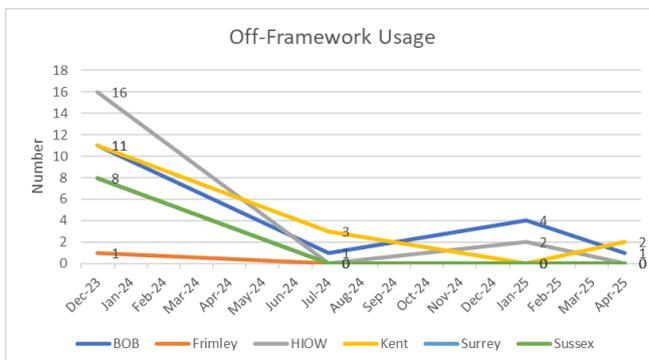
As of the date of publication of this paper, the results have been the following from December 2023 until April 2025:



Annualised Cost							
	BOB	Frimley	HIOW	Kent	Surrey	Sussex	Total
Dec-23	2.6	0.5	2.4	1.0	0.7	0.6	7.8
Jul-24	2.2	0.5	1.9	0.5	0.8	0.3	6.2
Jan-25	2.0	0.0	0.6	0.0	0.7	0.2	3.5
Apr-25	0.5	0.1	0.1	0.0	0.2	0.0	0.9
Change	2.1	0.4	2.4	1.0	0.5	0.6	6.9



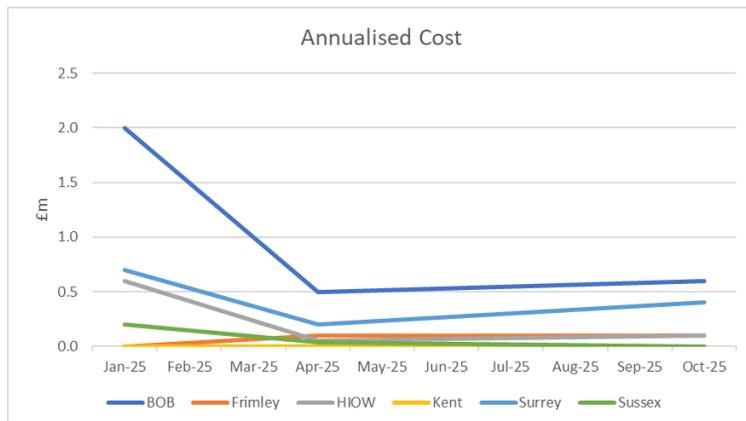
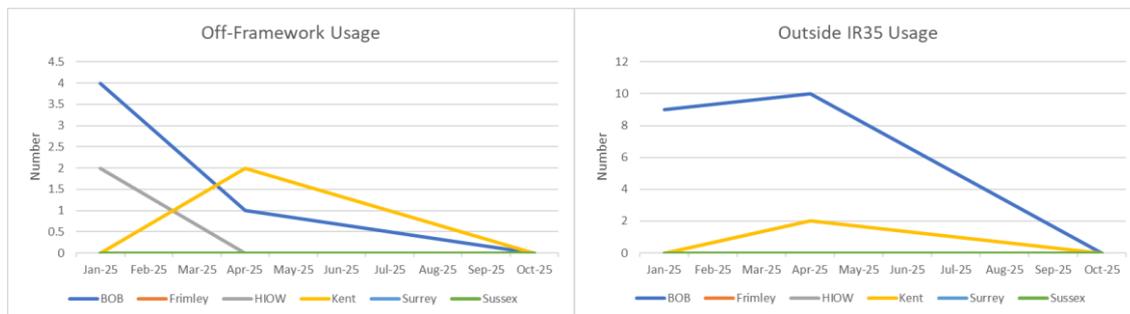
Premium Over Cap							
	BOB	Frimley	HIOW	Kent	Surrey	Sussex	Total
Dec-23	1.2	0.2	0.9	0.3	0.2	0.2	3.0
Jul-24	0.9	0.2	0.6	0.2	0.3	0.1	2.3
Jan-25	0.6	0.0	0.2	0.0	0.2	0.0	1.0
Apr-25	0.2	0.1	0.0	0.0	0.1	0.0	0.4
Change	1.0	0.2	0.9	0.3	0.1	0.2	2.7



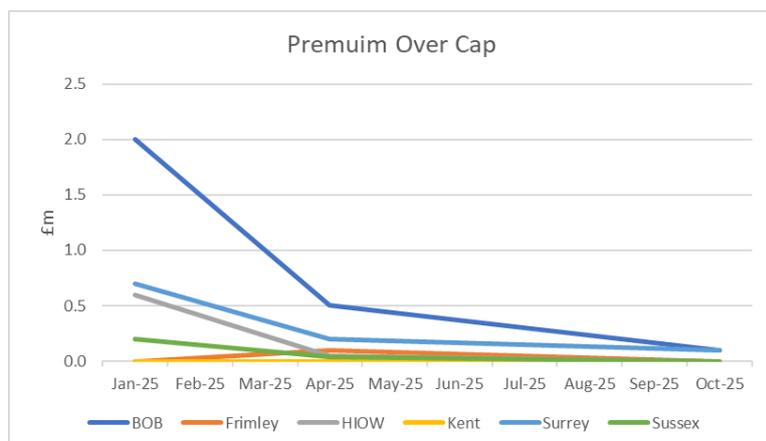
Off-Framework (Number)							
	BOB	Frimley	HIOW	Kent	Surrey	Sussex	Total
Dec-23	11	1	16	11	8	8	55
Jul-24	1	0	0	3	0	0	4
Jan-25	4	0	2	0	0	0	6
Apr-25	1	0	0	2	0	0	3
Change	10	1	16	9	8	8	52

Progress to Date

While initial stakeholder engagement and strategic alignment gained traction across ICBs, systemic reforms within NHS England and structural shifts at ICB levels caused disruptions. These unforeseen changes initially posed a challenge to continued progress as priorities were reassessed. However, throughout the 2025 calendar year, positive progress continued to be made, as 100% positions were brought inside of IR35 and framework compliant, and significant progress made towards capped rates of all positions, as demonstrated below:



Annualised Cost							
	BOB	Frimley	HIOW	Kent	Surrey	Sussex	Total
Jan-25	2.0	0.0	0.6	0.0	0.7	0.2	3.5
Apr-25	0.5	0.1	0.1	0.0	0.2	0.0	0.9
Oct-25	0.6	0.1	0.1	0.0	0.4	0.0	1.2
Change	1.4	-0.1	0.5	0	0.3	0.2	2.3



Premium Over Cap							
	BOB	Frimley	HIOW	Kent	Surrey	Sussex	Total
Jan-25	2.0	0.0	0.6	0.0	0.7	0.2	3.5
Apr-25	0.5	0.1	0.1	0.0	0.2	0.0	0.9
Oct-25	0.1	0.0	0.0	0.0	0.1	0.0	0.2
Change	1.9	0	0.6	0	0.6	0.2	3.3

Planned Next Steps

Despite the pause, a clear roadmap has been defined in terms of next steps. Work on this will resume once stabilisation is achieved.

Data Infrastructure

- Establish regular, consistent data feeds to track usage, compliance, and financial metrics

Operational Alignment: Engagement

- Agreeing the structure of agency engagement, including the issuing of beneficiary notice as an attempt of contractual safety
- Collaborative Bank – considering the need for a bank first option to prevent agency usage, and investigating the most appropriate and advantageous route

Alignment: Rates

- Establishing agreed band and commission structure for all sourced roles
- Continued working towards capped rate for all grades

Operational Alignment: engagement

- Advocate for a national workforce strategy to address retention challenges and reduce workforce transience within the CHC/AACC environment.

Conclusion

The CHC South East case study highlights both the complexity and the potential for transformation within ICB-commissioned services. Through cross-organisational



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collaboration, data-driven decision making, and phased implementation of reforms, the region has laid the groundwork for systemic change in temporary staffing. Although current external disruptions have delayed momentum, the foundation for improvement remains strong offering a scalable model for future national application.

Contact

For more information on this initiative, please contact the NHS Workforce Alliance using the [form](#) on our website or NHS Commercial Solutions via NHSCS.agency@nhs.net.