Call for Evidence
Partial review of the Shortage Occupation List: Nurses
Response from Care England, December 2015

1. Introduction

1.1. Care England, the UK's largest representative body for independent care providers, submitted comprehensive evidence to the Migration Advisory Committee (MAC) as part of their 2014 review of the Shortage Occupation List (SOL) gathered from a survey of its members. As we have been advised by the MAC that this information is still valid for consideration in this partial review, we attach this covering statement to our previous information, and request that both are considered.

1.2. This covering statement contains case studies from six providers of differing sizes, geographical locations and both charitable and corporate providers. These case studies address all the key areas of inquiry as outlined by the MAC's Call to Evidence document, including trends in foreign recruitment, factors driving demand for non-EEA nurses, challenges recruiting nurses, issues of pay, retention, and regional variations.

1.3. As well as the below, we would like to remind the MAC of the headline statistics that we drew from our research on the nursing shortage in 2014:

2. The respondents to our research comprised of 26 separate organisations providing a total of 58,527 nursing beds and owning approximately 2,000 homes employing 8,900 nurses. We estimate this survey to represent 15% of the social care sector, a significant percentage.[1]

- 100% of respondents struggled to recruit nurses.
- 100% of respondents felt that there was little desire in the indigenous workforce to work in nursing homes.
- 100% of respondents were confident that sourcing migrant labour would not negatively impact the UK nursing profession due to the profundity of the shortage.
- The average (mean) pay increase was 13% over the last two years.
- The average (mean) vacancy length of a nursing role was 10 months.

[1] Based on the figures provided in our previous year's submission quoting that the social care sector: 'has around 17,000 care homes providing care for approximately 400,000 people, including 50,000 nurses'. It complicated to establish an exact figure, but 8,900 is 17.8% of 50,000; 58,527 is 14.6% of 400,000 and 2,000 is 11.8% of 17,000, so we have approximated this to be 14.7% of the entire market.

- Respondents told us that they could wait as long as 2 years to fill vacancies.

2.1 In our meetings with the MAC we were asked to provide copies of Job Descriptions for nursing roles in care homes, and we attach several of these as appendices for your information.

2.2 We hope you find this information, the information below, and the information submitted to you by care providers themselves sufficient and compelling evidence of a nursing shortage in care homes in the UK at the present time. We are convinced of the need to keep nurses on the Shortage Occupation List beyond February 2016.

3. Provider case studies for evidence to the MAC

3.1. These 6 provider case studies resulted from interviews we conducted with different types of provider, based in different locations and caring for different amounts of people. These case studies represent 25,000 beds and just fewer than 500 care homes.

3.2 Provider One: a medium sized provider with 72 care homes and 3,500 residents.

3.3 Provider one explained that it was "extremely difficult to recruit". Across their 72 homes they currently have more than 40 vacancies for Registered Nurses. They have been advertising for night nurses for one year and they still have not been able to recruit any nurses for night shifts. On opening a new home in the South of England, they advertised actively, they used agencies, they attended job fairs, did leaflet drops and raised pay rates to no avail. "We are just crying out loud for nurses", they told Care England. Their pay rates are set competitively, at £15 per hour for a day shift, and £15.50 per hour for a night shift, but this has not filled gaps in nursing staff.

3.4 They explained that they will not, and cannot, compromise on nurse staffing levels. This means that they are forced to rely on agencies which have "very high" costs attached. They do try to recruit in Europe and have taken trips to Portugal and Bulgaria, but this has not been sufficient to meet the extent of the current shortage of nurses. This provider expressed concern that English language standards are set too high and that this might prohibit providers from employing from abroad.

3.5 Due to the shortage, this provider has several nursing homes that they cannot operate as such. These are often large homes of around 80 beds, and make up a considerable part of their local markets.

4. Provider Two: a large provider with 7,000 residents across 121 homes.

4.1 Provider two has 189 nursing vacancies across its 121 care homes. Attrition has been increasing over the last two years for this provider. They explained to Care England that short staffing applies pressure to existing staff, and then this snowballs into lots of attrition. A year ago, vacancies were 80-100 at any one time, but now this has almost doubled. Staff turnover has increased dramatically, by 33% over 3 years: it now stands at 59%. Recently, a purpose-built nursing home in Manchester was opened only as a residential home; due to the market research the provider had done which showed there were no nurses to recruit in the area. At present, there is a 3-6 month delay in opening a new home due to a shortage of nurses.

4.2 This provider suffers greatly from NHS Trusts poaching nurses from care homes. The provider made offers to 810 nurses, but lost a third of these nurses before they had started work because the local NHS Trusts had called them and poached them. The NHS is in a position to give much better pay and conditions, including a pension, so can easily 'poach' nurses from social care. As well as this, this provider told Care England that they also face poaching from competitor care providers.

4.3 In order to combat the poaching they experience, this provider does extensive market research on pay and benefits. They ensure that every care home regularly calls the five nearest care homes and local NHS Trust to establish their pay rates and benefits to remain competitive.

4.4 They also tried advertising a nursing role at a salary of £35,000, but this didn't help recruitment. This is an example of the extremity of the shortage. Another example of the severity of the situation is that this provider purchased the names of 8,000 nurses in the North of England and wrote to them all offering them a £15,000 golden handshake to relocate to the South and a £35,000 salary on relocation. They got no replies despite this very attractive offer and the wide reach of the approach.

4.5 They offer numerous benefits, such as £1,000 golden handshake and they have been really pushing flexible working hours. They have also started new apprenticeships, which they call 'trailblazers', through which they train up assistant practitioners and build a pathway to becoming a nurse.

4.6 The failure of these approaches to address the severity of the shortage means that they are forced to rely on agencies. Agency nurses cost them £50 per hour and don't deliver the quality of care that employed nurses do, they are also unfamiliar with their policies or procedures.

4.7 In one home, an agency nurse was being paid £19 per hour by the agency. When the company offered her the same pay per hour to be employed directly by them, she declined the offer because she didn't want to be held accountable for her work in that way. This provider tells us that bank and agency staff want to "walk in and walk out again, they want to take less personal responsibility" for their work. This is a big problem for quality: residents need continuity; to know the person delivering their personal care, especially if they are living with dementia, in which case they can become distressed by unfamiliar staff.

4.8 This provider experiences great difficulties attached to the fact that they must advertise through the job centre. It takes a very long time to advertise through the job centre they said that 'one hundred per cent of the time this is a pointless process'. In the 28 days allotted that they have to wait with the advert in the job centre, they can't make offers to overseas nurses they have made contact with, and so in this time frame they are poached by another provider or an NHS Trust. The RLMT route is for them "completely a waste of time" and a system out of touch with the reality of recruiting nurses, and the workings and reputation of the job centre. This provider has never managed to recruit care workers through the job centre, let alone nurses. They explained that advertising through the job centre was demanding, truncated and bureaucratic.

4.9 This provider acknowledged that it is not ideal to recruit from overseas: they would rather not recruit from overseas, but there is no other way. This provider had taken 13 overseas trips which lead to 80 nurse recruitments from Romania and Italy. They offer a relocation package to attract European nurses, but they have difficulty retaining staff from Portugal or Spain because they can accrue contributions to pension in their own country by working for the NHS, so quickly defect to the NHS after their employment in the UK. As well as this, it takes 6 months to bring someone from overseas, and this in

itself is a huge obstacle. Unwillingly, they are reliant on overseas workers: they have a new-build home which is due to open in January; it can only be opened due to the recruitment of overseas nurses.

4.10 To compound all of this, they estimated that one third of their nurses were approaching retirement in the next 5 years, which will be the cause of another fall in nurse numbers.

5. Provider Three: a smaller private provider with 3 large homes across the country, from the South West to the North East, caring for 253 residents.

5.1 In this provider's home in the South West, the nearby hospital poaches most of their nursing staff. This home employed seven overseas nurses, and they all left within and around six months later. In this time the provider has invested heavily in their training. Part of the problem here is that Bristol has a lot of hospitals and is the NHS centre for the region, meaning that poaching from care homes is more commonplace.

5.2 There is so much competition: other care homes are putting up wages and when a job offer is made to a nurse, within less than a week the nurse has another one. To compete with the NHS pension, they have worked out they would have to pay 40% more, which they cannot afford to do.

5.3 This provider also made the point that NHS work contributes to pensions back in European nurses' countries of origin. They said that they get inexperienced, newly qualified nurses from within the EEA who work for them for the shortest time possible before defecting to the NHS. There is also an issue about the status of nursing in the care sector, as compared to nursing in hospitals, which affects quality: "nursing homes are considered a second class place to work, and you get second class nurses."

5.4 They have upped their pay scale to £14-15 per hour and they have introduced a retention payment if a nurse stays for two years, this amount is set at £2,000. In terms of non-pay benefits, they say they are "very flexible" about the hours a nurse can work.

5.5 They regularly spend £3,000 per nurse just on recruitment agency fees. Agencies from which they take nurses to cover for their shortages charge between 10 and 20% or the nurse's first year salary.

5.6 They recently had a Romanian nurse who stayed with them for two weeks and Spanish and Italian nurses who stayed with them for 23 and 24 weeks respectively. There was lots of effort and money put into upskilling these nurses. This provider made the point about the much greater loyalty of non-EU workers, saying that "they are the bedrock".

5.7 The nursing shortage they experience means that they have to cover shifts with agency staff. They have found that there is an issue of quality and continuity in doing this. Also in response to the shortage, they have had to reduce the number of nurses on site.

5.8 They have started Assistant Nurse Practitioner training through Skills for Health, but they are concerned about training up care workers: if they do so, will the local NHS just poach them and the investment have been wasted? The ANP course is quite academic, so it is down to the provider to train them in practical things like dressings and peg feeds. This is a large investment for the provider, with no guaranteed returns in the current climate of shortage.

5.9 They have also created so-called 'Team Leaders' who take on more advanced duties to try to lessen the impact of the shortage. These plans will have some impact, but this provider worries about how long they will be able to hang onto those 'Team Leaders' that they train up. This is a major and prohibitive concern.

5.10 This provider finds it difficult to find a manager who is also a registered nurse. They pay their nursing home managers more than the going rate, with all three salaries above £50,000: "we put a decent salary on, trying to recruit a decent candidate".

5.11 This provider has not tried the RLMT route because for a smaller provider, this is "just too costly and complex". This provider said that its experience of the Job Centre had also dissuaded them from going through the RLMT process: 'We try the Job Centre, but that's a waste of time.'

5.12 They have had to recruit a Group HR Manager in part to manage the recruitment and retention of nurses in light of this shortage.

5.13 A nurse took the role but was older, and couldn't cope with the strain. Older nurses are typical in care homes, but hiring them comes with obvious problems. A lot of the nurses they have are reaching retirement age; as are the managers, who must be registered nurses. This provider said that their nursing home managers are in their 60s and late 50s. They have already experienced all their nurses retiring at once, and face it again. They currently employ a nurse who is 67 and who is on long-term sick leave due to damaging her back at work. As well as health, there is also a quality issue associated with older nurses, who have often 'not maintained their skills'.

6. Provider Four: a smaller charitable provider with 14 homes across mainly the South of the country, with 476 beds and three nursing homes.

6.1. This provider has nursing homes in a variety of locations but faces the same problems recruiting nurses in all locations. There is slightly less difficulty recruiting in one of the towns they work in in the South East, as opposed to the countryside (in Oxfordshire they find it particularly difficult) because there is "a greater mix of nationalities" in a town, which means more nurses who want to work in the care sector. They cite a status issue among British-born nurses who do not want to work in care homes.

6.2. Some years ago, the HR Director took trips to Asia, and recruited some Indian nurses and some Filipino nurses. These nurses are still with the provider, and they stressed that the difference between European and non EEA nurses was one of loyalty and retention; nurses not from the EEA were likely to stay longer.

6.3. Retention is quite variable for this provider: the nurses they do have who are sourced locally choose to work in a care home because the job suits their lifestyle. This can be a problem: they are often retired from the NHS. This means that local recruits are in late 50s, early 60s. Age can be a difficulty, because: "if you're down on numbers then it does take a toll on those in post" especially if they are older, as sometimes they cannot cope. This provider made the point that the overseas nurses are younger, and if they could get hold of younger nurses, this would be very beneficial.

6.4. In order to cope with the nursing shortage, this provider has been forced to bring in agency staff. Their experience of using agency staff has been "negative"; they reported that agency staff are generally less "competent" and they are "unfamiliar" with policies and procedures, and with the needs and preferences

of the vulnerable residents they support. Among agency staff, this provider told us that there "seems to be less of a caring attitude".

6.5. As a national charity, this provider emphasised that employing agency staff was "very costly… our agency cost among nurses is quite high at the moment". This is difficult to defend to funders in light of their charitable status.

6.6. To attract nurses in times of shortage, this provider offers a competitive salary. Salary is an issue in the shortage; this provider finds it easier to recruit the nursing managerial role than the nurses 'on the floor' because qualified nurse managers are far better paid.

6.7. To help them recruit, they use RCN bulletins and recruitment agencies. Again, the cost of using recruitment agencies is high, and a difficult one to justify as a charity.

6.8. To try to counter the shortage and the expensive alternatives to care homes nurses on the payroll, this provider is focusing on marketing: they advertise a salary now, instead of an hourly rate to make the role look more attractive and like there is more career progression. They also advertise that they offer accommodation to nurses if they want it. They ensure that there is "a dialog" about shifts to enable flexible working where possible. They also try to market the benefits of the care home nursing role to nurses by emphasising that as opposed to taking up agency work or working for a busy NHS, nurses in care homes get to build relationships over time.

6.9. As well as these approaches, they are trialling what they call "medical technicians"; another version of a skilled care worker position or hybrid role, to try to compensate for the shortage of nurses that they face.

7. <u>Provider Five: a medium-sized provider with 63 care homes and 80 specialist learning disability services and 3,000 residents</u>

7.1. Provider five, to meet a 50% rate of nurse turnover across the organisation, must recruit 23 nurses a month, and with projected business growth to come, they will need to recruit 20 additional nurses each month. This provider has found competition for nurses a real problem: 77% of their nurses leave to work in the NHS once they gain their necessary registration.

7.2. This provider explained to us the difficulty of recruiting in rural areas, where the shortage of nurses in care homes and learning disabilities services is most profound. Provider five has had to raise pay rates to attract nurses where it is financially possible to do so, and in areas where it is hardest to recruit.

7.3. In order to improve recruitment and retention, this provider had reviewed the labour supply and dedicated significant internal resource to an active nurse recruitment drive. They have undertaken a review of pay and benefits and have introduced career progression programmes for care workers and for nurses to increase nursing activity. They regularly review their external recruitment companies, and maintain an on-going retention programme.

7.4. Despite all of this work, they still rely heavily on bank and agency staff. There are significant cost and quality concerns here: agency staff cost significantly more to employ and do not deliver the quality of care that full time staff do, due to their lower levels of engagement with clients and familiarity with people, policies and procedures.

7.5. This provider faces great difficulty with EEA recruitment. Previously, trips to the EEA once every three months were necessary to recruit a sufficient amount of nurses. Then it became necessary to travel abroad to recruit nurses every two months, and now they are travelling to Europe to recruit three times a month as well as using Skype to recruit, which presents obvious limitations.

7.6. The reason for the increased frequency and dwindling numbers they are managing to recruit (which have fallen from an average of 15-20 per European visit to now as low as four per visit) is the mounting competition from other providers also trying to fill the demands of high nursing shortages. As well as considerable local competition and competitor-poaching that occurs in the UK, increasingly they are exhausting areas of Europe they recruit in: other care companies are also taking the same approaches and this is creating a shortage in their usual recruitment areas.

7.7. This provider has great concern for the future of the nursing shortage, which is set to worsen for them when new NMC language restrictions are imposed in January 2016. The external recruitment agencies they must rely on have advised them that they face an instant 80% drop in numbers recruited from the EEA and at least a six to nine month window until this 80% would be ready to pass the IELT's level seven to become NMC registered.

8. Provider Six: a large provider with over 200 care homes, over 11,000 residents, and 2,400 registered nurses

8.1. This provider recruits migrant nurses regularly but still suffers from a shortage of nurses in their homes. In order to cope with the shortage, this provider still has to rely on agency nurses, although permanent nursing staff are always preferable as they cost less to employ while also becoming familiar with residents and contributing more to individual home culture.

8.2. This provider runs recruitment campaigns across several EEA countries and through Skype interviews. They are beginning to consider non-EEA recruitment to meet the shortage. To counter some of the issues they face retaining EEA nurses, they have started running overseas induction courses.

8.3. They also do much for their nurses' career progressions: they offer every Registered Nurse access to clinical specialist training and post graduate qualifications, and routes into management. As well as this, Provider six has been a pioneer in developing what they call a 'Care Practitioner' role, another version of a hybrid role to offer care workers career progression and to help mitigate the nursing shortage. They are in the process of working with educational institutions to formalise this role and its training path.

8.4. The benefits they offer are substantial, and include discounts in major high street stores, Childcare Vouchers, travel discounts, discounted Health Club membership and vehicle benefits. As well as this, this provider recently gave a 'substantial' pay rise offer to its nurses.

8.5. Despite these efforts to make their nursing offers attractive, professional and flexible, this provider still describes their nursing shortage as a 'crisis'. Many of their homes are simply unable to deliver nursing care without the use of expensive agency staff.

9. Conclusion

9.1 Care England considers that these providers, who have demonstrated the profound impact of a shortage of nurses in care homes, have tried all alternative methods available to them, including adjusting pay and benefits, undertaking local and foreign recruitment drives, constructing relocation packages, attempting recruitment through the RLMT route, and conceiving and training for intermediary nursing care roles.

9.2 Taking an overview of the social care sector, we believe that the only sensible conclusion can be to keep nurses on the Shortage Occupation List beyond February 2016, and until such time as the country and the care sector is no longer suffering from such a profound shortage of nurses.

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