Call for evidence review on shortage occupation lists for the UK and Scotland.

Response from Care England

1. Introduction

Care England is the leading representative body for community care in England. Our members provide a wide range of services for adults with care and support needs including residential and nursing settings, homecare, housing and community-based support. Our members also deliver specialist care home services such as rehabilitation, respite, palliative care and mental health services.

1.1 We conducted a short survey of members for the purposes of submitting evidence to this Inquiry in October. Responses were received from 26 England based organisations, which in total provide 58,527 beds and employ 8,900 nurses.

1.2 It is important to remind the MAC that this is a significant sector that provides services that are absolutely vital in ensuring the NHS can function effectively and efficiently. The sector has around 17,000 care homes providing care and support for approximately 400,000 people, including 50,000 nurses. The provision of adult social care ensures that people are supported to meet their long term care needs and also cares for people at the end of their lives. There is a large part of the sector that provides care, support and housing for people with learning disabilities and enables them to live the lives they wish to lead.

1.3 In addition the government drive to better integrate health and social care, which can improve patient outcomes at lower cost, means the NHS will increasingly commission from social care registered providers, such as care homes. This means there is a need to build up the clinical workforce capacity within such community based providers to enable the NHS to transform care models from hospital to community/home based services. Being unable to recruit nurses into care services in the community reduces capacity, puts quality at risk and thereby encourages the status quo of expensive hospital based provision. Secretary of State for Health Jeremy Hunt said at the Chief Nursing Officer Summit in November 2014

"What we need to see over the next five years is better out of hospital care. What we need to make this possible is more district nurses, more practice nurses, more community nurses. We need a big push on nursing in the community."

1.4 Many people cared for in care homes would previously have had to be cared for in hospitals and without this sector the NHS would see rapidly increased admissions to hospitals, ongoing responsibilities for people with long term care needs and a greatly reduced ability to discharge people from hospital. In fact the care home sector could actually do a lot more with better NHS commissioning, and transfers of funding to community settings. However what we must avoid is restricting the ability of this sector to offer the quality support people need because of a lack of nursing staff and this is the focus of this response.

2. Care England Survey findings

2.1 The headline findings from the survey are as follows;

- All providers find it hard to recruit nurses. Unsurprisingly, there is a large disparity between the recruiting power of the larger providers and that of the smaller ones. With one exception, providers with over 500 beds took a maximum of 6 months to recruit, whilst smaller homes' recruitment processes last considerably longer.

- Every single one of the providers surveyed stated that the effect on the UK workforce would be minimal due to the low level of supply that exists across the country. A lack of nurses also provides nurses here with additional bargaining power as they know how in demand they are.

- When the NHS is short on nurses, it will recruit from the independent sector. Current reports suggest there are up to 20,000 vacant nursing posts across the NHS, which could rise to 25,000 should a 1:8 safe staffing ratio be imposed.

- Most who have the resource to do so, attempt to recruit from both EEA and non-EEA countries.

- The marketing power of the NHS, and the benefits of hospital work for EEA nurses, means that community providers find it very difficult to compete, with the structure of public sector funding making higher pay levels impractical. The majority of care in care homes is funded by the state either via local authorities or the NHS.

- The current shortage of nurses in the UK is felt more acutely by community service providers, where the distributed scale of the service means that there may be only a single nurse on a shift with a vacancy therefore presenting critical issues of safety and compliance.

- A possible repercussion of the shortages could be for nursing homes to re-register as residential homes. We know companies that have done this and are considering doing this.

This reduces options for people and impacts especially on the ability of this sector to provide the care that would otherwise have to be provided in hospital/hospice settings at much greater expense.

- Advertisements for roles are mainly posted through job centres and agencies.

- The survey indicates a lack of desire amongst the indigenous workforce to work in nursing homes, mainly due to the fact that most qualified nurses want to work in the NHS.

- We need to ensure quality care through appropriate staffing levels and this is not possible due to the shortage of skilled nursing staff available. This is not a simple pay issue, as even where care homes pay an equivalent rate to the NHS they still cannot recruit sufficient numbers due to the extreme shortage of nurses available.

- Revalidation of nurses in 2016 poses a great threat to the current nurse population.

3 Skilled

3.1 This response relates to the employment of qualified nurses in CQC registered care homes with nursing and, as such, the request we are making for such nurses working in these settings to be added to the SOL, is a relevant one.

4 Shortage

4.1 We believe there is a shortage of nurses available in the UK and the EEA to work in care homes with nursing. The survey we have carried out is supported by the many conversations we have had in recent months with members who say they cannot recruit the nurses they need to provide good quality care or meet the registration requirements set out by CQC. Indeed CQC has also recently noted "*Encouraging more nurses to work in the care home sector should be a higher priority. We are concerned about the current shortage of nurses in adult social care. In 2013/14 one in five nursing homes did not have enough staff on duty to ensure residents received good, safe care*" CQC is responsible for independently regulating and inspecting all care homes with nursing in England.

4.2 Future demand from an ageing population will mean that care homes with nursing will continue to be needed at the current rate or more. This is even with the policy push to ensure people remain as long as possible in their own homes with community support. However as figures show increased life expectancy is not translated into increased quality of life and a significant proportion of these extra years will be lived in ill health. British people will spend almost half of the "extra" time in ill health, say estimates from the Office for National Statistics. For men in particular, they can expect to live more than two years longer than those who finished work a decade earlier, but they also face almost an extra year of ill health. Our members reported needing to double the number of nurses needed within the next 3 years. One provider noted that they would look to replace half its nurse workforce in the next few years due to retirements

Vacancy numbers

4.3 Vacancy numbers across the 25 respondents varied from nil (only one provider) to over 300 but this reflects the variation in size of providers. More interesting were the vacancy rates mentioned of between 0% and 16% with the length of time of the vacancy being between one month and 18 months, with the majority reporting vacancies taking 5 to 6 months to fill. This of course is bad news for residents who suffer from a lack of continuity of care.

Earnings growth

4.4 All providers reported earnings growth for their nurses over the last 2 years. These figures ranged from 3.5% to 20% with the majority replying that nurse wages had increased over 5% and the average being 7.8%. In a time of considerable wage restraint this shows that care homes have made every effort to increase wages to attract UK/EEA nurses.

Cost of recruitment

4.5 Providers reported the cost of recruiting a nurse to be between £3500 -£5000 and that this represents an increase to them of between 5% and 200% over the last few years.

Newly qualified staff

4.6 11 out of the 25 respondents reported that they had no newly qualified nurses working for them. Of the remainder the range was between 0.5% and 33% being newly qualified.

Alternatives to employing non EEA migrants

4.7 A range of responses were received regarding alternatives including;

- Recruiting newly qualified nurses and providing ongoing training in house
- Using recruitment agencies
- Trying to offer more training opportunities to attract staff
- Increasing duties and responsibilities for healthcare assistant staff though this was not necessarily a preferred option
- Using agency staff to meet staff gaps but this was of great concern because of the cost and lack of continuity for residents
- Encouraging return to nursing

There was a general feeling however that the alternatives could pose problems in terms of quality of care and English language skills were mentioned specifically as being poorer within EEA migrants than non EEA migrants.

Effect on employment opportunities and conditions of UK workforce

4.8 Access to migrant labour was without exception not seen as having any detrimental effect on UK workers. In fact the opposite was felt to be the case with increased supply meaning more competition for jobs resulting in better quality staff while others said non EEA nurses were positive and caring and therefore would provide high quality care for residents. The majority of

respondents however simply replied that they did not feel there would be any impacts on the employment opportunities for UK staff as there was currently so much demand and so few nurses to meet that demand that there would still be plenty of jobs for all. It was also noted that current difficulties in recruiting UK nurses is causing an increase in EEA recruitment and instead this is a risk to future UK nursing jobs. Non-EEA recruitment would avoid this issue as stays are restricted. Finally the reconfiguration of the healthcare system supported by new nurses at this point from the non EEA, would result in a range of future opportunities for UK nurses working in their local communities with a more flexible working environment.

Efforts made to recruit within EEA labour market

4.9 Again a wide range of efforts were noted including;

- Overseas visits (mentioned often) and local events in UK
- Recruited many times from Europe but quality diminishing
- Recruitment drives in Poland and Romania
- Use of recruitment agencies specialising in EEA recruitment
- Large advertisement campaigns using press and media
- Investment in Preceptorship working with the RCN to encourage student nurses
- Working closely with the unions to look at efficiencies within workforce practices
- Development of a Nurse Talent Matrix to focus on retention of workforce in this key group
- Working to promote help for carers wanting to become nurses

A general comment was however that providers had recruited from the EEA on many occasions but that the quality of nurses was diminishing, English language skills poorer and that staff used the care home as a springboard for working in the NHS and therefore did not stay with the homes for long.

General comments

4.10 Many providers reported that it was becoming increasingly difficult, even when they managed to recruit nurses, to get good quality nurses who understand the care home environment and were good with working with older people and people with dementia in particular.

4.11 The competition from the NHS was a constant theme with providers either being unable to match NHS wages and terms and conditions because of inadequate LA funding or even where pay matches that of the NHS there is still a wish within the nursing profession to want to work in the NHS and this sector suffers from a poor image that only exacerbates this situation. Indeed, the profession becomes more personally prone to risk due to shortage of supply, media coverage and regulator pressure which makes it less attractive to new entrants. Embargoes in homes often have a high correlation to nurse supply shortage again forming a downward spiral of confidence and willingness to work in this sector.

4.12 The impact on residents was one of the most serious concerns with people not getting the continuity of care or quality of care they should expect and which providers want to be able to give. Providers were demonstrating numerous strategies to address this including increasing wages but if there are not enough nurses to meet the need then these strategies will always fall short for providers some of the time or in some regions/areas of work in particular and the

outlook for improvements was negative. Increasing demand, inadequate fee payments for state supported residents and the imminent retirement of nurses meant providers had no optimism that the recruitment difficulties would be solved without improved access via the SOL of nurses from the non EU countries and that the SOL mention care home nurses explicitly for the obvious reasons.

4.13 The Government and government departments also need to lead in reforming the status of this sector through the recognition of the important and excellent work undertaken by all staff in care homes without whom the NHS would simply not be able to function. Indeed many residents are now extremely dependent when entering a care home and would previously have been cared for in a hospital. Lengths of stay have continued to fall as a result in care homes with 20 months for dementia residents. The skills nurses bring to the care of people with multiple long term conditions are vital in ensuring that people get the quality of life they deserve within settings that are outside the institutional nature of hospitals.

5 Sensible

5.1 Around 14% of nurses in the NHS alone are not British nationals. 38% of the 50,000 nurses working in ASC are recruited from abroad and this rises in London and the south east with 31% of these being recruited from outside the EEA

5.2 There are not enough nurses graduating to meet the shortfall in the NHS let alone care homes with nursing. The CFWI estimates that a total of 17,400 student placements were commissioned in 2012/13 with 15% not expected to complete the course. On top of this, 25,000 nurses are expected to leave the NMC register each year according to the CFWI.

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