Business Case
Overseas recruitment of registered nurses – EU

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www.cddft.nhs.uk
Overseas recruitment of Registered nurses – Europe

Purpose
The purpose of this paper is to summarise the business case associated with the planned recruitment of up to a further 60 registered nurses in continental Europe to maintain momentum and associated impacts upon complementary support services and nursing staff. The Board are asked to continue their engagement in this initiative and offer support and any constructive criticism to refine these proposals with a view to approving this business case.

The aim is to address staffing shortfalls which currently place ward staff under continuing stress and place an undue reliance upon temporary staff - who though fulfilling a vital role - are by definition a less reliable workforce, incur considerable avoidable cost and are less able to deliver consistent standards than substantive nursing staff.

Background
CDDFT have successfully recruited 47 Registered Nurses from Italy who commenced there employment in 4 cohorts between March and June 2016. A further 6 Italian recruits have been offered posts but their employment is subject to successful completion of the International English Language Test (IELTS).

For the foreseeable future CDD FT will continue to have a deficit in the supply of qualified registered nurses. The trust needs to continue with a range of short and longer term strategies to ensure we have the right staff, in the right place, at the right time; and avoid recourse to expensive temporary staffing solutions. This paper describes the background to a proposal to source registered nurses in continental Europe. The Executive Director of HR & OD briefed Staff side prior to the campaign initiated in 2015 and who continue to be supportive of this approach. Staff side will be briefed by the Executive Director of Nursing subject to this further case being approved later in the Summer. The Nurse recruitment committee, Senior nurses, HR, Estates and Finance managers have been intimately involved in the development of this proposal. Executive and Clinical leaders have also approved this plan.

Key issues
The consequence of scandals at Mid-Staffordshire hospital, the subsequent Francis review and the increased emphasis on Safer staffing levels have increased the demand for registered nursing staff in England at a time when the supply of graduate nurses from the training schools has been static or diminished. Scrutiny of safe staffing levels and care hours provided is high on the political agenda and will undoubtedly be subject to examination via the CQC and Monitor.

NHS trusts have embarked upon extensive recruitment activity abroad. Competition is extremely fierce with weaker offerings and dislocation from regional European airports resulting in poor uptake and retention of new European recruits – though average retention at 12 months has been around 80%. It is too early to predict 12 month retention rates for the recent EU recruitment campaign but at the time of this report CDD FT has retained 100% of EU recruits.

After the UK referendum to exit from the European Union the Trust Board continue to be very clear about the valuable contribution the EU and other overseas colleagues make to the services and care we are provide for our patients. In March, the Migration Advisory Committee recommended nursing remained on the Home Offices ‘shortage occupation list’. Therefore the opportunity to recruit from abroad will continue for the foreseeable future.

However the recruitment of European Union nurses is expected to become increasingly difficult following the introduction of new language testing rules. From January 2016 European Union nurses who want to work in the UK will in the future be required to pass an International English Language Testing System (IELTS) exam to progress their application.
Prior to NMC application EU nurses must complete the academic version of the IELTS test and achieve an overall score of 7 from a possible 9 (Masters level). In addition they must score:

- at least 7.0 in the listening and reading sections
- at least 7.0 in the writing and speaking sections

A higher score in one section will not contribute to an increased overall score.

From July 2016 the NMC will accept pooling of IELTS results where applicants may provide two IELTS test certificates to meet the NMC IELTS requirements, but must not have scored below 6.5 in any categories, in either of the test sittings. The two test sittings must be taken within six months of each other to be considered.

Presently the trust is carrying:

- 260 RN vacancies, practically the same as vacancies in May 2015

This represents a 10.73% shortfall overall

This masks hotspots with very high levels of vacancy in acute and community services:

- AMU
- ED
- Orthopaedics (surgery)
- Integrated Adult Care (community hospitals and nursing services)

Taking account of recruited staff awaiting appointment

- 260 RN vacancies converts to
  - 149 active RN vacancies

Taking account of attrition rates of 12.14% in March and 20.85% in April 2016 (compared to 10-11% in May/June last year) the rate overall is increasing and is anticipated to continue at a minimum of >10% for registered nurses. For HCAs the attrition rate was 10.73% in March and 12.32% in April 2016 (compares to 7-8% in May/June 2015).

In crude terms the trust has at least 111 active RN vacancies at this time and is subject to a net loss of an average of 25 RNs per month (20 per month last year). The major reason for the increase is the number of RN retirements. Many return on reduced hours, or have joined the nurse bank, but the cumulative impact in the medium term compounds attempts to fill and sustain RN numbers to vacancies.
The Nurse recruitment group has agreed a working assumption to target high vacancy areas at 50% vacancy levels for overseas recruitment but acknowledge that overseas recruitment to Community hospitals and localities, though required, is more challenging.

**Consideration of Options**

**Contextual factors**

Whilst overseas recruitment represents a possible short term solution it should not be seen as an isolated approach. A greater emphasis upon retention activity, preceptorship for new graduates and those returning to the work place or from another sector, creation of a positive learning environment for students, strong mentorship and Internship schemes, the possible development of rotational posts, links with careers services and job centres all have a vital role.

The trust has been relatively successful in recruiting graduates from Teesside University and continued proactive effort is required to sustain this position in the light of increasing competition from neighbouring trusts. Job guarantees for ‘freshers’ and final year students are made subject to successful completion of their pre-registration adult nursing degree programme.

In 2017 pre-registration nursing programmes at the main North East Higher Education Institutes (HEIs: Teesside and Northumbria Universities) may be restricted to an annual intake (currently bi-annual). Whilst commissioned numbers are anticipated to be the same the net effect will be:

- opportunities to recruit graduates will be limited to an annual intake,
- pressure on the system for RNs to provide mentorship during clinical placements and,
- a surge of new graduates who require significant support during their 12 month preceptorship programme.

A national focus on the development of apprenticeships (apprenticeship levy from April 2017) will consolidate the opportunity to develop widening access programmes as routes into pre-registration nursing education. In addition inception of the new Nursing Associate role from spring 2017 will support the Registered Nurse workforce. However these are medium to long term workforce plans which are still subject to development and do not provide a workable solution in the current climate.

CDDFT is actively recruiting to substantive Band 3 Return to Practice Students who are RNs with lapsed NMC registration, or have had a break in practice. On successful completion of the required academic and clinical practice hours and NMC registration they will be guaranteed a band 5 post.

The loss of on-site residential accommodation requires negotiation and planning with private landlords to secure new recruits however good transport links to Newcastle, Durham Tees Valley and Leeds Bradford airports will be helpful in developing opportunities to recruit from Europe.

A dynamic Website, improved profile in professional journals, high quality local, national and international advertising is also key.

Reliance upon Temporary Registered nurse staffing – Bank and Agency – has reduced significantly. Agency costs at May 2015 were in excess of £1m. By April 2016 this figure had reduced to £265k but is challenging to sustain.

Active recruitment into the CDD FT staff bank has enabled fill rates to increase, thus reducing reliance on Agency services. Whilst WTEs in bank staff utilisation has risen from 24 to 63 per month the associated costs are significantly less than those previously incurred via agency services.
Similarly HCA Agency usage and associated costs are reducing. In-house bank staff utilisation has risen from 71 to 87 WTEs where the associated costs are significantly less than those previously incurred via agency services. Expenditure in this area is closely monitored.

**Local recruitment**

Local recruitment campaigns have been relatively successful. During the last 12 months 536 RNs have been recruited (substantive and Bank Staff) through the ‘100’ campaign but still the trust is >100 RNs short of meeting requirements. The trust has not held not less than 100 long term vacancies for several years.

**Recruitment process**

Significant reforms have taken place around the HR process in order to fill posts quickly though further improvements will be required to increase transparency, offer a feedback loop to managers and staff, put in place regular policing points and agree a standard of HR performance and service compliance with process within set time frames. This includes aspects of Job description, Advertisement text, Person specification preparation and standardisation. Innovative recruitment solutions will also focus upon improving the way we advertise.

Marketing an attractive offering features an enhanced web site expanding the range of excellent video vignettes available on You tube – including in European languages; targeted and speciality specific recruitment campaigns. This forms part of an attraction strategy to develop the organisation as a socially inclusive employer, engaging the local community / labour market.

An understanding of the local and international labour market is key to matching it to our needs particularly in hard to recruit / premium areas.

Julie Race, Associate Director of Nursing/Noel Scanlon, Executive Director of Nursing
The creation of transparent budgets and further iterative movement towards realistic establishments will assist Ward and Nurse Leaders to fill key posts. Engagement with Academic Institutions will also enhance the recruitment process.

**Overseas recruitment.**

Recruitment of registered nurses (RNs) from the European Union (EU) has the advantage that EU RNs already meet NMC (Nursing and Midwifery council) requirements having trained under an EU approved curriculum. The disadvantage of EU recruitment is that EU nurses may wish to enhance their CV before returning to their home country cf. Asian nurses who typically may wish to make a home and raise a family in the UK. However, access to Asian ( i.e. non EU) labour markets is being limited by changes to Immigration rules which require new candidates to have attained a salary of £35,000 (i.e. at least two promotions) p.a. within 5 years before being able to apply for leave to remain. This is unlikely given the length of Adaptation / Competency testing / OSCEs required and the need to develop stronger assertiveness skills than might be typically observed in India and the Philippines.

Selection of countries from which to recruit has been premised on the need to both recruit and retain nurses. Historically, nurses from Ireland have been attracted to London, the Home Counties, Canada, USA and Australia. Spain and Portugal have been the location of the highest levels of RN recruitment and turnover. Greece has not been a successful location for recruitment hitherto. Italy has been both successful and boasts a strong reputation for caring, compassionate, technically competent nurses who are willing to deliver intimate bedside care to a high standard. Eastern European nurses, particularly from Romania, have a similar reputation and can also be expected to deliver better rates of retention because of the economic situation in those countries cf. the cost and standard of living in County Durham.

**Financial Proposal**

The Executive Director of Nursing previously initiated and negotiated a successful contract with a London procurement partner approved agency to secure the previously cited 47 appointments. The same agency can support the trust to recruit RN appointments of up to

- 60 nurses from the EU, possibly Italy and Romania, during summer 2016.

This has the advantage of avoiding the need for Tender. An agency (per person hired) fee would include provision of interview facilities in each of those countries, travel and hotel accommodation for the trusts recruitment team and all in-country arrangements.

Candidates would be hired to fill up to 30 positions at a time to be assigned against vacancies with the aim of cohorting groups to where services require them whilst being cognisant of the need for recruits to integrate socially within their locality.

The package available to new recruits includes reference to Staff health and wellbeing through Occupational health assessments and support, subsidised Gym membership, access to both Continuing professional development and Mandatory & Statutory training. Standard NHS Pay and conditions would apply and only nurses who have been preliminary assessed to be at a minimum IELTs level 6 -6.5, or its equivalent, will join the trust. Nurses with this level will be supported to progress to achieving level 7.

There has been considerable debate around the need to value diversity in the workplace. Thus far there have been no dissenting voices around recruit from abroad. The nurses recruited from Italy are highly valued, as are our Romanian, Indian and Filippino nurses. Several Italian and Romanian nurses have offered to act as ambassadors and assist in the production of promotional videos about both their work and home lives.

We must recognise however that CDD FT will be entering a very competitive market so will need to offer Overseas RNs a competitive range of Non-Pay Benefits. This will include access to the trust Salary sacrifice programmes for Car lease, purchase of Bicycles, Computers and IPads. However, it would be unreasonable to expect new recruits to find, secure and furnish accommodation upon arrival. Free furnished accommodation on or near site will be offered for up to 3 months for new overseas recruits. The
package will also include free wi-fi in their temporary accommodation, free inward flights (from point of hire to a maximum of £250), free return flights (up to a £150 allowance) to their domicile as a retention incentive at 6 and 12 months service (these would be deductible from terminal salary in the case where these service terms are not met).

Corporate Induction will be tailored to their needs with enhanced local orientation, and a bespoke overseas RN training course. A significant and formal training programme will be provided to enable recruits to progress to level 7 IELTS and subsequent application for NMC registration. Until this is achieved the nurses will be employed as Assistant Practitioners (Nursing) and paid at A4C Band 4.

Overseas Nurses would also have the same access to Education and development provision, Leadership development, Access to Continuing professional development, Specialist training, Accredited programmes, Rotations and Secondments.

**Retention strategy**
Further work will focus on developing appealing Career Pathways, Improving the Staff Experience, Self / Fair rostering, Flexible working, Improving working conditions and promoting Safety in the Clinical Environment. Nevertheless, understaffing and supporting temporary staff are contributing to Stress and risk encouraging staff to breach the European Working time directive (EWTD).

**Financial implications - recruitment**
The Trust’s nurse agency expenditure has been significantly reduced during 2015/16. However there are costs of backfill to RN vacancies from the nurse bank and working additional hours. These are supplemented by additional HCA hours which are often needed to backfill against RN hours. It has been agreed that to comply with safe staffing levels HCA backfill should not exceed 20%. This has challenging but sustained with an average RN fill rate of 80% 6 months ago. We are now achieving between 88-90% RN day fill rates and this correlates to our successful EU recruitment campaign. However we are still utilising temporary (bank and agency) RN staffing to maintain these levels.
Total: £3,772,843  8,455,387  £8,340,129  £719,830
(est >4m to YE)

Costs for reconfigured care groups 15/16

<table>
<thead>
<tr>
<th>2015/2016 Totals</th>
<th>Registered Nursing Agency Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Total</td>
</tr>
<tr>
<td>ACUTE &amp; EMERGENCY CARE</td>
<td>£3,743,556</td>
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<td>CLINICAL SPECIALIST SERVICES</td>
<td>£18,590</td>
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<td>FAMILY HEALTH</td>
<td>£38,865</td>
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<tr>
<td>INTEGRATED ADULT CARE</td>
<td>£1,213,277</td>
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<tr>
<td>SURGERY</td>
<td>£3,274,861</td>
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<tr>
<td>Corporates</td>
<td>£50,980</td>
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<tr>
<td>Grand Totals</td>
<td>£8,340,129</td>
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<table>
<thead>
<tr>
<th>YTD (End of May 2016)</th>
<th>Registered Nursing Agency Spend</th>
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<tbody>
<tr>
<td>Month</td>
<td>Total</td>
</tr>
<tr>
<td>ACUTE &amp; EMERGENCY CARE</td>
<td>£304,816</td>
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<td>CLINICAL SPECIALIST SERVICES</td>
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<td>FAMILY HEALTH</td>
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<td>Corporates</td>
<td>£1,168</td>
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<td>Grand Totals</td>
<td>£719,830</td>
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Financial implications - IELTS programme

IELTS is an academic, not vocational, programme and will be very challenging for candidates to achieve. The proposed campaign aims to recruit nurses with an entry level of 6.0 -6.5. To test if this is realistic 6 volunteers sourced from our previous EU campaign have agreed to sit the IELTS full day exam. Results will be available towards the end of July.

A number of organisations have been sourced who are in a position to provide the IELTS programme. A summary of the options from 2 providers is detailed in the tables below (provider A and B) assuming a maximum cohort of 15 per programme (2 programmes can run in parallel).
Board paper: Business case summary: Overseas recruitment of Registered Nurses

Julie Race, Associate Director of Nursing/Noel Scanlon, Executive Director of Nursing 25 July 2017

Provider A – From access levels 6 and 6.5

<table>
<thead>
<tr>
<th>Pre-programme activity</th>
<th>Entry level</th>
<th>Delivery style</th>
<th>Programme hours</th>
<th>Programme Duration (weeks)</th>
<th>Cost per student</th>
<th>Cost per programme (15 candidates)</th>
<th>Cost for 60 recruits</th>
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<tbody>
<tr>
<td>Needs analysis</td>
<td>N/A</td>
<td>Pre-Uk on-line</td>
<td>140 hours on line</td>
<td>Timeline TBA</td>
<td></td>
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<tr>
<td>Needs assessment and preparation</td>
<td>N/A</td>
<td>Pre-Uk Individual IELTS benchmarking</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Virtual classroom - Tutor led on line (100hrs) And Guided self-study (100hrs) Weekly webinar</td>
<td>200 hours</td>
<td>* 2 terms 10 weeks</td>
<td></td>
<td></td>
<td>[Information redacted: section 43(2) of the FOIA – commercially sensitive.]</td>
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</tr>
<tr>
<td>6.5</td>
<td>As above</td>
<td>100 hours</td>
<td>1 term 5 weeks</td>
<td></td>
<td></td>
<td></td>
<td>[Information redacted: section 43(2) of the FOIA – commercially sensitive.]</td>
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</tbody>
</table>

* each term designed to move student up 0.5 in the IELTS test (from 6.0 – 6.5 - 7.0)

For in-house training classes, trainer costs, including travel, board and lodging will be added at cost

Costs exclusive of IELTS exam

Provider B – if access level 6 and 6.5

<table>
<thead>
<tr>
<th>Pre-programme activity</th>
<th>Entry level</th>
<th>Delivery style</th>
<th>Programme hours</th>
<th>Programme Duration (weeks)</th>
<th>Cost per student</th>
<th>Cost per programme (15 candidates)</th>
<th>Cost for 60 recruits</th>
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</thead>
<tbody>
<tr>
<td>Needs analysis as part of recruitment &amp; selection process</td>
<td>N/A</td>
<td>Recruitment process</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Needs assessment</td>
<td>N/A</td>
<td>Pre-Uk Individual IELTS benchmarking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Classroom teaching and tuition (1 full day and 2 evening sessions)</td>
<td>240 hours</td>
<td>24 weeks</td>
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<td></td>
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<tr>
<td>6.5</td>
<td>Classroom teaching and tuition (1 full day and 2 evening sessions)</td>
<td>160 hours</td>
<td>16 weeks</td>
<td></td>
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</table>

Costs includes assessment, diagnostic tests, preparation, tuition and IELTS exam. Excludes travel or subsistence for recruitment activity – estimated at £500 per recruitment campaign

**Option appraisal**

For comparison purposes the costs of both options have been calculated at an assumed IELTS entry level of 6.00 to 6.5.

**Option A**

The cost associated with option A reflects the distant learning approach where hundreds of students can access the programme nationally. However this provider has indicated the IELTS level is more likely to be at level 5 on entry to the UK. If CDDFT accepted this entry level each recruit would require an additional 200 hours (10 weeks) of study to progress to level 6. Subject to successful completion NMC application for
registration would be initiated at 5-10 weeks post-employment for entry levels 6.0 to 6.5 and 20-25 weeks for entry levels 5.0 to 5.5.

This approach requires significant study during the pre-employment period. If CDD FT demands an entry level of 6.0 this will significantly increase the lead in time from job offer to employment.

**Option B**
The cost associated with option B reflects a focussed training programme which is delivered by tutors in a classroom setting. The provider of this programme is aspirational in terms of an IELTS entry level of 6 – 6.5.

The costs reflect the hands on, face to face approach provided by a local College which includes early identification and provision of support to individuals who are deemed to be struggling with the academic programme. The provider would assess the IELTS entry level as part of the recruitment process in the EU. This would ensure that successful candidates were at a minimum entry level of 6.0 and therefore be available for immediate employment. NMC application for registration would be initiated at 16-24 weeks dependent upon their entry level.

**Preferred Option**
It is recommended that we should aspire to a minimum entry level of 6.0 – 6.5. This is in line with other UK providers.

Given the challenges associated with the IELTS academic programme the cheapest option (A) may not have the desired outcome in terms of pass rates. Whilst this conclusion is subjective it needs to be recognised that reliance is much more on the individual and whilst, from a self-improving perspective, it would be hoped each employee would demonstrate the desired commitment, in reality it may be difficult to maintain for such an intense programme.

Assuming the pre UK on-line study of 140 hours for option A is completed over several weeks this could impact negatively on the conversion from job offer to acceptance and encourage potential candidates to take employment opportunities with other UK Trusts who are utilising local colleges for programme delivery.

Option B provides an environment where individuals who are struggling can be identified quickly and be supported to progress at the pace and scale required. Whilst it is more expensive option B is more likely to deliver the required success rates through provision of individualised student support, face to face tuition, and early identification of individual challenges. This would serve to mitigate risk of exam failure. Option B also enables recruits to be streamed into the workforce within a much shorter timescale (approx. 1 month post job offer) as assessment of the IELTS entry level would be part of the recruitment process in the EU. Thereby making the job offer realistic at point of decision and more attractive to candidates.

The Board is requested to approve option B as it will secure recruits, enable earlier employment into CDD FT and expedite progression to NMC registration. It is deemed to be the most risk averse in terms of IELTS success rates, staff retention and the associated medium to long term return on investment savings.

Conditions of employment would require reimbursement of IELTS programme costs from any individual who left the Trust within 24 months of employment.

**Financial implications – Total Costs**
The estimated cost associated with the recruitment of 60 overseas nurses is below. It has been assumed that although the nurses will not commence until September or October, the accommodation will be for DMH only and will need to be secured during August. Nurses placed at UHND will be placed in the underutilised residence accommodation on the UHND site and will therefore be free of charge. Most of the accommodation secured is likely to be unfurnished so it will be necessary to reutilise that acquired during the previous recruitment campaign where possible.
The Total cost of the recruitment campaign was £372,500.

The IELTS training programme costs assume 50% of candidates at entry level 6 and 50% at entry level 6.5. It also includes £1k travel and subsistence for the educational provider to assess the IELTS entry level for two campaigns as part of the recruitment process in the EU.

Pay costs above relate to salary costs which will be funded through ward establishment budgets and are not additional costs. The non-recurrent costs of £119.5k are currently not funded but the Director of Nursing 2016-17 forecast includes the expectation that a further £263k would be spent on future campaigns. Therefore, this business case would result in an improvement of £143.5k on forecast spend. Accommodation costs are an estimate and could change depending on the numbers recruited to at each Trust site.

The £253k savings from agency costs are as a result of the 16-point plan (Board July 27, 2016) to reduce nurse agency Trust-wide as follows:

- Total savings from plan Aug – Mar17: £1.918m
- AEC risk of non delivery: £1.655m
- Net savings: £0.253m

The cost of the nurses will be funded by agency savings and a reduction in backfill costs on appointment. However, this will not be fully realised until the IELTs training is complete as a proportion of their employment will include protected study time. The trust is currently paying RN Band 5 agency rates as detailed in the following table.

Current forecast spend is as follows:

<table>
<thead>
<tr>
<th></th>
<th>Day</th>
<th>Sat</th>
<th>Night</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Tier 4</td>
<td>£52.86</td>
<td>£58.54</td>
<td>£58.54</td>
<td>£64.86</td>
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<tr>
<td>Agency Tier 3</td>
<td>£34.92</td>
<td>£39.95</td>
<td>£39.95</td>
<td>£48.93</td>
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<td>Agency Tier 2</td>
<td>£25.20</td>
<td>£32.26</td>
<td>£32.26</td>
<td>£40.33</td>
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<tr>
<td>Agency Tier 1 / Agency Cap Rate / Bank</td>
<td>£22.32</td>
<td>£29.02</td>
<td>£29.02</td>
<td>£35.72</td>
</tr>
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</table>

For the purposes of analysing possible savings, an average cost of £40 has been used.

If the overseas nurses directly replaced RN agency, bank, and HCA backfill wards savings could be as high as £1.04m. This assumed each new starter replaces 30 hours nurse bank/agency per week to allow for annual leave and training commitments.

It is important to recognise that return on investment (ROI) is conditional upon the Italian recruits not being replaced by Agency cover during their period of induction. This poses little clinical risk as the band 5 vacancies they fill will be carefully selected so as not to saturate placements and the band 4 salary they receive until registration will accrue a saving built into the business case.

It should also be noted that even with the current agency and bank usage there are a significant number of nursing posts not being covered and it is possible that agency (at capped rates) and bank costs might not be sustained in some areas if they begin fill to safer nursing establishments and continue to use temporary worker staff. Controlling the use of temporary staff and increasing the level of management controls will therefore continue to be a key part of the plan.
In short, recruitment of overseas RNs is but a small part of an overall Nursing efficiency programme which will feature:

- Recruitment to long term vacancies
- Introduction of paperless efficient nurse rostering to reduce demand for temporary staffing cover
- Continued development of an effective In house Nurse bank
- Continued control the costs of Nursing Agencies through framework agreements, master vendor arrangements, etc.
- Centralised booking of temporary nursing cover
- Effective management controls for the requesting of management cover
- Pre-employment checks, Induction, training, performance review and monitoring of temporary staff
- Migration of temporary staff to substantive contracts and
- Enhanced counter fraud measures

The risk to the Trust of attrition rates has not been factored in but it should be noted that the payback period for the project is 12 months (IELTS programme, backfill for study and application to the NMC with an anticipated lead in time for registration of 3 months) The Trust needs the nurses to stay for at least 9-10 months to ensure the project breaks even financially.

Monitor approval of consultancies

From 2 June 2015, NHS foundation trusts receiving interim support from the Department of Health and NHS foundation trusts that are in breach of their licence for financial reasons are required to secure advance approval from Monitor before:

- signing new contracts for consultancy projects over £50,000
- extending or varying existing contracts or incurring additional expenditure to which they are not already committed (where the total contract value exceeds £50,000).

The Executive Director of Nursing is in consultation with Monitor to explore to what extent this approval process applies to CDD FT. These discussions are proceeding concurrently with the preparation of this business case proposal. The timing of approvals from Monitor – if required - is not yet clear however any further delay would be prejudicial to attaining the savings identified above.

Recommendations

The Board has approved this business case in principle, giving discretion to the Executive to agree the detail and approve the case. It is recommended that the Executive now approves this business case.

A working party of the Nurse Recruitment committee with Finance, HR, Estates, Communications and Nursing Education membership has been developing this proposal since February 2016.

Summary

For the foreseeable future CDD FT will have a deficit in the supply of qualified registered nurses. The trust needs a range of short and longer term strategies to ensure we have the right staff, in the right place, at the right time; and avoid recourse to expensive temporary staffing solutions. It may be several years before a renewed emphasis on workforce planning and commissions for larger numbers of nursing graduates address this deficit.

This paper has described a proposal to continue to source up to 60 registered nurses in continental Europe and the associated impacts upon complementary support services and nursing staff. It is commended to Board members who are asked to approve this business case on 27th July 2016.

Signing of the contract will initiate an eight week lead time to interviews to take place in Europe with likely appointments leading to European nurses taking up post in the trust in September/October 2016.

The aim is to address staffing shortfalls which currently place ward staff under continuing stress and place an undue reliance upon temporary staff - who though fulfilling a vital role - are by definition a less reliable
workforce, incur considerable avoidable cost and are less able to deliver consistent standards than substantive nursing staff.
Figure 1: Nursing efficiency programme