

Cover page	
Meeting	Trust Board
Paper Title	Overview of International Nurse recruitment & pilot for OSCE ready Nurses - India
Date of meeting	6 February 2020
Date paper was written	30 January 2020
Responsible Director	Rhia Boyode, Interim Workforce Director & Barbara Beal, interim Director of Nursing
Author	Clair Hobbs, Deputy Director of Nursing
Executive Summary	
<p>This paper gives an overview of international nurse recruitment to date and highlights the potential to recruit OSCE ready nurses from India into the organisation via an new pipeline to reduce the overall vacancy gap. The paper sets out a pilot for up to 36 nurses initially who are OSCE ready with the majority being placed within the 2 Emergency Departments (EDs) due to their extensive clinical experience. This recruitment would reduce the overall vacancy gap thus reduce some of the financial burden and quality concerns related to increasing levels of temporary staffing within the organisation. The ability to recruit OSCE ready nurses significantly reduces the lead in time for overseas nurses as the supernummary period does not have to include OSCE preparation once within the UK.</p> <p>The paper concludes that overall international recruitment via HEE remains on track and that it would be beneficial to recruit to the additional OSCE ready pilot.</p> <p>The risks associated with this are as follows:</p> <ul style="list-style-type: none"> • Finding necessary local accommodation for the first 3 months in the UK • OSCE dates – booking for OCSEs is becoming more challenging as slots are being used by many organisations who are actively recruiting from overseas. Whilst dates can be booked, the period of time that candidates may have to wait for a date may become prolonged and as a consequence cost the organisation more money than anticipated. Provisional plans are taking place to book OSCEs for April. • Early indication from interviewing potential candidates suggests that 4 weeks supernummary period will be sufficient for these individuals but there is a financial risk again that this could increase on a case by case basis dependant on how well the individual's settle into their role. <p>This paper is designed to give the board oversight of the pilot plans and to ensure that Trust Board is advised of any key issues following debate and discussion.</p>	
Previously considered by	Workforce Committee

The Board (Committee) is asked to:			
<input type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input checked="" type="checkbox"/> Note	<input type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a	To discuss, in depth, noting the implications for the Board or Trust without formally	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

particular course of action	approving it		
-----------------------------	--------------	--	--

Link to CQC domain:

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led
--	---	--	--	--

Link to strategic objective(s)	<input type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare <input checked="" type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care <input type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities <input checked="" type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions <input checked="" type="checkbox"/> OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	We need a recruitment strategy for key clinical staff to ensure the sustainability of services (CRR 859)

Equality Impact Assessment	<input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	<input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA
Financial assessment	Financial brief noted within paper

Main Paper

Situation

There continues to be a nationwide shortage of registered nurses across the UK (circa 44, 000 vacancies). SaTH has seen this vacancy gap exacerbated due to its rural and urban locations and close proximities to specialist and teaching hospitals with easy road links.

Over recent times, SaTH has struggled to recruit to registered nursing vacancies resulting in low staff morale, difficulties in retention and the inability to fill vacancies via UK recruitment. This has resulted in an increased rate of bank and agency spends over the last 3 years; there is close to a 50% increase in temporary staffing requests and agency fill.

There are several workforce challenges for the organisation including that of nursing vacancies with the overall risk being held on the BAF.

The Interim NHS People Plan sets out how we should be prioritising urgent action on nursing shortages. One of those actions highlighted is to increase international recruitment in order to increase supply rapidly in the short and medium term.

Background

Update on International Nurse recruitment

The Trust needs to ensure that the pipeline of staff is sustainable to meet ongoing requirements and in line with the increase in bed-base as outlined in the operational plan.

A collaborative working relationship with Health Education England Global (HEE Global) commenced earlier in 2019 and has resulted in 172 WTE of the original planned 176 WTE Indian nurses currently being organised to join SaTH. The first 26 candidates are already in the UK with the first 6 nurses who arrived in December 2019 due to take their OSCE on 31 January. A plan is now in place to accept 30 a month; the plan of 100 nurses before 31 March remains on track. Several nurses have dropped out of the pipeline due to various personal reasons such as pregnancy; to ensure we continue to meet the agreed plan of 176WTE nurses, further skype interviews will take place. These additional skype interviews are likely to be in April or May when we have clearer indications of definite numbers of nurses still on track to join as it is assumed there will be further nurses drop out at various stages. Weekly meetings are held by the Deputy Director of Nursing and the workforce team to ensure pace around the recruitment process and that the plan remains on track to be delivered in line with the original proposal. So far the overseas nurses that have been have joined us are of a high calibre with very good English and clinical skills. The phased approach of 30 a month was agreed to ensure that the clinical and OSCE Team can support the international recruitment both in the short and medium term. These nurses require circa 12 weeks supernumary period on arrival within the UK in order to be trained and prepared to take the OSCE exam before they will be issued with their Pin number form the NMC. From the first 2 cohorts that are in the UK, it has become apparent that due to the high standard of the nurses that several of the candidates will require a shorter supernumary period.

With the Trust's turnover at 9% and with successfully employing the originally agreed 176WTE via HEE Global it is forecast that the registered nurse vacancy gap is likely to be at 50-60wte by September 2020. Currently the project is on track for 172 nurses but the likelihood is there will be a few that will not come or will be sent home if they fail their OSCE meaning that the vacancy predicted for September could be slightly higher. All efforts will be made to ensure 176WTE remain on track to be recruited. In order to make the Trust a more attractive place to work with a sustainable workforce model and with an aim to work at an 80:20 substantive to bank/agency ratio, further recruitment is now required early 2020 to secure this plan for September 2020 onwards.

A private Indian company has been introduced to SaTH. This company are offering OSCE ready nurses with 80 potential employees currently ready to be deployed to the UK. They are offering to support SaTH and are already actively working in Maidstone and Tunbridge Wells NHS Trust and have employed 40 nurses to this Trust. SaTH intend to conduct a pilot with this company to bring up to 36 OSCE ready nurses in April (earliest possible time) with a focus on ED vacancies and Unscheduled

Care vacancies where there are still critical gaps in their workforce.

This increased recruitment will also meet the requirement of the MUST take action identified in the CQC Inspection report published on 29th November 2018.

Assessment

Overview of OSCE ready Nurse recruitment

The current proposal that has been accepted in principle by the Executive Team is to accept a pilot of 36 nurses who are OSCE ready and who have a minimum of 12-18 months experience in Medicine, Critical Care or Emergency Care. Skype interviews have been held during the week of 6 January 2020.

The calibre of nurses interviewed has been encouraging. Of the 37 nurses interviewed, 36 are suitable to be offered. 32 of these nurses have the relevant experience and skills to work within the Emergency Departments at the 2 hospital sites. 2 of the 32 ED ready nurses are also paediatric trained.

Whilst these nurses will be OSCE ready and could complete and hopefully pass their OSCE within a week of landing in England, there will then be a wait for the NMC to issue the PIN number (average turnaround time is circa 2 weeks presently but this could change). Early indications are suggestive that these nurses will require 4 weeks (maximum of 8) supernummary period after joining SaTH in order to complete their OSCE, receive their PIN number, complete induction and be acclimatised to the clinical areas and practices prior to becoming an independent practitioner within the chosen area.

There is a current risk in regards to OSCE as slots for exams are becoming difficult to book with some candidates being required to travel to as far as Ulster to obtain an earlier date for OSCE. The agreed plan will be to try to book all OSCE slots for April those nurses that accept their offer.

The company have stated that given the extensive network of their own hospitals in India that they are constantly recruiting nurses. They are able to support their nurses who have an interest in working in the UK in UK Hospitals to become IELTS, CBT and OSCE trained in advance of leaving India.

The company also has additional benefits as outlined below:

- Accent trainers from the UK have been hired so that the nurses being trained are equipped with a proper understanding of the spoken English language. This will hopefully help them pass IELTS more easily; it will also help them in better communication with patients and colleagues already working in the NHS.
- Extensive use of computer based training (CBT) as its core method of training and testing. The company has developed its own web-based portal for NMC CBT training. Helping potential candidates more prepared with the process.
- They have recruited Nurse OSCE trainers from the UK and relocated them to India. There are 2 dedicated OSCE training facilities available in the North and South of India. A comprehensive OSCE training program is available with refresher courses and mock tests. All training and mock tests are simulated to UK NMC OSCE standards.
- The training performed can include bespoke topics as requested by SaTH such as Sepsis and deteriorating patient.
- Support to retain the RNs at SaTH. Clearmedi have developed an extensive program in relation to community integration which provides support for social and psychological and includes issues such as providing jobs to their spouses and providing for child care. Support is also offered to help further integrate them into the community and includes events of significance around their religion and social events that are carefully planned and organised to help with integration and prevent isolation.
- Pastoral support on landing in the UK including transport to Shropshire and their place of residence.

The successful candidates would require the same levels of package including 3 months of accommodation which will be a challenge and is currently being investigated by the workforce team to

ensure SaTH can meet this demand from April onwards.

References have been obtained for the Director of Workforce at Tunbridge Wells NHS Trust that has already recruited nurses from this company. Feedback overall has been positive although the OSCE pass rate was slightly lower than other international nurses that have been employed by the Trust from other routes. With this in mind the contract that is currently being drafted will include a payback fee to SaTH for those nurses that do not pass.

The business case to support is currently being finalised alongside the required contract. The financial impact will assume 36 nurses on a 4 week supernummary period and a recouping of £1, 600 per nurse over 12 months in line with the HEE GLP overseas nurses package. Costs may rise if certain individuals need a longer supernummary period. The payback period would be 12 months.

Recommendation

The Board is asked to note the paper.