



Response by the Royal College of Nursing to Migration Advisory Committee's Call for Evidence on Partial Review of the Shortage Occupations List for Nurses – December 2015

Introduction

With a membership of around 430,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector across health and social care.

The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national, European and international agencies, trade unions, professional bodies and voluntary organisations.

The RCN submitted evidence in December 2014 to the last Migration Advisory Committee's (MAC) partial review and called for the inclusion of adult (general) nurses on the Shortage Occupation List (SOL). We have continued to press for this, along with health and social care providers, and have highlighted both the international recruitment and retention challenges of not placing nursing on the SOL.

The RCN has also contributed to the MAC's ongoing wider review of the Tier 2 visa system, highlighting the challenge of the current points mechanism which relies too heavily on salary levels to prioritise visas.

The RCN welcomed the Home Secretary's announcement to place nursing on the SOL pending this latest specific review. We also contributed oral and written evidence in November 2015 to the Home Affairs Select Committee's investigation into immigration and skills shortages. Our view remains that there is a pressing need for a long term workforce strategy to tackle the nursing workforce crisis, but that in the interim at least nursing needs to remain on the SOL.

Our response to the MAC's call for evidence on adding nursing to the Shortage Occupations List can be found here: https://www2.rcn.org.uk/_data/assets/pdf_file/0011/603101/96.14_Call_for_Evidence_Partial_review_of_the_Shortage_Occupation_Lists_for_the_UK_and_for_Scotland..pdf

Our response to the MAC's call for evidence on Minimum Salary Thresholds for Tier 2 Visas: https://www2.rcn.org.uk/_data/assets/pdf_file/0011/631559/40.15-Minimum-salary-thresholds-for-Tier-2-call-for-evidence.pdf

Our response to the review of the Tier 2 migration system can be found here: https://www2.rcn.org.uk/_data/assets/pdf_file/0014/642101/41.15-Call-for-Evidence_Review-of-Tier-2.pdf

RCN Response - Summary

The RCN maintains that the UK-wide shortage of nurses is a long term challenge which requires bolstered investment in numbers, skills and retention across care settings. In short, we know that there is no quick fix to this challenge. Put simply, patient demand for nursing skills and services are rising while supply sources are declining. Taking nursing off the SOL will only exacerbate this challenge still further.

For this reason the RCN maintains that adult (general) nursing, which is the route into many nursing roles in health and social care, should remain on the SOL at least until we are close to achieving self-sufficiency. We were pleased that this view was also endorsed by the Home Affairs Select Committee report 'Immigration: skill shortages'.¹

The UK and devolved governments – as caretakers of the NHS and champions of health and social care across the UK – must approach this workforce challenge in a joined-up way. This needs to include:

- Better inter-departmental collaboration between the Home Office, HM Treasury, Department of Health and other government agencies to support a long term nursing workforce strategy which prioritises patient need and matches this to available resources
- A clear recognition – not just of the role which overseas nurses play in helping to mitigate the chronic workforce shortage – but also their wider contribution to society. Nurses come to the UK to care for patients, but their contribution does not end there. They pay taxes, they integrate into communities and participate in the

¹ Home Affairs Select Committee, 'Immigration: skills shortages', available here: <http://www.parliament.uk/business/committees/committees-a-z/commons-select/home-affairs-committee/inquiries/parliament-2015/immigration-skill-shortages/> (2015)

social fabric of the UK. Government policy needs to champion this positive role, and embed this into its policies around immigration, pay, workplace safety, career progression etc

- Greater recognition that the health and social care sectors are interdependent and rely on the same pool of registered nurses. This makes self-sufficiency all the more important, as demand for both services grows
- Stronger collection of comparable workforce data across health and social care sectors to provide a more accurate picture of current and future nursing workforce gaps and needs
- A commitment that nursing should remain a degree profession – reflecting the level of skill required by practitioners to meet increasingly complex patient needs and expectations. While the RCN supports clearer training and career development pathways for health support care workers to enter the nursing profession, we firmly oppose any move to dilute or substitute degree-level Registered Nurses with less qualified practitioners as a cost-saving measure to bolster numbers
- Recognition of the large body of respected international evidence which clearly links better patient outcomes to a high proportion of nurses educated to degree-level (or equivalent) providing that care²

A 10 per cent increase in the proportion of nurses holding a bachelor's degree has been associated with a 5 per cent decrease in the likelihood of patients dying within 30 days of admission to hospital, as well as a reduction in deaths occurring as a result of a treatable complication. Providers therefore need sufficient numbers of appropriately educated registered nurses to provide safe patient care

We have provided additional evidence in this submission on a number of supply and demand issues influencing the continuing shortage of nurses across the UK, including around:

- A steep percentage rise in non-EEA admissions to the NMC register in 2015, as well as rising EEA admissions (although at a lower percentage rise since 2014). This suggests that the supply from the EEA is slowing down, making the non-EEA market even more important for providers

² Dr Linda H. Aiken, 'Educational Levels of Hospital Nurses and Surgical Patient Mortality', available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3077115/> (2014)

- Evidence of hospitals in England failing to meet their nurse staffing targets
- Despite difficulties in capturing accurate vacancy data, indications from across the UK, particularly outside the NHS of rising vacancy rates
- Only limited success to date in attracting nurses back into practice from return to practice programmes
- A continuing shortfall in nurse education commissions
- An ageing nursing workforce across health and social care

Evidence around Shortage - Demand

International recruitment: Non-EEA nurses

In our response to the MAC's call for evidence on adding nursing to the SOL in December 2014, we provided evidence that the cumulative number of EEA and non-EEA nurses entering the UK as new NMC registrants was growing – indicating strong demand for qualified non-UK nurses.

More recent data obtained by the RCN shows a strong upsurge in international admissions to the register which reaffirms this continuing demand. In the first ten months of 2015, there were over 1,268 new non-EEA admissions³ – a 300 per cent increase on the previous twelve months.

This upward demand trend is also reflected in the number of visa applications for non-EEA nurses. From Q1 of 2014 to Q1 of 2015, visa applications grew by over 363 per cent (from 733 to 2,664).⁴ Despite this rising demand however, only 19 per cent of the Q1 2015 visa applications translated into NMC registrations.

In addition to this, the RCN has analysed data provided via a Freedom of Information request to the MAC. This discloses the number of Certificates of Sponsorship (CoS)

³ NMC, Freedom of Information request (November 2015)

⁴ Ibid

used for nurse recruitment across 139 NHS Trusts for the years 2013, 2014 and the first eight months of 2015.

From this data it is clear that there is a sustained and worsening national shortage:

- Of the 139 Trusts, 44 per cent saw an increase in the number of CoS's issued between 2013 and 2014. 41 per cent saw a decrease, and 15 per cent registered no change
- Between 2013 and 2014, demand by the top ten Trusts for total nurse CoS's grew by over 50 per cent
- While the greatest demand for CoS's came from London and the south-east region, we would highlight that the upward demand for CoS's between 2013 and 2014 was evident across the UK

In addition, we note that Trusts across England and Wales made large numbers of CoS applications throughout the period April 2015 to November 2015 which covers the period when the cap was reached. For example, East Lancashire Hospitals NHS Trust made 300 applications in this period and all of these were refused. Similarly, North Cumbria University Hospitals NHS Trust made 450 CoS applications in the same period – but 250 of these (over 50 per cent) were refused. The Pennine Acute Hospitals NHS Trust made 100 applications and again all of these were refused.

Across the NHS, the FOI data shows that between April and November 2015, there were over 5,231 CoS applications. Only 164 of these were rejected on the grounds of incomplete/inaccurate information submitted, whereas 2,341 (nearly half) of these were refused due to the cap being reached.

This clearly shows that there is a systemic shortage of nurses, and that the cap has prevented Trusts across the UK – but especially those outside of London and the south-east – from meeting this shortage.

A full table of our analysis can be found in annexe one of this document (pages 17, 18 and 19).

While non-EEA recruitment is rising, it is important for the MAC to remember that recruitment from these regions faces a number of challenges, including high costs. Nurses must be financed in coming to the UK, and supported in the recruitment process. Most employers accept that the initial costs of employing non EEA nurses is

high. This is because specific induction programmes need to be run, and the training and support required in the initial periods of entering the UK are greater.

The RCN is aware that a number of trusts and private organisations have been detrimentally affected by the monthly limit of certificates of sponsorship being reached. The reorganisation of the allocation of Certificates of Sponsorship in 2015 meant that in June and July of 2015 many employers who had initiated the recruitment process for non-EEA nurses could not progress with the recruitment. This left many employers with continued staffing shortages and out of pocket due to the recruitment costs that had already been expended.

Recent data from Skills for Care on the adult social care sector in England shows a significant reliance on non-EEA nationals amongst the registered nursing workforce. In London, 46 per cent of nurses in adult social care have a non-EEA nationality, while the figure is 34 per cent in the South East, and 24 per cent in Yorkshire and Humber.⁵

The report also found that of those nurses with a non-British nationality the top five were: Indian (20 per cent), Filipino (16 per cent), Zimbabwean (10 per cent), Nigerian (6 per cent) and Romanian (6 per cent).⁶ This clearly evidences that non-EEA nurses are playing a critical role in meeting systemic shortages of nurses in the social care sector.

In Northern Ireland, the 'Care in Crisis' report found that non-UK nationals accounted for 25 per cent of the independent registered nursing workforce (among surveyed respondents).⁷ In addition, a number of providers indicated that they are planning further recruitment of registered nurses from within the EEA and overseas. Given the current overall shortage of nurses and the information provided during and after this survey, the indications are that the number of registered nurses who are non-UK nationals will increase.

This report also found that nursing homes are experiencing severe difficulty in retaining their EEA and overseas nurses due to 'poaching' by trusts who are also experiencing nurse shortages.

⁵ Skills for Care, 'Registered nurses in social care', available at: <http://www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/NMDS-SC/Workforce-intelligence-publications/Registered-nurses-in-social-care.aspx> (2015)

⁶ Ibid

⁷ RCN Northern Ireland, 'Care in crisis Independent sector workforce survey in Northern Ireland' (2015)

International recruitment: EEA nurses

As with the non-EEA, recruitment of nurses from within the European Economic Area has also continued to grow. During the first ten months of 2015, 7,624 nurses from the EEA joined the NMC register – an increase of 135 per cent on the same period in 2014.

Whilst this clearly indicates a continued demand for qualified nurses, from early 2016 the supply of EEA registrants may change. In January, new language requirements will be rolled out by the NMC. These requirements aim to ensure that English standards for EEA nurses reflect those of non-EEA nationals. This could delay their recruitment whilst the language competency is obtained and satisfied.

Further, the RCN has received reports that recruiting from within the EEA is no longer as successful for providers.

Staffing levels and continuing shortages

In November 2015, analysis undertaken by the Health Service Journal (HSJ) of 225 hospitals in England found more than nine out of 10 were failing to meet their own targets for the numbers of nurses working on wards.

In total, 92 per cent of hospitals failed to meet their planned nurse staffing levels, with 81 per cent of hospitals failing to have enough registered nurses working during nights.

A number of nursing directors told HSJ they were struggling to recruit nurses and that many, such as the Royal Wolverhampton Hospitals Trust, were going overseas to find as many as 200 nurses.

Vacancy rates: England

In our submission to the MAC's review of the Tier 2 migration system in August 2015, we highlighted that in spite of rising international recruitment, the number of published nursing & midwifery vacancies in England (as collected by the Health & Social Care Information Centre) were also increasing.⁸ The next HSCIC update on vacancy data in England is due for release in February 2016.

⁸ HSCIC data only captures NHS vacancies collected from published vacancy adverts from NHS Jobs - the main recruitment website for the NHS. This data applies only to England. It is important to note that because only published adverts are accounted for, there is a strong likelihood that the figures are an underestimate of total vacancy rates across England.

However, research published in 2015 by Skills for Care⁹ highlights a number of further important trends in England, principally:

- Turnover for registered nurses in adult social care is higher than for other professions represented in the sector. Skills for Care has identified an average turnover rate of 32.1 per cent in August 2014 for registered nurses – up 2 per cent on the previous year
- Average vacancy rates for registered nurses in 2013-14 were recorded as 7.6 per cent¹⁰

Vacancy rates: Scotland

The RCN has reviewed new data on nurse and midwifery vacancy rates in Scotland. ISD Scotland has produced statistics showing a stark rise in whole-time equivalent vacancies.¹¹

- Since September 2011 the number of reported nursing and midwifery vacancies in NHS Scotland has grown from 615.7 to 2411.2 in September 2015 – an increase of 292 per cent
- In addition, the data shows that a growing number of these positions are remaining vacant for longer. In September 2011, the vacancy rate for posts vacant for three months or more was 0.2 per cent (vacancies as a percentage of establishment). By 2015, this figure had risen to 0.8 per cent. This clearly demonstrates a UK-wide shortage of skilled nursing professionals

⁹ Skills for Care, 'Registered nurses in social care', available at: <http://www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/NMDS-SC/Workforce-intelligence-publications/Registered-nurses-in-social-care.aspx> (2015)

¹⁰ This figure comes from the NMDS-SC online database which holds data on the adult social care workforce in England. It currently covers approximately 25,000 establishments and 700,000 workers. Participation in this database is voluntary so the breadth of coverage is not complete across England.

¹¹ ISD Scotland NHS Scotland Workforce Statistics 'Nursing and Midwifery Vacancies', available at: <http://www.isdscotland.org/Health-Topics/Workforce/Publications/data-tables.asp?id=1548#1548> (2015)

Vacancy rates: Northern Ireland

In December 2015 the RCN published the results of a survey which had been issued to every registered nursing home in Northern Ireland, four hospices and the three main independent hospitals. The survey response rate was 85.6 per cent and the results confirmed a systemic shortage of RN staff. Among its key findings were that:¹²

- 72.1 per cent of respondent sites reported vacancies which equated to 374 full time registered nurse positions
- These vacancies represent 15.1 per cent of the nursing home registered nurse workforce and 4.4 per cent of the combined independent hospital and hospice registered nurse workforce
- The survey asked about the length of time positions were vacant and found that 41 per cent of positions had been vacant for longer than six months
- The survey also found that vacancy rates were high across Northern Ireland, discounting the possibility of localised workforce shortages

Evidence around Supply

New entrants to the register and return to practice

Nursing and midwifery are regulated professions and at present the only data available which shows the total pool of nurses able to work in the UK is the NMC register.

The latest NMC Annual Report states that as of the 31st March 2014 there were 680,858 nurses and midwives on the UK register. However, it should be noted that some nurses stay on the register even if they are not currently working in practice. In addition, many nurses work in non-clinical roles such as education.

While, the NMC does not stipulate what portion of the register would count as “practising”, the Organisation for Economic Co-operation & Development (OECD) published data in November 2015 showing that the UK had 8.2 practising nurses per 1000 population in 2013.¹³ This was below the OECD average of 9.1 nurses per 1000

¹² RCN Northern Ireland, ‘Care in crisis Independent sector workforce survey in Northern Ireland’ (2015)

¹³ OECD, ‘Health at a Glance’ (2015)

population, and significantly lower than many countries with similar levels of socio-economic development to the UK – including Switzerland (17.4), the Netherlands (12.1), the United States (11.1) and New Zealand (10.0).

Programmes have been introduced to encourage nurses no longer working to return to practice. However despite significant effort we understand that so far in England about 1,500 nurses have completed RTP programmes. In Scotland (where a similar initiative has just commenced) the number is over 40 with approximately 200 expected to take up places in 2015/16.

These figures indicate that such programmes only make a small contribution to addressing the current shortage and require significant investment and time. Successful applicants have to undertake a minimum of 75 hours of clinical practice as well as classroom teaching over approximately three months before they can re-enter the workforce.¹⁴

Student commissions

The RCN has long maintained that the Government's reduction of commissions in England since 2010 have contributed significantly to the present shortage of nurses. This is having a strong impact on the current supply domestically given that it takes three years for student nurses to qualify and join the labour market.

Data obtained from UCAS shows that between 2013 and 2014 there was a 9 per cent increase in the number of people accepted onto a nursing degree.¹⁵ However, this is tempered by the fact that only 40 per cent of all applications were accepted in 2014; with over 30,000 applicants turned away for a nursing course.

It is also important to note that the 9 per cent increase in acceptances between 2013 and 2014 followed a 10 per cent decrease between 2010 and 2012.¹⁶ This illustrates that the number of nursing courses have not kept pace with patient demand, and that

¹⁴ NHS Health Education England, 'RTP: The Programme', available at: <http://comeback.hee.nhs.uk/The-Programme> (2015)

¹⁵ UCAS, 'Applications and acceptances for types of higher education course', available at: <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/ucas-undergraduate-end-cycle-data-resource-2> (2015)

¹⁶ Ibid

a sustained long term growth commitment is required in order to help bridge the current shortage.

Between 2010/11 and 2012/13 in Scotland, the number of pre-registration nursing and midwifery student intake places at commissioned universities was cut substantially by 20 per cent, and the number of nursing students entering the workforce in 2015 and 2016 is projected to be the lowest since 2002.

Department for Health for England nurse training place commissions¹⁷

	Total planned commissions
2004/5	24,527
2005/6	24,380
2006/7	22,800
2007/8	21,359
2008/9	21,472
2009/10	21,046
2010/11	20,138
2011/12	17,903
2012/13	17,442
2013/14	18,056
2014/15	19,206
2015/16	20,183

The RCN has called for further increases in student commissions in order to help bridge the shortage gap. But even if student commissions were to rise to a suitable level, there is a three year time lag before those student nurses graduate.

The RCN believes that providers in England have heavily underestimated the number of pre-registration education commissions needed. We believe that this has been done in order to meet stringent financial goals. For the period 2010-2015, we estimate that this shortage has been in excess of 25,000 training places.

In tandem, the RCN has made clear that changes announced by the Government in the November 2015 Comprehensive Spending Review – especially the removal of

¹⁷ <http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2015-02-09/223887/> and HEE Workforce Plan for England 2015/16 <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2012/08/HEE-investing-in-people-2015.pdf> (2015)

bursary support for future student nurses – could have unintended consequences, such as reducing uptake among students for a nursing degree. However, even if these changes were to deliver an increase in student places, the new system will not come into force until 2017 and that particular student intake will not enter the workforce until 2020.

More broadly, the RCN is concerned that by delegating the number of future nurse placements to individual universities, the Government has diminished one of its most important levers for creating a long term workforce plan.

Ageing nursing workforce

Data from the 2014 HSCIC census shows that 29 per cent of the total nursing workforce are aged over 50 and can therefore be expected to have reached retirement age by 2024, that's over 100,000 nurses.

For the community sector the figure is even higher, with 40 per cent of the community nursing workforce aged over 50.¹⁸

According to Skills for Care, over 72 per cent of nurses working in adult social care in England are aged 40 or over, while 44 per cent are aged 50 or over – reinforcing the demographic challenge.

In addition, the RCN's 'Care in Crisis' report which looks at the state of the independent nursing sector in Northern Ireland, has highlighted a rapidly ageing workforce and patient population. Statistical figures suggest that by 2020 the number of people over 75 years will have increased by 40 per cent and the population of over 85 year olds will have increased by 58 per cent.¹⁹

This increasingly older, and frailer patient demographic will have to grapple with a rapidly ageing nursing workforce. The Care in Crisis report found that over 48 per cent of Registered Nurses were above the age of 41. In addition, 21 per cent were over the age of 51.

Consequently, the very modest growth in student commission numbers since 2013/14 is not strong enough to compensate for these and other key attrition factors.

¹⁸ This is a rough estimate based on a normal retirement age of 60.

¹⁹ RCN Northern Ireland, 'Care in crisis: Independent sector workforce survey in Northern Ireland' (2015)

While there is the potential to grow a larger domestic nursing workforce over the long term, the current lack of any joined-up workforce planning strategy means that such a scenario is a long way off. Consequently, nursing needs to be recognised as a shortage occupation.

Retention of overseas nurses

Retention is a widespread and complex challenge, and there isn't a single solution to this issue. However, we would note that the uncertainty as to whether nursing will remain on the SOL is cause for particular concern for non-EEA nurses coming to work in the UK. The reason for this is that while nursing remains a SOL profession, non-EEA professionals are exempt from the ILR salary threshold, specifically the need to earn at least £35,000 after five years in order to remain in the UK.

Currently, any non-EEA nurse who enters the UK workforce while the profession is on the SOL is exempt from the ILR threshold. However, a decision to remove nursing from the list would mean that any non-EEA nurse subsequently recruited would have to meet the ILR requirements.²⁰ As a consequence, potentially large numbers of experienced, established non-EEA nurses would have to start leaving the UK by 2021.

Such an approach makes little practical sense, and could exacerbate the chronic workforce shortage. The reason for this is that the new university system for nursing (see section above) will have only produced its first graduating class in 2020. Consequently, any potential boost to graduate numbers (which is a highly uncertain scenario anyway) would be offset by the outgoing numbers of experienced non-EEA nurses occurring in 2021.

Evidence around International Recruitment as Sensible Option

The RCN notes that the MAC has highlighted a number of possible “levers” which it says could be used to improve the domestic shortage without recourse to placing nursing on the SOL. These include looking again at the cap on agency spend, minimum staffing ratios and reaching the Tier 2 limit.

²⁰ The RCN has made clear in its submission to the MAC's review of the Tier 2 migration system that this could act as a drag on the ability of health providers to attract and retain non-EEA nurses - who are highly unlikely within five years to have reached the £35,000 threshold.

The RCN has addressed each of these points below:

Cap on agency spending

- The RCN was the first organisation to highlight the unsustainable growth in agency spend in its Frontline First report, 'Runaway Agency Spend' in 2015.²¹ Following this, the Government announced a mandatory cap on spend in this area which came into effect in late 2015
- The RCN has warned that the new cap on agency staff spending may negatively impact patient care and does not address the issue of a domestic shortage of nurses in the UK. We made it very clear in our report that only a long-term approach to workforce planning, with serious investment in training places will make the NHS less dependent on agency spending
- In the absence of such a plan, we are concerned that the cap on agency spend could see dependence on overseas nurses in the UK increase
- Our view is that not only do more nurses need to be trained domestically, but they need to be paid and treated fairly (see section below). This is not happening at the moment and many nurses working for the NHS have to work agency shifts to support their income
- While the RCN believes that the agency bill does need to be brought down, this needs to be done in a sustainable way, and in a way which does not prevent trusts from providing safe staffing

Minimum staffing ratios

- The RCN firmly opposes any dilution of guidance or responsibility of care settings to set safe staffing levels appropriate for their patient caseloads and staff skills mix
- The experience of the Mid Staffordshire NHS Foundation Trust serves as a bleak warning of the consequences of not having a rational, evidence-based strategy to planning nurse staffing. The inquiry reported that one of the underlying causes of

²¹ RCN, 'Runaway Agency Spend', available at:
https://www2.rcn.org.uk/_data/assets/pdf_file/0005/608684/FF-report-Agency-spending_final_2.pdf
(2015)

the problems at the trust was a long term problem with insufficient staff traced back to 1998

- As well as the RCN, many other leading organisations and individuals have voiced concern that undercutting safe staffing levels will endanger patients and exacerbate recruitment and retention challenges – potentially feeding a vicious cycle of even greater reliance on overseas nurses. The King’s Fund,²² UNISON,²³ Lord Carter of Coles²⁴ have all flagged staffing levels as a key priority
- Evidence published from 225 acute hospital sites shows that staffing levels are already under considerable pressure – with 92 per cent of surveyed sites failing to meet their own planned staffing levels for qualified nurses during the day, while 81 per cent failed to provide enough RN cover during nights across the month of October.²⁵ This trend could have severe patient implications especially as the NHS moves into the winter months
- More information on the RCN’s view of safe staffing and its critical importance to the safety of both patients and nurses can be found here: <http://thisisnursing.rcn.org.uk/pages/safe-staffing-guidance>

The structure of Tier 2

- The RCN does not believe that the current points mechanism for Tier 2 effectively prioritises those migrants of greatest benefit to the UK, particularly due to the overreliance on salary levels to prioritise applications. Nurses provide a huge range of critical benefits to the economy, society and health of the UK which are not reflected in the current system

²² King’s Fund, ‘Safe staffing in the NHS comes at a cost’, available at: <http://www.kingsfund.org.uk/blog/2015/10/safe-staffing-nhs-comes-cost> (2015)

²³ UNISON, ‘Unsafe staffing levels rising’, available at: <https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=7&cad=rja&uact=8&ved=0ahUKEwjg0tqsoMzJAhWDew4KHbWhAD0QFghCMAY&url=https%3A%2F%2Fwww.unison.org.uk%2Fcontent%2Fuploads%2F2015%2F04%2FTowebRed-Alert-Unsafe-Staffing-Levels-Rising1.pdf&usq=AFQjCNHAdufOkFI3D8TVoCo7Yoy8p4UUFA&sig2=v33N8g5I-prJ7zITF7DSGg&bvm=bv.109332125.d.ZWU> (2015)

²⁴ Lord Carter of Coles, available at: <http://www.nursingtimes.net/roles/nurse-managers/lord-carter-to-produce-clearer-guidance-on-nurse-staffing-levels/5091344.fullarticle> (2015)

²⁵ Nursing Times, ‘Trusts miss their own staffing targets’ October 2015

- We also maintain that the cap on certificates of sponsorship introduced by the Government in 2015 has had negative consequences for recruitment in the healthcare sector and that the continued use of salary thresholds to prioritise allocations of these certificates negates the critical socio-economic contribution of nurses to the UK. We were pleased that this view was also endorsed by the Home Affairs Select Committee report 'Immigration: skill shortages'²⁶
- More information on our views can be accessed in our response to the MAC's review of the Tier 2 immigration system here: https://www2.rcn.org.uk/_data/assets/pdf_file/0014/642101/41.15-Call-for-Evidence_Review-of-Tier-2.pdf

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²⁶ Home Affairs Select Committee, 'Immigration: skills shortages', available here: <http://www.parliament.uk/business/committees/committees-a-z/commons-select/home-affairs-committee/inquiries/parliament-2015/immigration-skill-shortages/> (2015)

Annexe One:

The number of Certificates of Sponsorship used for nurses – MAC FOI²⁷

The top ten Trusts for CoS requests	2013	2014	Jan 2015 – Aug 2015
London North West Healthcare NHS Trust	197	242	180
Kings College Hospital NHS Foundation Trust	111	223	41
Basildon & Thurrock University Hospitals NHS Foundation Trust	120	48	4
Imperial College Healthcare NHS Trust	28	96	42
Lewisham & Greenwich NHS Trust	0	92	36
Cambridge University Hospitals NHS Foundation Trust	31	46	37
University Hospital Southampton NHS Foundation Trust	31	57	3
Ashford & St Peters Hospitals NHS Trust	46	17	7
Royal Surrey County Hospital NHS Trust	1	33	33
University College London Hospitals NHS Foundation Trust	16	26	22
Wider regional examples of growth in CoS use for nurses			
Bedford Hospital NHS Trust	2	3	21
Gloucestershire Hospitals NHS Foundation Trust	0	7	17
Royal Devon and Exeter NHS Foundation Trust	1	5	0
The Royal Wolverhampton NHS Trust	1	8	0
University Hospitals of Morecambe Bay NHS Foundation Trust	0	5	17

²⁷ Data requested by the RCN

NOTE: For the table above, data provided for the first eight months of 2015 does not form part of our analysis in this response for the following reasons:

- This data only constitutes eight calendar months and so is not comparable to figures for 2013 and 2014
- The CoS cap was both introduced and met in 2015. It is almost certain that this has affected the 2015 figures without diminishing demand for overseas nurses
- Changes to how Cos's are allocated were also introduced in 2015 which again will have almost certainly affected the figures, without diminishing demand for overseas nurses

Total applications for restricted certificates of sponsorship for Nurses by NHS trusts between April 2015 and Nov 2015		
Organisation Name	Total	Refused
East Lancashire Hospitals NHS Trust	300	300
Brighton and Sussex University Hospitals NHS Trust	304	242
North Cumbria University Hospitals NHS Trust	450	240
Shrewsbury and Telford Hospital NHS Trust	242	161
Hampshire Hospitals NHS Foundation Trust	181	124
Pennine Acute Hospitals NHS Trust	100	100
Ashford & St Peters Hospitals NHS Trust	209	94

St Helens and Knowsley Teaching Hospitals NHS Trust	190	90
The Newcastle upon Tyne Hospitals NHS Foundation Trust	127	85
East & North Hertfordshire NHS Trust	131	84
The Queen Elizabeth Hospital Kings Lynn NHS Trust	157	82
University College London Hospitals NHS Foundation Trust	210	80
Central Manchester University Hospitals NHS Foundation Trust	195	75
Cambridge University Hospitals NHS Foundation Trust	123	66
London North West Healthcare NHS Trust	206	60
Royal Surrey County Hospital NHS Trust	86	57
Salford Royal NHS Foundation Trust	53	50
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	49	49
Bedford Hospital NHS Trust	150	45
Gloucestershire Hospitals NHS Foundation Trust	62	45
Isle of Wight NHS Trust	74	44
East Sussex Healthcare NHS Trust	60	30
The Mid Yorkshire Hospitals NHS Trust	73	27