
From: MacKenzie F (Fiona)(Health-Employee Experience)
Sent: 08 January 2016 17:34
To: 'Earl Stephen'
Subject: MAC SOL nurses review 08012016 (pm)



MAC SOL nurses
review 08012016...

H Steve,

Happy New Year to you, here is the draft final – just a sense check on Monday to do a final tidy up and you should have this by 12 noon.

Best wishes
Fiona

Scottish Government
On behalf of
NHSScotland

**'STANDING STILL ON THE ISSUE OF THE FUTURE
OF RESIDENTIAL CARE IS SIMPLY NOT AN
OPTION'¹**

SUBMISSION OF EVIDENCE:

Partial Review of the Shortage Occupation List : Nurses

Director General: Health and Social Care
Director: Health Workforce

December 2015

¹<http://www.gov.scot/Publications/2014/02/6217>

CONTENTS

1. Purpose
 2. Important points
 3. Findings
 4. Impact of hard to fill vacancies
Sickness absence
 5. Scotland as a remote and rural location
 6. Audit scotland reports
 - The NHS in Scotland 2015
 - Health and Social Care integration
 7. Certificates of Sponsorship – UKBA data
 8. The care sector
 9. Care sector workforce
 10. Interview responses with Care Sector representatives
 11. CHA stability Index
 12. NHS V Care sector
 13. Workforce data from Baords
 14. Evidence from Boards
 - 15 Agency staffing in the care sector
 - 16 Direct response to MAC call for evidence
- Annexes

1. Purpose

This submission of evidence to the Migration Advisory Committee, (MAC), is in response to the UK Governments partial review of the Shortage Occupation List, (UK and Scotland only), following a commissioning letter from the Home Secretary on 15 October 2015.

Specifically the letter notes the following;

'In view of the potential risks associated with high vacancy rates and the fast approaching winter period in which we can expect the NHS to be under pressure, I have exceptionally agreed to place nurses on the shortage occupation list on a temporary basis pending that full review of the evidence and your subsequent advice'.

For the purposes of this submission, we welcome the fact the MAC will include any evidence submitted by the Scottish Government on behalf of NHSScotland since October 2014.

This submission presents evidence that The Scottish Government is working to develop a more consistent and co-ordinated process for the recruitment of overseas healthcare workers including nurses and increase cost effectiveness by NHS Scotland Boards. This submission supports the argument that, once in employment, more should be done to retain foreign trained health workers, including nurses, and that might be achieved by relaxing visa entry restrictions for health sector workers and ensuring they get enhanced support and extra training for their services.²

2. Important points

We are sighted on the earlier Department of Health, Centre for Workforce Intelligence evidence that we support.

We ask that you consider that this evidence submitted by the Scottish Government in partnership with NHSScotland, that includes the care sector, supports the inclusion of nurses on the Shortage Occupation List (UK and Scotland only).

We ask that the standard occupation classification, 2231, related job titles be amended to include, 'Care Sector Nurse'.

² <http://www.civitas.org.uk/NHS/nhstraining>

We are sighted on the submission from the Scottish Social Services Council that we support.

This submission draws on field work and desk top analysis. We set up an internal, Scottish Government short life working group that met once and communicated thereafter via ad hoc face to face meetings or electronically. We wrote to boards and care sector representatives to highlight the MAC call for evidence, inviting them to attend an open meeting on 25 November 2015 to discuss this work and provide further evidence. We designed a short questionnaire to form a consistent basis to the material received and conducted two face to face interviews with senior staff plus one telephone interview with a BUPA nurse. We did desk top research on the web and drew on some NHS Information Services Division data (both published and unpublished management information) to stress test nurse absence and vacancy rates. We also tested vacancy rates on a board by board basis, representing the information spatially. The findings were then tested against remote and rural issues.

Evidence was received following a Freedom of information (Scotland) Act 2002 trawl of Boards responses to questions on the earlier announcement by the UK Government on the introduction of the salary thresholds. The responses provide a useful data source on the number of migrant nurses and doctors working within NHSScotland Health Boards and are by Boards.

The recruitment cost to remote and rural NHSScotland Boards is unsustainable and anything to ease paths to recruitment, to retain foreign trained health workers should be examined. That might be achieved by relaxing visa entry restrictions for health sector workers, particularly nurses who generally get paid less than their medical counterparts and ensuring they get enhanced support and extra training for their services.

As a proportion of the Nursing and midwifery establishment the vacancy rate for NHSScotland Boards is just under 4%. While that would not indicate a massive problem for Boards, the figure does disguise the fact some specialisms do struggle to recruit (as per my last submission) and some geographic areas also struggle to recruit- as per the evidence received from NHS Grampian.

Finally, this submission provides new evidence and cites existing sources that highlight an important source of labour for the UK and in particular Scotland comes from migration. The UK Commission for Employment and Skills July 2014 briefing paper; The Labour Market Story: The State of UK Skills that found approximately 16 per cent of people in employment were born outside the UK, and migrants occupy both high skilled and low skilled jobs in the UK. Migrants also tend to be more highly-qualified than the UK-born population. We support the conclusions drawn that migration is an important contributor to the improving qualification profile of the UK workforce, whilst also recognising it may also be masking mismatches in the supply of training and demand for skills.³

³https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=2&cad=rja&uact=8&ved=0CC0QFjABahUKEwjLrezP9ZnlAhWBrhQKHeR3DrY&url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fuploads%2Fsystem%2Fuploads%2Fattachment_data%2Ffile%2F344440%2FThe_Labour_Market_Story_-_The_State_of_UK_Skills.pdf&usg=AFQjCNHaa5cUG_y0RpxmlAMLI5jeWELknw

3. Findings

The MAC commissioning letter encapsulates the issues a lack of nurses has on delivering care within boards and the care sector. We found evidence, both written and oral, of care homes closing and concern, particularly in the care sector, around a lack of nurses.

We found there is a perception the NHS is seen as a 'better' career option for nurses. Care sector respondents noted the perception of greater personal and career developmental opportunities afforded by the NHS compared to the care sector. In addition, we found anecdotal evidence the NHS affords greater support when faced with a changing training landscape, i.e. revalidation.

We found evidence on salary parity; the Agenda for Change banding is similar to salaries on offer in the care sector. However, we examined two similar nurse job descriptions; one seeking a Band 5 nurse for NHS Highland and one BUPA care home nurse that was submitted as evidence. We found the NHS offer more incentives including pension rights, and that was costed at £6,500 p.a. While normally you would expect both the care sector and the NHS to be on a level footing when seeking to recruit, this salary discrepancy would make the NHS a more attractive option.

We found the care sector is working to improve morale among nurses in a bid to recruit retain staff. One care home representative told us employee engagement is measured and their annual staff survey showed a increase in engagement of 30% over the past 12 months.

We received oral evidence via a telephone interview from one care home area manager, responsible for nine care homes in a group of 27 BUPA homes with capacity for 2,476 bed spaces and 2,355 occupied. When we asked why there was a gap of approximately 5% we were advised it was due to staffing shortages.

We were advised by this care home manager 1,355 hours of agency staff had been recorded for one recent weeks rota. We were advised one agency nurse had been paid £600 for one shift; while we recognise we don't have the full picture behind this figure, paying that rate would equate to a weekly salary bill, for agency staff alone, of c. £70,000 for this group of care homes.

We received oral evidence during a face to face interview there is a vacancy rate of approximately 16% in care sector nurses. It is not unreasonable to factor in a skills gap of approximately 5% and assert the real vacancy level is nearer 21%. This is unsustainable.

We found evidence that between 30 March 2012 and 29 July 2015, forty Certificates of Sponsorship (CoS) for nurses to work in Scotland were applied for. Only one was to a Board, NHS Tayside, the remainder were for care homes. Of the 39 Certificates of Sponsorship applications for care home nurses, 12 were rejected. The evidence shows the salaries offered by the care homes were £21, 508 (8 rejected) and £21,388 (4 rejected). With 33 visa points awarded this group of 12 rejected exhibit the lowest score for all nurse CoS applications.

We asked for data on the number of nurse visa applications to work in Scotland over the past five years and found 101 visa applications were received. Thirteen visa applications were from one board, NHS Grampian and that would support the Boards own evidence of shortages.

We found the most recent Scottish Social Services Council report on care nurse workforce data lists 40 as working in the public sector and 4760 in the private sector. With just over 99% of the care sector nurses employed by the private sector and salaries generally lower than NHS salaries, this area is vulnerable to wider UK or Scottish Government economic policy changes that impact on take home pay.

Placing nurses on the Shortage Occupation List (UK and Scotland only) would afford additional visa points and offer a possible new route for international recruitment of nurses for both Boards and the Care sector.

While the care sector deliver services via a mixture of public and private models, our findings are that approximately 89 % of care is delivered via the private sector. A lack of nurses in the care sector, as evidenced through our findings, means patient capacity is not maximised. Patients are having to remain in hospital while care is organised, either at home or in the community. The patient hospital pathway starts at accident and emergency, concluding with discharge. So a delay in discharge results in blockages all the way back through the hospital system.

4. Impact of hard to fill vacancies

Hard-to-fill vacancies can have significant impacts for businesses, including the health and social care sector. Increased workload is the most commonly reported impact of hard-to-fill vacancies, but this is not merely an inconvenience with a potentially negative and costly impact on staff wellbeing. The UK Government⁴ has found it brings with it opportunity costs for businesses which suffer consequent delays in developing new products and services and more fundamental problems such as difficulty meeting customer needs and lost business in a similar proportion. Aligning the findings in that report to the health sector it is not unreasonable to hypothesise the impact on the health sector is manifest through increased employee to post ratio, increased workload in an often high pressure environment, reduced down time, increased sickness absence rates and a negative patient experience.

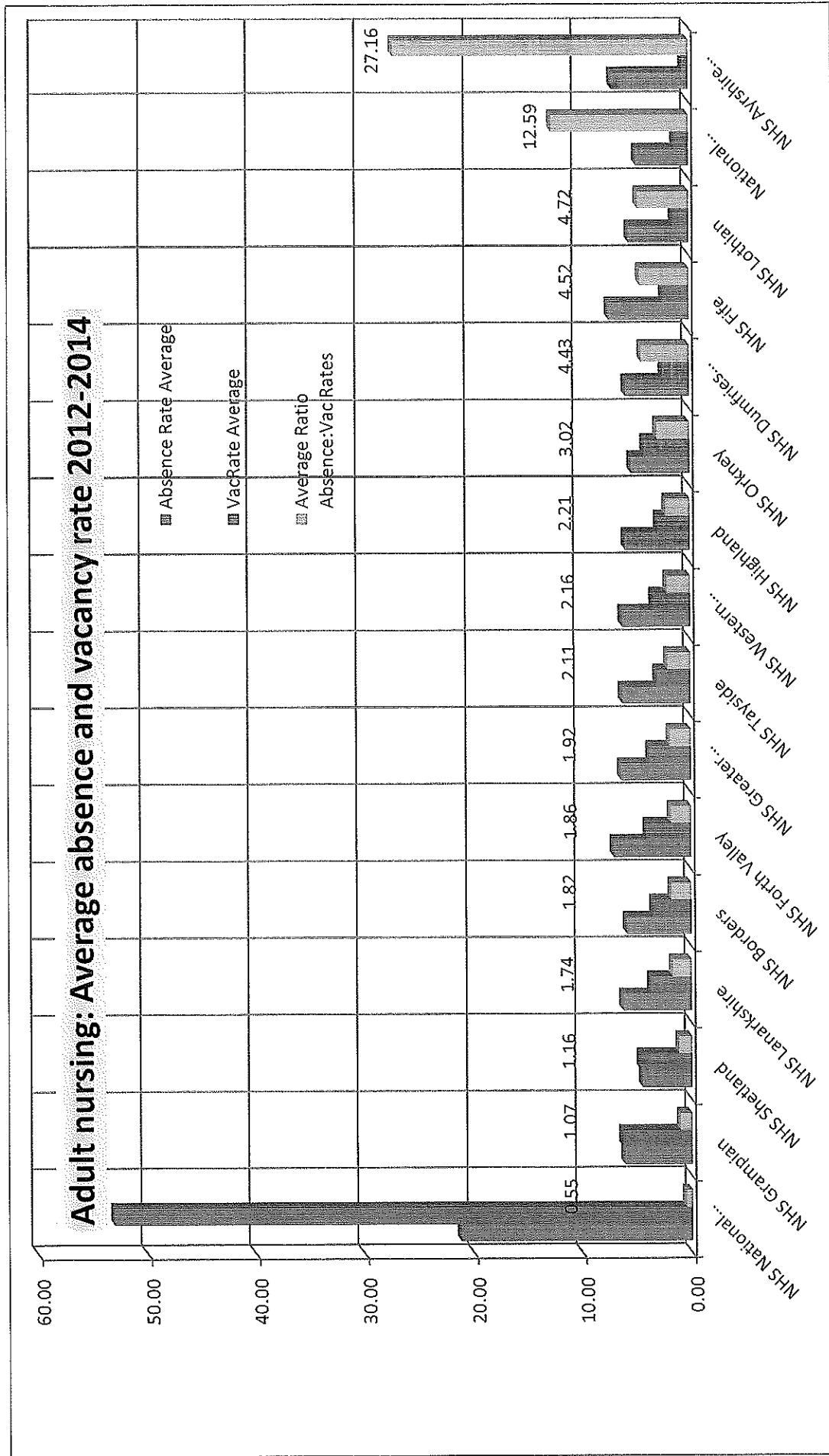
This submission stress tested the risk of increased sickness absence against average vacancy rates and average ratio of absence to vacancy rates for the adult nursing workforce in NHSScotland. Table 1 refers. For the purpose of the analysis we have examined the fourteen territorial boards (covering geographical areas and delivering patient care) only.

The data shows for example NHS Grampian has the highest average vacancy rate for all boards. This board also has one of the highest average absence rates and the lowest ratio between the two indicators of 1.07%. This means this board is at the greatest level of risk should anything occur to impact on either vacancy or absence levels.

This Board is located in the heart of the oil industry and is exposed to the impact of fluctuations in the oil market. Reports that the price of a barrel of crude oil is at its lowest level for eight years have led to a slowdown in drilling and production with hundreds of job losses. While house prices in this area remain amongst the highest in Scotland, salaries for nurses within NHSScotland are pegged at a national level. In addition, care home salaried nurses are paid less. While there is some evidence of incentives to attract skilled workers to hard to fill areas there is also evidence this area is struggling in the current economic climate.

(See reference 5 on previous page)⁴

Table 1



5. Scotland as a remote and rural location

The difficulties recruiting to remote and rural location in Scotland is widely recognised; Scotland has an additional, separate shortage occupation list to reflect differing labour market demand needs compared to the rest of the UK ⁵. To address that we are providing funding of £1.5 million in total over four years (2013/14 – 2016/17) for testing new ways of working in four areas across NHS Highland (Campbeltown, West Lochaber, Isle of Islay and Mid Argyll.)

The remote and rural Boards for the purpose of this exercise are the Island Boards; NHS Orkney, NHS Shetland, and NHS Western Isles and parts of other northern and southern Boards (i.e. minus the central belt). The definition is an economic indicator and the Boards geographic boundaries do not match the economic aid boundaries. In addition, the care sector tend to operate within local authority boundaries that do not match the boundaries of the Boards.

Map 1 shows Scotland with Board boundaries identified. In addition, the vacancy rates are presented spatially. However, we have evidence from e.g. NHS Lothian that struggles to fill certain nurse vacancies.

We suggest the evidence covering NHS Grampian presented earlier, is true here. In addition Grampian has an expensive housing sector and rents can be prohibitively expensive in relation to salaries paid to both the NHS and care sector nurses.

We suggest the evidence presented in earlier MAC submissions in relation to recruitment costs for doctors is valid here also. The three island Boards plus NHS Borders spent £475, 605 and requested no

⁵ <https://www.gov.uk/government/publications/partial-review-of-the-shortage-occupation-lists>

certificates of sponsorship over the same time frame so no international trainee doctors were recruited to the four boards.

NHS Highland and NHS Dumfries and Galloway spent £82,111 and recruited 7 trainee doctors which is equivalent to £11, 730 per doctor.

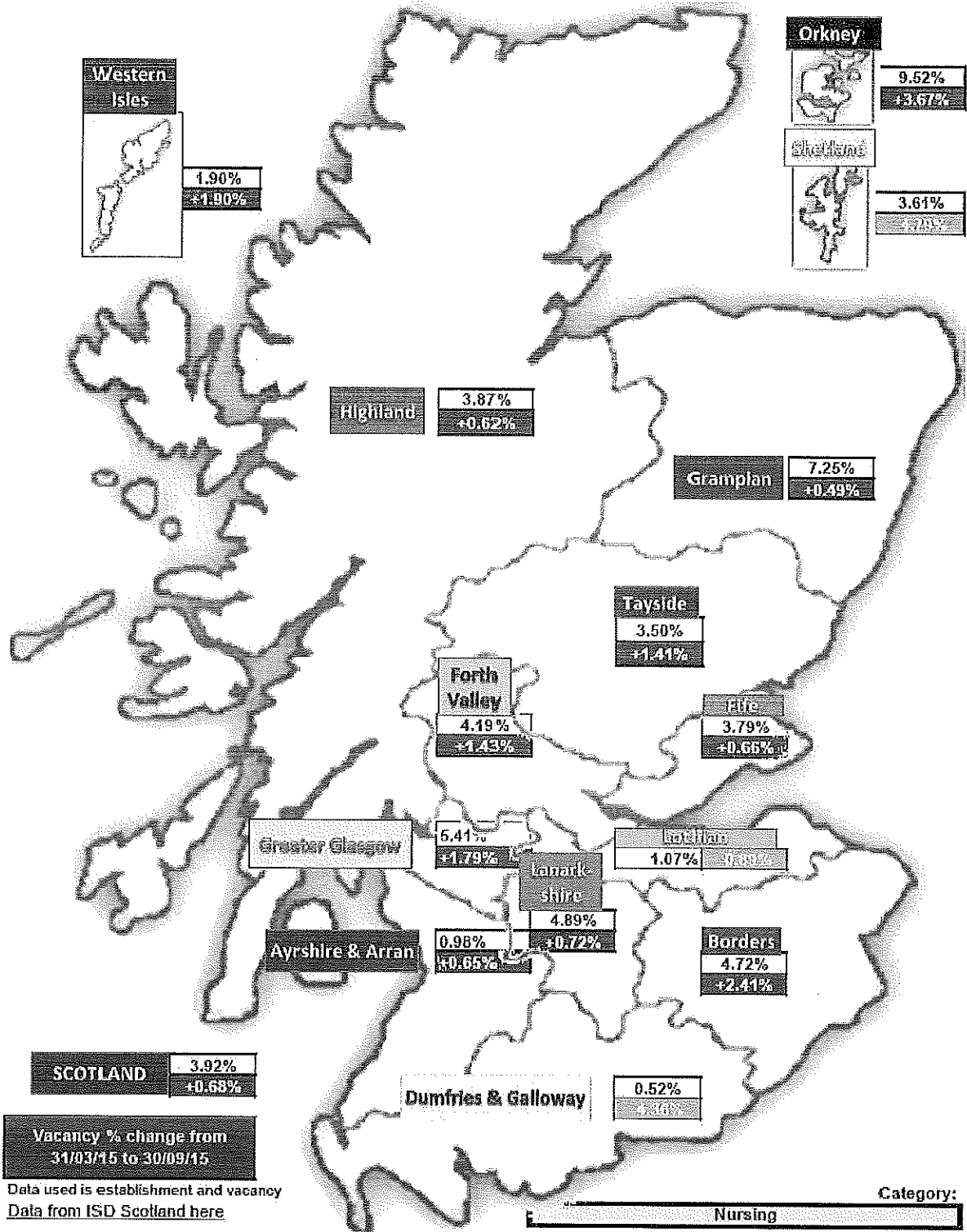
The six Boards combined spent £558, 416 which is equivalent to £79,773 recruitment cost per doctor in what can be considered remote and rural locations.

This cost is unsustainable and anything to ease paths to recruitment, to retain foreign trained health workers should be examined. That might be achieved by relaxing visa entry restrictions for health sector workers and ensuring they get enhanced support and extra training for their services.

6

⁶ <http://www.civitas.org.uk/NHS/nhstraining>

MAP 1



6. Audit Scotland Reports

There are two recent Audit Scotland reports we wish to highlight; NHS in Scotland 2015; and, Health and Social Care integration as they capture the issues impacting on the NHS and Care sector. The same issues were referenced during our evidence gathering from both the Care Sector and Boards.

The NHS in Scotland 2015

On 22 October, Audit Scotland issued its annual report on the NHS Scotland , for 2014/15, NHS in Scotland 2015⁷.

The report states that “Significant pressures on the NHS are affecting its ability to make progress with long-term plans to change how services are delivered. Tightening budgets combined with rising costs, higher demand for services, increasingly demanding targets and standards, and growing staff vacancies mean the NHS will not be able to continue to provide services in the way it currently does. Together, these pressures signal that fundamental changes and new ways to deliver healthcare in Scotland are required now.” (Page 5)

The report also noted that between 2008/09 and 2014/15 there has been a reduction in real terms to the overall health budget of 0.7% - resource having increased by 2.2% over the period but capital reducing by 57%.

The report also observes that of 9 ‘key’ performance targets only 2 were being met.

The report makes a series of Report recommends we “increase the pace of change” to achieve 2020 vision and consequently consider the implications for meeting current targets in doing so. That we adopt a national approach to workforce planning to address vacancies, and “ensure better longer-term financial planning which extends beyond the three – or five-year period currently used by boards.”

⁷. <http://www.audit-scotland.gov.uk/report/nhs-in-scotland-2015>

On agency spend, the report notes the number of agency nursing and midwifery staff increased by 53 per cent in 2014/15. The report notes in 2014/15, the NHS spent £146 million on nursing and midwifery bank and agency staff. This was a real terms increase of 12 per cent from 2013/14. It spent most of this on NHS bank staff (£130 million, 89 per cent).

This bank is made up of NHS staff carrying out additional shifts above their core working pattern. The remaining £16 million (11 per cent) was spent on using agency staff. This was a real terms increase of 68 per cent from £9.5 million in 2013/14.¹⁹

The number of agency nursing and midwifery staff increased 53 per cent from 124.5 WTE to 191 WTE⁸ over the last year, delivering 372,356 hours of work. NHS Lothian and NHS Tayside accumulated half of the 191 WTE agency staff cover, with 60 WTE and 36 WTE respectively. **(Exhibit 7).**

Using agency nursing and midwifery staff costs the NHS almost three times more than using NHS bank staff. In 2014/15, the average hourly cost of using agency nursing and midwifery staff increased by nine per cent to £42.97 from £39.26 in 2013/14. In comparison, in 2014/15, NHS bank staff for nursing and midwifery was £15.62 an hour, a decrease of just under one per cent. The cost of agency staff is particularly difficult for more rural boards where the average agency hourly rate exceeds the Scotland average. NHS Shetland (£84.05), NHS Orkney (£58.98) and NHS Dumfries and Galloway (£57.44) paid the highest rate per hour for agency staff

Health and Social Care Integration

The first of three planned audits of the major health and social care reform, Health and Social care Integration, was published⁹ in December 2015 by Audit Scotland. The report contains a lot of data and in particular on page 6 notes 'Integration authorities need to sift resources, including the workforce, towards a more preventative and community based approach.

https://www.isdscotland.org/Health-Topics/Workforce/Publications/2015-09-01/Nursing_and_Midwifery_SIP_J2015.xls

⁹<http://www.audit-scotland.gov.uk/report/health-and-social-care-integration-0>

Even more importantly they must show that this is making a positive impact on service users and improving outcomes' .

The report paints a complex and fairly gloomy picture of the current attempts to develop a integrated landscape. The report lists at page 85, three main internal and external pressure factors including difficulties in recruiting and retaining social care staff. The report notes organisations in areas such as Edinburgh and Aberdeen, with high living costs, have had particular difficulties. That assertion was repeated a number of times during our discussions with representatives from the care sector.

7. Certificates of sponsorship – UKBA data

The Home Office Sponsorship Strategy Team in Sheffield has provided data on the Restricted Certificate of Sponsorship applications for nurses in Scotland covering the past 5 years. That is included in this first spreadsheet.



Nurses (Scotland) -
RCoS.XLSX

The second spreadsheet provides details of all visa applications for nurses in Scotland covering the past 5 years.



CoS Used Nurses
Scottish Sponsors.xls

There is a caveat for the visa applications, the Certificate of Sponsorship that was used for a visa application will be marked as 'Used', however this does not necessarily mean that the visa was approved.

This data contains evidence that between 30 March 2012 and 29 July 2015, forty Certificates of Sponsorship (CoS) for nurses to work in Scotland were applied for. Only one was to a Board, NHS Tayside, the remainder were for care homes. Of the 39 Certificates of Sponsorship applications for care home nurses, 12 were rejected. The evidence also shows the salaries offered by the care homes were £21, 508 (8 rejected) and £21,388 (4 rejected). With 33 visa points awarded this group of 12 rejected exhibit the lowest score for all nurse CoS applications.

We asked for data on the number of nurse visa applications to work in Scotland over the past five years and found 101 visa applications were received. Thirteen visa applications were from one board, NHS Grampian and that would support the Boards own evidence of shortages.

8. The Care Sector

In February 2014, the taskforce for the Future of Residential Care in Scotland, presented their final report.¹⁰ The report notes; ‘... the task force recommendations are based on older people’s needs and wants being at the centre of high quality, safe residential care services, through the development of a skilled high quality workforce, in a flexible environment more fitting people’s needs, via sustainable resourcing and commissioning’. It could be argued delivery of the recommendations, could be supported by adding Social Care Sector nurses to SOC category 2231.

Scottish Care¹¹ is a membership organisation and the representative body for independent social care services in Scotland, supporting 30,000 people across 935 care homes.

The Care Inspectorate is Scotland’s independent scrutiny and improvement body, and is responsible for providing assurance and protection for people who use social care services . It regulates over 14,000 care services , including care homes, care at home, housing support and nurse agencies.

Under Section 60(2) of the Public Services (Reform) Act 2010¹² the Care Inspectorate can grant registration of a care services subject to such conditions as it thinks fit, and have signalled their willingness to adapt in their approach to registration and the process of agreeing conditions to registered services, to facilitate greater innovation in older peoples care services.

¹⁰ <http://www.gov.scot/Publications/2014/02/6217>

¹¹ See Scottish Care factsheet at Annex B

¹² <http://www.legislation.gov.uk/asp/2010/8/contents>

9. Care Sector Workforce

The care sector workforce comprises a range of job categories and the most recent published Scottish Social Service Sector: Report on 2014 Workforce Data. Notes the size of the workforce is 199,670, an increase of 5.3% on the previous year. It also notes this makes the workforce the largest it has been since these reports began in 2008 and approximately 7.7% of Scottish employment.

The report includes information that the nurse agency workforce amounts to 2730 staff, with 2650 being employed by the private sector and 80 by the voluntary sector. This sector is therefore particularly susceptible to employer predators offering with evidence supporting more attractive terms and conditions, including the NHS .

10 . Interview responses with Care Sector representatives

We prepared a questionnaire in order to form a platform for evaluating the material from face to face interviews. The questions and a written response form the Chief Executive of Four Seasons Care Homes (FSCH) in Scotland is contained at Annex A.

We conducted face to face interviews with the new Chief Executive of Care Scotland, the head of policy at SSSC plus a telephone interview with a BUPA register nurse responsible for managing nine out of twenty seven BUPA care homes in Scotland. .

We noted the points raised in the completed questionnaire were echoed during receipt of oral evidence.

In addition, the Chief Executive of Scottish Care made the following points:

- In his view there is a shortage of between 800-1,000 nurses in the care sector.
- There is a 16% vacancy rate in care sector nurses
- In the first six months of 2014, FSCH spent £500,000 in agency fees alone.
- There is evidence of one agency nurse being paid £600 for one night shift rota.
- There is evidence of care homes being forced to close through lack of funding and staff^{13 1415}We subsequently found evidence in a newspaper article listing the Turriff Care Home closure in June 2015. While that particular closure appears a result of financial difficulty, the impact of the closure on the families and relatives of the care home residents is highlighted. By their very nature, residents friends and family are often themselves elderly and it is

¹³ Sunday Times 22 November 2015; 'Hands swallo hard as care homes wobble'

¹⁴ The Guardian, 20 August 2015; English Care homes facing financial ruin

¹⁵ The Guardian 31 October 2015, Crisis in UK Care Homes Set to dwarf eht steel industry problems

important care is delivered sustainably. We would argue including nurses on the SOL would at least offer a potential solution to keeping care homes open.

- 89% of the care is provided by the private sector and includes a large number of small to medium sized Enterprises (SME's). These SME's are often located outwith the central belt of Scotland and the largest conurbations so are most exposed to rurality and remote issues in recruiting new staff. Homes in remote Scotland can often find it hardest to attract new staff and have to pay relatively more as housing options tend to be fewer and can be more expensive.

The BUPA nurse manager is a qualified nurse of just under ten years standing. During her evidence session she provided the following information:

She is responsible for a block of 9 out of 27 care homes, split into three geographic sectors covering Ayr to St Andrews and she has two other colleagues managing the remainder. There are 2,476 bed spaces of which 2,355 are occupied. When asked why there were 121 unoccupied she advised it was due to a lack of available staff.

When asked about agency use, she confirmed some agencies engage in bidding wars and one charged £600 for one night shift. She confirmed the week prior to our interview 1,355 hours of agency use had been necessary, broken down as follows

West	634 hours
East	517 hours
Glasgow	204 hours

We did some work around the data – assuming the £600 figure relates to a 12 hour shift, that equates to £50/hour. The hours used, being 1,355 would equate to a cost of £67, 750 for one week (50x1,355). That would in turn equate to a figure of approximately £3.5m for one year – this is clearly unsustainable and anything to help alleviate this burden, including adding care sector nurses as a category to the nurse SOC code, should be done.

We asked what is being done to help staff morale and make the sector attractive to new recruits and she spoke at length about increased staff engagement evidenced by their own staff surveys that shows a 30% increase in engagement over the past two years. In addition, she spoke about improved support for staff through a wide range of health and wellbeing initiatives.

During interview we asked about competition between the NHS and the Care Sector, perceived or otherwise. She pointed out while there is salary parity between both employers, the NHS has increased benefits (superannuation etc.) that equate to approximately £6,500 difference between the two.

The £6,500 difference figure was also noted by the Chief Executive of Scottish Care. We looked at two job adverts and that's is explored in more detail at Section 12.

11. Care Home for Adults stability index

We are sighted on the MAC submission from SSC and support the development of a stability index which is a measure of the retention of staff. The submission uses this index to determine a increasing demand for , and also a possible shortage of, nurses. Again we would suggest this can be addressed by including nurses on the SOL and specifically adding the care sector nurses to this category.

12. NHS V the care sector.

We tested a Band 5 job description covering a vacancy in one Board, NHS Highland, against a job description for a nurse vacancy in BUPA¹⁶. We found while the professional requirements and duties are similar, the applicants are required to be registered nurses, the BUPA job description makes no reference to superannuation etc. That would support the evidence around parity of salaries but differentials in benefits. While we have not done a detailed financial appraisal, we have

¹⁶ See Annex C

no reason to question the evidence from two sources noting a figure of £6,500 as the value involved. We suggest that would make it harder for the care sector to recruit when in direct competition with the NHS Boards and anything to help recruitment should be explored, including adding nurses to the SOL and amending the SOC nurse descriptor to include care sector nurses. .

13. Workforce data from Boards

As part of collecting vacancy data we (ISD) also ask boards for some intelligence around their vacancies. This information does not provide numbers but does give some information. Grampian have written quite a lengthy response that provides evidence to supports claims regarding this particular board. (See annex D)

14. Evidence from Boards

We wrote to all boards on November 12 2015, noting the call for evidence from the Migration Advisory Committee following a request to review evidence regarding whether nurses should be placed on the Shortage Occupation List, UK and Scotland only. We advised that in the meantime, the Home Secretary has agreed nurses should be temporarily placed on the Shortage Occupation List, UK, that Scotland can use. We invited submission of evidence highlighting shortages of nurses.

We also advised Boards we were hosting a meeting in St Andrews House, Edinburgh on 25 November to which they were invited to attend and provide any further evidence.

The Chief Nursing Officer for Scotland also wrote to all Boards Nurse Directors advising similarly.

We received four written responses from NHS Lothian, NHS Grampian, NHS Fife and NHS Ayrshire and Arran, (See Annex E for the evidence provided).

All four Boards listed at least one category they struggle to recruit to and we would ask this is taken into account in considering the evidence. . shortages. NHS Lothian and particularly NHS Grampian listed nursing categories they struggle to recruit to. This evidence is dissected and listed under the appropriate consultation questions.

As a proportion of the Nursing and midwifery establishment the vacancy rate is just under 4%. While that would not indicate a massive problem for Boards, the figure does disguise the fact some specialisms do struggle to recruit (as per my last submission) and some geographic areas also struggle to recruit- as per the evidence received from NHS Grampian.

15. Agency staffing in the NHS

Spend on Medical Agency staff in NHS Scotland has been increasing, from £14m per annum in 2008 09 to an estimated £72m in 2014-2015. Approximately 54% of this is on Consultant Medical staff. This agency usage sits within a wider context where spend on temporary agency nursing has also increased from circa £3m in 2011-2012 to circa £16m in 2014-2015. Part of this is due to behaviours from agencies which see aggressive recruitment campaigns, offering staff to the highest bidder and incentives such as refer a friend scheme.

Managing and controlling temporary agency labour spend presents a challenge to many NHSScotland Boards and there is limited information available to the right people at the right time and the right location to influence reliance on temporary agency workers.

As part of the work being undertaken by the Scottish Government staff efficiency and productivity work stream, which includes the eRostering pilot for Junior Doctors in NHS Grampian and NHS GG&C, the Scottish Government and NHS National Services Scotland (NSS) are launching a nationally coordinated programme for the effective management of all temporary staffing (Staff Bank and Agency) to assist NHSScotland boards develop and implement nationally agreed best practice to improve control and governance, whilst reducing overall reliance and costs on temporary agency and bank staffing. Initial funding for the team will be provided by NHS National Services.

This will consist of a dedicated programme team known as the Managed Staffing Network team who will work with Boards to develop a clear understanding of their requirements together with Best Practice guidance and support tools to manage Bank and Agency spend, and workforce planning.

NSS has already commenced activity with Boards to define local needs and short-term strategies for targeted improvements. This effort will be supported by the establishment of a mobile intensive diagnostic and support team .

The establishment of a national approach will be key to ensuring the development and coordination of strategic activities, focused in delivering continuous improvement opportunities to reduce Bank and Agency spend. The programme will be structured to operate at different

levels and across specialties in health to deliver recommendations and guidance for a national approach to medical staff banks set out in CEL 2011(04) and CEL 2013(16). The next step will be for Boards to support the programme of work by establishing key responsible owners within the Board and allowing for nominated staff to participate in the work of the programme.

16 Direct response to MAC call for evidence

(The answers should be considered alongside the material in this submission)

Demand for nurses

1. What are the overall trends in recruitment of foreign (EEA and non-EEA) born nurses in recent years?

In addition to the evidence provided we are looking to sustainable solutions and to train our own. However, we found the Care Sector is finding it extremely difficult.

2. What are the factors driving current demand for non-EEA nurses? Are these factors temporary or more structural?

This is more applicable to the care sector and we found salaries, (not tied to agenda for change), a major factor. We suspect, while it would be better if this was temporary, the factors are more structural.

3. What has been the impact, if any, of the monthly limit on RCoS allocation being reached?

We have evidence of Boards applications being rejected.

Have you had any RCoS applications rejected?

See above

If so, how many and what have you done to address your vacancies?

NHS Lothian wrote to the Scottish Governmetn and the Cabinet Secretary for Health, Wellbeing and Sport wrote to the Home Secretary.

In addition, Every newly qualified nurse is guaranteed one year of employment once they complete their studies, a commitment which not offered anywhere else in the UK.

Supply of nurses

4. What are the challenges faced in recruiting nurses generally? Why is this?

While we are already doing a great deal to deliver sustainable solutions to the workforce challenges, we do recognise there is more we can do to improve the effectiveness and impact of the actions we are taking. Some of the action we are proposing has the potential to deliver “quick wins”, some will sow the seeds now for longer term benefits, while others require further work and are more likely to deliver in the medium to longer term.

We have a number of initiatives including;

We have been testing a novel co-hosting approach to education for Advanced Neonatal and Paediatric Nurses and will take lessons from this to inform potential solutions, including opportunities to bring small specialty training together to sustain courses. We recognise the need for a sustainable workforce and have worked with Boards to develop a modern apprenticeships for healthcare science.

We will also work with education providers to consider more flexible and innovative approaches to education and training – for example, making greater use of the Open University; working with the University of the Highlands and Islands to address rural challenges; developing shortened courses for graduates. We are looking at the factors which determine whether staff remain or look for opportunities elsewhere – this includes working patterns, opportunities for flexible working, career development and progression

5. If there is a national shortage of nurses, the relative pay of nurses would be expected to rise. Has this happened? If not, why not?

We understand NHS nurses pay is set through national pay review body and set annually. There is little flexibility to change salaries. We have evidenced care sector salaries and while there is greater flexibility here, any stepping out of line with the Agenda for Change would distort the nurse employment market.

6. What are the issues around retention of nurses?

We find the main issues revolve around the fact the greater proportion is female, and by its very nature is more susceptible to e.g. women having families and being the main carers for their children. Salaries are fairly low and childcare costs are high. In addition, we find an ageing nurse profile, possibly as a result of earlier decisions.

We found the economic downturn has impacted in some areas, NHS Grampians recruitment difficulties could be attributed to the downturn in the oil industry on which the area is heavily dependant.

7. Do some areas of the UK experience a shortage of nurses while others do not?

Yes – particularly remote and rural areas. We have a lot of ongoing activity at Board level, for example we're providing funding of £1.5 million in total over four years (2013/14 – 2016/17) for testing new ways of working in four areas across NHS Highland (Campbeltown, West Lochaber, Isle of Islay and Mid Argyll)

If so, what are some areas doing that others are not?

We understand some Boards, e.g. Grampian, do offer housing support

8. Information about trained nurses not working in the profession:
a) To what extent are there qualified nurses of working age, resident in the UK, who are not working in the profession?

See main submission

b) If there are significant numbers of trained and/or registered nurses not working in the profession, what are the reasons behind this?

See main submission

c) What is being done to attract these back to the profession?

See main submission

How does supply and demand for nurses vary by specialty?

9. Are there specific nursing specialties that are held to be in particular shortage?

Yes – see main submission plus annex's.

10. What are these and what evidence is there for shortage?

See main submission plus annex's

11. To what extent can existing nurses be retrained to do the jobs of specialist nurses who have left?

While this is possible, we have found those nurses jobs themselves would require filling and this is not a sustainable solution.

12. To what extent are migrant nurses (whether from within the EEA or outside of the EEA) adequate substitutes for experienced nurses (whether from within the UK or outside of it)?

Given nurses are required to hold NMC registration before they practice in the UK we suggest migrant nurses are a perfect substitute.

13. To what extent could shortages of nurses be addressed by the numbers of nurses who could re-enter the profession if they were incentivised to do so?

While I expect there are nurses who could re enter the profession and fill any shortages, the fact they have not already done so and there is a fairly rigid pay structure would stymie this approach.

14. What proportion of trainee nurses do not go on to practice nursing as a profession? What is being done to reduce this number?

We would be happy to provide this information separately.

15. What is being done to improve workforce planning to reduce a reliance on migrant nurses?

We have mandated a workforce planning tool for nurses. Recent increases in vacancies have been largely driven by use of the mandatory nursing workforce planning tools which are contributing to increases in the overall establishment

16. What is being done to reduce the use of migrant nurses as a safety valve at times of peak demand/maximum shortage?

While we have no evidence on how this is being addressed, we expect the NHSScotland mandatory workforce planning tool will help forecast and plan for adverse events.

In addition to the above, the following pieces of work are commencing or in place.

- **Theatre Workforce Pilot** -The largest spend for agency nurse use is in Theatres. This is multifactorial and includes issues such as inability to recruit to theatre nurse posts.

- Three Boards (Lothian, Grampian and Tayside) have looked at alternative solutions to agency use and to the traditional approach of registered nurses or ODPs as the skill mix within Theatres. A professional development award in perioperative care has been developed to address the changing skills mix of the National Health Service (NHS) in Scotland. The award has been developed to meet the educational requirements of support workers who are employed in perioperative settings and takes account of developing an award that would assist in 'future proofing' the workforce by supporting the appropriate level of education for entry into the profession. NHS Lothian in particular are including the modern apprentice role in this
- Chief Nursing Officers Directorate (CNOD) has funded a **Return to Practice Programme within Scotland**, run by three providers – Robert Gordon University, University of Stirling and Glasgow Caledonian University. The cohort within RGU will have guaranteed employment within NHS Grampian following successful completion of the programme. The programme is oversubscribed.
- **Increasing the supply of nursing and midwifery staff by continuing the trend of increasing intake numbers in the coming years.** Increasingly, these numbers will need to take account of the supply needs of the social care sector. Initial NES modelling indicates that sustaining a 3% increase in intakes during the period 2016-2018 would deliver an output equivalent to the highest outputs of Newly Registered Practitioners (NRPs) seen in 2002-2004.
- Number of Boards are making **use of e rostering systems** and there is currently work on going to develop a national approach to this.
- **Increase in funded training places for non medical (nurse) endoscopists** to support reduction in use of medical locums. The additional places will be available in February and the funding provided will be over a four year period. This is a medium to long term fix to secure access and quality of care for patients.
- Nurse Bank Managers have updated the **Good Practice Guide in use of Supplementary Staffing** (NMWWPP 2007). This now

needs to be incorporated into the work of the new team set up by National Procurement and be supported by an HDL/CEL.

- Group set up by SEND (Scottish Executive Nurse Directors) to review the impact on patient care and performance if use of Agency Nurses was to cease, supported by CNOD

Annex A

Questionnaire

Response from Four Seasons Care Homes

There might not be a shortage of nurses as a whole, but are there particular shortages in certain nursing areas?

There is a national shortage of nurses. The Royal College of Nursing in 2013 reported a shortage of 20,000 nurses and a 15% reduction in the number of student nurses being trained, combined with an ageing workforce. It is estimated that the independent health & social care sector is now running with an estimated 10% shortfall of nurses in relation to its needs.

Within this UK wide picture there are some regional variations. For instance in parts of Scotland reasons vary, but might include the location of the home. If it is in a more remote area there is naturally a smaller labour pool within the immediate vicinity. When nurses are in high demand and able to move reasonably easily between jobs there is a tendency for them to either want to work close to home, family and friends, or to want to move to an attractive location for their personal lifestyle.

The main effect of the national shortage, obviously, is difficulty in recruiting staff. This means that in order to maintain levels of qualified nurses and provide quality care for their residents and patients, health and social care providers in both the NHS and independent sector have had to turn to more expensive agency nursing staff to "top up". An agency nurse is about twice the cost of a full time nurse. Agency nurses are not always familiar with hospital or care home operating procedures and take time to adapt. As they are not permanent staff members they may not so readily get into the team working dynamic. If this continues it risks compromising care. (Incidentally, operators, forced into this position may then find themselves criticised by the regulator for excessive use of agency nurses)

The following three questions are inter-linked:

Why is there a shortage in the care sector? Do nurses operate between the care sector and NHS? Is the NHS seen as a better employer?

There is a shortage in the care sector and in the NHS. It is not for us to speak for the NHS but Chief Executive Simon Stephens has said plenty on the record about the issue of the nurse shortage in the NHS and the high spend on agency staff.

To address why there is a shortage of nurses throughout the UK: Since 2010, with the NHS under pressure to make efficiency savings, many Trusts had cut their nursing workforce and routinely frozen posts whenever staff retired or moved elsewhere. Investment in training was also reduced. However, it became apparent this had gone too far. In 2012 as a result of Sir Robert Francis' Inquiry into Mid Staffordshire hospital, staffing levels were brought to the heart of patient safety discussions. Following his recommendations and subsequent reports from Sir Bruce Keogh and Professor Don Berwick, the National Institute for Health and Care Excellence (NICE) and the National Quality Board (NQB) published safe staffing guidance.

Nurses do move between the care sector and NHS in both directions

1. The conditions outlined above resulted in a campaign urgently to recruit thousands of nurses back to the NHS, most/ many of whom came from the care sector, so creating, or rather exacerbating, the problem there. The NHS used its budgets to attract nurses from the care sector.

2. Rather than it necessarily being seen that the NHS is a better employer, it is likely that a majority of people thinking of embarking on a nursing career tend to think first of hospital work. To that extent care homes have to present a more attractive proposition to encourage them into the sector.

Given those two previous points, the funding of the care sector becomes relevant because it is not so able to get into a bidding war on T&C (this applies to the part of the sector that cares for residents who are publicly funded – circa 55% of the care sector beds).

The large scale contracting of care by Local Authorities to the private sector throughout the UK over recent years came about because authorities found that it was too expensive running their own homes where costs can typically be as much as twice as high as in independent sector homes offering the same standard of care. But now private sector operators are being squeezed by a combination of real-terms reductions in fees and rising costs, both of which are imposed on them by government decisions. There has been a real terms 5% reduction in

fees for publicly funded residents throughout the UK over the past five years, so they are as much as 15% below the fair cost of care (*Source: Research by Laing Buisson the leading source of sector information and analysis and based on a "fair price of care" model developed by the Joseph Rowntree Foundation*) Nursing and care staff represent the biggest single cost item for care homes accounting for more than 60% of turnover (not overhead) before any other operating costs. Providing good care is labour intensive. Staffing is a non-discretionary cost as are energy, medication and food and the upkeep of premises.

What is being done about shortages (improved T and C?).

Yes there are good terms and conditions for nurses in FSHC and across the independent sector. It is a competitive recruitment market.

Four Seasons has strategies both to recruit high calibre nurses and to retain them and to better support this we have just appointed our first Head of Nursing. We have put in place a central recruitment team to focus exclusively on nurse recruitment. In our recruitment messages we highlight that we provide a valid nursing career with a range of nursing services including specialist dementia, elderly frail, intermediate and end of life care.

We have introduced a preceptorship scheme to provide trainee nurses with an effective training programme. We support our people to develop professionally and personally and offer a career path with real opportunities for progression - including into management if that is the direction they want to follow.

We are family friendly and have flexibility around hours of work. Nurses may join us as a full or part time member of permanent staff or, if it suits their personal circumstances better they may join our "bank" of staff who work shifts by agreement.

We are pioneering the use of technology to listen to the views of all of our valued staff members. Purpose designed software systems are accessed via iPads that are being put into all of our 350 homes. Care home staff can use the system to raise concerns, make suggestions or let us have their views about their day to day work experience. Our residents, their families and visiting health professionals can use it to tell the company what they think about any aspect of care so we can find and address issues quickly so as to give residents the experiences they want. We use the same system to listen to our nurses and care staff - their feedback about care, their training and support, their work

experience

In our recruitment we highlight some of the appeal of working in a care home setting. Our nurses tend to form longer term relationships with the people entrusted into their care than those working in acute hospitals. Working in our homes they will be an important part of a close team of health and social care professionals. We tell nurses that caring for people in the later stages of their lives brings fresh challenges every day. It is demanding; at times it may stretch you and every day you will have done something you can be proud of.

Nurses who have joined us from the NHS have found an increased level of autonomy and management responsibility. Without the many layers of structured management tiers you find in the NHS, we can offer a level of management responsibility they don't get to experience in the NHS until after many years of practice.

Why do some areas experience shortages but others don't? For example, in one area 2 hospitals next to each other and one uses over 300 tier 2 migrants but the other uses 19. Why is that?

We have answered this as well as we are able in our first answer. We cannot answer about this particular example. We don't know if they have the same staffing level requirements; if one is more established; or one is better equipped or has better T&Cs or simply enjoys a better reputation.

Do remote and rural issues impact on the care sector (e.g. Turriff) If so, how?

As indicated in previous answers, there is a smaller local "home grown" labour pool; nurses are able to move quite freely between jobs in the independent sector or across to the NHS and vice versa. Some locations, although perfectly good places to live, don't hold the work/lifestyle appeal for many nurses.

There are trained nurses not working in the profession. Why is that? What are employers doing to get them back?

There may be a variety of reasons. A number left the profession when the NHS began to reduce its workforce. Nursing is a predominantly female profession and some may leave temporarily or permanently to look after children or an aged relative. Other life factors such as career change, moving overseas or retirement – though some nurses remain on the register after 55 in order to do agency work. There may be

increased pressures in the job and perhaps some feel an imbalance of work/ life or demands/ reward.

There is recruitment by both the NHS and the independent sector aimed to attract back leavers and there are "return to practice" courses and programmes to facilitate re-entry and bring them up to speed.

Is there a tension between revalidation and registration, particular to the care sector?

FSHC sees revalidation as an important opportunity. We have been very proactive in supporting our nurses to go through revalidation as we see this as a positive attraction and also supports drive to quality of experience of our residents.

Some do a degree course but don't go onto practice. Why is that?

Unable to comment as this is a personal preference

Finally, do you think it will help if nurses are added to the SOL, and if care sector nurses are specifically listed?

Both the NHS and the independent sector believe nurses should be included on the shortage occupation list, as does the RCN. We have all made the case for this to the Migration Advisory Committee and to The Home Secretary. Recognition of the problem and the need to recruit and train more nurses is welcome. Clearly we should be training more UK nurses. However, the effects will not flow through into front line care staffing for years. Meanwhile we have a chronic shortage that requires urgent measures. Recruitment from overseas is not an ideal solution for the longer term, we need to train more nurses in the UK, but both the NHS and independent sector are looking overseas, both within the EU countries and more widely, to alleviate the current shortage.

Evidence from NHS Dumfries and Galloway



- *Demand* - What is the scale and local trend in recruitment of foreign (EEA and non-EEA) born nurses in recent years? What factors are driving this and are these factors temporary or more structural?

No specific recruitment of EEA or non-EEA born nurses in mental health, community or acute settings recently

- *Supply*: What are the challenges faced in recruiting/retaining nurses? Why is this?

Recruitment issues tend to be around senior posts in more remote and rural areas of the region, none in less senior posts- mainly Nurse Manager and ANP level

- *How does supply and demand for nurses vary by specialty? Are there specific nursing specialties that are held to be in particular shortage? What are these and what evidence is there for shortage?*

No specialities have particular problems in recruiting

Annex b Evidence submitted

Full report on the Future of Residential Care for older people in Scotland ; taskforce for the future of residential care in scotland, February 2014.

Scottish Social Services Council; report on 2013 workforce data. Published 30 September 2014.

'English care homes facing financial ruin', The Guardian, Thursday August 20 2015.

'Hands swallows hard as care homes wobble' Sunday Times 22 November 2015.

Scottish Care Factsheet



Scottish Care Fact
Sheet.docx

Care Homes for adult (CHA) workforce paper - stability index measurement of the retention of staff. November 2015

Questionnaire for Care Sector providers.

Completed questionnaire ; John Kirk, Managing Director Four Seasons Healthcare, Scotland. 10 December 2015.

Data from UKBA – Certificates of sponsorship for Scottish nurses (care sector and NHS).

Job description – registered nurse BUPA

Job description – registered nurse NHS Lothian

Evidence from Boards; NHS Lothian, NHS Ayrshire and Arran, NHS Grampian and NHS Fife.

NHSScotland Boards response to Freedom of Information (Scotland) Act 2001 (check) request covering migrant nurses salary thresholds.

Nursing and Midwifery data – vacancies. Summary of comments provided in Board returns – September 2015.

In the front line, Supplementary Report on the Use of Agency Staffing, July 2015, Scottish Care.

Hands swallows hard as care homes wobble; Sunday Times; 22 November 2015

Annex B

Scottish Care sector factsheet



Scottish Care Fact
Sheet.docx



The voice of the independent care sector in Scotland

What is Scottish Care?

Scottish Care is a membership organisation and the representative body for independent social care services in Scotland. There is recognition of the merits for a strong single representative body in Scotland and our core strategy is to create the strongest possible alliance and collective voice to protect and promote the interests of all independent care sector providers in Scotland. Working on behalf of a range of small, medium and large providers, Scottish Care speaks with a single unified voice for both members and the whole independent care sector. This includes those who use independent sector care services.

Scottish Care is committed to supporting a quality orientated, independent sector that offers real choice and value for money. Our aim is to create an environment in which care providers can continue to deliver and develop the high quality care that communities require and deserve.

A Scottish voice for care providers and service users

Scottish Care is at the forefront of the national policy agenda and so we are ideally placed to put forward not just the views of our members but also those of the whole care sector, which includes service users as well as providers. Scottish Care is represented on key government and regulatory policy groups and we receive copies of all relevant sector consultation documents. This allows us to provide updates on policy and development and feed the comments of our members into the consultation process. Our contacts in government, regulation and commissioning also mean that we are able to lobby and influence views at the highest level.

Vision - to shape the environment in which care services can operate & thrive

- develop a positive partnership with key stakeholders
- support members in key areas of business and professional activity
- effectively lobby, negotiate and represent the sector
- ensure providers' ability to develop and deliver quality care services

Scottish Care is working to promote and protect high standards for all care providers. We are keen that the value of high quality independent care services is understood by commissioners, key partners, people who use services and their families. Providers need to be seen as real partners, respected, treated fairly and be contributing to the strategic direction of integrated social and health care services.

We are clear that care services must be fairly funded and public care service funding sustained at a level which meets the true cost of providing a safe and quality service for all. The public care sector workforce must also have access to appropriate support, training and a fair wage.

Who do you represent?

Scottish Care represents the largest group of Health and Social Care sector independent providers across Scotland delivering residential care, day care, care at home and housing support. 'Independent sector' in this context means both private and voluntary provider organisations. Our membership includes organisations of varying types and sizes, amongst them single providers, small and medium sized groups, national providers and not-for-profit voluntary organisations and associations.

What services do your members provide?

Our members deliver a wide range of registered services for older people and those with long term conditions, learning disabilities, physical disabilities, dementia or mental health problems. These services include, but are not limited to, residential care, nursing care, care at home, day care, housing support, respite, intermediate, step-up and step-down care.

How many members do you have?

Scottish Care counts over 400 organisations as members, which totals almost 900 individual services across Scotland.

How many care homes do your members operate?

Scottish Care members (across the private and voluntary sector) operate over 700 care homes, primarily being those which cater for older people. As at 31st March 2014 there were 902 care homes for older people, 748 of which were operated by the independent sector¹⁷. This means that, as at 2014, Scottish Care through its membership represents approximately 94% of independent sector care homes for older people.

¹⁷ *Care Home Census 2014 - Summary*, ISD Scotland <https://isdscotland.scot.nhs.uk/Health-Topics/Health-and-Social-Community-Care/Publications/2013-10-29/2013-10-29-CHCensus-Summary.pdf?28725832701>

The private and voluntary sectors are significant providers of social care - in 2014, these sectors provided 83% of care home places¹⁸ and contributes to 54% of home care hours for older people¹⁹

At 31 March 2014, there were 1,878 care at home, housing support and combined care at home/housing support services registered with the Care Inspectorate. Of these, 1,555 services (83%) were operated by the private and voluntary sectors²⁰.

Increasingly councils are purchasing services from the private and voluntary sector rather than providing them themselves. In 2014, 51% of Home Care clients received a service solely from their Local Authority, compared to 73% in 2007.

On any given day how many people in Scotland will be in a care home bed overnight - compared with the NHS?

Average available staffed hospital beds for all specialities as at 31st March 2014 was 23,291²¹. We also know that bed numbers are continuing to gradually fall, and this number has fallen from 2013 figures. As at 31st March 2014 there were 902 care homes for older people providing 38,441 beds to 33,187 residents any night of the year. 88% (29,298) of these residents are located within the independent (private & voluntary) sector²².

How much is the independent care sector worth to the Scottish economy ie turnover?

One of the major shifts in service delivery over the past 10 years has been the decline in the range and scale of the public sector as a direct provider in many areas, with a corresponding increase in independent sector provision.

120,510 (60.4%) of Scotland's total social services workforce of 199,670 are employed in care homes, care at home and housing support services²³. Of these, 97,800 (81.2%) of are employed by the voluntary and private sectors²⁴. The private sector has become the largest provider in social care delivery in Scotland (41%)²⁵ and this development has meant more choices for people and more savings for the public purse, but correspondingly the need for a more highly skilled workforce.

Who picks up the bill for care services?

¹⁸ *Ibid*

¹⁹ *Social Care Services, Scotland, 2014* <http://www.scotland.gov.uk/Resource/0046/00463974.pdf>

²⁰ *Inspecting and improving care and social work in Scotland*, Care Inspectorate, 2015 <http://www.careinspectorate.com/images/documents/2385/Care%20Inspectorate%20Triennial%20Review%202011-14.pdf>

²¹ *Annual Statistics showing Available Beds by Speciality and NHS Board of Treatment, 2014*, ISD Scotland <http://www.isdscotland.org/Health-Topics/Hospital-Care/Beds/>

²² *Care Home Census 2014 - Data Tables*, ISD Scotland <https://isdscotland.scot.nhs.uk/Health-Topics/Health-and-Social-Community-Care/Publications/2014-10-28/2014-10-28-CHCensus-Summary.pdf?86639040709>

²³ *2014 Workforce Data Report*, Scottish Social Services Council <http://data.sssc.uk.com/images/WDR/WDR2014.pdf>

²⁴ *Ibid*

²⁵ *Ibid*

If an Assessment of Care Needs has been undertaken and an individual has been assessed as needing services, they may be eligible for help with payment from their Local Authority following a financial assessment.

Some services do not require payment by the individual, such as free personal and nursing care.

If you have serious continuing healthcare needs, you may be eligible for NHS Continuing Health Care.

Within Care Home services, around two thirds of residents are publicly funded, whilst the other third are self-funded with an element of Free Personal & Nursing Care.

Within Care at Home services, almost all clients are publicly funded.

Free personal care is available for everyone aged 65 and over in Scotland who have been assessed by a local authority as needing it. Free nursing care is available for people of any age who have been assessed as requiring nursing care services.

This is provided regardless of income, capital assets, or marital or civil partner status. However, those living in a residential care home will need to contribute towards their remaining accommodation costs.

If you live in a care home the local authority will assess whether you need these services. If the local authority agrees that a person should receive *personal care*, the local authority will pay £171 per week (new rate from April 1, 2015) on the person's behalf directly to their care provider.

If you live in a care home and are assessed as needing *nursing care services*, the local authority will pay £78 per week (with effect from April 1, 2015) on the person's behalf directly to their care provider.

Local Authorities are required, each year, to set Standard Rates that they will pay towards Care Home Fees for publicly funded service users (those with capital below the lower limit) within private and voluntary care homes. The Convention of Scottish Local Authorities (COSLA) negotiates annually with representatives of the independent care home sector (through Scottish Care) as part of the National Care Home Contract (NCHC) to set these rates. The NCHC was developed to standardise terms and conditions and, as far as possible, the funding of placements in care homes for publicly funded service users. The NCHC also links payments to measurable quality indicators to improve the quality of care.

From April 2015, the standard rates for publicly funded service users are:

- £609.31 per week with nursing care
- £524.67 per week without nursing care²⁶

The average weekly charge for self-funding long stay residents without nursing care was £683 per week in March 2014. The average weekly charge for self-funding long stay residents with nursing care was £754 in 2014²⁷.

²⁶ <http://www.careinfoscotland.scot/topics/care-homes/paying-care-home-fees/standard-rates/>

²⁷ *Care Home Census 2014 - Data Tables*, ISD Scotland <http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/data-tables.asp?id=1315#1315>

Why do homes run by Scottish local authorities receive more than that? How much do they receive? How is it justified?

Local Authorities are required to set rates for the care homes they own and manage at a rate equal to the actual cost of providing accommodation and care, i.e. full cost recovery. This often amounts to a much higher overall cost, as staffing ratios are often higher and staff pay, terms and conditions are often better than for those in the non-statutory sector. The non-statutory sector would welcome the opportunity to provide better terms & conditions for staff, as well as better pay and staffing ratios. However, because non-statutory care home services are not funded on the basis of full cost recovery, it is impossible to do so and this has led in part to recruitment and retention issues within the independent care sector.

How many people rely on the independent sector for their employment?

The social services sector makes up 7.7% of employment in Scotland, or roughly 1 in 13. The private sector continues to be the biggest social services employer in most areas of Scotland, with 41% of the total social care workforce (199,670) workers across the country employed by private companies in 2014.

The largest types of social care services are housing support/care at home and care homes for adults. Together these account for over 60% of the workforce, of which 81% are employed in the private and voluntary sectors.

Almost 70% of staff in care homes and 29% of staff in care at home and housing support services are employed by the private sector.

It is estimated that there were approximately 5,320 nurses working in the independent social care sector in 2014 – 5,180 in care homes and 140 in care at home and housing support services.²⁸

Annex C

NHS AND CARE SECTOR NURSE JOB DESCRIPTIONS

NHS Highland (from Scotland's Health On the Web, RECRUITMENT PAGE)

Location: Dunoon
Salary: £21,818 - £28,462
Ref: 15ab/241

Grade: Band 5
Contract: Permanent
Closing date: 20 Jan 2016

Category: Nursing & Midwifery
Region: Highland

²⁸ 2014 Workforce Data Report, Scottish Social Services Council
<http://data.sssc.uk.com/images/WDR/WDR2014.pdf>

Posted: 09 Oct 2015
Employer: NHS Highland

ARGYLL & BUTE COWAL & BUTE LOCALITY STAFF NURSE COWAL COMMUNITY HOSPITAL, DUNOON 37.5 HOURS PER WEEK BAND 5 £21,818 - £28,462 PERMANENT We are looking for a motivated nurse who would be interested in joining our team in Cowal Community Hospital as a Staff Nurse rotating within the Admission Ward and Hospice and Supported Care Ward. Our focus is on Palliation, multi-agency treatment, reablement, rehabilitation, ensuring an effective patient pathway, patient centred care and maximising people's long term independence, choice and quality of life. We are a small, friendly team, dedicated to patient centred care and committed to staff training and development. We pride ourselves in providing excellent standards of care to all our patients and to help us to continuously improve this service we are now looking to recruit a dedicated and inspiring Band 5 nurse who will work alongside the extended ward team and provide evidence based practice. This vacancy is for an enthusiastic individual who is prepared to work flexibly to meet the needs of our service You will work a mixture of day and night shifts and the role requires the post holder to have a strong commitment to support, supervise and team work. Cowal Community Hospital provides acute, palliative care, community care, casualty and maternity care. The successful candidate will:- Have current NMC registration Have highly developed interpersonal skills Demonstrate a proven ability to advocate for those with healthcare needs Be willing to develop skill and knowledge Demonstrate motivation and have previous experience of team work For informal enquires please contact Acting Senior Charge Nurse Linda Pellicci on [REDACTED] Application packs are available from HR Department, NHS Highland, Argyll & Bute, Aros, Lochgilphead, Argyll, PA31 8LB - Tel [REDACTED] (24 hour answering service) or e-mail - [REDACTED] Please quote job reference number 15ab/241b The closing date is 20th January 2016

Bupa Nurse job description



Nursing Recruitment
- Job Description.pdf

Registered Nurse

JOB DESCRIPTION

1. Job Code:
2. Job Title: Registered Nurse
3. Reports To: Deputy / Home Manager
4. Professionally Accountable To: Head Nurse
5. Department: Operations
6. Location:

Date: September 2011

JOB PURPOSE

At Bupa we expect employees to give their personal best and strive for continuous improvement to ensure the highest standards of care and service are delivered to all customers.

The post holder is responsible and accountable for the well-being of residents within the care home ensuring that their physical, emotional and social needs are met, whilst helping to achieve their full capabilities.

Provide leadership to the team to ensure safe, smooth and efficient running of the care home in accordance with the policies of the company and the registering authority guidelines.

KEY RESPONSIBILITIES

Clinical Practice

To manage communication with all residents, relatives, staff, other professionals and those involved in the care of the residents.

To assess, develop, implement and evaluate individualised resident care, ensuring consultation with and involvement from residents, GP's, relatives and carers.

To participate fully in the overall care of the residents as per the personal plan, ensuring all records are accurate and thorough in accordance with registration and legal requirements.

Monitor work areas and practices to ensure they are safe and free from hazards and conform to health, safety and security legislation, policies, procedures and guidelines.

To be responsible for the safe administration of drugs in accordance with company policy.

Infection Prevention and Control

To be accountable and responsible for adhering to Standard Infection Prevention and Control precautions ensuring the Home Manager is informed of any infections as per policy and procedure.

Leadership

To be an effective team leader, providing clinical guidance and training to staff within the Care Home.

Delegate clearly and appropriately, adopting the principles of safe practice and assessment of competence of those taking on delegated duties.

To assist in ensuring effective communication and professional liaison is established with all staff, residents, relatives and community services

Professional

Adhere to NMC Codes of Conduct and Bupa policies in seeking to maintain and justify public trust and confidence.

Accept personal responsibility for maintaining and enhancing professional development and competence, in accordance with PREP and scope of professional practice.

All Bupa employees are required to familiarise themselves with the company's HR policy and professional supervision policy.

Learning and Development

To be committed to expanding professional development by actively seeking new knowledge of nursing and health by reading, enquiring and participating in continuing education programmes.

Seek to improve practice through the acquisition of new skills and competencies.

Research and participate in programmes to inform and guide practice within the Care Home.

Coaching

Act as a mentor to student nurses and carers.

Act as a preceptor to newly qualified nurses, assisting, coaching, guiding and supporting them in their role and professional development.

Participate and provide formal and informal programmes of teaching by preparing and delivering sessions to colleagues and other care professionals such as clinical supervision.

Qualifications, Training and Experience

1st or 2nd Level registration

Valid NMC PIN Number

ENB998 and/or 941

Excellent communication skills

Ability to motivate and delegate effectively

Environment

All staff should take into consideration the overall objectives of the care home, namely that residents will be encouraged to maintain independence and choice in a homely environment which promotes excellent customer relationships.

Working Night Policy

All staff are required to remain awake at all times, so that they are able to provide the necessary cover in the home.

Sleeping while on duty, including designated break time is considered to be an act of gross misconduct, which may lead to dismissal.

Sleeping on duty is considered to be causing risk of harm to vulnerable adults and as such, those dismissed for sleeping on duty may be referred to the Secretary of State for consideration to be placed on the Protection of Vulnerable Adults List or the Adult Support and Protection (Scotland) Act (Legislation pending)

Signed (Employee):

Date:

Annex D

Nursing & Midwifery – Vacancies – Data Collection – Summary of Comments Provided in Board Returns – September 2015

The table below shows the range of comments provided by Boards to support their returns:



Nursing
Midwifery -vaca...

Nursing & Midwifery – Vacancies – Data Collection – Summary of Comments Provided in Board Returns – September 2015

The table below shows the range of comments provided by Boards to support their returns.

NHS Board	Hard to Recruit	Suitable for newly qualified staff	Other Comments
NHS Ayrshire & Arran	No comments	Hospital - 3.2 wte band 5 mental health posts Community - 2.0 wte band 5 mental health nurses	
NHS Borders	No comments	No comments	
NHS Dumfries & Galloway	No comments	No comments	
NHS Fife	We currently have difficulties in attracting and retaining registered staff for particular specialities, including Learning Disabilities and Intensive Care and Theatres. A working group chaired by the Director of Nursing is being established within NHS Fife to review the current difficulties and identify solutions.	No comments	
NHS Forth Valley	No comments	No comments	
NHS Grampian	Children Services ACUTE (inc Dr Grays) Combined & Community - Band 5 difficult to recruit into due to lack of local applicants. Difficult to recruit into post from outwith NHS Grampian due to high cost of living. CSS3 - Endoscopy Service - We continue to advertise our posts, at present we have another national advert out for band 5 Nurses running alongside internal/external ? international recruitment. Staffing continues at a critical stage CSS4 - ITU/CITU - 19 new posts created last year - (originally 21) - since last year some	It should be noted that for this period as at 30th September 2015 there is an increase in band 5 nursing vacancies compared with the previous quarter there have been 47 NQN's appointed during this period awaiting NMC registration. This had resulted in an increase in vacancies for this period, however it is anticipated that a reduction will be reflected in the December 2015 submission. CSS3 - Ward 112 - The ward at present would not be suitable for newly qualified, this is due to the fact that the ward is lacking in	

	<p>'new posts' were filled with new staff and also some 'prior' posts were filled as people left - hence reason why still 7 'new posts' still empty so long after creation. Of that 7 - 1 staff member will start in Nov and another is a newly qualified nurse who is not yet registered but who has started. We have rolling recruitment programme with adverts set for next 4 months (we have done this all year) - advert contains details of interview date - so potential candidates can make shift/travel plans around it, far in advance. We have staff attending national recruitment events and will do so again - Belfast Nov 27th. I previously had a nurse from Australia who withdrew from offer of post citing cost of housing in Aberdeen. For current adverts - receiving some from NQN's with no experience despite what advert asks for - once shortlisting is done - still some candidates not booking interview slots.</p> <p>Women's Division - Midwifery sonographer posts</p> <p>Aberdeen City - At the moment we are finding it increasingly difficult to recruit to Staff Nurse posts. Many of the wards have recruited to NQN, however in some of the wards there is real concern regarding the skill mix within the ward as many of the experienced staff have left and been filled by NQNs, other areas are finding they are offering jobs which are then being withdrawn as they have work elsewhere.</p> <p>Medicine 1 - (medical unit 1) Difficulty in area where newly qualified staff appointed and then withdrew as taken posts elsewhere.</p> <p>CSS2 - We have significant problems with</p>	<p>chemotherapy trained nurses and undertaking the chemotherapy course. We also have a number of nurses unable to administer oral medication or IV medication at present.</p> <p>CSS3 - Endoscopy Service - Endoscopy would be able to support 2 newly qualified staff. We now have a PEF in post.</p> <p>Women's Division - All Band 5/6 midwifery posts are suitable for newly qualified midwives.</p> <p>Surgery 1 - Ward 210/211 Band 2, 3 and Band 5 (All 1 wte each) have been filled awaiting OHS/PVG clearance.;</p> <p>Surgery 2 - None of CCU or cardiothoracic posts will be suitable for newly qualified nurses, due to the nature and experience required within the Unit</p> <p>Surgery 3 - 1 wte Band 5 suitable for NQN</p> <p>Mental Health - all LD Registered Nursing posts suitable for newly qualified staff.</p>	
--	---	--	--

<p>NHS Greater Glasgow & Clyde</p>	<p>recruitment and retention of band 2 staff. The band 2 staff who come into post can be unreliable and off sick regularly. Utilising bank band 2 staff who most efficiently for our department.</p> <p>Surgery 3 - Neuro:Band 5 x 2 wte - post offered awaiting start dates . Band 2 x 2 wte - posts offered awaiting pre-employment checks .Band 6 - 0.9 wte - redesign Ortho-Ward 212:HCSW post have been very difficult to recruit to over the past year 2.60 HCSW' S have been recruited to awaiting checks and start date 3 of which are NQN 1 WTE HCSW vacancy advertise and interview date set.3.80 Band 5 staff appointed 2 awaiting clearance and start date 1 WTE Band 5 vacancy interviews arranged.</p> <p>Mental Health - All Registered Learning Disability Nursing posts are hard to recruit to because the training is provided at universities in Glasgow and Edinburgh. This means NHS Grampian are constantly trying to attract applicants who are prepared to relocate. High cost of living is regularly reported as reason people to not wish to relocate. NHS Grampian are trying to promote the HNC route with articulation to year 2 of Learning Disability pre registration courses as this gives a slightly more local option.</p> <p>*** For noting there has been an increase in the number of posts from the previous return (June 2015) defined under 3- 6 months . These posts are not 'Hard to Fill' because there are candidates assigned to the posts , the recruitment process in the period has been delayed with the interviews for the posts</p>	<p>The majority of Ban 5 posts would be deemed suitable ofr NQN s</p>	
---	---	---	--

	<p>arranged in the latter part of the last quarter resulting in the recruitment process extending into the current period . ***** There is an increase in wte posts from the previous return (June 2015) this is because in the period there was a combination of a number of multiple hiring campaigns within Emergency Medicine /Midwifery , Care of the Elderly Directorates along with seasonal uplift in posts in advance of winter planning .</p>		
<p>NHS Highland</p>	<p>Hospital – No applicants 3.3 No Suitable Applicants 1.0 Only one applicant 1.0 Post filled as 12m FTC now out to Perm Advert with Interviews arranged 1.0 Post was being restructured 0.4 Hospital Total 6.7 Community – No applicants 2.7 No Suitable Applicants 0.8 Total 3.5 Combined – 0 Other – 0.5</p>	<p>Hospital – 30 Community – 8 Combined – 4 Other - 0</p>	
<p>NHS Lanarkshire</p>	<p>No comments</p>	<p>No comments</p>	
<p>NHS Lothian</p>	<p>No comments</p>	<p>No comments</p>	
<p>NHS Orkney</p>	<p>No comments</p>	<p>Hospital - *The band 5 posts we have are in theatre/A&E/HDU and rotational posts so it would depend on the level of experience and skills newly qualified staff could bring to these roles Community - * The Health Visitor vacancies are band 6 vacancies advertised as trainee posts with employees commencing as band 5 and then moving to band 6 on</p>	

			completion of the relevant qualification. All of the band 5 vacancies would be suitable for newly qualified staff.	
NHS Shetland	Due to remote locations, difficulty in recruiting staff		3 posts suitable for newly qualified staff	
NHS Tayside	No comments		Hospital – 60	
NHS Western Isles	No comments		Community - 2	
National Times Centre	No comments		No comments	
State Hospital	No comments		No comments	
NHS 24	NHS 24 continue to recruit for Nurse Practitioners with the intention of recruiting to the annual average target establishment. Due to the requirement for nurses to have a broad and extensive range of post registration experience NHS 24 continue to find it challenging to recruit to this level.		0 posts as the service model of NHS 24 does not support recruiting newly qualified nurses. The majority of nursing posts within NHS 24 require a broad and extensive range of post registration experience. NHS 24 have introduced a band 5 Nurse Practitioner role which requires applicants to have the knowledge and skills equivalent to those developed whilst completing the "Flying Start" or current local health board post registered clinical skills development for nurses.	
NHS National Services Scotland	No comments		No comments	
Scottish Ambulance Service	Nil return		Nil return	
NHS Education for Scotland	Nil return		Nil return	
NHS Healthcare Improvement Scotland	No comments		No comments	
NHS Health Scotland	Nil return		Nil return	

Annex E

Evidence from Boards



Evidence from
Boards December 201

From: Waugh Rhona (NHS FIFE) [REDACTED]
Sent: 20 November 2015 16:22
To: Igoe S (Stephanie)
Cc: MacKenzie F (Fiona)(Health-Employee Experience)
Subject: RE: Migration Advisory Committee call for evidence - partial review shortage occupation list - nurses

Hello Stephanie, we have been discussing this locally with a view to seeing if we could provide evidence for the meeting on 25 November. However, while nurse recruitment is attracting a lot of interest at the moment, given age demographics and wider influences impacting on supply of nursing staff (e.g. reducing in student nurse numbers, increasing scrutiny for revalidation etc), however, in the main we did not feel we could evidence an inability to attract candidates / recruit EU staff to vacancies within Fife.

The exception to this was within particular specialties such as Learning Disabilities, Mental Health and Critical Care. Despite ongoing recruitment activity, we have not been able to fill existing vacancies and now have recorded long term vacancies in these areas and that's before we consider some of the planned developments.

I hope this limited feedback is useful.

Regards,

Rhona

Rhona Waugh | Head of HR, NHS Fife | Hayfield House | Hayfield Road | Kirkcaldy | Fife KY2 5AH | Tel: [REDACTED], Ext. [REDACTED] | Email: [REDACTED]

From: Duncan, Jenni [mailto:[REDACTED]]
Sent: 24 November 2015 14:14
To: MacKenzie F (Fiona)(Health-Employee Experience)
Subject: Migration Advisory Committee call for evidence - partial review shortage occupation list - nurses

Dear Fiona

Please find attached information relating to nursing posts that have been hard to fill within NHS Lothian. You will see there are a number of areas that have either not been filled or have taken a number of attempts to fill.

In addition to the attached, the following areas have also experienced difficulties, however further work would be required to investigate each in terms of evidencing this. None the less, I thought it would be useful to note the areas in case they are similar to other Boards. If we are a lone Board voicing these, I presume there will be little chance of them being considered for the shortage occupation list.

- Paediatrics – Theatres
- Community Adult Mental Health
- Learning Disabilities

If helpful to chat through any of the attached info I'd be happy to do so.

Many thanks
Jenni

Jenni Duncan
Head of Resourcing
NHS Lothian

[REDACTED]

[REDACTED]

www.nhslothian.scot.nhs.uk

For all NHS Lothian General and Dental vacancies, please visit www.jobs.scot.nhs.uk

All NHS Scotland and NHS Lothian medical vacancies are now advertised on www.medicaljobs.scot.nhs.uk



DN and HV
posts.docx

District Nurses

CM/EAST/258/15 – Manager: [REDACTED]

Advertised 12/08/2015: 2 applicants
R1 - Re-advertised 01/09/2015: 2 applicants
R2 - Re-advertised 30/09/2015: 1 applicant
NOT FILLED
POST STILL NOT FILLED AFTER 99 DAYS

ECHP/KD/360 – Manager: [REDACTED]

Advertised 19/08/2014: 5 applicants
R1 - Re-advertised 06/11/2014: 1 applicant
R2 - Re-advertised 18/12/2014: 4 applicants
NOT FILLED
POST STILL NOT FILLED AFTER 457 DAYS

ECHP/KD/501 – Manager: [REDACTED]

Advertised 20/11/2014: 1 applicant
R1 - Re-advertised 22/01/2015: 1 applicant
NOT FILLED
POST STILL NOT FILLED AFTER 364 DAYS

ECHP/KD/701 – Manager: [REDACTED]

Advertised 15/06/2015: 1 applicant
R1 - Re-advertised 07/07/2015: 1 applicant
NOT FILLED
POST STILL NOT FILLED AFTER 157 DAYS

Health Visitors

CM/EASTMID/141/15 – Manager: [REDACTED]

Advertised 19/05/2015: 1 applicant
R1 - Re-advertised 05/06/2015: No applicants
NOT FILLED
POST STILL NOT FILLED AFTER 184 DAYS

ECHP/KD/495 – Manager: [REDACTED]

Advertised 23/01/2015: 3 applicants
R1 - Re-advertised 07/04/2015: No applicants
NOT FILLED
POST STILL NOT FILLED AFTER 300 DAYS

CM/EASTMID/009/15 – Manager: [REDACTED]

Advertised 08/01/2015: 2 applicants
R1 - Re-advertised 27/01/2015: 1 applicant
R2 - Re-advertised 10/02/2015: 2 applicants
POST FILLED 01/06/2015
144 DAYS TO FILL POST

CM/EASTMID/008/15 – Manager: [REDACTED]

Advertised 08/01/2015: 2 applicants
R1 - Re-advertised 10/02/2015: 2 applicants
NOT FILLED
POST STILL NOT FILLED AFTER 315 DAYS

CM/EAST/177/15 – Manager: [REDACTED]

Advertised 09/06/2015: No applicants
R1 - Re-advertised 07/10/2015: 1 applicant
NOT FILLED YET – 1 applicant to be interviewed
POST STILL NOT FILLED AFTER 163 DAYS

CM/MID/246/15 – Manager: [REDACTED]

Advertised 13/08/2015: 1 applicant
R1 – Set up on system but not advertised yet
NOT FILLED
POST STILL NOT FILLED AFTER 98 DAYS

CM/MID/070/15 – Manager: [REDACTED]

Advertised 17/03/2015: 1 applicant
R1 – Re-advertised 01/04/15: 1 applicant
POST FILLED 29/06/2015
POST STILL NOT FILLED AFTER 247 DAYS

CM/EASTMID/905/14 – Manager: [REDACTED]

Advertised 30/10/2014: 2 applicants
R1 – Re-advertised 05/01/2015: 1 applicant
POST FILLED 09/03/2015
POST STILL NOT FILLED AFTER 385 DAYS

ECHP/KD/616 – Manager [REDACTED]

Advertised – 26/03/2015 1 applicant
R1 – Re-advertised 22/04/2015: 2 applicants

R2 – Re-advertised 04/06/2015: 1 applicant
R3 – Re-advertised 04/08/2015: 1 applicant
POST FILLED 14/09/2015
172 DAYS TO FILL POST

ECHP/KD/620 – Manager: [REDACTED]

Advertised – 23/03/2015: 2 applicants
R1 – Re-advertised 13/08/2015: 3 applicants
POST FILLED 23/11/2015
245 DAYS TO FILL POST

ECHP/KD/846 – Manager: [REDACTED]

Advertised 13/10/2015: 1 applicant
R1 – re-advertised 29/10/2015: No applicants
NOT CLOSED YET

ECHP/KD/227 – Manager: [REDACTED]

Advertised 28/01/2015: 1 applicant
R1 – Re-advertised 20/02/2015: 1 applicant
R2 – Re-advertised 24/06/2015: 1 applicant
R3 – Re-advertised 13/08/2015: 2 applicants
R4 – Re-advertised 01/10/2015: 1 applicant
NOT FILLED
POST STILL NOT FILLED AFTER 295 DAYS

ECHP/KD/469 – Manager: [REDACTED]

Advertised 03/11/2014 2 applicants
R1 – Re-advertised 07/01/2015 1 applicant
POST FILLED 09/03/2015
POST STILL NOT FILLED AFTER 354 DAYS

ECHP/KD/597 – Manager: [REDACTED]

Advertised 25/02/2015 2 applicants
R1 – Re-advertised 17/03/2015: 1 applicant
R2 – Re-advertised 04/06/2015: 1 applicant
R3 – Re-advertised 23/07/2015: No applicants
NOT FILLED
POST STILL NOT FILLED AFTER 267 DAYS

ECHP/KD/713 – Manager: [REDACTED]

Advertised 13/08/2015: 5 applicants
R1 – Re-advertised 12/10/2015: 1 applicant
NOT FILLED YET – 1 applicant to be interview

ECHP/KD/511 – Manager: [REDACTED]

Advertised 02/02/2015: 2 applicants
R1 - Re-advertised 03/03/2015: 2 applicants
R2 – Re-advertised 30/04/2015: 1 applicant
R3 – Re-advertised 18/06/2015: 3 applicants
R4 – Re-advertised 24/09/15 3 applicants
R5 – re-advertised 02/11/2015 No applicants
NOT CLOSED YET

ECHP/KD/596 – Manager: [REDACTED]

Advertised 25/02/2015: 1 applicant

R1 – Re-advertised 16/03/2015: 1 applicant
R2 – Re-advertised 04/06/2015: 2 applicants
POST FILLED 14/09/2015
201 DAYS TO FILL POST

ECHP/KD/716 – Manager: [REDACTED]
Advertised 02/07/2015: 2 applicants
R1 – Re-advertised 20/07/2015: No applicants
NOT FILLED
POST STILL NOT FILLED AFTER 140 DAYS

ECHP/KD/523 – Manager: [REDACTED]
Advertised 28/01/2015: No applicants
R1 – Re-advertised 18/02/2015: 2 applicants
NOT FILLED
POST STILL NOT FILLED AFTER 295 DAYS

CM/WEST/177/14 – Manager: [REDACTED]
Advertised 17/10/2014: 1 applicant
R1 – Re-advertised 21/04/2012: 1 applicant
NOT FILLED
POST STILL NOT FILLED AFTER 367 DAYS

CM/MID/247/15 – Manager: [REDACTED]
Advertised 27/07/2015: 1 applicant
R1 – Set up on system but not advertised yet
NOT FILLED
POST STILL NOT FILLED AFTER 115 DAYS

ECHP/KD/364 – Manager: [REDACTED]
Advertised 23/10/2014: 1 applicant
R1 – Re-advertised 09/12/2014: No applicants
R2 – Re-advertised 02/02/2015: 1 applicant
R3 – Re-advertised 02/03/2015: 1 applicant
R4 – Re-advertised 01/04/2015: 1 applicant
POST FILLED 02/09/2015
314 DAYS TO FILL POST

ECHP/KD/305 – Manager: [REDACTED]
Advertised 10/07/2014: 1 applicant
R1 – Re-advertised 16/10/2014: No applicants
R2 – Re-advertised 03/03/2015: 1 applicant
R3 – Re-advertised 17/03/2015: 1 applicant
R4 – Re-advertised 21/04/2015: 1 applicant
POST FILLED 11/08/2015
397 DAYS TO FILL POST

ECHP/KD/226 – Manager: [REDACTED]
Advertised 08/05/2014: 2 applicants
R1 – Re-advertised 09/09/2014: 1 applicant
R2 – Re-advertised 12/01/2015: 2 applicants
R3 – Re-advertised 07/05/2015: 1 applicant
R4 – Re-advertised 06/07/2015: 1 applicant
POST FILLED 12/10/2015
522 DAYS TO FILL POST

CM/WEST/211/14 – Manager: [REDACTED]

Advertised 18/08/2014: 1 applicant
R1 – Re-advertised 27/11/2014: 1 applicant
R2 – Re-advertised 31/01/2015: 1 applicant
POST FILLED 01/06/2015
287 DAYS TO FILL POST

ECHP/KD/177 – Manager: [REDACTED]

Advertised 26/03/2014: 1 applicant
R1 – Re-advertised 28/05/2014: 1 applicant
R2 – Re-advertised 03/07/2014: 1 applicant
R3 – Re-advertised 09/09/2014: No applicants
R4 – Re-advertised 04/12/2015: 1 applicant
NOT FILLED
POST STILL NOT FILLED AFTER 603 DAYS

ECHP/SH/021 – Manager: [REDACTED]

Advertised 20/11/2013: No applicants
R1 – Re-advertised 10/03/2014: No applicants
R2 – Re-advertised 23/04/2014: 1 applicant
R3 – Re-advertised 14/08/2014: 1 applicant
R4 – Re-advertised 17/11/2014: 3 applicants
POST FILLED 27/04/2015
523 DAYS TO FILL POST

ECHP/SH/067 – Manager: [REDACTED]

Advertised 10/03/2014: 1 applicant
R1 – Re-advertised 30/04/2014: 1 applicant
R2 – Re-advertised 03/06/2014: 1 applicant
R3 – Re-advertised 03/07/2014: 1 applicant
R4 – Re-advertised 09/09/2014: 1 applicant
R5 – Re-advertised 09/12/2014: 1 applicant
R6 – Re-advertised 02/02/2015: 1 applicant
R7 – Re-advertised 07/05/2015: 1 applicant
NOT FILLED
POST STILL NOT FILLED AFTER 619 DAYS

ECHP/KD/158 – Manager: [REDACTED]

Advertised 02/04/2014: No applicants
R1 – Re-advertised 13/05/2014: 2 applicants
R2 – Re-advertised 02/07/2014: 2 applicants
R3 – Re-advertised 04/09/2014: 3 applicants
R4 – Re-advertised 26/11/2014: 1 applicant
R5 – Re-advertised 12/01/2015: 1 applicant
POST FILLED 20/04/2015
383 DAYS TO FILL POST

ECHP/SH/023 – Manager: [REDACTED]

Advertised 21/02/2014: No applicants
R1 – Re-advertised 29/04/2014: 1 applicant
R2 – Re-advertised 04/06/2014: 2 applicants
R3 – Re-advertised 14/08/2014: 1 applicant
R4 – Re-advertised 10/12/2014: 1 applicant
R5 – Re-advertised 13/02/2015: 1 applicant

R6 – Re-advertised 31/03/2015: 1 applicant
R7 – Re-advertised 13/08/2015: 3 applicants
POST FILLED 09/11/2015
626 DAYS TO FILL POST

ECHP/BD/865 – Manager: [REDACTED]

Advertised 04/11/2013: No applicants
R1 – Re-advertised 13/01/2014: No applicants
R2 – Re-advertised 30/04/2014: 3 applicants
R3 – Re-advertised 14/08/2014: 2 applicants
R4 – Re-advertised 09/09/2014: 1 applicant
R5 – Re-advertised 11/11/2014: 1 applicant
R6 – Re-advertised 10/12/2014: 1 applicant
R7 – Re-advertised 13/01/2015: 1 applicant
R8 – Re-advertised 05/02/2015: 1 applicant
R9 – Re-advertised 02/03/2015: 1 applicant
R10 – Re-advertised 01/04/2015: 2 applicants
R11 – Re-advertised 13/08/2015: 1 applicant
R12 – Re-advertised 01/10/2015: 1 applicant
NOT FILLED
POST STILL NOT FILLED AFTER 745 DAYS



Nursing posts unfilled
and set up before 01

Nursing posts (B5) set up on system before 1st May 2015 and still not filled

Nine areas have two or more posts that haven't been filled yet:

- Acute Medicine – 8 posts. 2 at the ARAU, WGH
- Community Services – 7 posts from different areas of the community
- Psychiatry of Old Age – 7 posts. 5 at Liberton Hospital
- Children's Services – 6 posts. 4 at the Intensive Care Unit, RHSC
- Medicine of the Elderly – 4 posts. 2 at Prospectbank Ward
- Cancer Services – 3 posts from different oncology wards at the WGH
- General Surgery – 3 posts from different areas of RIE and WGH
- ECHP – Older People – 2 posts from different wards at the RVH
- Theatres and Anaesthetics – 2 posts at gynae and labour theatres, RIE

From: Lawrie Geraldine (NHS GRAMPIAN) [REDACTED]

Sent: 27 November 2015 14:20

To: Igoe S (Stephanie)

Cc: Ingram Annie (NHS GRAMPIAN); Brown June (NHS GRAMPIAN); Croft Amanda (NHS GRAMPIAN)

Subject: RE: Migration Advisory Committee call for evidence - partial review shortage occupation list - nurses

Hi Fiona/Stephanie

June Brown and I have discussed this and have agreed the following on behalf of NHS Grampian:

We would strongly support the proposals to include Nurses onto the SOL and acknowledge the technical change around Specialist Nurses in Neonatal Intensive Units.

Given the ongoing level of vacancies for registered nurses, NHS Grampian has already initiated specific actions to tackle this including Return to Practice and the development of Health Care Support Workers. We recognise how the inclusion of Nurses on SOL could also help us tackle our recruitment challenges by increasing the overall supply opportunities.

The only concern we have is if the threshold of £35k is applied as the majority of vacancies we have are within band 5 and 6. There are vacancies also for more senior posts, and as the workforce changes there is clearly potential to see more Advanced Practitioners and Specialist Nurse roles

Kind regards
Gerry

Gerry Lawrie
Acting Deputy Director of Workforce
NHS Grampian



Connect with NHS Grampian

Website: www.nhsgrampian.org

NHS Ayrshire and Arran



NHS Ayrshire and
Arran response re M/

Nurse Director's Office
Eglinton House Ailsa Hospital
Dalmellington Road AYR KA6
6AB

Date

27th November 2015

Sent by email: Fiona
MacKenzie Policy Officer
Scottish Government

Your Ref
Our Ref
Enquiries to
Extension
Direct line
E-mail

AG/KM
Kate Macdonald

**Migration Advisory Committee call for evidence - partial review shortage
occupation list - nurses**

Thank you for your email of 12th November calling for evidence regarding a partial review of the shortage of occupations, specifically related to nurses. I can confirm that within NHS Ayrshire and Arran, there are ongoing recruitment issues for prison nurses within HMP Kilmarnock. In addition there are recruitment issues for trained district nurses and advanced nurse practitioners. In these cases migrant nursing staff are unlikely to be a significant aspect of an effective solution. Overall there is no issue regarding nursing and midwifery staff and presently our supply of registrants from the universities is greater than our demand for all areas of nursing.

Yours sincerely

Mrs Ann Gow
Interim Nurse Director

www.nhsaaa.net

From: MAC [REDACTED]
Sent: 24 March 2016 12:01
Subject: MAC report on nursing is now available

Dear all

The MAC has published its report on whether nurses should be retained on the UK shortage occupation list. it is available at the following link

<https://www.gov.uk/government/publications/migration-advisory-committee-mac-partial-review-shortage-occupation-list-and-nursing>

Thanks

Migration Advisory Committee Secretariat
3rd Floor Seacole Building | 2 Marsham Street | London | SW1P 4DF
Telephone: [redacted] | Twitter: @MACindependent | Website:
www.gov.uk/government/organisations/migration-advisory-committee

From: Earl Stephen [redacted]
Sent: 06 June 2016 15:55
To: Speedie C (Claire); Plunkett N (Nikola)
Cc: Khinder Baljit; Haynes Christopher
Subject: Migration Advisory Committee review of teachers

I attach a call for evidence that the Migration Advisory Committee has today published in relation to its review of whether teachers are in shortage.

The call sets out the commission from the government and the type of evidence that the MAC would find useful to receive.

Scotland forms part of this review both as part of the UK but also in regard to its own separate shortage list.

The MAC will be pleased to engage with partners in Scotland to find out more about whether teachers are in shortage. Please let us know if there are partners we should get in touch with directly and whether there are colleagues within the Scottish Government whom the MAC should speak to about this.

Please let me know if you have any questions about his review and thank you for your help.

Steve

Stephen Earl
Head of Policy
Migration Advisory Committee secretariat
3rd Floor, Seacole Building
2 Marsham Street
London SW1P 4DF
[redacted]

[redacted]

<https://www.gov.uk/government/organisations/migration-advisory-committee>

From: Speedie C (Claire)
Sent: 07 June 2016 11:59

To: [REDACTED]
Cc: Khinder Baljit; Haynes Christopher; Plunkett N (Nikola); Steele R (Ruth); Leger N (Nathalie)
Subject: FW: Migration Advisory Committee review of teachers

Hi Steve,

Thank you for sending on to us. I saw the initial announcement last week. I have forwarded to colleagues to identify who within SG, and what other external partners, will be best for you to engage with and will get back to you shortly.

Thanks again.

Claire

Claire Speedie | Senior Immigration Advisor, Migration Strategy | Scottish Government | [REDACTED]
[REDACTED] | 3rd Floor, 5 Atlantic Quay, 150 Broomielaw, Glasgow, G2 8LU

From: Speedie C (Claire)
Sent: 16 June 2016 13:13
To: [REDACTED]
Cc: Khinder Baljit; Haynes Christopher; Plunkett N (Nikola); Steele R (Ruth); Leger N (Nathalie); Reid HJ (Helen); Robb SJ (Stuart)
Subject: RE: Migration Advisory Committee review of teachers

Hi Steve,

I wanted to put you in touch with our colleagues in the Learning Directorate, Helen Reid and Stuart Robb (copied in) who will be taking forward our work on responding to this review. I understand that Helen will be in contact with any queries they may have and hopes to discuss with you arranging a time for the MAC to come to Scotland to meet with partners here.

[REDACTED] my colleague Nathalie Leger (also copied in) will be covering my position while I am away. I would therefore be grateful if Nathalie is copied in to any future correspondence in my place.

Many thanks,

Claire

Claire Speedie | Senior Immigration Advisor, Migration Strategy | Scottish Government | [REDACTED]
[REDACTED] | 3rd Floor, 5 Atlantic Quay, 150 Broomielaw, Glasgow, G2 8LU

From: Earl Stephen [REDACTED]
Sent: 08 July 2016 11:59
To: Reid HJ (Helen); Robb SJ (Stuart)
Cc: Khinder Baljit; Haynes Christopher
Subject: Migration Advisory Committee review of teachers

Hi Helen and Stuart,

The Migration Advisory Committee (MAC) is keen to make progress with stakeholder engagement with the teaching sector before the summer holidays begin. Are there any contacts in Scotland that you feel we would do well to speak to or who might like to speak to us, please? We are willing to travel to Scotland to meet with interested parties either separately or at some larger forum event, if this would be helpful.

We have identified a number of questions through our engagement to date with education bodies in England and we would like to discuss these with yourselves.

More broadly, we would like to understand how teacher recruitment and retention is approached in Scotland and how authorities calculate how many teachers they need. We would also like to understand the impacts of any policies on both the state and independent sector.

It will be good to get an early feel for the response from Scotland so that we can comment on its relevance to the MAC review and also so that we can compare it with responses from other parts of the UK to share synergies and learn from other initiatives.

Perhaps you could participate in an initial teleconference with myself and Baljit (I am on the policy side and Baljit on the analysis team)?

Please give me a call if you would like to discuss this further.

Thank you for your help.

Steve

Stephen Earl
Head of Policy
Migration Advisory Committee secretariat
3rd Floor, Seacole Building
2 Marsham Street
London SW1P 4DF

[REDACTED]
[redacted]

<https://www.gov.uk/government/organisations/migration-advisory-committee>

From: [REDACTED]
Date: Friday, 15 July 2016 15:54
To: [REDACTED]

Cc: [redacted]

Andrew Morrison

Subject: RE: Migration Advisory Committee review of teachers

Hi Steve

Thanks you for your email requesting a meeting with Scottish Government. I have recently joined Stuart's team leading on teacher recruitment and workforce planning and so will be working with Helen on the call for evidence.

I think it would be very useful to have a meeting and would be very happy to do so I think however that it might be beneficial to also meet with our local government colleagues from COSLA's Migration Team who I understand will also be providing a response to the call for evidence. The contacts there are Andy Morrison and Lorraine Cook, but I can co-ordinate with them.

Some of the issues overlap and it would probably be best use of everyone's time to have a joint meeting if you thought appropriate and in that case I think a face to face meeting might be best if that can be arrange.

In the first instance if you send me dates re your availability then I will get the meeting set up.

Regards

Stephanie

Stephanie Walsh
LD: People and Leadership Unit
2A South Victoria Quay
Edinburgh
EH6 6QQ

[redacted]
[redacted]

From: Lorraine Cook [redacted]

Sent: 21 July 2016 16:57

To: Earl Stephen

Cc: Andrew Morrison; [redacted]; Kathy Cameron; [redacted]; Derek Mitchell

Subject: Re: Migration Advisory Committee review of teachers

Steve

We are happy to meet up with you to discuss the review. Do you have any dates in mind and I will liaise with SG and COSLA colleagues to arrange a suitable time?

I'm also writing to see if there is any flexibility on the 16th September deadline? COSLA and Scottish Government are carrying out a teacher vacancy survey, which will cover all 32 Scottish local authorities. The survey will be carried out in tandem with the Scottish Teachers Census and will provide valuable evidence to MAC's teacher review. However, we will not have accrued results until the end of September. We would be looking at getting a report to you by Friday 7th October – I hope this is possible?

Best wishes,

Lorraine.

Lorraine Cook

Policy Manager
COSLA Migration, Population and Diversity Team
49 Bath Street
Glasgow G2 2DL

[redacted]

@migrationscot

<http://www.migrationscotland.org.uk>

From: Earl Stephen [redacted]
Sent: 22 July 2016 14:50
To: 'Lorraine Cook'
Cc: Andrew Morrison; Reid HJ (Helen); Kathy Cameron; Walsh S (Stephanie); Derek Mitchell
Subject: RE: Migration Advisory Committee review of teachers

Thanks, Lorraine, I will get back to you on dates for a meeting.

On 16 September deadline, we need to have responses by this date in order to give full consideration to the evidence before sending our report to government at the end of November. If a response is received after this date, then I cannot guarantee that it will be considered by the MAC as part of this review.

Steve

Stephen Earl
Head of Policy
Migration Advisory Committee secretariat
3rd Floor, Seacole Building
2 Marsham Street
London SW1P 4DF

[redacted]

[redacted]

<https://www.gov.uk/government/organisations/migration-advisory-committee>

From: [redacted]
Sent: 22 July 2016 15:16
To: Earl Stephen; [redacted]
Subject: RE: Migration Advisory Committee review of teachers

Hi Steve

That is disappointing that you are unable to accommodate a slight delay in the response rate from Scotland. Some of the information required involves collating vacancy positions and as you know that is best done once schools come back after the summer holidays.

I will discuss with COSLA colleagues next week but in the meantime if you can provide us with a date to meet that will be extremely helpful.

Stephanie

Stephanie Walsh
LD: People and Leadership Unit
2A South Victoria Quay
Edinburgh
EH6 6QQ

[redacted]

From: Earl Stephen [redacted]
Sent: 27 July 2016 10:24
To: Walsh S (Stephanie); [redacted]
Cc: [redacted] Reid HJ (Helen); [redacted]
Subject: RE: Migration Advisory Committee review of teachers

Thanks, Stephanie. I have had a chat with Tim Harrison, the Head of the Secretariat and we have agreed to defer finalising our work on Scotland until we receive the outcome of your survey if you can get it to us by 7 October.

Hope this helps.

Steve

Stephen Earl
Head of Policy
Migration Advisory Committee secretariat
3rd Floor, Seacole Building
2 Marsham Street
London SW1P 4DF

[redacted]
[redacted]

<https://www.gov.uk/government/organisations/migration-advisory-committee>

From: [redacted]
Sent: 28 July 2016 09:17
To: Earl Stephen; [redacted]
[redacted]
Subject: RE: Migration Advisory Committee review of teachers

That is great news . I will speak to Lorraine but that should be doable.

In the meantime still happy to have that chat.

Stephanie

Stephanie Walsh
LD: People and Leadership Unit
2A South Victoria Quay
Edinburgh
EH6 6QQ
[redacted]

From: Earl Stephen [redacted]
Sent: 29 July 2016 14:55
To: [redacted]; Lorraine Cook
Cc: Andrew Morrison [redacted] Kathy
Cameron [redacted] Derek Mitchell [redacted]
[redacted] Latchford Jessica
[redacted] Garner Paul
Subject: RE: Migration Advisory Committee review of teachers

Excellent.

In terms of the MAC visiting Scotland to speak with colleagues would something around 18/19 August work?

Steve

Stephen Earl
Head of Policy
Migration Advisory Committee secretariat
3rd Floor, Seacole Building
2 Marsham Street
London SW1P 4DF

[redacted]
[redacted]

<https://www.gov.uk/government/organisations/migration-advisory-committee>

From: Kathy Cameron [redacted]
Sent: 29 July 2016 14:59
To: Earl Stephen; Walsh S (Stephanie); Lorraine Cook
Cc: Andrew Morrison; Reid HJ (Helen); Derek Mitchell; Hunter AK (Ann); Latchford Jessica; Garner Paul
Subject: RE: Migration Advisory Committee review of teachers

Hi Steve

From a COSLA perspective, the morning of 18 August would be preferable, as I am involved in a Ministerial meeting in the afternoon. Lorraine works from home on a Friday, so not sure if she can manage for 19 August.

If it would help, we could look at hosting the meeting here at Verity House. As we are close to transport links such as the tram link from Edinburgh Airport, it might be preferable.

Please let me know what you think, re both date and venue.

Regards

Kathy

Kathy Cameron

Policy Manager, Children and Young People team, COSLA
[redacted]

From: [redacted]
Sent: 29 July 2016 15:36
To: [redacted] Earl Stephen; [redacted]
Cc: [redacted]
Latchford Jessica; Garner Paul
Subject: RE: Migration Advisory Committee review of teachers

Hi Kathy / Steve

18th would suit us too at Verity House.

Stephanie

Stephanie Walsh
LD: People and Leadership Unit
2A South Victoria Quay
Edinburgh
EH6 6QQ

[redacted]

From: Earl Stephen [redacted]
Sent: 01 August 2016 11:43
To: Walsh S (Stephanie); [redacted]
Cc: [redacted] Reid HJ (Helen); [redacted] Hunter AK (Ann); Latchford Jessica; Garner Paul
Subject: RE: Migration Advisory Committee review of teachers
Thank you all, it looks like 18 August at Verity House is the best option.

Representing the MAC will be my colleagues Jessica Latchford and Paul Garner and I will let them do any further liaison in relation to this visit. Please let them know if there is anyone else you think it would be worth trying to speak to while they are in Scotland.

Thanks for your help.

Steve

Stephen Earl
Head of Policy
Migration Advisory Committee secretariat
3rd Floor, Seacole Building
2 Marsham Street
London SW1P 4DF

[redacted]

<https://www.gov.uk/government/organisations/migration-advisory-committee>

From: [redacted]
Sent: 28 October 2016 10:26
To: Earl Stephen
Subject: RE: Migration Advisory Committee review of teachers

Hi Steve

[redacted] I just wanted touch base with you as we haven't been in touch for a while.

I know that you have recently been in discussions with our Education colleagues and CoSLA regarding the review of whether teachers are in shortage. I was wondering if there was anything else that the MAC were working on at the moment, or if you have any plans for any further calls for evidence?

Also, I thought you might be interested in some Scottish Government research that has been published this morning. Here is a link to the News Release:
<http://news.scotland.gov.uk/News/Migrants-vital-to-economy-2de3.aspx>

- ❖ Research report: Impacts of migration:
<http://www.gov.scot/Publications/2016/10/5974>

This report examines the impacts that migrants and migration have had on Scotland's economy, labour market, public services, communities and culture.

- ❖ Official Stats publication: Characteristics of migrants:
<http://www.gov.scot/Publications/2016/10/6840>

This is as an Official Statistics publication on the characteristics of migrants compared with people born in Scotland and the rest of the UK (using Census 2011 data)

Many thanks and I look forward to hearing from you.

Nathalie

Nathalie Leger

Migration Strategy | Scottish Government | Europa Building | 1st Floor, 450 Argyle Street | Glasgow G2 8LG | [REDACTED]

From: Earl Stephen [REDACTED]
Sent: 28 October 2016 14:57
To: Leger N (Nathalie)
Subject: RE: Migration Advisory Committee review of teachers

Thanks, Nathalie and also for the links to Scottish Government research.

The MAC has received the evidence from the Scottish Government and COSLA in relation to teachers and is working through this and the other evidence we received. The plan is still to send the completed teachers report to the UK government at the end of November and to publish it sometime thereafter (no date for publication as yet).

The MAC does not presently have any further commissions from the government but is working with officials to identify potential commissions.

Once we have any further commissions we will let you and all our partners know.

Steve

Stephen Earl
Head of Policy
Migration Advisory Committee secretariat
3rd Floor, Seacole Building
2 Marsham Street
London SW1P 4DF

[REDACTED]
[redacted]

<https://www.gov.uk/government/organisations/migration-advisory-committee>

From: [REDACTED]
Sent: 06 January 2017 10:58
To: Earl Stephen
Subject: RE: Migration Advisory Committee review of teachers

Hi Steve

I hope you had a nice Christmas break and a good new year.

I just wanted to check in with you about the expected timescales for the publication of the MAC report on the review of teachers. Even an approximate timescale would be very helpful.

Many thanks

Nathalie

Nathalie Leger
Migration Strategy | Scottish Government | 4th Floor Atlantic Quay | 150 Broomielaw | Glasgow G2 8LU | [redacted]

From: Earl Stephen [redacted]
Sent: 09 January 2017 10:35
To: Leger N (Nathalie)
Subject: RE: Migration Advisory Committee review of teachers

Hi, Nathalie, happy new year.

As you know, the MAC does not announce in advance publication of its reports but we have said that we hope to publish during January. This may change due to events but checking the MAC website over the next 10 days would be a reasonable course of action.

Steve

Stephen Earl
Head of Policy
Migration Advisory Committee secretariat
3rd Floor, Seacole Building
2 Marsham Street
London SW1P 4DF

[redacted]

[redacted]

<https://www.gov.uk/government/organisations/migration-advisory-committee>

