Belfast Health and Social Care Trust
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TRUST BOARD
SUBMISSION TEMPLATE

MEETING	**Trust Board**	**Ref No. 5.2 c**
DIRECTOR	**Executive Director Nursing**	**Date 13/01/22**
Belfast Trust Nursing Workforce Strategy 2021/22 to 2025/26 • Update on International Nurse recruitment		
Purpose	• *An effective workforce is key to the Trust's success in delivering high quality, safe compassionate care.* • *The Trust has developed a nursing workforce strategy, focusing primarily on the next five years, in an effort to address its unsustainable nursing vacancy position.* • *The strategy outlines the current and anticipated future vacancy levels within band 5 and 6 nursing, and proposes a number of initiatives aimed at significantly reducing the vacancy rate as soon as possible over the next five years.* • *One of the strands of the strategy is International Nurse Recruitment*	
Corporate Objective	*Safety Quality and Experience*	
Key areas for consideration	• *Identification of areas of greatest need* • *Educational and pastoral support* • *Cost benefit* • *COVID pandemic constraints* • *Ethical recruitment practices* • *Timely divisional allocation processes*	
Recommendations	*To support ongoing international nurse recruitment to augment current workforce short falls whilst the current workforce planning realises further available registrants to address vacancies at RN band 5 level.*	

INTERNATIONAL NURSE RECRUITMENT

Context

In the last year plans have been developed to recruit 1,000 international nurses in 2021/22 and 2022/23. A team has been established within the Central Nursing and Human Resources directorates to support international nurses through recruitment, relocation and induction and to support Trust wards and departments.

Projections for INR April 2021- March 2022 = 360

Progress

From April - December 2021 we have recruited 142 International Nurses from both Regional (55) and Bespoke (87) INR programme. The team met with TTM on 040122 to discuss predicted arrivals following for January to March 2022

The best-case scenario is 180 (60 INR/month dependant on VISA and COS) this would give us a yearly INR total of **322** a shortfall of 38 on our predictions at year-end. The worst-case scenario 136 (56 INR/ Jan. 40 INR/ Feb. 40 INR/ March) this would give us a yearly INR total of **278** a shortfall of **82** on our predictions at year-end.

The numbers are inclusive of the nurses to be taken at risk from the regional pool with any unallocated nurses from the regional pool being allocated to BHSCT. Our interview schedule is on track and TTM are due to provide additional information on perioperative and critical care candidates for recruitment in the coming days. We will also continue to screen our incoming nurses for perioperative and critical care experience over and above the bespoke recruitment initiative noted.

Breakdown of INR allocation to date below:

MONTH	DIVISIONAL NURSE	DIVISION	WTE
As of	Olga O'Neil	Acute and Unscheduled Care	42
31-12-21	Marion Mulholland	TOR	20
	Geraldine Byers	Surgery and Specialist Services	21
	Roisin Mc Swiggan	Adult Social and Primary Care	5
	Lorna Bingham	Cancer and Specialist Medicine	12
	Brenda Kelly	Maternity, ENT and Sexual Health Services	10
	Ita Collin	Critical Care and Theatres/Recovery	31
		(17 CC &14 T/R)	
Total			141

Key Issues/Risks for Escalation

International Nurse arrivals impacted by delays caused by Visa appointments and allocation of Certificate of Sponsorship.

A number of nurses who were due to arrive between January - March 2022 are from Red List countries therefore have had to be substituted by INR from non-red list

countries. Current evolving Pandemic situation may affect further INR arrivals if there are any additional travel restrictions.

Delay in receiving requisitions from Divisions affecting timely processing of ward allocation. Meeting with clinical teams to resolve, however remains challenging and requires constant follow up.