In the summer of 2014, Kent Community Health NHS Trust embarked on an overseas recruitment campaign for band 5 nurses. Read about their journey, key lessons learned and some of the challenges they had to overcome, from finding a willing agency to work with, to providing a tailored induction programme that took account of the cultural differences that the overseas nurses would see in their practice here.

Kent Community Health NHS Trust (KCHT) is one of the largest community health providers in the country, providing services in Kent, London and East Sussex. The trust serves a population of 1.2 million people and has a budget of £200 million. Over 5,000 staff are employed across 12 community hospitals in a wide range of different roles.

Objective

The trust needed to recruit 100 nursing vacancies (whole time equivalent) but band 5 nurses were proving particularly difficult to identify and recruit in the local labour market. Even though significant local recruitment campaigns and recruitment days had been promoted, the executive team decided additional methods were required in order to better meet workforce needs. Some members of the executive team had experience of successful international recruitment campaigns at other trusts, and following further positive conversations with local NHS trusts, KCHT took the decision to recruit from overseas.

Karen Proctor, director of nursing and quality, was assigned to be the executive sponsor for the project. Karen said: “Our difficulties in recruiting seemed to be due to the isolation of parts of our region, particularly the South Kent coast, and also us being on the periphery of London – people can choose to work there and get a higher London weighting allowance.”

The executive team decided that their initial campaign would aim to recruit a relatively small number of 20-25 nurses. As a start point, the HR team used the NHS Employers website to identify employment agencies who complied with the code of practice for international recruitment.
Unfortunately, it took longer than expected to find an agency willing to work with the trust. KCHT was given the impression that agencies saw them as a risky project and were told they may have to pay a lot of money up front to allow for this perceived risk.

Eve Lucas, head of resourcing at KCHT, explains: “Most of the agencies we spoke to didn’t think a community trust was a viable option or good business. They felt that a community trust, particularly one in Kent bordering London, wouldn’t have any chance of recruiting successfully and that overseas nurses would rather work in a large acute hospital than in the community.”

However, a willing and suitable agency, DRC Locums, was finally found and the agency team were confident they could help. They also provided some crucial early advice that Spain would be the best country to target.

“DRC Locums really listened to what our needs were. We spent some time getting the final spec together and once the agency were engaged, they moved very quickly,” said Karen.

Process

A small project team was set up at KCHT consisting of representatives from HR (resourcing team), nursing and quality, and clinical managers from the areas where the trust hoped to place the nurses. HR took the lead in communications with the agency, though all members of the project team joined regular conference calls. The agency handled much of the organisation and practicalities such as handling the pre-screening to sift the number of candidates to 60. They also set up the interviews in Spain.

The formal recruitment process involved four clinical managers travelling to Spain to complete interviews using the same criteria used for UK applicants. The agency made all travel/accommodation arrangements. Feedback from all those involved was that the process was very well run.

Karen comments: “We decided we wanted to recruit 25 nurses to start with. That might seem quite a small number given the number of vacancies we had, but we wanted to make sure of the quality and calibre of staff. We also felt it was really important to be able to induct them into the organisation in the right way.”

So, from 60 nurses interviewed, 25 were offered posts. However, some candidates dropped out following an offer meaning that a total of 18 accepted jobs. The successful candidates came over in three cohorts a month apart and were placed in four of KCHT’s community hospitals to help ensure the best mentor support in their early stages of employment.

“We found it a challenge to find an agency willing to work with a community trust.”

“Be more ambitious as you probably need to recruit more than you will need. We should have recruited 35 to get 25. We expected a dropout rate, but not that high.”
Induction

For their first four weeks in the UK, the Spanish nurses had a robust induction programme which included:

— statutory and mandatory training
— an introduction to the NHS
— an explanation of cultural differences and placements within the hospital they would be working in.

“Each nurse was assigned a clinical buddy and a named mentor to help with things like where to go shopping, how to register with a GP and how to travel to work. We also produced a crib sheet to help them adapt to UK culture,” said Eve.

Karen continues: “We noticed at interview that the technical skills of the nurses were very good, but that some of the things we look for as mandatory in the UK were considered very differently in Spain. For example, consent for treatment, understanding of safeguarding concerns and use of restraint were areas we had to focus on. We tailored our induction programme to the cultural differences that nurses would see in their practice here. From a community perspective, some of that was about enabling nurses to understand that our community hospitals are not about high-tech intervention, but more about reablement and rehabilitation.”

Accommodation was a big challenge – this was arranged by the agency but issues arose with both the standard and location. Karen said: “I would recommend that trusts use their local knowledge to assess any agency-arranged accommodation as a safeguard that the properties are of a good standard and also to check that locations are appropriate and have good transport links.”

So far, all 18 of the new nurses have been retained meaning that KCHT has an additional 18 whole time equivalent nurses in the organisation, filling posts that may have otherwise remained vacant. Feedback is very positive and has highlighted that the standard of nursing practice from the overseas staff is very high. On the whole, the team at KCHT feel that their international recruitment campaign has been successful and they are considering recruiting from overseas again.

“We heard feedback from other trusts where overseas nurses had been put on the standard corporate induction and ended up sitting at the back of the room playing on their phones. We wanted to avoid that scenario, we wanted to be inclusive.”
Summary

Karen: “In some ways it would have been better if all our overseas nurses had arrived together as they could have been put through the classroom induction at the same time. Instead, we ran the induction three times over which is a significant resource from the organisation’s point of view. However, even though we took a resource intensive method, it really pays off to invest that time upfront with smaller cohort numbers.

As well as tailored learning and teaching, we also used our four week induction period to cover all mandatory training and skills competencies. Therefore, we knew that when the nurses went out into practice they were competent to do what was required and we didn’t have to ask other staff to separately sign off their mandatory training.

We found it helpful to start all of our new nurses in one of our 12 community hospitals while they were still getting used to UK systems of working. We have now started to look at how we move some of the nurses into other community settings and how we can support them in those new environments.

The nurses we recruited are fantastic and have developed well. I have no hesitations or reservations about the standards of care being delivered.”

Eve: “The nurses have integrated well and been taken under the wing of our other staff. We had a queue of people volunteering to be buddies. There was a genuine interest and desire to help the new nurses settle in.

Naturally, there were some cultural differences, so we scheduled a light-hearted slot about this on the first day of our induction, referencing contrasting elements of Spanish and UK culture. This worked as a fun element to the first day but also helped address any concerns that people had. Once any potential issues were identified in this informal session, we could then mention the points on each subsequent induction.

We had our clinical managers involved as part of the project team along with nursing, quality and HR. This meant there was ownership with teams from the start and by the end, managers were fighting over the new nurses from Spain!”