

Community International Recruitment Toolkit

Prepared in Partnership by Sussex Community NHS Foundation Trust (SCFT)
and
Kent Community Health NHS Foundation Trust (KCHFT)

INTRODUCTION

Since spring 2021, SCFT and KCHFT have been in collaboration; exploring the specialised needs of community NHS organisations as they embark on their respective international recruitment journeys. This toolkit is the product of this collaboration.

It is designed to contain materials and examples which will enable other NHS organisations to get started on their own journey with some support and guidance based on experience.

How to use this document:

This community toolkit supplements the International Recruitment Toolkit (available from [NHS Employers](#)). It has been designed to support community NHS organisations set up a successful and thriving international recruitment programme by supporting the additional challenges faced when recruiting into community roles.

PLANNING

Ensuring the right colleagues are involved from the out-set is absolutely crucial. It's important not to underestimate the time International recruitment (IR) can take and how many considerations need to be made. There are decision points at just about every opportunity and it's important to have the right people and teams involved:

- Internal vs outsourced recruitment
- Relocation package (incl. accommodation and transport)
- Communication strategy
- Induction and training programmes
- Financial support
- Pastoral support
- Engagement with teams receiving nurses

Examples:

KCHFT began with an evolving project plan; setting out the brief, targets and timelines. A Steering Group was created to oversee the IR project led by the Trust's Chief Nurse. The membership of the group included the Matron's from the wards the Nurses would eventually be allocated to, members of HR, Education and Development, Finance, Procurement and

SCFT held an engagement event to 'launch' the project. Representatives from all departments and staff networks in the organisation were invited to hear from the Senior Responsible Officer (Deputy Chief Nurse), Assistant Director of Nursing and International Recruitment Lead. Significant support was provided by the Service Development team to monitor progress, actions and timelines. Four sub-group workstreams fed into the

Communications.

In addition, 4 workstreams were created and fed into the steering group:

- Recruitment
- Education and Training
- Pastoral Support
- Preparing for our Future Colleagues

The collaborative working that these groups fostered meant the actions that might have fallen to a small group of individuals were shared amongst many members of the project team. We also benefited from contributions from a diverse group meaning the materials we produced and decisions that were taken were done so objectively and having taken account of a range of views.

monthly Programme Board:

- Recruitment
- Education
- Pastoral Care
- Accommodation and Transport

Focused sub-groups with delegated decision making permissions enabled specific issues to be addressed by the right people, and allowed the programme board to address only escalated issues rather than fine details.

A set of Terms of References was collected for each sub group and main board, providing evidence of governance procedures and responsibility.

PREPARING FOR RECRUITMENT

Marketing the community trust and community roles is crucial. Many internationally educated professionals will not be familiar with the structure or function of community healthcare. Generally, there is recognition that there are global similarities with the delivery of care in hospital settings. Defining community care, the services undertaken by the organisation, and the system structure of the NHS is crucial to ensuring international arrivals recognise the difference; shortlisting staff with relevant experience of caring for a patient in a home or clinic setting is useful.

One of the ways this can be achieved is by creating a candidate information pack for prospective interviewees. This is a useful way of setting out the structure of the NHS, where community services fit within that structure and what the opportunities are in terms of roles and career pathways. Including more information about your Trust, where it's located in the UK and what the area has to offer also helps prospective new recruits to make an informed choice about whether your organisation is right for them.



Candidate information pack.pdf



KCHFT Candidate information pack.pdf

Both KCHFT & SCFT have also created recruitment videos to showcase the Trust, the clinical services provided and the local areas.

[Overseas recruitment on Vimeo](#)
[link]

Many international health systems do not have community nursing in the same way as it is practiced in the UK. There are a number of different roles in the community and a number of these can be found on the [Queen's Nursing Institute](#) website. Roles

such as [District Nurses](#), [Community Children's Nurses](#), [Homeless Health Nurses](#), [School Nurses](#), [Public Health Nurses](#) are exciting opportunities for nurses working in community teams. Promotion of these roles is important for ensuring international staff are aware of these roles and what they do.

Case study: The offer of Employment at KCHFT

We wanted our candidates to be clear about the offer and terms on which it was being made. We set out clearly what they could expect next and where appropriate added links to further information. We also set out what they would need to do having arrived in the UK including both the OSCE and induction requirements.

Along with the letter we included a document that enabled them to indicate their acceptance of the offer and set out what they would be expected to reimburse the Trust for should they withdraw their acceptance (and costs had been incurred) or they were to leave KCHFT employment within two years' of joining the Trust.



Kent conditional offer.pdf

RECRUITING

Engaging successful candidates is important to ensure they stay in the process from interview to appointment.

Just prior to the point of issuing the Certificate of Sponsorship, SCFT issues a questionnaire to the prospective new starter. It covers questions relating to accommodation and pastoral needs, base preferences, practical NMC application details and consent for social media involvement.



pre-CoS Questionnaire.docx

Advice – don't forget, the Certificate of Sponsorship needs a work location. This can be updated in the Sponsor Management System but it must match the location of the actual workplace. Sometimes placement allocation changes between offer and arrival, and there are fines if this information is not correct.

The KCHFT Welcome

We recognised how important regular contact with our IEN's was going to be to keep them engaged and committed to joining KCHFT. Instead of a welcome pack, KCHFT chose to use the same information to provide weekly emails to our successful recruits in the form of newsletters. This approach resulted in several benefits.

They were a means of regularly communicating with our new recruits in a meaningful way. It meant we weren't asking our nurses to take in too much information all at once, we were able to start creating a connection with them and they created a sense of anticipation and made them feel valued.

Every Friday in the 8 weeks' prior to their arrival they received newsletters on a different topic:

- Recruitment
- Intro to our Chief and Deputy Chief Nurses
- Induction, training and OSCE
- Working in the UK
- Living in the UK
- Welcome letter from Team
- Intro to Buddy
- Arriving in the UK

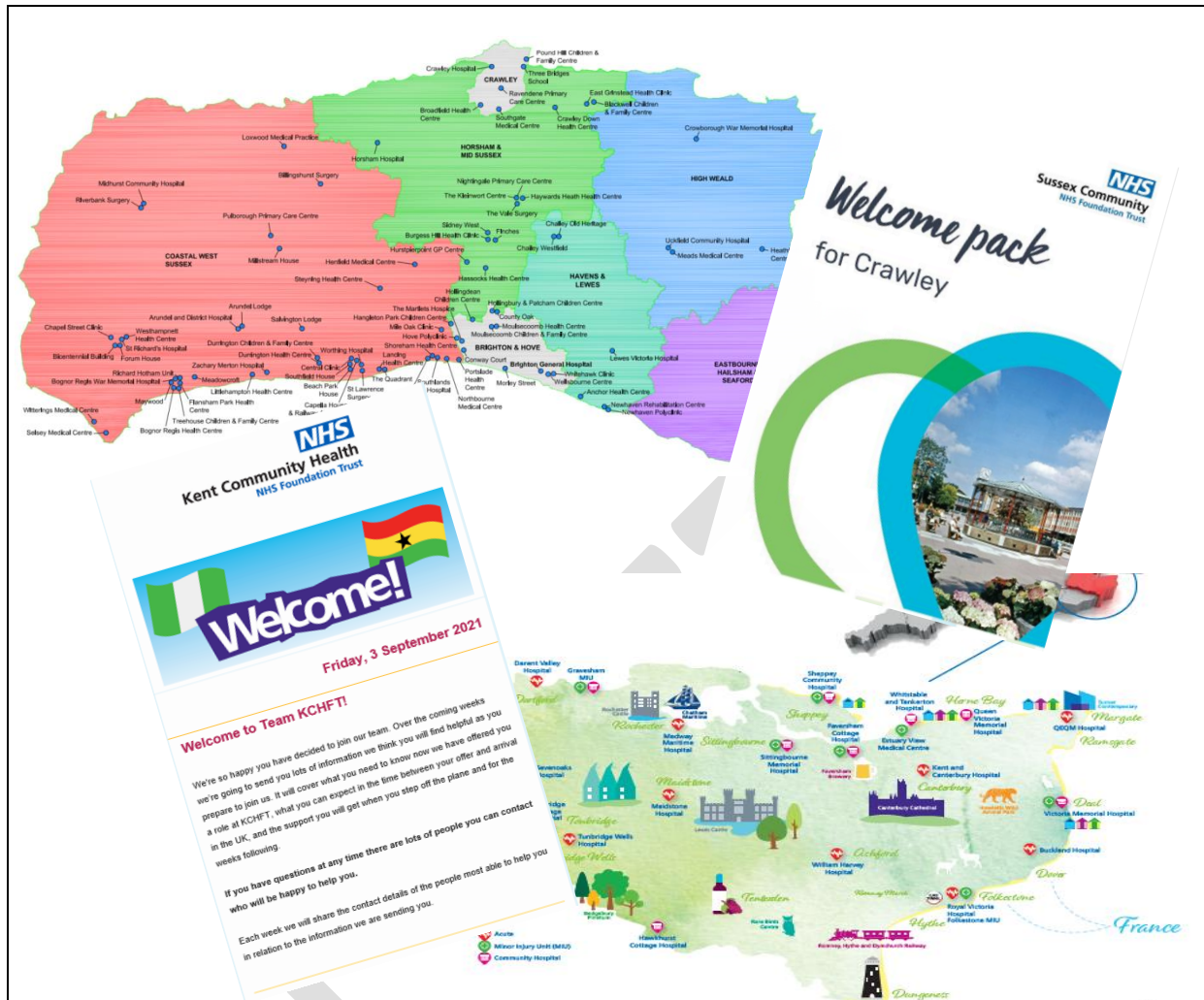
For KCHFT the added advantage was that this approach relieved some of the pressure to gather all the information we wanted to convey. This approach gave us extra time to ensure that we had the content of the communications right.

INDUCTION AND BEYOND

Welcome

The NHS employer's International Recruitment toolkit recommends a welcome pack be provided to international recruits and suggests Trusts include information about the local area, nearby facilities, doctors, dentists and emergency contacts. Different Trusts take different approaches to this as illustrated below.

It is important to reflect the diversity of a community organisation. The complications of changing geography, landscape, patient demographics and population profile are important considerations to ensure new arrivals expectations are aligned with reality. For example, the south-east of England is often summarised using descriptors such as 'well-connected', 'coastal' and 'affluent'. Whilst this is true for many areas, there are areas within the south-east experiencing poverty and social isolation. Whilst Kent is 'the Garden of England' with good reason and the South Downs National Park is an Area of Outstanding Natural Beauty, a combination of rural, coastal and urban areas make the south-east a diverse area with something for everyone.



SCFT

Candidates receive a Trust welcome pack outlining work at the organisation in addition to an area specific pack giving more information about the locality:

- Places of interest
- Public transport
- Amenities
- Community groups



international-staff-re
cruitment-welcome-d

KCHFT

We brought together the weekly newsletters in pack that was made available to our recruits upon arrival so they had something to refer back to.

Pastoral Care – for the new recruits

The importance of providing pastoral support cannot be overstated. Someone in a pastoral support role will be essential to do the huge amount of research into options for accommodation, travel arrangements, communications and more. They need to

plan, organise and make arrangements for a multitude of different things. There also needs to be a recognition that things will not always proceed according to plan so flexibility will be incredibly important.

Some IR nurses want to bring family at a later date and some may have family with them upon arrival. Consideration of their intentions and being sensitive to the needs of families is helpful for allocation and long term settlement and retention. A bank of resources for finding accommodation, schools and healthcare should be available, and letters supporting family travel should be prepared.



maintenance letter.docx

SCFT

“The implementation of the Pastoral Support Officer is a critical addition to the IR Team; without good pastoral care, there is no point in running any of the other aspects of this project” (IR Lead)

The Pastoral Support Officer has to combine a structured approach to ensure a balance of support is provided to the existing staff as they negotiate their induction, exam preparation and adjust to life in Sussex, as well as plan provisions for those who are soon arriving (accommodation, social media, food provisions). There is a requirement to be flexible and responsive to changing situations and this role is ideally suited to someone who can offer a creative style to managing competing demands but most critically they must be a kind and compassionate person.



Pastoral Support JD.pdf

KCHFT

We were clear we needed to put pastoral care at the centre of everything we did. At the outset we wanted to recognise that our new recruits were leaving their homes, family and friends to join our Trust and we needed to do everything possible to make their experience pre and post arrival a positive one.

The appointment of a pastoral support lead was critical. They were responsible for researching, evaluating and where necessary generating the resources that were needed in relation to working and living in the UK/Kent; accommodation; transportation; family settlement; travel and accommodation for the OSCE and the Trust buddy scheme.

What was particularly helpful was the pastoral questionnaire our Nurses were asked to complete in week 4. This was then used, as far as was possible, to allocate the nurses to the hospitals they would be working in which enabled the Ward teams to send their welcome letters to them in week 6.

Family Settlement

Most Trusts try to encourage their international recruits to postpone the process of moving family members over to the UK with them until they have settled. The intention being that this would allow them to focus on their OSCE training and exam preparation. In reality many individuals want their family around them and so being able to provide useful information and support to help them to do so is essential. Careful consideration should be given to what can be supported as candidates may

withdraw if their wish to bring their family cannot be accommodated.

Family members ('dependants') must have a visa if they are from outside the European Economic Area (EEA) or Switzerland. A 'dependant' is any of the following: a husband, wife or partner / a child under 18 / a child over 18 if they're currently in the UK as a dependant. Guidance can be found on dependant applications on the [GOV.UK website](#)

At KCHFT we organised two Q&A sessions with our Chief and Deputy Nurses to ensure our new recruits had the chance to ask any questions they had.

During the Q&A's a number of questions came up about family settlement. The questions and answers given are below.

Q. Can a family member come over at the same time, but stay with a relative? If so, can the flights be coordinated so that the relative is on the same flight?

A. We can offer two options. We can notify you as to which flight you need to book onto and you can book and pay for **both** flights and claim the money back for **your own** flight once you are on our payroll system. The alternative is that we book and pay for your flight and notify you once this has been done so that you can immediately attempt to book a seat on the same flight.

(We asked that plans were made for the relative to be collected at the airport for transportation and isolation reasons)

Q. How can I apply for Childcare vouchers and Child Benefit?

The UK childcare voucher scheme ended to new applicants in October 2018.

Child benefit is money paid to parents or other people who are responsible for bringing up a child. You can find out more on the [government website](#). You are only able to claim child benefit if you have the right to reside in the UK and meet the eligibility criteria. Right to reside status is achieved once indefinite leave to remain (ILR) has been granted. You can apply for ILR after 5 years' residency in the UK.

Q. How do I go about enrolling my child/children in school?

A. In England the school year runs from early September to late July. All children between the ages of 5 and 16 are entitled to a free place at a state school. Schools are broken down into primary schools (5-11-year olds), and secondary schools (11-16-year olds). Free education is also available for 16-19-year olds, either at secondary schools or sixth form colleges.

Applications for both primary and secondary school places are made online via the local county website - [Kent](#), [West Sussex](#), [East Sussex](#)

You must apply for a primary school place by 15 January and for a secondary school place by 31 October. If you are moving in the middle of an academic year, it is possible to apply for a place mid-year.

Schools

There are variations across England with how the councils run their local education systems and more information is available on the [GOV.UK website](https://www.gov.uk) Here individuals can compare schools in the area they will be settling in, gain a better understanding of the school admissions system and apply for places at both primary and secondary school.

Pastoral Care - Preparing for our future colleagues

Whilst focusing on the support that staff new to the UK will need is essential; just as important is understanding the thoughts and feelings of the teams they will be joining. Determining whether they require support to ensure they feel confident in welcoming their new colleagues to their teams and to understand if they have concerns or questions that need to be addressed is vital.

KCHFT

As well as considering the needs of our new recruits KCHFT wanted to ensure we were engaging with our existing teams to determine what their thoughts and feelings were about our international recruitment project. This was an opportunity for staff to ask any questions they had and for us to address concerns if they existed.

The Preparing for our future colleagues workstream ran a number of focus groups that gave teams the chance to share their thoughts and feelings and contribute to the plans being made to welcome the nurses. They were asked a series of questions and their answers helped inform and shape what interventions were put in place.

This resulted in the content of the individual Welcome letters that were drafted and sent to each new recruit depending on which team they were joining and the nurses were asked to reciprocate with a letter back to the teams. A glossary of common English phrases was produced which the teams thought would be helpful to help the new staff with conversational English. In turn they were really keen to find out more about the countries and cultures their future colleagues

The SCFT Culture Quiz

The IR Team set up a 'roadshow'; a mobile programme giving clinical teams a quick overview of the project, and running a 'cultural quiz'. The quiz used true/false questions to introduce the sensitive subject of culture in a light-hearted and interactive way. It was also the place to introduce colloquialisms and the need to support new staff with what such phrases mean.

The quiz was designed to open up discussion and introduce awareness of culture and practice in clinical teams. Across the organisation there are some teams with a variety of ethnicities, cultures and backgrounds represented, and for other teams there is very little diversity represented.

The focus was to demonstrate that there are many cultural practices which are shared between groups of people who may not always feel aligned to one another. Often, a session would be attended by a group of staff who were all from different backgrounds. The discussions were so positive for breaking assumptions and barriers.

The outcome was so positive that there was feedback from teams that it supported the discussions relating to existing tensions and some of the other organisation teams (e.g. the non-clinical teams) approached the IR

were coming from, so some information was provided to them to help them learn about both and a virtual welcome party (planned for the second weekend after the nurses' arrival) was organised so they could get to know each other before they joined the wards.

team to request it in their next team meeting. The BAME Network is working to establish it as a trust-wide tool to support cultural inclusion.

Pastoral Care - Accommodation

Accommodation is commonly one of the most challenging issues for Trusts embarking on International Recruitment. Depending on the location, finding appropriate accommodation to rent at affordable prices can be difficult for many reasons:

- Location
- The time of the recruits arrive in the UK
- Popularity of the location as a tourist destination
- Some private landlords do not consider renting to NHS Trusts
- Insufficient or no trust owned property
- Consideration of pastoral needs

There are added complexities when recruiting into community Trusts.

Many of the services a community Trust provides are done from, or in, rural locations. Careful consideration needs to be given to the location of any accommodation that's provided particularly in the context of transportation between home and work which either needs to be within walking distance or on good public transport routes which cover a variety of shift patterns (e.g. evenings, weekends, bank holidays).

A flexible approach to accommodation is needed and time will need to be taken to explore all the options available within the geographical location of your Trust and the unique constraints there may be which will differ from region to region.

Some of the options that might be explored include partnerships with other providers like universities, colleges or even local acute Trusts who may offer short-term letting arrangements, renting properties to be sub-let, although this carries additional costs of indemnity insurance and depending on availability of furnished accommodation costs of providing furnishings.

Serviced accommodation is high quality and meets the requirements for flexibility but is very expensive.

Each option comes with challenges linked to availability in the locations where the staff will be living and working.

Advice:

- A flexible approach to accommodation is required
- Allocation of staff to vacancies is dependent on available accommodation

- Providing a 'lump-sum' is an attractive option that might be available to candidates rather than a rigid 'single-occupancy' arrangement

Rent a room	A government approved scheme allowing individuals to rent a spare room tax free up to a specified limit
Spareroom	Helps renters can find a furnished room and the rent includes all bills
Open Rent	An online platform for finding properties to rent
Host International	Provides homestay and house share accommodation but only operates in 20 towns across the UK and Ireland
Homestay	Rooms are aimed at vacationers so there may be limited access to full facilities at the house.
Homzie	Provides serviced accommodation although the locations of the accommodation do not appear on the website
The Accommodation Company	Provides serviced accommodation specialising in short term residential accommodation with fully equipped kitchens, high speed broadband and Wi-Fi

Finding a place to stay for KCHFT colleagues

Having determined that we would deliver our OSCE training in-house a decision was made that we would accommodate our new recruits in a central location close to the centre where they would be undertaking their training. This meant that we had to find a second place for the nurses to live in the localities they were going to be based after the first 6 weeks.

We explored a range of options including acute hospital Trust and University campus accommodation, neither of which were viable as they were not in close enough proximity to our Community hospital sites.

The Government Rent-a-Room scheme was considered and in the early part of our recruitment process we tested the level of interest across the Trust. Although some people came forwards to enquire about the scheme the volume of interested colleagues was not sufficiently high and where there were colleagues interested in the scheme often the rooms were not in close proximity to

SCFT Homestay and private lettings

We concluded that serviced accommodation offers the most flexible private letting arrangement. It is expensive, so is not a viable long term option (>£2,000 pcm, up to >£3,500 pcm in Brighton). It is also not available in many of the clinical base localities.

We sourced some expertise from a Chartered Surveyor to source some suitable private lettings within a defined brief.

We also worked with the BAME network and Communications team to develop a Trust 'Homestay' arrangement for staff to offer a spare room to new staff.



Contract IR
homestay v5.pdf

Here's what our first homestay host had to say:

"Whilst on a break I read a poster about welcoming International nurses to the Trust. I had been in the process of thinking about renting out one or two bedrooms now my own son had left home. I was introduced to two nurses from Kerala, India. They arrived

the hospital base making them an unviable option.

Other options considered included hotel accommodation for the first 6 weeks whilst our IEN's undertook their OSCE training but this proved to be cost prohibitive. Renting properties independently didn't offer value for money as minimum rental terms exceeded the weeks we required.

The most appropriate option for our recruits was serviced accommodation which ultimately ensured we had suitable accommodation for our nurses when they arrived. We chose to work with The Accommodation Company who were able to source and manage the accommodation needed and were able to work within our budget and timescales. The decision to opt for serviced accommodation did mean the cost was at the top end of the budget we originally set.

with such a lot of luggage but between us we found space for it all. They have settled in well and seem to enjoy living in my home. I've shown them how to get tickets at the train station, suitable timetables and how to use the local buses. We are respectful of each other and are managing to give each other the space necessary when using the kitchen and bathroom. What I'm enjoying most is that they love to come and chat in the evenings whilst cooking or just relaxing. It's great learning about their lives and cultures plus they seem to like learning about our country and my family. I know we will keep in touch. We are already planning a trip to London together. The whole process of Homestay has been smooth and well organised. I would thoroughly recommend anyone who is able and has a spare room to give it a go. The experience so far has been a joy."

Professional Support

Ongoing professional support must recognise the experience and knowledge the new recruits bring with them.

There is a wealth of opportunity for anyone entering community services and a career on a page might support promotion and awareness. There are many specialist services with a variety of grades of nursing roles available to staff. Publication of training opportunities through flyers and electronic means will ensure staff see the opportunities

A career on a page enables all staff to see future options within the organisation:

THE HIVE **CAREER ON A PAGE: NURSING**

	apprentice/novice >		entry level >>		gaining experience >>>		experienced >>>>		specialist/expert >>>>>	
Band	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8	Band 8	Band 8b+	Band 8b+
Competencies	Demonstrates appropriate skill for delivery of interventions	Demonstrates appropriate skill for delivery of interventions	Demonstrates appropriate skill for delivery of interventions. Autonomous practitioner within a defined area	Demonstrates safe practice. Manages routine to moderate complexity	Demonstrates safe practice. Manages complexity. Clinical oversight of patient pathways	Demonstrates safe practice. Manages complexity/ specialist advisory. Provides senior clinical leadership	Demonstrates safe practice. Complex case/pathway management. Provides senior clinical leadership	Demonstrates safe practice. Manages complexity & manages risk. Provides senior clinical leadership		
Education & training	Health care support worker apprenticeship level 2. 12 months	Health care support worker apprenticeship level 3. 12-15months	Nursing Associate Assistant practitioner apprenticeship level 4. 24 months	Registered nurse apprenticeship level 5. 24-48 months	Advanced practice foundation training level 6 Leadership and management 24 months	Advanced practice speciality training level 6/7 Leadership & management 24 months	Advanced practice level 7 Leadership & management 24 months	Corporate leadership and management level 6/7 12-24 months		
Example role	Health care support worker	Senior health care support worker	Nursing Associate Assistant practitioner	Registered Nurse	Senior nurse Team leader District Nurse Clinical educator Health visitor	Ward Manager Specialist nurse Practice educator	Advanced clinical practice Nurse consultant ANP Matron	Professional leadership Head of / Director roles		
Enablers	Clinical & management supervision Appraisal Competencies	Clinical & Management supervision Appraisal Competencies	Preceptorship Clinical and management supervision Appraisal Competencies	Preceptorship Clinical & management supervision Appraisal Competencies	Clinical & management supervision Appraisal Coaching and mentoring Competencies	Clinical & Management supervision Appraisal Leadership Coaching & mentoring Competencies	Clinical & Management supervision Appraisal Coaching & mentoring Competencies	Clinical & Management supervision Appraisal Coaching & mentoring Competencies		

The SCFT Transition and Development Programme (TDP)

The TDP is a 12 month programme and represents a hybrid of Preceptorship and a band 5/6/7 career development programme. It aims to combine the support for staff integrating and transitioning into working in the UK, NHS and the Trust, but recognises the likely intentions of swift progression. The recruits are not newly qualified and therefore should be offered support into leadership and development opportunities. It also covers some sensitive topics which new staff need to be made aware of.

There are many practices and behaviours which are acceptable / legal in the UK but not worldwide so it's important to ensure new recruits are briefed on topics as:

- LGBTQ+
- Abortion
- Attitudes to dying
- Organ donation

Career pathways at KCHFT

It was clear early on that we needed to promote the opportunities available in a community provider setting to attract nurses in what has become a competitive jobs market. At KCHFT we were able to do this in a number of ways. We created a [Landing page](#) that contained lots of information about the Trust and what it was like to live and work in Kent and the surrounding areas.

Through our candidate information pack, we promoted the opportunities that were available to our future colleagues by linking them to our [Career pathways](#) page on our website. This gave an overview of all the careers available. We also shared the specific [Nursing pathways](#) infographic we've created as a Trust to make it very clear what the options are should our IEN's be looking for future promotion.

Including this information was a sensible decision as our experience at interview was that almost all our candidates were keen to learn more about what opportunities for career development and advancement were available should they choose to work for KCHFT.

There is a wealth of roles within community services and exciting opportunities to develop independence and autonomous practice as well as being able to care for patients in their preferred surroundings at or near home.

Advanced skills can be practiced in the community and nurse led services are always expanding. Generic role profiles are helpful as the UKBA requires a description of duties when issuing Certificates of Sponsorship. This reduces complications if staff move internally between roles.

It can take up to 12 months for a new member of staff to achieve all competencies required to practice as a Band 5 nurse independently. The education and practice development team should ensure a training needs analysis is completed and a competency profile is developed to support the knowledge & skills acquisition

International Nurses should recognise that:

- Community nursing involves a number of nurses working in autonomous roles (without direction from another professional (e.g. medical doctor))
- Nurses direct and prescribe care interventions and these are carried out by the nursing team
- Nurses make the decisions and refer to other teams and professions as their assessment dictates.
- In the inpatient services, the medical cover is not 24/7.
- A team of Advanced Nurse Practitioners review and plan care in consultation with the ward MDT.

Prescribing courses and advance practice courses are available to support the development of autonomous practitioners

Professional Support – Travel and Driving

One of the many considerations a community provider has to take account of is how to best support any new recruits from overseas to navigate the area they will be working in. Clearly as an organisation that requires its colleagues to cover quite wide geographical areas depending on their role there is a lot to think about.

From a practical point of view thought needs to go into whether new recruits are sought for community hospital or community nursing roles in the first instance. This should be done before recruitment starts so you can consider whether driving needs to be a requirement of the role. Recruiting candidates that are qualified to drive and have a licence is one part of the story. How they will obtain a vehicle, the steps they need to take to be able to drive in the UK long term and how they are supported to familiarise themselves with the UK road network and the challenges that the rural roads in and around Kent present are some of the others. Information needs to be provided about some of the things colleagues will need to think about when travelling around such as roads not always being lit, pavements not always being continuous and the possibility of fog, ice and snow during winter.

Recruiting directly into ward or clinic-based roles can eliminate some of the challenges of recruiting into peripatetic roles but thought needs to be given to the proximity of the IEN's to their place of work, how they will be able to get to and from

work safely when working and what the bus and rail transport links are like in and around the area particularly on weekends and bank holidays where services may be reduced. This will have a bearing on the location of the accommodation that you will need to assist your new recruits to find.

Driving is a key requirement in a community nursing because of the large amount of supplies and equipment that needs to be carried around when visiting patients. If community nursing is the area into which nurses are being recruited the following need to be considered:

- nurses who are eligible to drive in the UK may benefit from a confidence course to help them familiarise themselves with the UK road network and driving conditions
- depending on the country of origin driving lessons and a test in the UK may still be required even if a licence is held
- volunteer driver schemes might help IEN's needing to travel while they are working towards their own driving competence
- Visits could be clustered – e.g. to large care homes to reduce travel.
- Appointing a driving instructor may be more efficient than financing lessons depending on the number of nurses being recruited and the length of the recruitment campaign
- Staff who cannot drive may not reach the required standard within the expected time
- Access to hire / pool cars and NHS lease cars might be an option to help with finding a vehicle in the first few months

SCFT has a fleet of pool cars that could be offered as a solution but is location specific and still requires the nurse to have a driving licence. We are piloting a 'volunteer driver' system to see if this could be used. Theoretically a volunteer can accompany nurses on their visits, negating the need for any ability to drive. There are limitations (e.g. bad weather, illness/unplanned absence) and these are being worked through.

Driving considerations at KCHFT

We determined early on in our recruitment project that our nurses would be recruited into our community hospitals in recognition of the complex set of issues we would face in trying to recruit them directly into a community nursing role.

Our pastoral support lead undertook extensive research on the subject so as to identify what we would need to provide by way of support if we wished to recruit into roles that required the individual to drive.

The [driving and transport](#) section of the government website provided the starting point of this research and the information that we gathered was used to create a practical information section, [Driving in the UK](#), on our international recruitment landing page.

We also explored with an internal team that supports patients and service users to rediscover driving skills after illness if they could develop a package to help our IEN's to develop confidence in driving in the UK if they had licences in their home

countries. This package was not intended to teach an individual to drive but to give them support to navigate the roads in the areas they would be living and working and to help them understand the rules and signage on the UK road network.

An additional challenge we recognised we would face was helping to facilitate our nurses to access a car if they were able to drive. Whilst the Trust does offer a lease car scheme the cost of this would likely be prohibitive in the first months of our nurses' arrival and KCHFT does not have a fleet of pool cars that could be offered as a solution. Whilst we have yet to solve this issue it is something we are still working on as we recognise this may be a barrier to recruiting IEN's into roles elsewhere in our services.

Both KCHFT and SCFT liaised with internal teams (e.g. Estates & Facilities) who might be able to offer a programme to develop confidence in driving in the UK if they had licences in their home countries. This package was not intended to teach an individual to drive but to give them support to navigate the roads in the areas they would be living and working and to help them understand the rules and signage on the UK road network. Some organisations have programmes supporting patients and service users to rediscover driving skills after illness and it may be possible to adapt a programme for international recruits. It may be more cost effective to recruit a driving instructor, rather than financing outsourced lessons.

An additional challenge we recognised we would face was helping to facilitate our nurses to access a car if they were able to drive. Whilst many trusts offer a lease car scheme the cost of this would likely be prohibitive in the first months of a nurses' arrival.

Advice received so far is that appointing someone into a role which requires a driving licence who has no experience of driving is not a good idea. The number of lessons required will cause financial risk and there is no guarantee that all non-drivers will develop adequate skill to pass a test.

It is also important to remember the existing staff in the organisation. There may be a group of staff who have not been able to access community facing roles for the same reason and the support mechanism offered needs to carefully consider the needs of the organisation.

EVALUATION

Because of the potential long timeline between offer and arriving and the complexities relating to accommodation and location, the workforce planning considerations need to be a continuous process to ensure new starters are placed where they are needed and there is somewhere for them to stay.

OVERSEAS NURSE RECRUITMENT

The delivery of OSCE preparation is potentially more complicated for community organisations. Considerations of how to manage the preparation work needs to factor in additional requirements such as:

- Ability to travel for training
- Location of new recruits versus the training venue

- Option to outsource

It is important to note that there is no separate OSCE for community nurses; they must still receive training for potential acute skills and scenarios. This might involve accessing a neighbouring organisation for support and advice and potential collaboration for the community situations.

DRAFT