

Reference Number: FOI/LHCH/2016031
From: Press/Media
Date: 01 February 2016
Subject: Tier 2 nurses and healthcare assistants

Q1 The number of nurses (qualified and unqualified) and healthcare assistants currently directly employed by the Trust (including zero hours and casual staff) who are on Tier 2 visas under the Points Based Immigration system.

A1 Zero

Q2 Of the staff referred to in response to question 1, how many started working in the UK after April 2011?

A2 Information not held – not applicable as above

Q3 Of the staff referred to in response to question 2, how many are paid below £35,000 per year (including zero hours and casual staff)?

"Pay" here means full-year gross pay including enhancements (e.g. shift pay, overtime pay) for the year 2014/15 (or if hired since the start of 2014/15, please use forecast full-year gross pay including enhancements for 2015/16 based on payments during the year to date).

Please note that I am seeking actual pay - if a staff member is paid £19,000 per year for working 0.5 FTE (assuming no enhancements), please consider their pay to be £19,000, not the £38,000 they would be paid were they working 1.0 FTE.

Please separate the question 3 data between nurses and healthcare assistants (unless this would breach the Data Protection Act, in which case please provide a combined total).

A3 Information not held – not applicable as above

If the information for question 2 is not held (or would be impossible to locate within the section 12 cost limit), please ignore questions 2 and 3 and answer questions 4 and 5 instead:

Q4 Of the staff referred to in response to question 1, how many started working for the Trust (preferably including any predecessor Trusts, if the Trust is the product of a merger) after April 2011?

A4 Information not held – not applicable as above

Q5 Of the staff referred to in response to question 4, how many are paid below £35,000 per year (including zero hours and casual staff)?

"Pay" here means full-year gross pay including enhancements (e.g. shift pay, overtime pay) for the year 2014/15 (or if hired since the start of 2014/15, please use forecast full-year gross pay including enhancements for 2015/16 based on payments during the year to date).

Please note that I am seeking actual pay - if a staff member is paid £19,000 per year for working 0.5 FTE, please consider their pay to be £19,000, not the £38,000 they would be paid were they working 1.0 FTE.

Please separate the question 5 data between nurses and healthcare assistants (unless this would breach the Data Protection Act, in which case please provide a combined total).

A5 Information not held – not applicable as above

If the information for question 1 is not held (or would be impossible to locate within the section 12 cost limit), please ignore questions 1-5 and answer questions 6-8 instead:

Q6 The number of nurses (qualified and unqualified) and healthcare assistants currently directly employed by the Trust (including zero hours and casual staff) who are not nationals of member states of the European Economic Area

A6 37

Q7 Of the staff referred to in response to question 6, how many started working for the Trust (preferably including any predecessor Trusts, if the Trust is the product of a merger) after April 2011?

A7 One

Q8 Of the staff referred to in response to question 7, how many are paid below £35,000 per year (including zero hours and casual staff)?

"Pay" here means full-year gross pay including enhancements (e.g. shift pay, overtime pay) for the year 2014/15 (or if hired since the start of 2014/15, please use forecast full-year gross pay including enhancements for 2015/16 based on payments during the year to date).

Please note that I am seeking actual pay - if a staff member is paid £19,000 per year for working 0.5 FTE, please consider their pay to be £19,000, not the £38,000 they would be paid were they working 1.0 FTE.

Please separate the question 8 data between nurses and healthcare assistants (unless this would breach the Data Protection Act, in which case please provide a combined total).

A8 Not applicable

All Trusts please respond to question 9:

Q9 Any assessment, report etc that the Trust has carried out or commissioned into the effect that the increase to the earnings threshold for Tier 2 visa immigrants to qualify for permanent residence in the UK (announced in 2011, implemented from April 2016) will have on the Trust's staff. (see <http://www.workpermit.com/news/2015-07-07/uk-tier-2-visa-immigrants-must-earn-35000-to-settle-from-april-2016>)

A9 Information not held – the Trust has not yet undertaken any scoping.

Please see attached summary from MAC (Migration Advisory Committee) regarding their research into Tier immigration and their recommendations for consideration by the government. Action will be taken accordingly following receipt of government response/guidance to the recommendations.

MAC recommendations

In January 2016 the MAC published their recommendations to reform the Tier 2 immigration route. The Home Office are now considering the recommendations and will decide how to proceed. It is likely that any changes will not take effect until 6 April 2016 at the earliest.

A summary of the recommendations is provided below, along with our initial thoughts about the potential impact on employers if these changes are implemented.

	Recommendations	Comments
Salary Thresholds	Raising the overall minimum annual salary threshold from £20,800 to £30,000. Consideration to be given to a phased approach to this increase for the public sector.	We are pleased to see that the MAC acknowledge the challenge this will create for the NHS. We welcome the recommendation that a phased approach to this increase is applied for the public sector. We are working with the Department of Health to ensure the NHS retain the ability to recruit the staff required.
	A new separate minimum salary threshold of £23,000 for new entrants into Tier 2 (General).	This may benefit Graduates switching into Tier 2 (General), there may be roles in the NHS where this would apply and we are working with the relevant professional bodies. It may also benefit individuals making an initial application who are aged 25 or under on the date they apply. We await further detail.
Immigration skills charge	Introduction of an Immigration Skills Charge (ISC) to be applied to employers of Tier 2 migrants. Suggestion of a flat charge to be payable upfront when the employer applies for	The specific arrangements and the amount charged are to be determined by the Government. We also expect further indication as to how the funding will be used in the Government's response.

	<p>the initial Certificate of Sponsorship or visa extension.</p>	<p>We remain unsure that the ISC will help to meet the aspiration of reducing the need for overseas recruitment in the NHS.</p>
<p>Tier 2 (general) prioritisation</p>	<p>Prioritisation of Restricted Certificates of Sponsorship (RCoS) to continue largely on the basis of salary, after priority is given first to national shortage occupations and then PhD level occupations.</p>	<p>We are supportive of retaining the way in which the points system works to prioritise applications for RCoS to roles on the shortage occupation list.</p> <p>We continue to have concerns about retaining the current points allocation system for the Resident Labour Market Test. However, we are pleased to see the recommendation that the Government may wish to consider giving temporary priority under RCoS prioritisation for key public sector occupations in the short-term.</p>
	<p>Graduates recruited onto a graduate scheme could be given additional points in the RCoS allocation process when the 20,700 limit is reached to reflect the potential for future high growth in earnings.</p>	<p>This recommendation has the opportunity to benefit the NHS, if for instance doctors in training are included in the category.</p>
<p>Tier 2 (general) reform</p>	<p>Retaining eligibility for Tier 2 (General) through two categories; those coming to fill jobs that have been advertised under the Resident Labour Market Test, and those coming</p>	<p>We welcome the recommendation to retain a national shortage occupation list and the retention of the resident labour market test as the method allowing employers to recruit migrants to fill regional</p>

	to take up jobs on the Shortage Occupation List (SOL).	shortages which cannot be filled from the resident labour market.
	Retaining the current Resident Labour Market Test (RLMT) criteria (advertising for 28 days, in two sources – one of which must be Universal Jobmatch).	MAC suggest that there may be further scope to modernise the test to ensure it reflects modern recruitment methods and to apply a more systematic checking of compliance of the RLMT.
	All in-country switchers from other routes into Tier 2 should be subject to the Resident Labour Market Test.	This would include switching from Tier 4 (student) into Tier 2, unless an exemption applied, for example the job is on the Shortage Occupation List. This has the potential to impact on foundation doctors going into core/specialty training. We are picking this up with the Department of Health and Health Education England to discuss the impact if this recommendation is implemented.
	Applying an annual cap to the number of in-country switchers into Tier 2 (General).	This would involve the introduction of an extended cap to cover in-country switchers to Tier 2 and out of country applications. This would mean in-country switching applicants would be competing for visas against other possible Tier 2 (general) migrants. We await further information about what that annual cap might be.
	Recommend against the automatic removal of occupations from the shortage	We support the view that the shortage occupation list is a temporary support mechanism for

	<p>list after a defined period of time (i.e. blanket sunseting clause).</p>	<p>employers needing to use skills that are in national shortage.</p> <p>It is reasonable to recommend that more regular reviews of the list should take place to test whether occupations are still in shortage, rather than having a fixed time period for all occupations to remain on the list.</p>
<p>Restricting work rights of dependants</p>	<p>Recommend against imposing any restrictions on dependants' access to the labour market.</p>	<p>We support retaining the current position.</p>