

CARE WORKFORCE

## The Royal College of Nursing

largest professional organisation and trade union for nursing staff, with members in the NHS, independent and third sectors. RCN Scotland promotes patient and nursing interests by campaigning on issues that affect members, shaping national health policies, representing members on practice and employment issues and development opportunities. With around 40,000 members in Scotland, the RCN is the voice of nursing.

## Background

Nursing continues to be included on the national

7 KH 5 R\DO & ROOHJH RI 1 XUVL (proportion born in another country is 15%. Among nursing auxiliaries and assistants, almost 6% were born in another EU country and further 20% outside the EU. The figures are much higher for private firms, with 12% of nurses and midwives born in another EU country and 30% in a non-EU country. Looking at nursing auxiliaries and assistants, 5% were born elsewhere in the EU while 25% report their country of birth as a non-EU country.

## Workforce challenges

Across Scotland, there remains a shortage of nurses to ensure services are adequately staffed, and a lack of clarity on the future of EU nursing staff could be unhelpful to workforce planning.

Staffing levels are already under pressure with nursing vacancy rates increasing to 4.2% and a reliance on costly agency staff with bills soaring to £7.5m in the last year - an increase of almost 47%. NHS Scotland had 2207 nurse vacancies in March of this

Scotland than the UK equivalent. Proportionally, Scotland has seen a larger increase in the number of non-UK EU born inhabitants than the UK.

There aneU country. In addition, almost 15% of all

and midwives and 20% of nursing auxiliaries and assistants employed in the UK were born in other countries. For nurses and midwives working for a health authority the proportion born in another EU country is estimated at just over 6% and the

the 1% cap on pay increases over recent years has resulted in a real-terms fall in nursing pay of around 14% since 2010 ±and has contributed to recruitment and retention problems. The future situation of EEA nationals already working in the health and care sector is also unresolved. These factors could cause a major problem for staffing in the NHS and other health and social care organisations, either directly through new restrictions preventing EU- born NHS staff from working in Britain or indirectly because EU-born

staff may choose to leave the UK due to the uncertainty created before new rules are put in place on migration restriction. In developing a coherent workforce strategy the SG should maintain and grow the domestic health and social care workforce, as well as working with the UK government to preserve the rights of European Economic Area (EEA) nationals currently working in the sector. It is important EEA health and social care workers in Scotland continue to feel valued as we enter this period of uncertainty. Depending on the terms negotiated in leaving the EU, Scotland may have to rely on recruiting more care staff from the local workforce. There is additional problem of the movement of UK staff in order to offset

