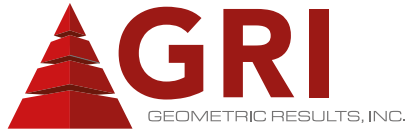


FOR HEALTHCARE LEADERS in association with

HSJ



21 March 2019



BREXIT AND THE NHS WORKFORCE

A GUIDE FOR HEALTHCARE LEADERS

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Grappling with the burning issue of Brexit

In summer 2016, shortly after the referendum in which the nation voted by a slim majority to leave the European Union, Kelvin Cheatele began a new job. And as he took up the reins as director of workforce at Kingston Hospital Foundation Trust, the possible effects that national vote might have on NHS staffing was already weighing on his mind. "It's fair to say that I was immediately concerned about the impact of the referendum," says Mr Cheatele. "And it's fair to say it's now been my number one issue for two years."

The concern is understandable. EU recruitment had previously been a balm to the underlying workforce and vacancy issues in the health and social care sectors. But, post-referendum, the flow of staff from the EU into the UK has already changed.

Brexit is not the only reason. But it's an important one and, whatever the specific future may hold on an issue which has wrought regular confusion for the past two years, it seems likely the NHS will need to mitigate the workforce impact of the UK's exit from the EU.

We've put together this supplement to support you in doing just that. Through conversations with analysts, it presents a comprehensive overview of the impact Brexit has already had on the NHS workforce.

But it also features views from EU staff and NHS leaders, who give insight into how the service might reduce any continuing effect. We hope you find it helpful and thought provoking.

Claire Read, HSJ

Change. In 1948 it was seismic with the creation of the NHS. In 2000, just a whimper with Y2K. How will Britain's exit from the EU ultimately be judged?

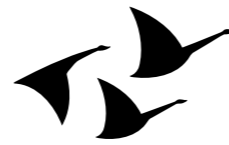
The day after the vote GRI created a taskforce, to better inform our NHS and private healthcare clients on what next. As independent workforce management experts helping organisations control agency worker spend, we provide visibility of temporary hiring activity. This allows us to deliver pertinent and personalised support to clients in their retention and recruitment efforts.

For example, we have been able to create an accurate picture of exactly which EU countries workers are from, per job category or location. A level of detail invaluable in helping clients understand the likely push and pull factors of UK settled status, versus the attractiveness of home countries or other EU nations.

Typically this management information has shown UK/EU nurse percentage splits of 85.6 per cent vs 14.4 per cent – with nurses from Romania, Ireland, Poland, Italy and Hungary usually the most represented, accounting for twice as many nurses than all the other EU countries combined. Understanding your EU diversity is a helpful starting point. For example, statistics of the Office for National Statistics provide some comfort that Romanian citizens have been the least likely cohort of EU workers to leave the UK since the referendum.

GRI commissioned this white paper as a useful extension of this type of insight, to provide clear facts, new perspectives and specific recommendations to guide healthcare leaders through the post-Brexit landscape.

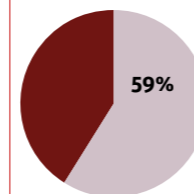
Andrew Preston, chief executive, GRI



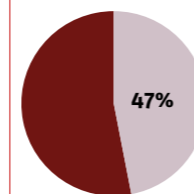
FACT

The Nursing and Midwifery Council asked nurses leaving its register in 2017-2018 to give their three top reasons for doing so.

Of EEA nurses: **59%** said they were leaving or had left the UK

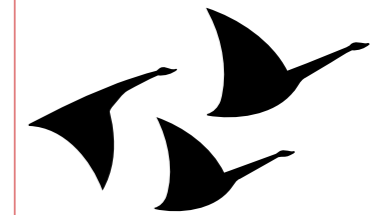
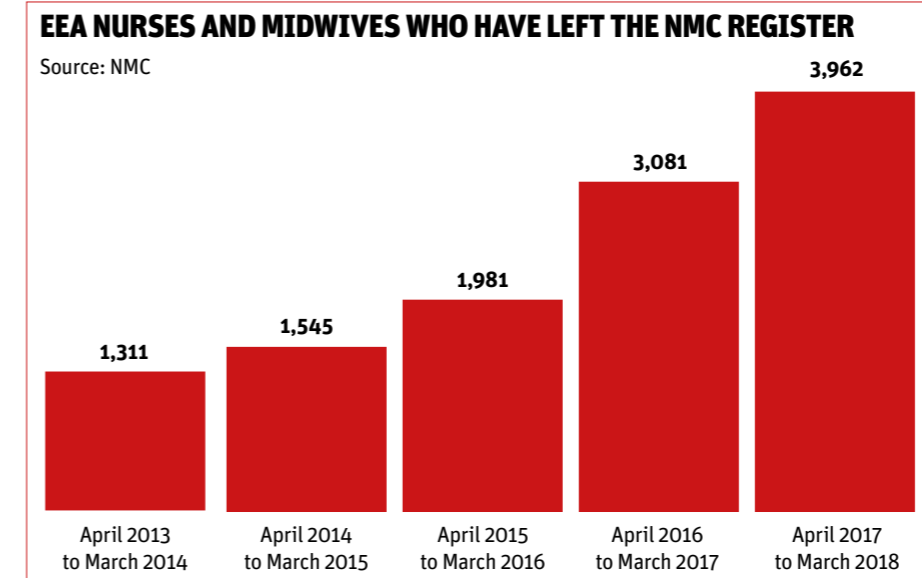


47% said Brexit had encouraged them to consider working outside the UK



The complicated story so far

Fears of a mass exodus of European NHS staff following the referendum may have proved unfounded, but there is little doubt that there has been an impact on the numbers of EU staff – particularly in nursing



The now-infamous Vote Leave bus, which suggested leaving the EU would mean £350m a week could go to the health service instead, is the most memorable way in which the NHS featured in the referendum campaign on whether Britain should stay in the EU.

But arguably the biggest impact of Brexit thus far on the health service has been a workforce one. "Since the vote to leave, we've already seen a direct impact of the flow of staff from the EU," reports Anita Charlesworth, director of research and economics at the Health Foundation.

Nursing figures give particular cause for concern. Nursing and Midwifery Council statistics show that, in March 2014, there were 20,916 nurses and midwives on the NMC register whose initial registration was in a European Economic Area country. By March 2017, that had climbed to 38,024 nurses and midwives, constituting 5.5 per cent of all registrants.

But by the following year there had been an 8 per cent slump. The numbers of EEA nurses and midwives joining the NMC register for the first time also shows significant atrophy. There were just 805 new EEA registrants over April 2017 to April 2018. In 2013-14, that figure stood at 5,389.

Mark Dayan, policy analyst at the Nuffield Trust, says that in other clinical professions

'Since the vote to leave, we've already seen a direct impact of the flow of staff from the EU'

"the picture's a bit more nuanced; numbers have basically flatlined since the referendum". But for nursing "it's been a marked turnaround for nursing, going from very large net inflows to a net outflow".

Danny Mortimer, chief executive of NHS Employers, argues the impact of the vote on the workforce cannot be downplayed. "We shouldn't underestimate how the referendum result, as well as the Windrush scandal [in which migrants from the Caribbean were deported 'in error' following new immigration rules], has made international colleagues – EU and non-EU – feel," he contends.

Adds Mr Dayan: "You've got to remember that until November last year, when the withdrawal agreement started to emerge, it was actually less than fully clear what the legal status of EU nationals in this country would necessarily be."

But those charged with analysing

workforce trends emphasise that Brexit is not the sole explanation for recent fluctuations in EU staff working in the health and care sector.

One significant factor at play is admittedly closely related to Brexit: the fall in the value of the pound. "It makes the UK a less attractive country to go to if you want to, for example, send remittances back to your home country or if you'd like to save up the money to buy a house when you eventually return to your own country," explains Mr Dayan.

But others are not so directly related. Take the introduction of more stringent language tests for international nurses wanting to work in the UK. Mr Mortimer describes it as having been "problematic" though says "improvements are being made".

Another issue: the broader economic picture across Europe. "The peak of nursing migration came at a time when many economies in South Europe were in an extremely bad state and at the same time the UK economy was doing quite well," explains Mr Dayan.

"There's been something of a recovery in parts of Southern Europe, so that gap's not necessarily as marked."

"It's probably the case," reflects Ms Charlesworth, "that Brexit has happened at the worst possible time."

The importance of a skilled definition

How does one define a 'skilled' worker? As the government seeks to rework immigration policy following Brexit, this is one of the most pressing and controversial questions – and its answer is likely to have a significant impact on healthcare

In December 2018, the government published its long-awaited white paper on immigration. Its stated aim? To prioritise migrants on the basis of skill rather than country of origin. The suggested means of doing is to absorb EU citizens into the same immigration setup that currently applies to other countries.

For most, that will mean applying via the Tier 2 visa system. This route is for "skilled" workers who have a job offer from a UK-based employer.

But choosing how to define skilled is a complicated matter. And the proposed definition – someone earning £30,000 a year or more – has led to consternation and concern from many corners of health and social care.

"To have a system that equates salary with value is just wrong," contends Danny Mortimer, chief executive of NHS Employers and chair of the Cavendish Coalition, which brings together 36 separate health and social care organisations on the issue of staffing after Brexit.

"It's deeply insulting to the people who

already work in health and social care; that in some way their value to the health and wealth of our nation is less than somebody who earns more than £30,000."

Adds Mark Dayan, policy analyst at the Nuffield Trust: "We should remember there is a significant number of support staff who already work for the NHS from the EU, around 9,000 last summer. By and large, those people will be towards the lower half of Agenda for Change [payscales] and they're unlikely to clear a threshold like that."

As of March 2019, a range of healthcare professions are on the shortage occupation list. This means it is recognised there are insufficient domestic workers in this field and means visa applicants who work in such roles are prioritised.

In addition, doctors and nurses are excluded from the "cap" on the number of Tier 2 visas that can be issued in any one month. This decision was made in June 2018, the government saying at the time it had been driven "in large part" by the needs of the NHS, which "accounts for around 40 per cent of all Tier 2 places".

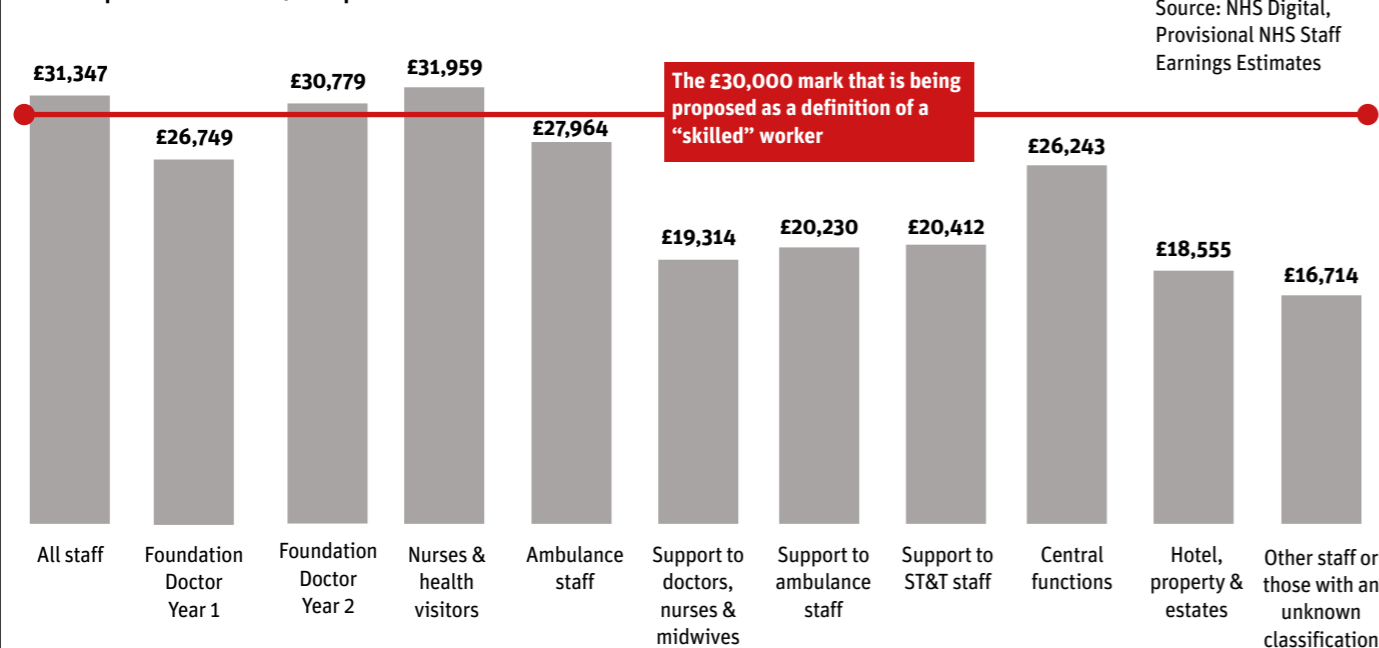
But, according to Anita Charlesworth, if the £30,000 definition is implemented – the government has promised to continue consultation on it, and nothing would change during Britain's EU exit transition period – then all such current arrangements will need further review.

"If they're going to keep the £30,000 barrier then they need to make sure that nursing stays on the shortage occupation list, but also probably add a number of allied health professional roles to that list," says Ms Charlesworth, director of research and economics at the Health Foundation.

"That may well help the NHS," she adds. "But it leaves utterly unresolved issues for social care."

Because, notably, the white paper offers no immigration route for low skilled workers. It does propose a "time limited" route for temporary workers in this category. The idea is to have a visa which would allow the holder to spend a maximum of 12 months in the country. How attractive a route this will prove – particularly for those in health and social care professions – remains to be seen.

AVERAGE ANNUAL EARNINGS BY STAFF GROUP, IN TRUSTS AND CLINICAL COMMISSIONING GROUPS IN ENGLAND
12 month period October 2017 to September 2018



Considering the competition

If contemplating leaving your home country to seek employment abroad, might Brexit make the UK less attractive? Experts suggest that it is just one factor in the complex issue of people flow, but emphasise the NHS is facing competition on multiple fronts

Danny Mortimer says his members face no shortage of international competition when it comes to recruiting staff. The chief executive of NHS Employers puts it starkly: "There is a global shortage of healthcare professionals in the developed world, and the competition is becoming fiercer and fiercer."

'If I come and work in the UK... What's my status?'

Part of the challenge for the UK, he argues, is that Brexit caused something of a deferral on EU recruitment. "Since the referendum, employers have felt less confident about recruiting in Europe. Because they weren't able, up until relatively recently, to answer the question: 'If I come and work in the UK, what does it mean? Can I stay? What are my rights? What's my status?'"

Ask him to name the specific countries with which the UK is competing for staff – whether EU or more broadly international – and the list is long. "We are seeing increased competition across Europe. Germany, in particular, has a shortage of nurses and is very active in the Philippine market."

"Germany has just signed a deal with the Philippine government to actually commission training directly in the Philippines over the next 10 years, and that training will include German language teaching."

Active too in that market is, he says, is the US. Anita Charlesworth suggests English speaking countries – US, Canada, Australia, New Zealand and the like – are natural competitors.

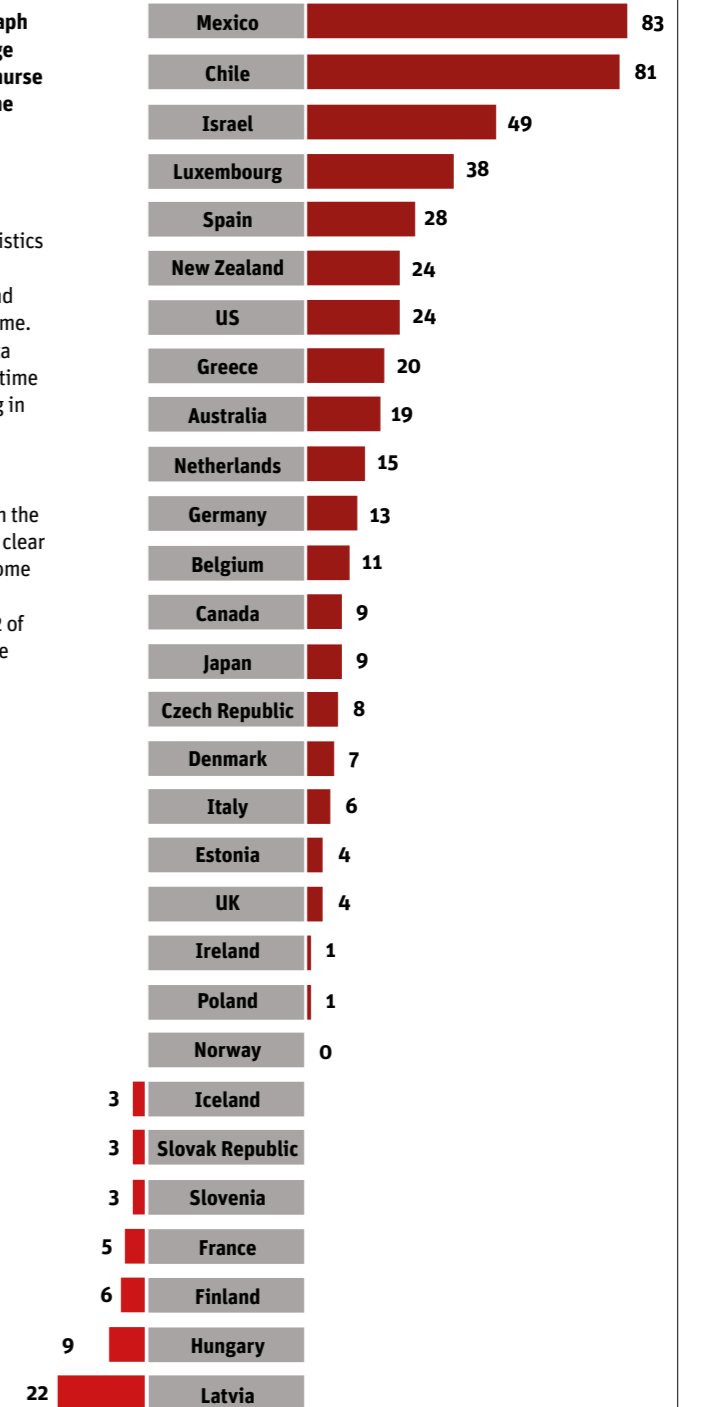
"But we've also got rising demand in the Arab world – the United Arab Emirates and places like that are investing significantly in their healthcare systems and recruiting."

Average salaries will naturally play a part in the flow of migrants, suggests the director of research and economics at the Health Foundation – pointing out that this does not necessarily favour the NHS. "The UK is a relatively high payer internationally for doctors, but it is not a high payer for nurses. I think that's quite an important context."

HOW NURSES' SALARIES COMPARED IN 2015

Using OECD data, this graph shows by what percentage the average salary for a nurse is higher or lower than the average earnings of all workers in selected countries.

Source: OECD Health Statistics 2017. Data is for 2015 (or nearest year available) and reflects annual gross income. In most countries, the data relates specifically to full time registered nurses working in hospitals. The income of nurses is compared to the average wage of full-time employees in all sectors in the country. The OECD makes clear that the data does have some limitations – for more information, see page 162 of its 2017 Health at a Glance report.



CRUNCHING THE NUMBERS

Using workforce data from NHS Digital from 2015-2018, HSJ has constructed this map showing how the numbers of NHS staff from each European Union country have fluctuated since 2015.

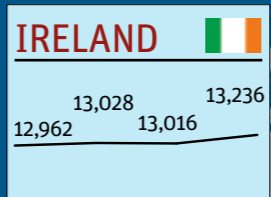
The data is based on headcount each September and is for English hospital trusts and clinical commissioning groups only. Comparable data does not currently exist for Wales, Scotland or Northern Ireland.

The data demonstrates that, in most instances, there has been either a slight fall or a slowdown in the growth of the number of people from EU countries working in the English NHS.

The notable exception is Spain. In September 2015, there were 6,159 people from this country employed in the English NHS. In September 2018, that had fallen to 6,092 – from a high of 7,234 in September 2016.

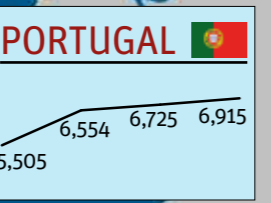
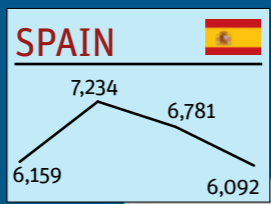
This could in part be due to concerns among nurses about whether their experience in the UK will continue to be recognised in Spain post-Brexit.

ALL EU NATIONALITIES HEADCOUNT	
September 2015	52,808
September 2016	59,796
September 2017	61,974
September 2018	63,484

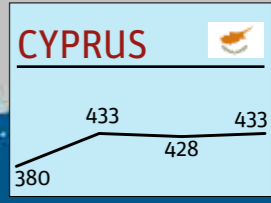
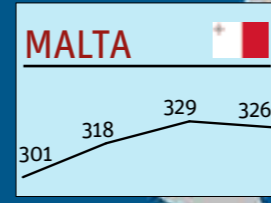
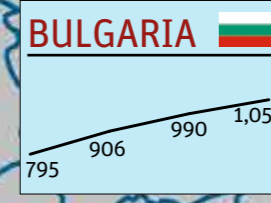
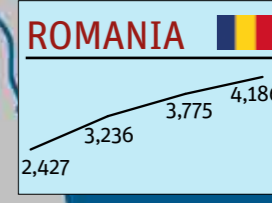
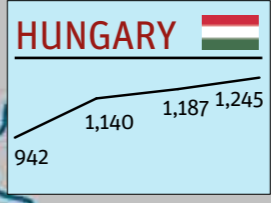
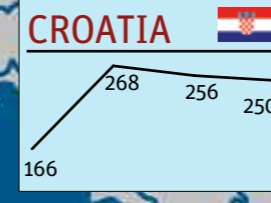
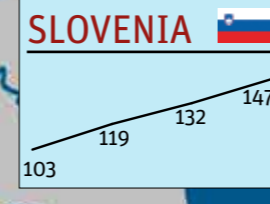
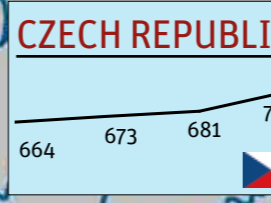
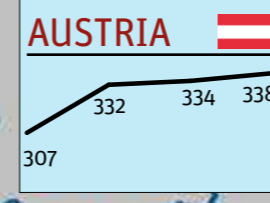
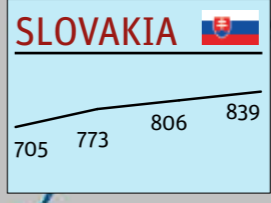
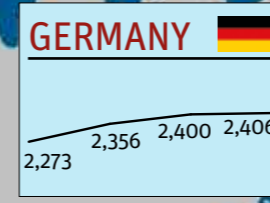
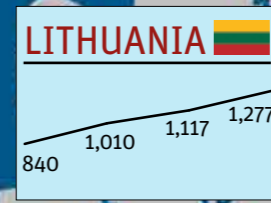
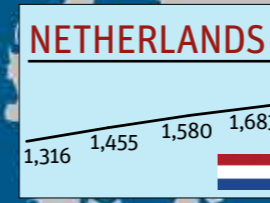
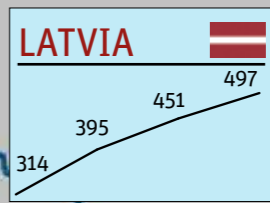
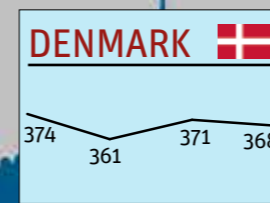
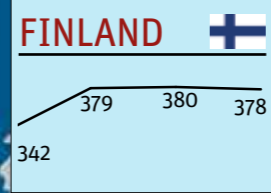
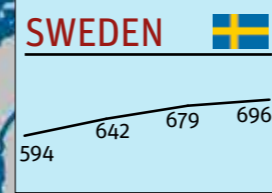
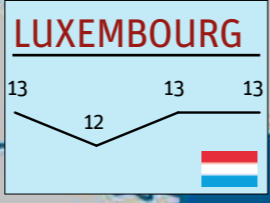
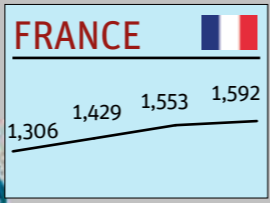
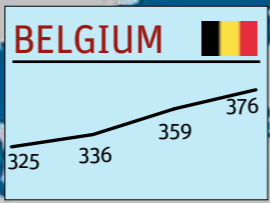


FACT
There was a very small drop in the number of Irish people working in the English NHS between September 2016 (shortly after the referendum) and September 2017. This quickly rebounded, however – there were 220 more people from Ireland in the English NHS in 2018 than in 2017.

FACT
Luxembourg – overall population about 590,000 – has remained consistent in the number of staff it supplies to the English NHS. It was 13 in September 2015, fell by one in September 2016, climbed back up to 13 in 2017 and remained at 13 in 2018.



FACT
There are only two EU countries from which there were fewer people working in the English NHS in September 2018 than had been in September 2015 – Denmark (six fewer people) and Spain (67 fewer).



Mitigating Brexit's impact on the workforce

From purchasing Android devices for staff use, to supporting staff forums, to arranging legal advice – trusts have been employing a number of support methods in the post-referendum period. The ultimate aim in every instance? To retain the EU workforce within the NHS

Kingston Hospital FT

In the library at Kingston Hospital Foundation Trust there are two Android devices. They were recently purchased by the organisation with one very specific purpose: enabling staff to complete their applications to the EU settlement scheme, to which all EU citizens must apply if they wish to remain in the UK.

It is the latest of a series of actions which Kelvin Cheatle, the trust's director of workforce, says have been driven by a deep desire to make clear how valued EU colleagues are at the organisation.

In many ways, the area served by the trust serves as a microcosm of the Brexit divide. Liberal Democrat leader Vince Cable is the MP for Twickenham and a staunch Remainer. Esher and Walton, meanwhile, is represented by former secretary of state for exiting the European Union Dominic Raab. He was a Vote Leave committee member.

The trust's EU staff have had an opportunity to meet both and put forward their questions and concerns. They've also been given up to two days' paid leave to handle any appointments relating to migration matters, have been offered legal advice, can access a bank of Brexit-related resources on the staff intranet, and are able to receive emotional support from chaplains.

The level of assistance has, Mr Cheatle admits, sometimes raised eyebrows. "I have had a few people saying I'm a Remainer and I'm pushing my own agenda," he reports. "But I'm not – I'm doing my job."

He says the specifics of the support have been entirely driven by EU staff. Indeed the whole programme began following a

The trust's EU staff have been given up to two days' paid leave to handle any appointments relating to migration matters

FACT

The National Minimum Data Set for Social Care (NMDS-SC) shows that, in 2017-18, eight per cent of the adult social care workforce had an EU nationality. Of those, 21 per cent already have British citizenship and 50 per cent have been here five years or more and so will be eligible for settled status.



meeting with Pascale Varley, a paediatric dietitian at the organisation who is originally from France but who trained in the UK.

"I bumped into Kelvin accidentally at a remembrance day service and saw his badge and thought: 'Ah...!'" says Ms Varley with a chuckle.

She subsequently e-mailed him to share her concerns that Brexit and the general atmosphere around immigration were impacting EU staff in the organisation.

"I thought I would never get an answer," she remembers. "So I was absolutely amazed to get a response within literally 30 seconds, suggesting a meeting time."

"It was great to feel the management was taking it seriously," she continues. "Because to be honest I feel there's a lot of patronising going on around this issue: 'Oh, but this is a reasonable country, you'll be fine.' Well, I'm not fine. I can tell you that."

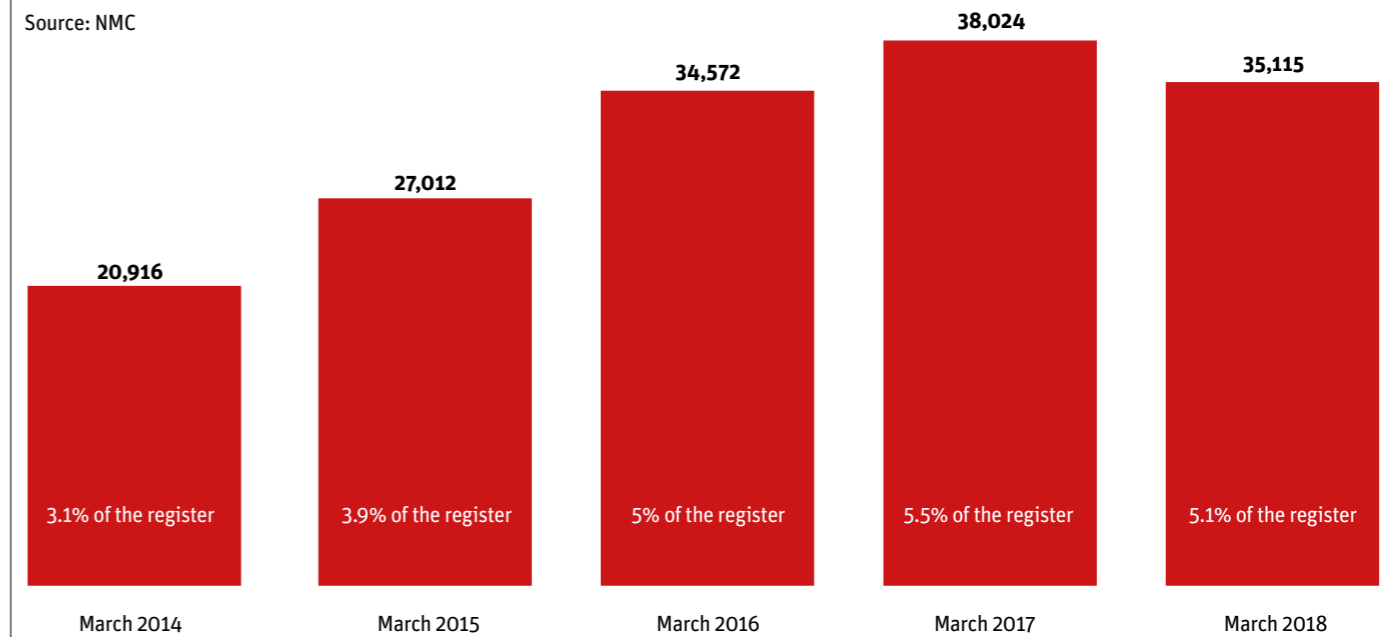
Daniele Arces, a consultant anaesthetist at the trust who originally hails from Italy, also emphasises the extent to which political events have left him feeling unsettled. "I was really shocked following the referendum," he says. "It felt like we [EU citizens in the UK] were in the crosshairs."

He encourages other organisations wanting to mitigate the effect of Brexit on their workforce to follow the Kingston model. But, interestingly, Mr Cheatle suggests it's an approach to staff support and engagement which could be applied in many other contexts.

"This process has been driven by Daniele, by Pascale, by their colleagues, and I'm here really to support them and do as much as I can," he stresses. That's why, when it became clear applications for the settlement scheme

NURSES AND MIDWIVES ON THE NURSING AND MIDWIFERY COUNCIL REGISTER WHOSE INITIAL REGISTRATION WAS IN THE EEA

Source: NMC



"It was a culture shock"

As far as Luigi D'Onofrio is concerned, his path to the UK was a more or less inevitable one. "I had to leave my hometown because there were no permanent jobs," says Mr D'Onofrio simply. But he also emphasises he came searching for something else he felt he would not be able to find in his native Italy – "progress in my career".

This was in 2015, a period he describes as "the golden age" of recruiting nurses from Italy and Spain to work in the UK. He replied to an online advert, three days later had a response from an agency, and in short order was hired as a nurse at Moorfields Eye Hospital Foundation Trust.

The organisation is still his employer today. A big part of the reason, he says, is the support he has been given from the very beginning.

"It was a big change in my life [moving to the UK and starting work in the NHS]," remembers Mr D'Onofrio. "It was a shocking impact with a different culture, a different organisation. The NHS is such a massive health system."

"But when I came to Moorfields I was part of a big group of 25 nurses from Italy and Spain. We lived in the same accommodation and started an induction that lasted three weeks. So it was an introduction to the UK, to the NHS, which was very helpful."

He says that among his fellow new starters he found "not just colleagues, but friends". Connecting with others in the same boat is, he says, crucial. It's part of the reason he's now founded the Italian Nurses Society – an organisation specifically designed to support his compatriots who are already in the NHS or considering applying for a job in the UK.



Luigi D'Onofrio had to leave his hometown in Italy because there were no permanent jobs

Brexit of course gives a new dimension to the value of the organisation. But he sees the referendum result and subsequent events as merely the most recent in a series that have made it increasingly difficult for the NHS to recruit and retain EU nurses.

Most notably, Mr D'Onofrio points to the stringent language test for international nurses

and also the simple reality that not all trusts are as supportive as Moorfields in helping new EU staff adapt to the NHS environment.

He says EU staff need "certainty" from their employers. "We want certainty inside the NHS that we belong. We want to be part of its future, and we want to feel welcome." And that, he says, is an issue that goes way beyond Brexit.

could not currently be completed on iPhones, the trust went out and bought those couple of Android devices.

“I would say to senior leaders this is the way to engage on difficult issues, not just on Brexit,” says Mr Cheate. “It isn’t about making presentations – it’s being out there and listening to staff, getting things done for them, standing up to some negative reactions from other people, and having the strength of your convictions to do the right thing.”

Oxford University Hospitals FT

There has been something of a counter-intuitive trend in the number of EU staff at Oxford University Hospitals Foundation Trust post-referendum. In March 2018, 12.5 per cent of the workforce came from the European Union – equating to 1,500 people.

“Surprisingly, perhaps, that figure has actually increased since the Brexit vote,” reports John Drew, the organisation’s director of improvement and culture. “We now employ about 150 more EU staff than we did in March 2016.”

But there is a cloud on that horizon. In nursing, there has been a fall. “EU staff still make up 18.9 per cent of our nurses, but it was at 20.1 per cent – so we’ve had a fall of about 90 EU nurses over the two year period from March ’16 to March ’18.”

It is unlikely that change can be entirely attributed to Brexit. Clearly the reasons anyone chooses to leave any organisation are complex, so Mr Drew suspects “some people maybe would have left anyway”.

Regardless, leaders at the trust have been keen to find ways to counteract the trend.

‘EU staff still make up 18.9 per cent of our nurses, so we’ve had a fall of about 90 EU nurses over the two year period from March 2016 to March 2018’

That has included looking to broader international recruitment. “One of the ways this has shown up is us needing to work harder to go to India, to go to the Philippines. We continue to recruit from Europe, but we are becoming more diversified in where we recruit from.”

It is also involved working hard on

retention. “I think for sure it [Brexit] creates uncertainty. What we can do, I think, is do our best to provide reassurance to staff that we absolutely want them to stay; that a diverse workforce is good for all sorts of reasons; to actually send the message that we still want to recruit from the EU.”

He says he has personally met with groups of EU staff to discuss concerns, “to understand the way they were thinking about this”. It’s why, he says, that trust leaders decided to offer to reimburse the application fee for the settlement scheme [prime minister Theresa May has since announced the fee will be scrapped].

“It was something concrete we could do and we felt – in line with a number of other hospitals – that we should offer to pay, as a signal really of our commitment to help people to stay.”

Another issue to emerge during conversations with staff were concerns about whether, post-Brexit, nurses’ experience in the UK would be recognised in their home countries. This is currently a particular worry for Spanish nurses.

“There’s uncertainty that goes beyond whether people will be allowed to remain in the UK,” explains Mr Drew. “There’s also how their experience here will be valued, and whether the status of it could change depending on how Brexit turns out.”

“I know the UK needs me”

Ask Serena Ruffoni about her worries following the EU referendum result, and her clear-headed initial response betrays her background as an economist. “On a personal level, I don’t feel unsafe in any way,” she says. “Because I know the UK needs me, because I’m a nurse.”

Ms Ruffoni is originally from Italy but completed her nursing training in the UK, starting her course in September 2015. And then, as she puts it, “came Brexit”.

She is quick to praise the support that has since been offered by her employer – she works at the National Hospital for Neurology and Neurosurgery, run by University College London Hospitals Foundation Trust.

“When the referendum result came, they sent out a message to everyone [from the EU] and said don’t worry, you’re wanted here, there will be absolutely no change to your contract, and we’ll make the utmost effort to keep you here. So that was reassuring as a first step.

“Then at the end of last year, they sent out a note saying that we were going to participate in the pilot of the settled status scheme and the fee was going to be reimbursed by the trust.” [Theresa May has subsequently announced that the fee, which was due to be £65, is being scrapped.]

Legal advice has been provided too, she says. “They organised expert sessions with lawyers to address all of our questions.”

All in all, “they’re being really good about it; there’s been a lot of support”.

But while Ms Ruffoni feels her employer has been encouraging, and she has no anxiety about whether she will be allowed to remain, she says there is doubt over whether the UK is somewhere



Serena Ruffoni says her employer has been very supportive

she will want to continue living and working post-Brexit.

“It’s a preoccupation around what’s going to happen to the country on an economic and social level. Will the UK still be a good place to stay and have a career? What’s going to happen to us [staff in the NHS]? Would they freeze our salaries? What is going to happen to the NHS?”

“We have to wait and see what happens,” she concludes with a tone of slight resignation. “Because at the moment everything is up in the air.”

FACT

The following health and social care professions are on the shortage occupation list as of March 2019:

Consultants in:

- Clinical radiology
- Emergency medicine
- Old age psychiatry
- CT3 trainee and ST4 to ST7 trainee in emergency medicine
- Core trainee in psychiatry

Non-consultant, non-training, medical staff posts in:

- Emergency medicine (including specialist doctors working in accident and emergency)
- Old age psychiatry
- Paediatrics

Medical radiographers in the following categories:

- HPC registered diagnostic radiographer
- Nuclear medicine practitioner
- Radiotherapy physics practitioner
- Radiotherapy physics scientist
- Sonographer

Other roles on the list are:

- Neurophysiology healthcare scientist
- Neurophysiology practitioner
- Nuclear medicine scientist
- Orthotist
- Prosthetist
- Social workers in children’s and family services

And all nursing jobs.

MOVING FORWARD

Tips for taking action

The solution to all possible EU workforce woes in the NHS does not lie in the hands of health organisations. Nor, says Anita Charlesworth, does it necessarily lie in the hands of the government.

“There are some things that are directly in the government’s gift – the visa regime, the language test for nurses – but there are other things that might be equally important that they don’t directly control and nor can the NHS.”

Ms Charlesworth, director of research and economics at the Health Foundation, points for example to the strength of currencies as being “almost certainly” important to the flow of English-speaking healthcare staff around the globe.

But there are definitely actions that individual employers can take to make a difference.

1 WHERE YOU CAN OFFER PRACTICAL HELP, DO IT

“We’ve really tried to make sure we’ve given people all the practical help we can. Whilst we can’t help on the national issues, we can help on the practical issues around applying for the settled status scheme.” Kelvin Cheate, director of workforce, Kingston Hospital Foundation Trust

2 IF YOU WANT YOUR EU STAFF TO STAY, TELL THEM THAT

“We’re not pretending that you’re going to give us certainty about Brexit and the economy in this country in the future. But we want certainty inside the NHS that we belong. We want to be part of its future, and we want to feel welcome.”

Luigi D’Onofrio, senior nurse, Moorfields Eye Hospital Foundation Trust

3 AS WELL AS OFFERING SUPPORT FROM THE TOP, ENABLE STAFF TO SUPPORT ONE ANOTHER

“There is something about people’s ability to support each other, to know they’re not the only ones going through a process. We shouldn’t underestimate that kind of mutual support colleagues can give each other. So bring people together. See that as a really valuable use of organisational time and resources. And whether you’ve got huge numbers of EU staff or relatively small numbers of EU staff I don’t think matters. Employers that have done it report there’s real value in it.”

Danny Mortimer, chief executive of NHS Employers and chair, Cavendish Coalition

4 IF YOU’RE STILL RECRUITING FROM EUROPE – WHICH IS SENSIBLE – THEN MAKE THAT KNOWN

“We’re reinforcing that a diverse workforce is important to us – always has been and will continue to be – and making sure that people know we are absolutely still recruiting from Europe.”

John Drew, director of improvement and culture, Oxford University Hospitals Foundation Trust

5 LOOK AT INTERNATIONAL RECRUITMENT MORE BROADLY

“Assuming that a policy like the government’s immigration white paper does come in, it seems logical to look at how nursing migration from the rest of the world can help fill that gap [from the EU]. What the proposed new migration policy means on balance is that it makes it harder to bring people in from the European Union than it was before, but actually slightly easier to bring them in from elsewhere than it was before – in so far as there’s no longer certain bureaucratic steps to go through in that regard.”

Mark Dayan, policy analyst, the Nuffield Trust

6 REMEMBER THAT GOOD PRACTICE FOR EU STAFF IS THE SAME AS THAT FOR UK STAFF

“While there are specific issues for international staff, at its heart recruitment and retention is the same domestically and internationally – making sure people feel they have a good experience, feel they’re well supported to do a quality job, is critical. Your nationality doesn’t change that.”

Anita Charlesworth, director of research and economics, Health Foundation

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