HOUSE OF LORDS

Library Note

NHS and Social Care Workforce: Implications of Leaving the European Union

This House of Lords Library briefing has been prepared ahead of the following debate, due to take place in the House of Lords on Thursday, 21 July 2016:

> Baroness Watkins of Tavistock to move that this House takes note of the implications of the European Union referendum result for government policies on ensuring safe staffing levels in the National Health Service and social care services.

In order to provide background material on this issue, this briefing details statistics on the numbers of citizens from other EU member states currently working in the NHS and social care; examines a range of commentary and reaction to the result of the referendum on the UK's membership of the European Union and the potential implications for staffing in the NHS; and briefly examines the debate and recent developments on the issue of 'safe' staffing levels.

EU nationals currently comprise around 4.95 percent of the staff in NHS trusts and Clinical Commissioning Groups, and 5 percent of the social care workforce. Presently, there has been no change to the status of these staff, or their right to remain in the UK. However, a number of health organisations have called for explicit assurances that existing healthcare staff from the European Union will be able to stay in the country in the future, and that the UK healthcare and social care sectors will continue to be able to recruit staff from the EU. The new Prime Minister, Theresa May, has stated her desire to "guarantee the position" of both EU migrants in the UK and UK migrants in other EU countries, but said that no issue should be taken off the table prior to the commencement of negotiations on the future relationship between the UK and EU.

James Tobin
15 July 2016
LLN 2016/039

House of Lords Library Notes are compiled for the benefit of Members of the House of Lords and their personal staff, to provide impartial, politically balanced briefing on subjects likely to be of interest to Members of the Lords. Authors are available to discuss the contents of the Notes with the Members and their staff but cannot advise members of the general public.

Any comments on Library Notes should be sent to the Head of Research Services, House of Lords Library, London SW1A 0PW or emailed to purvism@parliament.uk.

Table of Contents

1. EU Citizens Working in the UK Health and Social Care Sectors 1
2. Implications of Leaving the EU: Reaction and Commentary 6
3. 'Safe' Staffing Levels 10
Appendix: All Staff by Nationality and Staff Group in NHS Trusts and CCGs (March 2016) 13

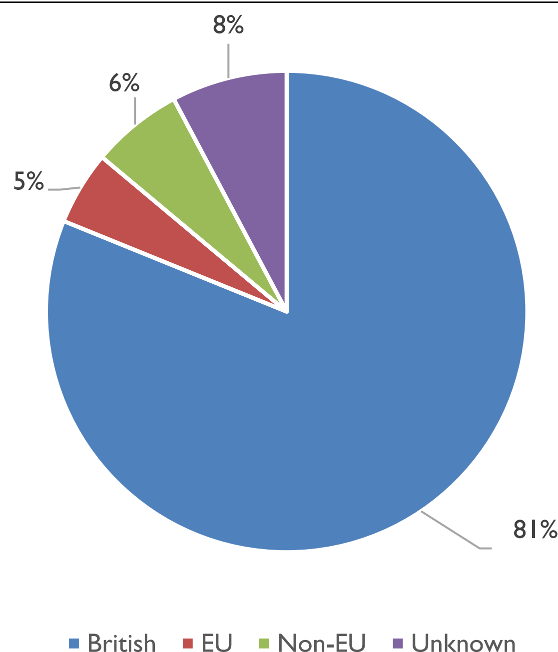
1. EU Citizens Working in the UK Health and Social Care Sectors

According to the most recent figures from the Health and Social Care Information Centre, of the approximately 1.16 million staff employed in NHS Trusts and Clinical Commissioning Groups (CCGs) in England, an estimated 944,825 declare their nationality to be British (by headcount); 57,608 declare their nationality to be from a European Union member state; and 71,510 to be from non-EU member states (90,528 are unknown).[1]

This breakdown is represented in the graphics below in both numerical and percentage terms, and a more detailed breakdown of the nationalities of these staff, and the fields in which they work, is provided in the Appendix of this briefing.

NHS Hospital and Community Health Services: All Staff by Nationality in NHS Trusts and CCGs—Headcount

Nationality	All Staff
All Staff	**1,164,471**
British	944,825
EU	57,608
Non-EU	71,510
Unknown	*90,528*



(Source: Health and Social Care Information Centre, NHS Hospital & Community Health Service (HCHS) Workforce Statistics, as at 31 March 2016)[2]

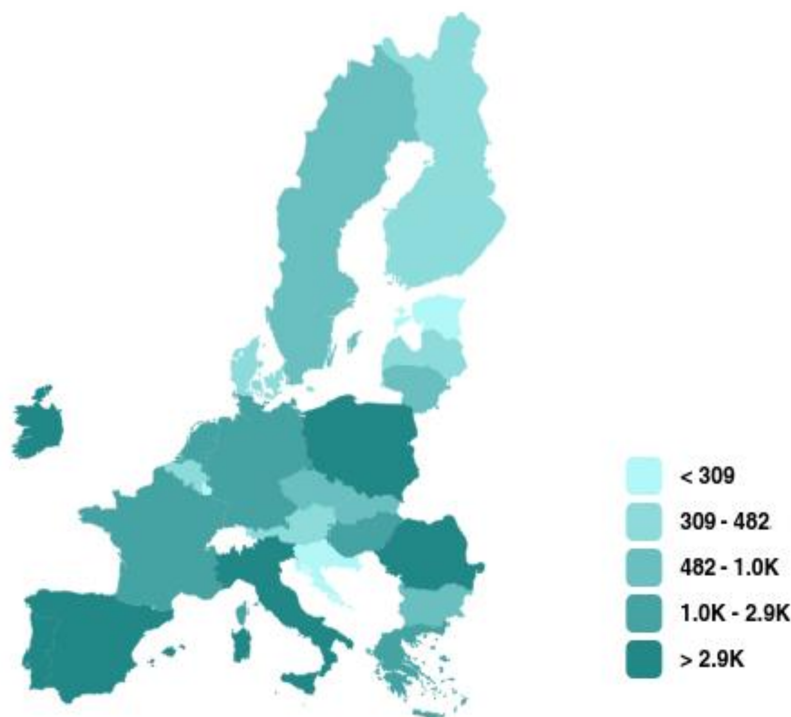
[1] Health and Social Care Information Centre, *NHS Hospital & Community Health Service (HCHS) Workforce Statistics*, 22 June 2016. Note: Nationality is a self-reported field in the Electronic Staff Record (ESR) system upon which these figures are based. Please also note that headcount totals are unlikely to equal the sum of components, due to some staff working in more than one role.

[2] Note: 'EU' does not include European Economic Area countries who are not members of the European Union, such as Norway. Further information is provided in the Appendix of this briefing.

A geographical breakdown of staff from EU member states currently working in the NHS is provided below:

EU Staff by Nationality in NHS Trusts and CCGs—Headcount

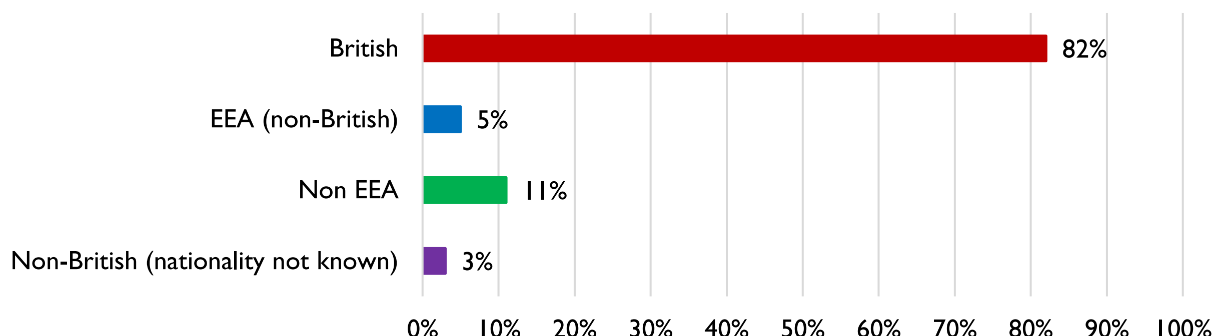
EU Nationality	Staff (Headcount)
Austrian	322
Belgian	332
Bulgarian	861
Croatian	235
Cypriot	413
Czech	683
Danish	376
Dutch	1,406
Estonian	155
Finnish	382
French	1,371
German	2,337
Greek	2,699
Hungarian	1,069
Irish	12,994
Italian	5,228
Latvian	369
Lithuanian	914
Luxembourg	10
Maltese	306
Polish	7,297
Portuguese	6,277
Romanian	2,961
Slovak	747
Slovenian	109
Spanish	7,121
Swedish	634
Total	**57,608**



(Source: Health and Social Care Information Centre, NHS Hospital & Community Health Service (HCHS) Workforce Statistics, as at 31 March 2016; and House of Lords Library)

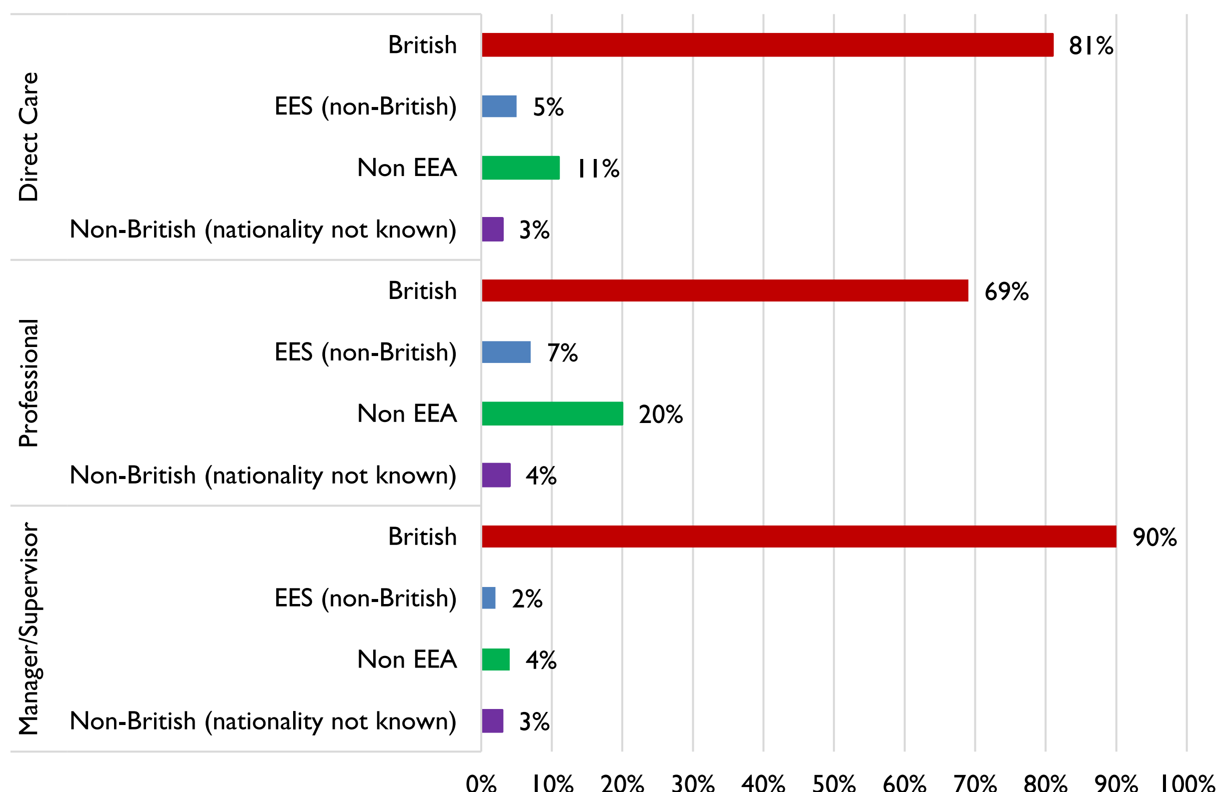
In social care, data published by Skills for Care in its 2015 report, *The State of the Adult Social Care Sector and Workforce in England*, revealed that there were approximately 1.55 million adult social care jobs in England.[3] Of the workforce currently employed in the sector, the report provides the following breakdown by nationality:

Nationality of the Adult Social Care Workforce
(Source: NMDS-SC Workforce Estimates 2013/2014)



The report also provides a more detailed breakdown by job role:

Nationality of the Adult Social Care Workforce by Job Role Group
(Source: NMDS-SC Workforce Estimates 2013/2014)

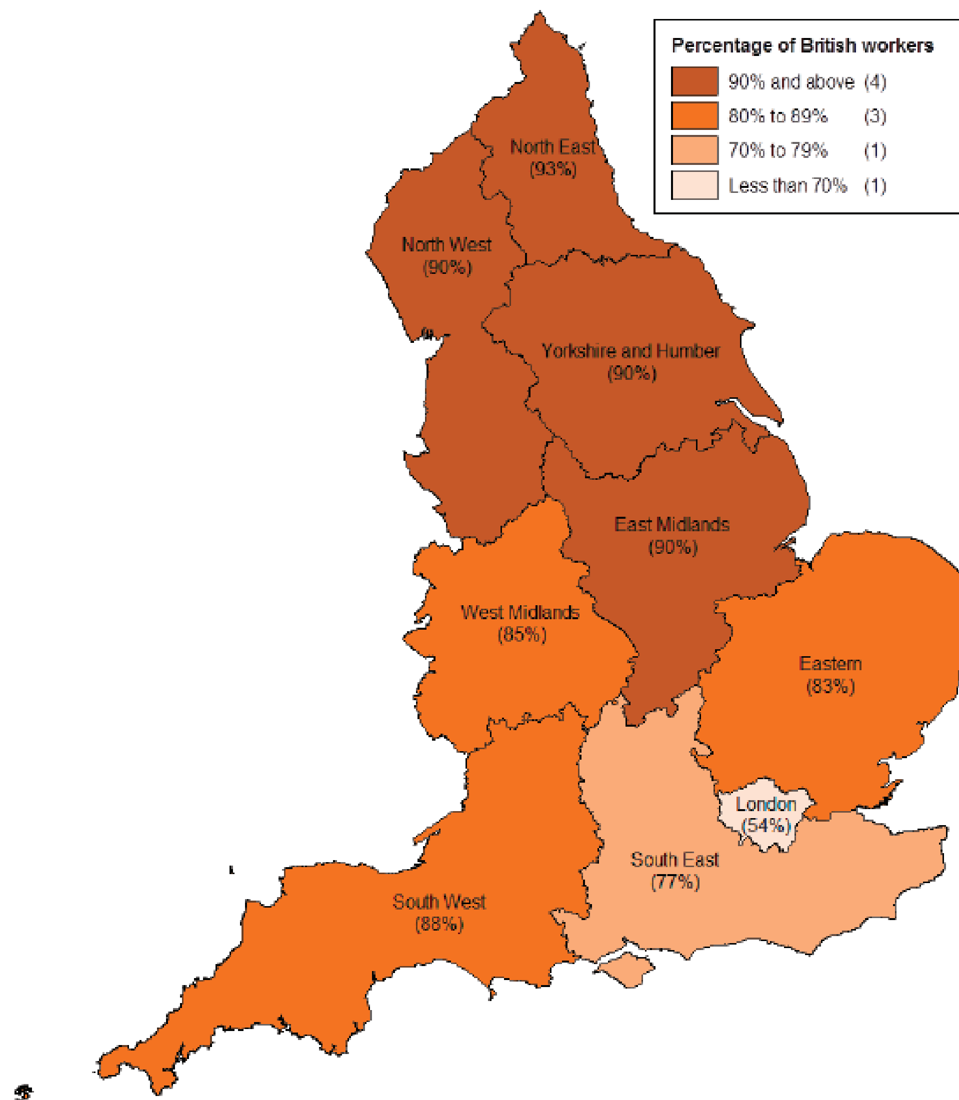


(Source: Skills for Care, *The State of the Adult Social Care Sector and Workforce in England*, 2015, pp 41–3)

[3] Skills for Care, *The State of the Adult Social Care Sector and Workforce in England*, 2015.

Skills for Care also highlights geographical differences in the makeup of the social care workforce in the UK (please note that 'non-British' in this context refers to EEA, Non-EEA and 'nationality not known' staff):

Nationality of the Adult Social Care Workforce by Region
(Source: NMDS-SC Workforce Estimates 2013/2014)

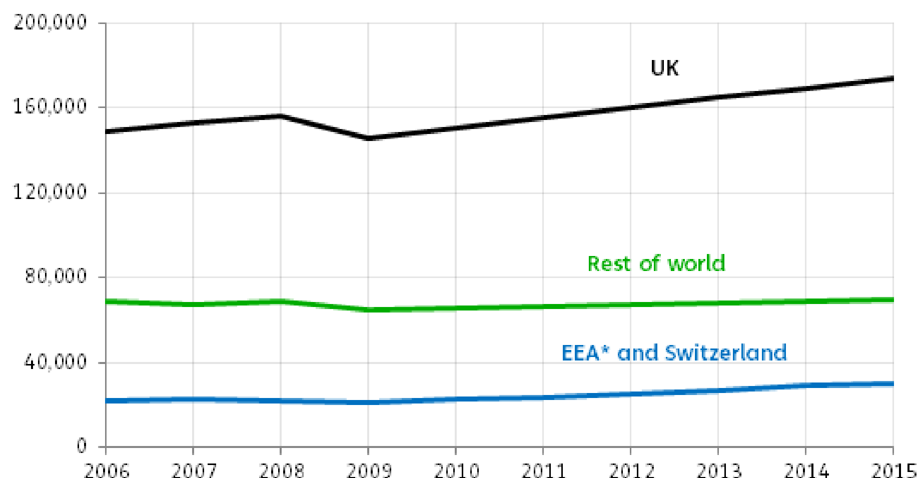


(Source: Skills for Care, *The State of the Adult Social Care Sector and Workforce in England*, 2015, p 42)

The organisation Full-Fact has also compiled data on where doctors and nurses currently working in the NHS qualified, using data provided by the General Medical Council, Nuffield Trust, and Health and Social Care Information Centre, and produced the graphics below:

Where doctors in the UK qualified

Doctors in the UK by world region of primary medical qualification



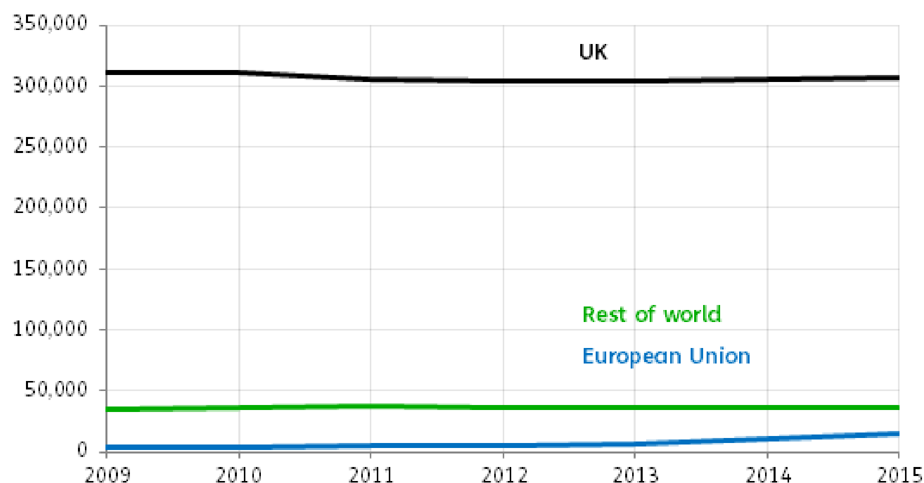
*European Economic Area: EU countries plus Iceland, Liechtenstein and Norway

Source: List of Registered Medical Practitioners, General Medical Council

Full Fact

Where nurses in England trained

World region of training for qualified nursing, midwifery and health visiting staff in England, end of September each year (headcounts)



Source: Health and Social Care Information Centre (2016) and Nuffield Trust calculations

Full Fact

(Source: Full Fact, '[EU Immigration and NHS Staff](#)', accessed 11 July 2016)

2. Implications of Leaving the EU: Reaction and Commentary

Assessing the potential implications of the referendum result on the UK's membership of the European Union for the health and social care workforce is very difficult, particularly when any negotiations on the shape of any future arrangements are yet to begin. Writing in March of this year before the referendum, the Secretary of State for Health, Jeremy Hunt, voiced concerns about the impact of a leave vote on recruitment and retention of health and social care staff:

> Another issue [alongside the potential impact on NHS investment] is the damage caused by losing some of the 100,000 skilled EU workers who work in our health and social care system. Uncertainties around visas and residency permits could cause some to return home, with an unpredictable impact on hard-pressed frontline services.[4]

Similarly, a report from the Faculty of Public Health of the Royal Colleges of Physicians in April 2016 stated:

> Free movements of health professionals around the EU, with mutual recognition of professional qualifications, is a significant benefit to healthcare provision in the UK. Up to 10 percent of the health and social care workforce in the UK is of European Economic Area (EEA) origin, addressing existing shortages of skilled staff and able to work in the UK because of EU Treaty provisions. At EU level there is an awareness of the shortages of health workers that exist in a number of countries. It is estimated that the EU will need one million additional healthcare workers by 2020, an increasing urgent issue. Since 2008, the European Commission has funded studies looking at health workforce planning issues such as skills gaps, staff retention strategies and ethical recruitment practices as well as joint actions which bring together member states to explore these issues in detail.
>
> At present, there is easy access to skilled labour, and this free movement of health professionals benefits health professionals individually, and the UK generally as a net importer of health and social care professionals. This ensures that skills gaps in the UK workforce are filled quickly, and is particularly important in the NHS and for medical specialties, as well as eg home and institutional care for the elderly, as part of UK current efforts to increase domestic medical workforce supply.[5]

However, a report by the *Daily Express* dismissed such claims as "scare-mongering", citing comments from Vote Leave figures including Boris Johnson and Gisela Stuart who suggested that a leave vote could lead to increased investment in the NHS for areas such as recruitment.[6]

---

[4] Jeremy Hunt, 'A Strong NHS Needs a Strong Economy – We Should Not Put That At Risk With Brexit', *Observer*, 26 March 2016.

[5] Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom, *UK Faculty of Public Health Report on the Health-Related Consequences of the European Union Referendum*, 26 April 2016, p 8.

[6] *Daily Express*, 'PROJECT FEAR: Vote Leave Campaign RUBBISHES Report Claiming NHS Will Be Damaged By Brexit', 7 June 2016.

Further, a briefing issued by Vote Leave suggested that free movement of healthcare staff across the EU had led to language barriers and may have even compromised patient safety:

> Because of free movement laws, the UK cannot test every EU doctor operating in the UK for whether they can speak English. This has had tragic and fatal consequences and it is now estimated that almost half of EU doctors seeking work in UK have failed to prove English skills. Dogmatic EU rules, designed to protect the rights of EU migrants over patients, mean that the UK lacks the power to check systematically the language proficiency of EU doctors. The EU has introduced many laws that undermine the NHS. […] The Working Time Directive has also proved to be extremely expensive and has caused serious problems, with hospitals no longer able to ensure that they have enough staff on hand to look after patients. The European Court, rather than elected British politicians, is now in charge of the hours doctors can work in our NHS.[7]

In turn, these claims were rebutted by the Chief Executive of the NHS, Simon Stevens, who also said that the NHS had "benefitted enormously" from EU doctors and nurses:

> We've got about 130,000 European Union nurses, doctors, care workers in the NHS and in care homes. And we should surely miss the benefit they bring were we to choose to leave.[8]

Commenting in the wake of the European Union referendum result, the King's Fund noted the numbers of EU nationals working in the NHS, and pre-existing issues of recruitment:

> The EU's policy of freedom of movement and mutual recognition of professional qualifications within the EU means that many health and social care professionals currently working in the UK have come from other EU countries. This includes 55,000 of the NHS's 1.3 million workforce and 80,000 of the 1.3 million workers in the adult social care sector.
>
> It is widely acknowledged that the NHS is currently struggling to recruit and retain permanent staff—in 2014, there was a shortfall of 5.9 percent (equating to around 50,000 full-time equivalents) between the number of staff that providers of health care services said they needed and the number in post, with particular gaps in nursing, midwifery and health visitors.
>
> Similar problems exist in the social care sector, which has an estimated vacancy rate of 5.4 percent, rising to 7.7 percent in domiciliary care services. High turnover is also an issue, with an overall turnover rate of 25.4 percent (equating to around 300,000 workers leaving their role each year).[9]

As a result of these issues, the King's Fund argued that the Government needs to make clear its intentions with regard to the ability of EU nationals to work in the UK health and social care sectors:

> Until the UK extracts itself from its obligations under EU treaties, the policy on freedom of movement remains unchanged; however, given the current shortfalls being

[7] Archive of the Vote Leave campaign website. Please note that it is no longer possible to link directly to the original site as the content appears to have been deleted.
[8] Huffington Post, 'Brexit Would Be 'Very Dangerous' For The NHS, Chief Executive Simon Stevens Warns', 22 May 2016.
[9] King's Fund, 'Five Big Issues for Health and Social Care after the Brexit Vote', 30 June 2016.

> experienced in both the health and social care sectors the Government must clarify its intentions on the ability of EU nationals to work in health and social care roles in the UK, not least to avoid EU staff who are currently working in the NHS deciding to leave to work in other countries.[10]

The King's Fund notes that Bruce Keogh, NHS England's Medical Director, and Jeremy Hunt, the Secretary of State for Health, have both publicly sought to reassure EU nationals working in the health service following the referendum result.[11] Mike Padgham, chair of the United Kingdom Homecare Association, has also emphasised the importance of EU staff to the sector.[12] However, the King's Fund advocate that any future settlement should also go further and guarantee an ongoing right for EU nationals to work in the UK healthcare sector:

> Providers of NHS and social care services should retain the ability to recruit staff from the EU when there are not enough resident workers to fill vacancies. This could potentially replicate the recent approach taken by the Home Office, by adding specific occupations to the Migration Advisory Committee's shortage occupation list, which currently enables employers to recruit nurses and midwives from outside the European Economic Area.[13]

A number of professional bodies and healthcare organisations have emphasised the importance of clarity in any future arrangements regarding recruitment and the right of those EU nationals currently employed in the UK healthcare sector to remain. For example, NHS Confederation Chief Executive, Stephen Dalton, said:

> It is impossible to predict the full impact [of the referendum result] at this stage, but clearly it is vital that our government seeks a strong, nuanced agreement with the European Union that recognises how interwoven NHS and EU policies have become. NHS organisations and our partners in social and community care will be anxious to see how this decision affects recruitment, economic stability, legislation and their local efforts to transform care.[14]

Similarly, Niall Dickinson, Chief Executive of the General Medical Council, stated:

> Withdrawing from Europe will have implications for the way that we regulate doctors, but we understand that the vote to leave the EU will have no impact on the registration status of any doctor currently on the register. We will now explore how doctors from the EU will be granted access to the UK medical register and how any concerns about those doctors will be shared between us and other countries. We will also seek to understand the implications for UK doctors wishing to work in the EU once the UK is no longer a member state.[15]

Chris Hopson, Chief Executive of NHS Providers, also said that providing reassurances on job security to workers from EU countries was "vital" so that any of those who are considering

---

[10] King's Fund, 'Five Big Issues for Health and Social Care after the Brexit Vote', 30 June 2016.
[11] *Guardian*, 'NHS England Medical Director Strongly Defends Overseas Staff', 1 July 2016; and *HCL Workforce*, 'Hunt Seeks to Reassure EU NHS Staff', 1 July 2016.
[12] United Kingdom Homecare Association, Media Release, 30 June 2016.
[13] King's Fund, 'Five Big Issues for Health and Social Care after the Brexit Vote', 30 June 2016.
[14] GP Online, 'EU Referendum: GP Leaders and NHS Organisations React to Brexit Vote', 24 June 2016.
[15] *Telegraph*, 'Brexit: We Must Make Our European Workers Feel Welcome, says NHS Medical Director', 24 June 2016.

coming to the UK to work are not deterred from doing so.[16] Mr Hopson asserted that there was "anecdotal indications that this is already happening".[17]

At the time of writing, the new Prime Minister, Theresa May, has not stated whether EU citizens already working in the NHS or social care will, or will not, have the right to remain in the country in the future. Rather, Ms May suggested in an interview with Robert Peston on 3 July 2016 that, whilst there had been no change in the status of EU migrants currently in the country and that she wanted to "guarantee the position" of both EU migrants in the UK and UK migrants in other EU countries, no issue should be taken off the table prior to the commencement of negotiations on the future relationship between the UK and EU:

> What is important is there will be a negotiation here as to how we deal with that issue of people who are already here and who have established life here and Brits who have established a life in other countries within the European Union.
>
> The position at the moment is as it has been, there has no change at the moment, but of course we have to factor that into negotiations. As part of the negotiation we will need to look at this question of people who are here in the UK from the EU.[18]

Responding to an urgent question in the House of Commons on the issue on 7 July 2016, prior to Ms May assuming office as the new Prime Minister, the then Immigration Minister, James Brokenshire, similarly said:

> The discussions that we have with the European Union to agree the arrangements for the UK's exit will undoubtedly reflect the immense contribution made by EU citizens to our economy, our NHS and our schools, and in so many other ways; but they must also secure the interests of the 1.2 million British citizens who live and work elsewhere in the EU.
>
> The Home Secretary was clear yesterday when she said that we should seek to guarantee that the rights of both groups were protected, and that this would be best done through reciprocal discussions with the European Union as part of the negotiations to leave the EU. It has been suggested that the Government could now fully guarantee EU nationals living in the UK the right to stay, but that would be unwise without a parallel assurance from European Governments regarding British nationals living in their countries. Such a step might also have the unintended consequence of prompting EU immigration to the UK.[19]

However, the Shadow Home Secretary, Andy Burnham, was critical of this approach, arguing that EU citizens living in the UK should be given immediate assurances that they will remain able to live and work in the country in the future, adding:

> The 3 million or so EU nationals living here are the fathers and mothers, aunties and uncles, and grandmas and granddads of millions of British children. To leave any uncertainty hanging over their right to be here is tantamount to undermining family life in our country.[20]

---

[16] *British Medical Journal*, 'Brexit Could Worsen NHS Staff Shortages, Doctors Warn', 28 June 2016.
[17] ibid.
[18] *Independent*/Peston on Sunday, 'Theresa May Warns that Future of EU Citizens Living in the UK is Uncertain', 3 July 2016.
[19] HC *Hansard*, 4 July 2016, col 607.
[20] ibid, col 609.

Similarly, the Leader of the Liberal Democrats, Tim Farron, has also called for an automatic right to stay for those EU citizens currently living in the UK:

> There is real, and legitimate, upset and worry from European citizens across our country about their long-term status in the UK […] Regardless of the outcome of any negotiations with Europe around Brexit, EU citizens who have made Britain their home must be allowed to stay.[21]

The leaders of the Scottish National Party, Nicola Sturgeon, and Plaid Cymru, Leanne Wood, and Welsh First Minister, Carwyn Jones, the Green Party MP, Caroline Lucas, and the former Leader of the UK Independence Party, Nigel Farage, are among those who have also called for EU citizens already in the UK to be assured a right to remain.[22]

3. 'Safe' Staffing Levels

The issue of what level of staffing is appropriate to ensure patient safety and effective treatment, particularly in an acute care environment, has particularly come to the fore following the Francis Inquiry into the failings identified at the Mid Staffordshire NHS Foundation Trust. In his 2013 report, Robert Francis QC emphasised the importance of ensuring that staffing levels were appropriate to the level of demand and to ensure safety, and recommended that the National Institute for Health and Clinical Excellent (NICE) should publish guidance as to how this should be assessed and quantified:

> Recommendation 22
>
> The National Institute for Health and Clinical Excellence should be commissioned to formulate standard procedures and practice designed to provide the practical means of compliance, and indicators by which compliance with both fundamental and enhanced standards can be measured. These measures should include both outcome and process based measures, and should as far as possible build on information already available within the system or on readily observable behaviour.
>
> Recommendation 23
>
> The measures formulated by the National Institute for Health and Clinical Excellence should include measures not only of clinical outcomes, but of the suitability and competence of staff, and the culture of organisations. The standard procedures and practice should include evidence-based tools for establishing what each service is likely to require as a minimum in terms of staff numbers and skill mix. This should include nursing staff on wards, as well as clinical staff. These tools should be created after appropriate input from specialties, professional organisations, and patient and public representatives, and consideration of the benefits and value for money of possible staff: patient ratios.[23]

---

[21] *Independent*, 'Theresa May Warns that Future of EU Citizens Living in the UK is Uncertain', 3 July 2016.

[22] Huffington Post, 'MPs From All Parties Tell Theresa May: EU Citizens In The UK Must Not Be Kicked Out', 5 July 2016; *Independent*, 'Nicola Sturgeon Seeks Guarantee on Rights of EU Nationals in Scotland Post-Brexit Vote', 2 July 2016; *Daily Express*, 'Nigel Farage Attacks Theresa May's EU 'Bargaining Chip' on Migrants', 6 July 2016; and BBC News, 'Jones: EU Citizens 'Should Not Be Hostages' in Brexit Negotiations', 5 July 2016.

[23] Mid Staffordshire NHS Foundation Trust Public Inquiry, 'Executive Summary', September 2013, p 88.

Similarly, the 'Berwick report' from the National Advisory Group on the Safety of Patients in England, also published in 2013, made similar recommendations, including:

> [Recommendation for] All leaders of NHS-funded provider organisations:
>
> Staffing levels should be consistent with the scientific evidence on safe staffing, adjusted to patient acuity and the local context. (This includes, but is not limited to, nurse-to-patient staffing ratios, skill mixes between registered and unregistered staff, and doctor-to-bed ratios.) Boards and leaders of organisations should utilise evidence-based acuity tools and scientific principles to determine the staffing they require in order to safely meet their patients' needs. They should make their conclusions public and easily accessible to patients and carers and accountable to regulators.[24]

In its response to the Francis Review, published in November 2013, the Coalition Government made a commitment that all NHS hospitals would impose staffing levels based on NICE-provided guidelines:

> Safe staffing: from April 2014, all hospitals will publish staffing levels on a ward-by-ward basis together with the percentage of shifts meeting safe staffing guidelines. This will be mandatory and will be done on a monthly basis. By the end of next year this will be done using models approved independently by NICE.[25]

Between the end of 2013 and June 2015, NICE published such guidance in the form of *Safe Staffing for Nursing in Adult Inpatient Wards in Acute Hospitals* (July 2014), and *Safe Midwife Staffing in Maternity Settings* (February 2015). However, a June 2015 letter from Jane Cummings, Chief Nursing Officer for England, to directors of nursing at NHS Trusts, NHS Foundation Trusts and Clinical Commissioning Groups, stated that this work would henceforth be taken forward by NHS England as part of workforce planning. In that letter, Ms Cummings wrote that previously published NICE guidance would remain unaffected and that nothing in the work programme would challenge or contradict the Care Quality Commissions inspection and rating role.[26] She further stated that:

> This is not about saving money; more about using the money we have as efficiently and effectively as possible. I would not suggest anything that would compromise patient safety.[27]

However, concerns have been raised by patient groups and sector bodies regarding the change, and the removal of NICE from the process. For example, the Safe Staffing Alliance, argues that NHS England is not sufficiently independent to perform such a role:

> [This change] is a serious backward step as NICE were commissioned to provide an independent review on safe staffing levels based on research and expert advice from the healthcare field. NHS England is not in a position to provide an independent view and

[24] National Advisory Group on Safety of Patients in England, *A Promise to Learn—A Commitment to Act Improving the Safety of Patients in England*, Chaired by Don Berwick, August 2013.
[25] Department of Health, 'New Era for Patients and NHS as Government Accepts Recommendations of Mid Staffordshire Inquiry', 19 November 2013. The full response can be found on the Department of Health website.
[26] NHS Foundation Trusts and CCGs, Letter from Jane Cummings, Chief Nursing Officer for England, to Directors of Nursing at NHS Trusts, 11 June 2015.
[27] ibid.

> the outcomes will be fragmented across its various initiatives with no standardized approach to staffing levels resulting in a serious risk to patient safety.[28]

The Safe Staffing Alliance also noted the contrast between the situation in England and Wales. In the latter, the Nurse Staffing (Wales) Act 2016 was passed by the Welsh Assembly earlier this year, which places a legal duty on providers to ensure sufficient nurse staffing levels on hospital wards and making it the first country in Europe to introduce such a measure.[29]

Commentary from the King's Fund on the issue of staff staffing from October 2015 further observed a potential tension between ensuring appropriate staffing levels and the financial pressures felt by care providers:

> [H]ospitals are under increasing pressure to cut staffing costs to reduce deficits. Last week, the Department of Health announced further attempts to cap agency staffing costs […] [and] while the anticipated savings of £1 billion over three years [resulting from these measures] will not do nearly enough to cover off the already unprecedented overspend, the interaction with safe staffing has yet to be seen. Many organisations may now feel trapped between the Care Quality Commission on one side, continuing to draw attention to staffing shortages, and Monitor and the NHS Trust Development Authority on the other, trying to bring down spending on temporary staff.
>
> […]
>
> If staffing numbers do indeed fall, there are also important implications for existing NHS staff given the relentless focus by the system on quality in the wake of the Francis report into Mid Staffordshire NHS Foundation Trust. For staff and their managers, overseeing quality of care in the face of these new controls may be a very difficult place to be.[30]

In response to a recent written question from Derek Thomas (Conservative MP for St Ives) requesting guidance for NHS Trusts on ensuring any future reductions in frontline staff numbers are not made for the purpose of reducing trusts' deficits, Department of Health Minister Ben Gummer replied that the Government had made clear that staffing levels should be based on the appropriate mix of quality, safety and efficiency:

> Trusts should focus on the numbers and skillmix needed to deliver quality care, patient safety and efficiency, taking into account local factors such as acuity and casemix. Two communications to NHS trusts (a letter on safe staffing and efficiency dated 13 October 2015 from NHS Improvement, the Care Quality Commission (CQC), NHS England, Jane Cummings, Chief Nursing Officer and the National Institute for Health and Care Excellence; and a letter dated 15 January 2016 from Chief Executive-designate of NHS Improvement, Jim Mackey, and the CQC's Chief Inspector of Hospitals, Professor Sir Mike Richards) asked Trusts to consider quality and finances on an equal footing in their planning decisions; stated that it is not the case that NHS Trusts could only achieve their financial targets at the expense of quality, or that improving quality is more important than staying in financial surplus; and emphasised that responsibility for staffing rests (as it has always done) with trust boards.[31]

---

[28] Safe Staffing Alliance, 'A Cause of Great Concern', accessed 8 July 2016.
[29] Nurse Staffing (Wales) Act 2016; and Wales Online, 'Wales Set to Become First Nation in Europe to Introduce Safe Nurse Staffing Levels', 11 February 2016.
[30] Helen McKenna, 'Safe Staffing in the NHS Comes at a Cost', King's Fund, October 2015.
[31] House of Commons, Written Question: 'NHS Trusts: Staff', 24 March 2016, 32599.

Appendix: All Staff by Nationality and Staff Group in NHS Trusts and CCGs (March 2016)

		Professionally Qualified Clinical Staff						Support to Clinical Staff				NHS Infrastructure Support					
Nationality	All Staff	Total	HCHS Doctors	Nurses & health visitors	Midwives	Ambulance staff	Scientific, Therapeutic & technical staff	Total	Support to doctors, nurses & midwives	Support to Ambulance staff	Support to ST&T staff	Total	Central functions	Hotel, Property & estates	Senior managers	Managers	Other staff or unknown
All Staff	**1,164,471**	**622,717**	**110,732**	**318,912**	**25,971**	**19,406**	**148,076**	**356,208**	**277,676**	**15,886**	**63,100**	**183,069**	**87,630**	**64,049**	**9,983**	**21,540**	**4,301**
British*	944,825	488,683	77,845	248,677	21,894	15,076	125,501	298,019	230,961	13,841	53,614	156,150	77,244	51,185	8,854	18,979	3,469
EU	57,608	39,252	10,150	21,032	1,331	212	6,537	11,834	9,446	232	2,175	6,268	1,898	3,725	190	456	317
Non-EU	71,510	47,885	16,752	25,126	577	464	5,000	17,117	14,974	122	2,039	6,430	2,214	3,712	105	407	216
Unknown	*90,528*	*46,897*	*5,985*	*24,077*	*2,169*	*3,654*	*11,038*	*29,238*	*22,295*	*1,691*	*5,272*	*14,221*	*6,274*	*5,427*	*834*	*1,698*	*299*
EU Nationalities:																	
Austrian	322	233	73	103	10	-	47	57	40	-	17	32	9	18	2	3	-
Belgian	332	227	100	66	12	2	47	64	55	-	9	40	12	22	1	5	1
Bulgarian	861	526	200	233	26	1	66	252	200	-	53	79	28	46	1	4	5
Croatian	235	106	54	44	-	-	8	85	77	-	8	9	5	2	-	2	36
Cypriot	413	341	209	69	1	-	62	56	36	1	19	14	8	3	-	3	2
Czech	683	419	143	190	20	2	65	176	124	12	40	87	33	48	2	4	4
Danish	376	286	63	103	16	9	95	62	40	1	21	28	14	5	3	6	1
Dutch	1,406	941	368	292	47	3	231	304	248	6	51	155	50	80	5	20	6
Estonian	155	90	22	47	5	-	16	42	33	-	9	23	8	15	-	-	-
Finnish	382	300	42	175	19	9	55	53	32	-	22	24	15	3	-	6	6
French	1,371	745	226	285	51	3	181	404	316	2	86	220	107	89	5	19	3
German	2,337	1,764	912	442	60	7	344	400	286	15	99	173	79	59	6	29	4
Greek	2,699	2,313	1,657	332	38	2	284	264	189	2	74	93	49	26	5	13	31
Hungarian	1,069	601	359	167	7	6	62	318	265	6	47	146	44	96	1	5	7
Irish	12,994	9,909	2,027	4,775	390	97	2,625	1,904	1,405	101	399	1,168	491	305	143	230	24
Italian	5,228	3,862	962	2,291	238	5	366	888	761	6	121	423	130	267	8	18	58
Latvian	369	109	42	48	2	-	17	125	104	4	18	133	22	109	1	1	2
Lithuanian	914	329	108	143	14	-	64	332	289	-	43	247	42	197	1	7	7
Luxembourg	10	6	2	-	-	-	4	3	1	-	2	1	1	-	-	-	-
Maltese	306	247	192	22	6	1	26	35	28	-	7	24	6	10	3	5	-
Polish	7,297	2,557	591	1,234	95	51	587	3,020	2,442	43	542	1,713	388	1,294	1	30	30
Portuguese	6,277	4,559	246	3,606	31	4	672	974	780	9	186	720	113	591	1	15	26
Romanian	2,961	2,039	611	1,314	8	2	104	728	644	7	79	170	48	122	-	-	26
Slovak	747	356	122	179	12	3	40	259	214	3	43	130	44	78	1	7	2
Slovenian	109	57	30	16	-	-	11	39	29	-	10	14	3	11	-	-	-
Spanish	7,121	5,904	639	4,699	203	3	361	828	686	13	130	355	121	214	-	20	36
Swedish	634	426	150	157	20	2	97	162	122	1	40	47	28	15	-	4	-

EEA States/Crown Dependencies (Not included in EU figures above)																	
Norwegian	197	142	40	54	6	1	41	34	23	1	10	21	12	5	1	3	-
Channel Isl.	15	11	1	7	-	1	2	4	4	-	-	-	-	-	-	-	-
Manx	18	12	3	5	-	-	4	4	4	-	-	2	1	1	-	-	-

*Includes Gibraltar. Note: These figures exclude Moorfields Eye Hospital NHS Foundation Trust and Chesterfield Royal Hospital NHS Foundation Trust.

(Source: Health and Social Care Information Centre, NHS Hospital & Community Health Service (HCHS) workforce statistics)