



About the RCN

With a membership of over 450,000 registered nurses, midwives, health visitors, nursing students, nursing support workers and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Overview

This document contains the RCN's full response, including references, to the Migration Advisory Committee's call for evidence. As the questions set in the inquiry are employer focussed, the RCN has responded as appropriately as possible for all questions.

Questions and responses

1. *What has been the impact of COVID-19 on staffing levels and your recruitment for the organisations you represent? (MAX 250 words)*

COVID-19 has heightened pre-existing staffing pressures in social care across the UK¹, primarily due to insufficient long-term workforce planning and investment in growth of social care workforce by governments across the UK. It is vital that the UK is able to recruit international nursing staff and support staff into the social care sector.

Prior to the pandemic there were an estimated 122,000 vacancies in the social care sector in England² with latest estimates at 105,000³. Vacancy rates are now steadily rising, having fallen during the start of the pandemic. Staff vacancy rates in residential care in England rose from 6% in April 2021 to 10.2% in September 2021⁴. There is no equivalent vacancy data for Wales, Scotland and Northern Ireland.

The RCN has consistently raised concerns about burnout of the nursing workforce⁵. In 2020 and RCN survey showed that 49% of respondents working in the independent sector stating that staffing levels in independent / social care sector workers have worsened since the start of the COVID-19 pandemic, with 35% reporting being less able

¹ [Workforce burnout and resilience in the NHS and social care - Health and Social Care Committee - House of Commons \(parliament.uk\)](#)

² [Skills for Care \(2019\) The state of the adult social care sector and workforce](#)

³ [Skills for Care \(2021\) The state of the adult social care sector and workforce](#)

⁴ [CQC \(2021\) The state of health care and adult social care](#)

⁵ [Workforce Burnout & Resilience | Royal College of Nursing \(rcn.org.uk\)](#)

to take breaks⁶. The pressures and risks to social care workforce during the pandemic should not be underestimated, given the risk to social care and the NHS.

2. *Following the end of free movement on 1st January 2021, anyone hired from outside the UK, excluding Irish citizens, will be subject to the new points-based immigration system. This brings the regulations for European migrants in line with those for non-European migrants. Under this system, applicants for skilled work visas must meet several criteria, including a job offer from a licensed sponsor that meets the applicable minimum salary threshold, and that is for a role categorised at RQF 3 or above (A Level and equivalent). For example, in social care, Senior Care workers can be employed under this system, but jobs below that level cannot. Further details on the system are available here. What impact, if any, do you think this, and the wider implications of the EU Exit referendum will have on;*

a. *The employment of European workers in social care? (MAX 250 words)*

Given the significant support workforce (care worker) shortage across the UK there must be a credible route set by the UK Government for international health and care workers into social care, alongside greater investment in the domestic workforce. Reliance on the EEA social care workforce to sustain service delivery varies across the UK. In England, 7% of the social care registered nurse workforce are from EEA countries⁷, 6-8% Scotland⁸, and 3% in Wales⁹. There is no available data for Northern Ireland.

Under the new immigration system EEA workers who do not meet the required skill level (RQ3 and above) have no route to entry into the UK. This approach undervalues the skills of social care workers, putting social care systems, and those using services, at significant risk. Adding care workers (SOC 6145) to the Shortage of Occupation List (SOL) would provide an entry route, if the salary threshold was removed.

The additions of senior care workers (SOC6146) and nursing/health care assistants to the SOL(SOC6141) is not feasible, because most staff will not meet the salary threshold (£20,480). The RCN recommends that MAC recommend to the UK Government that credible routes to entry for social care support workforce are identified, given the necessity of social care services, and the potential impact on the NHS, should the system be further compromised.

b. *The intentions of existing European staff to remain in post? (MAX 250 words)*

52.7% of registered nurses leaving the NMC register cited the UK's departure from the EU as a reason for leaving the register¹⁰.

It is the RCN view that current barriers within the immigration system make the UK a less attractive place to work for international workforce. For example, RCN members report difficulties in bringing their dependents to the UK through the Sole Responsibility

⁶ [Royal College of Nursing \(2020\) Building a better future for nursing](#)

⁷ [Skills for Care \(2021\) The state of the adult social care sector and workforce](#)

⁸ [Scottish Care \(2019\) EU Exit Briefing \(revised\)](#)

⁹ [Research on Implications of Brexit on Social Care and Childcare Workforce in Wales \(gov.wales\)](#)

¹⁰ [NMC \(2020\) Leavers' survey - Why do people leave the NMC register?](#)

and Adult Dependency rules, because of the high burden of evidence that is required. Under the new immigration system EEA migrants will also be subject to these rules, where they were not previously, therefore also impacted by this barrier to entrance into the UK.

Additionally, 10.8% of EEA registered nurses leaving the NMC register cite poor pay and benefits as the reason for leaving the register¹¹. Improvements to working conditions and pay terms and conditions within social care need to be addressed.

The RCN is also concerned that there may be a potential impact on retention aligned to the decision on COVID-19 vaccination as a condition of employment in social care, potentially putting further ongoing pressure on already challenged capacity. Unvaccinated workers, under skilled worker visas, are at risk of losing UK residency rights as this is contingent on employment. The RCN understands and supports the outcome of full vaccine coverage in the health and care workforce, however, has asked the Department of Health and Social Care to ensure that all risks to recruitment and retention associated with these proposals are fully understood, mitigated, and monitored.

c. The ability of the organisations you represent to fill vacancies? (MAX 250 words)

The turnover rate of all staff working in social care in England sits at 28.5% with 152,000 leaving the sector in 2020/21¹², highlighting significant retention issues. Registered nursing turnover rate is higher at 38.2% - equivalent to 11,000 leavers¹³.

Whilst non-UK workers have not left social care at an increased rate since January¹⁴, in the absence of a national workforce strategy and accessible route for international care workers there are significant risks for workforce supply.

The social care sector experiences highly variable pay and working conditions. For example, in England the median hourly rate for care workers is £9.01 an hour in 2020/21, with 71% paid below the Real Living Wage¹⁵. The MAC 2020 review of the Shortage Occupation List highlighted that higher wages are needed in social care, to make roles more attractive to the domestic workforce¹⁶. Retention and development of the workforce should be prioritised by the UK Government, including ensuring that those working within social care achieve (at least) parity of pay, terms and conditions with NHS Agenda for Change.

3. When the organisations/employees you represent experience vacancies that can't be filled, what is the impact on service delivery and how do they adjust to compensate for this?

Nursing is the largest safety critical profession in healthcare, and it is vital that the right staff, with the right skills, are in the right place, at the right time, to meet the needs of

¹¹ [NMC \(2020\) Leavers' survey - Why do people leave the NMC register?](#)

¹² [Skills for Care \(2021\) The State of the Adult Social Care Sector and Workforce](#)

¹³ [Skills for Care \(2021\) The State of the Adult Social Care Sector and Workforce](#)

¹⁴ [Skills for Care \(2021\) The State of the Adult Social Care Sector and Workforce](#)

¹⁵ [Skills for Care \(2021\) Pay rates](#)

¹⁶ [Migration Advisory Committee \(2020\) Review of the Shortage Occupation List](#)

the population. Registered nurse vacancies compromise patient safety and quality of care as nurse staffing levels have a direct correlation with patient mortality rates¹⁷.

Data shows, for example, a 9.9% vacancy rate in England in 2020/21 for registered nurses in social care as the highest of all job role groups in social care, up 4.9% from 2012/13¹⁸. Some nursing homes in England unable to recruit staff have had to cancel their care home registration, resulting in residents needing to identify new nursing homes that may already be at, or close to, full capacity¹⁹. This indicates an unsustainable system, presenting significant risk to both NHS and social care.

Without a credible national health and care workforce strategy and substantial investment in the workforce, in countries across the UK, the sector is likely to face continued challenges in recruitment and retention. The RCN seeks assurance that nursing workforce planning for all health and social care settings, across the UK, reflects the RCN Workforce Standards and does not rely on any form of dilution or substitution of the role of the registered nurse²⁰.

4. *Over the medium term (i.e. in around five years' time), what, if any, differences would you expect to see in your sector as a result of the end of free movement?*

The RCN is concerned that given existing workforce gaps, social care remains vulnerable and should be better supported to further draw upon international workforce. All current barriers – including salary thresholds – should be removed to ensure international social care workers have a clear, sustained route through immigration and into employment in the UK.

Demand for social care will continue to grow, and additional funding through the Health and Care Levy introduced by the UK Government is unlikely to be timely or sufficient to tackle the rising workforce requirements of health and care systems in the UK, and negatively impacts social care staff on low wages.

In England, the population of over 65s is projected to increase from 10.5 million to 13.8 million between 2020 and 2035²¹. For every six people aged 65 and over, one adult social care job is required²². This means by 2035 the sector may require an extra 490,000 jobs – this is equivalent to 29% growth²³. Over a quarter of the social care workforce in England is over 55, and many may retire over the next decade²⁴. In Northern Ireland between 2019-2051 the over 65 population is projected to double²⁵. In Scotland, it is projected that by 2043, 22.9% of the population will be of pensionable age²⁶, and estimates for

¹⁷ Ball J, Barker H, Burton C, Crouch R, Griffith P, Jones J, Lawless J, Rycroft Malone J. (2019) 'Implementation, Impact and Costs of Policies for Safe Staffing in Acute NHS Trusts'. University of Southampton.

¹⁸ [Skills for Care \(2021\) The State of the Adult Social Care Sector and Workforce](#)

¹⁹ [CQC \(2021\) The state of health care and adult care in England](#)

²⁰ [RCN \(2020\) Nursing Workforce Standards](#)

²¹ [Skills for Care \(2021\) The State of the Adult Social Care Sector and Workforce](#)

²² [Skills for Care \(2021\) The State of the Adult Social Care Sector and Workforce](#)

²³ [Skills for Care \(2021\) The State of the Adult Social Care Sector and Workforce](#)

²⁴ [Skills for Care \(2021\) The State of the Adult Social Care Sector and Workforce](#)

²⁵ [Institute for Public Health \(2020\) Ageing and Public Health – an overview of key statistics in Ireland and Northern Ireland](#)

²⁶ [Scottish Government \(2021\) Future opportunities and challenges](#)

Wales suggest that one in four of the population will be over 65 by 2038. This will result in greater demand for care and fewer people of working age²⁷, across the UK.

²⁷ [Welsh Government \(2020\) Age friendly Wales: Our strategy for an ageing society](#)