



Royal College of Nursing
Shaping nursing since 1916

House of Commons debate on exiting the EU and workers' rights, Monday 7 November 2016

Key summary

- Ensuring that the UK Government is appropriately addressing the needs of our population through health and social care is essential to making the UK's exit from the European Union (EU) a success.
- The relationship with the EU has had, and continues to have, a substantial direct and indirect impact on delivery of health and social care within the UK. Among other things, it is critical that patient safety standards, quality of care, and the workforce supply chain are not adversely affected by the forthcoming process of change or resulting outcomes.
- Nursing staff, and the wider health and care community, are central to the successful delivery of UK health and social care. Their needs (as well as those of the workforce we need to recruit) should be considered carefully. The UK's exit will have a profound impact on the existing and future nursing community in a wide range of areas, ranging from workforce strategy and planning, regulation, standards, public health, research, employment and social law and cross-border exchange.
- We are seeking certainty for those already working in the UK by advocating for the right of the current health and social care workforce originating from European Economic Area (EEA) members to remain in the UK.
- We are committed to promoting employment policy and practice which ensures that the UK continues to be able to attract vital skills from Europe and around the world to work in health and social care.

Safeguard employment and social law provision

A substantial proportion of UK employment law originates from the EU and provides important protections for nurses and healthcare assistants, in particular, rules on health and safety at work, working time and information and consultation on collective redundancies and safeguarding employment rights in the event of transfers of undertakings (TUPE).

The EU's key health and safety related directives provide a legal framework for employers to reduce the risks of musculoskeletal disorders (MSDs), biological hazards, stress and violence to health care staff. MSDs and stress are particularly prevalent in the nursing workforce and the main cause of sickness absence in the sector and, arguably, without the directives the situation would be worse. The implementation of hoists and other lifting equipment, as required by the Manual Handling Directive, has been proven to significantly reduce the risks for nurses and patients.^{1 2}

¹ Health and Safety Executive (2002) *Second Evaluation of the Manual Handling Regulations (1992) and Guidance*. HSE Books: Sudbury

² Health and Safety Executive (2003) *Evaluation of the implementation of the use of work equipment directive and the amending directive to the use of work equipment in the UK*. HSE Books: Sudbury

The Working Time Directive provides a framework to reduce fatigue within the nursing workforce and put safeguards in place such as compensatory rest and controls on working time to address the health and safety effects of shift work and long working hours. We strongly supported its adoption in the 1990s and the need subsequently for updating the directive.³ Fatigue, long working hours, lack of rest breaks and poorly managed shift rotas are not only a risk factor that can impact on the health of nursing staff, but can also impact on patient safety.⁴

The NHS, public health and social care have seen significant changes in recent years, which has led to growth in independent provision of publicly funded health and social care services, as well as the transfer of staff working in public health in England from the NHS to local government. It is important that nurses and other staff, who continue to ensure continuity of care and service provision during these reforms, are not disadvantaged in terms of working conditions and employment benefits if their employer changes. The EU's TUPE legislation has been a cornerstone in providing legal protection to staff when such reconfigurations take place. Through cross industry "social dialogue" negotiations agreements have also been reached, and adopted as EU directives, to ensure part-time workers, of which there are many in the health service, and those on fixed term contracts, are treated no less favourably than full time permanent employees, in terms of leave, and access to training, for example.

We are encouraged by the commitment for full transposition of all of the above legislation into UK law through the proposed Great Repeal Bill and would be very concerned were any changes undermining the standards of existing legislation – as already predicted by legal experts⁵ - sought by this or by an succeeding Governments. Our employment relations experts have significant experience of negotiating within both the domestic and European legislation and can help in ensuring a smooth and stable transition.

Suggested lines of inquiry

- The EU guarantees minimum standards for UK workers. Can the Government guarantee that these minimum standards will not be undermined at any point in the future?
- Can the Government explain when it will table the Great Repeal Bill?
- Can the Government guarantee that health and safety standards guaranteed by our EU membership will not be undermined by this or future Governments after the UK has left the EU?
- When will the Government make a statement to set out if health and care workers originating from the European Economic Area (EEA) can remain in the UK?

About the Royal College of Nursing

The RCN is professional body and trade union representing over 430,000 registered nurses, midwives, nursing students, health care assistants and nurse cadets. Our members work in a variety of hospital and community settings in the NHS and independent sector.

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For more information, please contact:

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³ Royal College of Nursing, *RCN response to the first-phase consultation of the social partners at European Union level under Article 154 of the TFEU*. Available [here](#)

⁴ Patient Safety Network, *Nursing and Patient Safety*, July 2016. Available [here](#).

⁵ Birrell et al., (2016) *The Impact of Brexit on UK Employment Law Rights and health and Safety Legislation*. Thompsons Solicitors: London.