

Briefing for Southwark Council Brexit Panel covering (1) Workforce & (2) Research

(1) Workforce

Introduction

In June 2016 the United Kingdom (UK) public voted to leave the European Union (EU) following a referendum.

When the UK leaves the EU on 29 March 2019, the UK and the EU negotiating parties have agreed that EU citizens who arrive in the UK before the end of the implementation period on 31 December 2020 will be able to continue to live and work here as they can now.

Free movement will no longer apply after 30 December 2020 and EU citizens will be required to apply for either settled status or pre-settled status via the Home Office EU settlement scheme.

Citizens of the Republic of Ireland will be unaffected and permitted to remain in the UK due to existing arrangements between the UK and the Republic of Ireland outside the EU freedom of movement.

There are three eligibility requirements for EU citizens applying for settled status. They must:

- be an EU national or dependant
- have continuously lived in the UK for five years or more by 31 December 2020
- have no serious or persistent criminal background.

The Government has published details of the new EU settlement scheme which is envisaged to open using a phased approach in late 2018 and to be fully operational by March 2019.

EU citizens who arrive in the UK before 31 December 2020 but have not been living continuously in the UK for five years will be able to apply for pre-settled status before switching to settled status once they have been in the UK for five years.

There are approximately 144,000 EU nationals working in health and social care organisations across England: 80,000 in adult social care, 58,000 in the NHS, and 6,000 in independent health organisations.

The leave vote has created uncertainty on the future rights of these employees. If a significant proportion of EU nationals working in health and social care services leave as a result of the present uncertainty, the sustainability of some services and the delivery of high quality services would be jeopardised.

With this in mind, the Cavendish Coalition has been created, a coalition of 31 health and social care organisations aiming to ensure sustainable workforce supply and thereby maintaining standards of care as Britain withdraws from the EU.

The Government's general approach to preserving EU law is to ensure that all EU laws which are directly applicable in the UK (such as EU regulations) and all laws which have been made in the UK, in order to implement our obligations as a member of the EU, remain part of domestic law on the day we leave the EU. This will apply to all aspects of employment law under EU regulations. The government has previously confirmed that workers' rights will be protected by the European Union (Withdrawal) Bill.

SLaM NHS Trust Workforce

We presently have 361 Non-UK European Union staff working within the Trust in a range of different professional groups. This is based on their reported nationality recorded on the Electronic Staff Record (ESR) system.

| Non UK EU Staff in Post | Apr-18 | May-18 | Jun-18 | |
|----------------------------------|---------------|---------------|---------------|--------------|
| Additional Clinical Services | 59 | 57 | 56 | 7.79% |
| Administrative and Clerical | 39 | 39 | 39 | 3.88% |
| Allied Health Professionals | 24 | 24 | 24 | 9.13% |
| Estates and Ancillary | 6 | 6 | 6 | 4.26% |
| Medical and Dental | 72 | 72 | 71 | 14.78% |
| Nursing and Midwifery Registered | 73 | 72 | 73 | 5.44% |
| Psychology & Psychotherapy | 88 | 90 | 92 | 10.96% |
| Grand Total | 273 | 270 | 269 | 7.55% |

The number of EU staff has remained relatively stable over the past 3 months and there is no over-reliance for EU staff in any particular professional group. The largest proportion of EU nationals is Medical and Dental then the Psychology and psychotherapy staff group. Given the nature of the work performed and training required it is likely that all existing staff will meet the eligibility criteria for settled status either now or at least by March 2020. We will conduct further analysis to ensure this is the case. The largest proportion of existing staff are from the Republic of Ireland where different arrangements are being proposed for this group.

The number of EU nationals who have left over the past 2½ years has been relatively low compared to overall turnover. We recognise the Trust with its strong reputation will attract

people from abroad to gain experience and skills through working in the Trust which they use when returning to their country of origin or to other employers in the NHS and UK.

| | 2016 | 2017 | Jan-July 2018 |
|--|-------------|-------------|----------------------|
| non-UK EU & EEA Nationals Leaving the Trust | 52 | 96 | 57 |
| Doctors | 8 | 18 | 12 |
| Nurses | 8 | 13 | 5 |
| Other Staff | 36 | 65 | 40 |

Historically the Trust has not participated in overseas international recruitment to the same degree that other Trusts have done. This means changes to the EU labour market or additional restrictions for working in the UK will have a minimal impact as there is no reliance on recruiting from the EU.

We have already committed to a comprehensive and wide reaching recruitment and retention programme which covers a number of different workstreams to address pre-existing shortages in the current labour market especially for specialist roles which are impacted further through the high cost of living in London, reduced recruitment pools coming through traditional routes and the pressures of working in mental health services. This far reaching programme will serve to offset any additional minor impact we may see as a result of Brexit.

Given the Government's approach to retain EU employment law as UK employment law there will be no change to the current employment legislation under which the Trust operates. This will have no impact on employment terms and conditions.

Next Steps

We will undertake further analysis of EU staff continuous service to ascertain that eligibility for settled status will be achievable by March 2020.

We will work to support staff where they may need assistance to apply for settled status where they meet the eligibility.

When available we will provide clear guidance to staff on the actual logistics and process for applying for settled status. This will be through the phased approach announced by the Government.

We will continue to monitor the number of EU staff leaving as part of our work with the Cavendish Coalition.

Continue with existing recruitment and retention programme and workstreams currently underway and planned.

(2) Implications for Research

1. EU Research Funding

What's happening now

There is no immediate change to the UK's ability to participate in EU research and innovation programmes such as Horizon 2020. HM Treasury and The Chancellor of the Exchequer, Philip Hammond released a statement (24th July 2018) extending the assurances offered in the August 2016 statement to guarantee funding secured through EU programmes, from now until the end of 2020 even in a no deal scenario. There is, however, still some question around this. At present we are encouraging staff to apply for EU research funding in the usual way.

The future

The key issue is what happens post-Brexit and whether the government will make good the likely significant loss in EU research funding so that the UK continues to benefit from collaborative research across the EU. UK researchers are key in influencing and leading large pan-European studies and so there is considerable risk that such studies will not be feasible in future.

2. Clinical trials regulations

Concerns have been expressed about a divergence of the regulatory structures around clinical trials on medicines which would make the UK less attractive to pharmaceutical companies and impede collaborative research with the EU. The new EU Clinical Trials Regulation is due to come into force after Brexit but during the transition period; if this is the case the expectation is that it would be implemented in the UK. However, there is still uncertainty around this.

3. Research capacity and mobility

The implications of Brexit on European researchers currently based in the UK are not at present quantified. The Government has published a policy paper entitled Safeguarding the Position of EU Citizens Living in the UK and UK Nationals Living in the UK which includes a new settled status which will be created for EU citizens who meet the residency requirements.

There are also concerns about the future mobility of research-active staff between the UK and Europe which may impede collaborative research.

4. Research Data

The main provisions of the UK Data Protection Act 2018 commenced on 25 May 2018 which encompasses, but is not limited to, the UK GDPR provisions. Post-Brexit the UK Data Protection Act will still stand; what is unclear is how Brexit might impact on data flows across borders, including in the context of research, as the UK would need to satisfy the EU that the UK carries adequate safeguards.

5. The local picture: SLaM / IoPPN research

Research activity taking place within SLaM that is EU-funded is currently led by KCL-employed researchers at the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) and managed through King's College London. IoPPN research income from the EU during the last complete KCL financial year for which full year data are available (1 Aug 2016 – 31 July 2017) was £7.9m (representing 13.9% of total grant income from all sources which was £56.9m).

SLaM receives a portion of its R&D core funding through the NIHR Clinical Research Network. This funding is activity based and is driven by the number of research participants recruited into eligible studies: this includes those funded under some of the KCL-led EU grants described above. A reduction in research funding from the EU, unless replaced by other eligible funding, will impact on SLaM's R&D income through this mechanism.

The following table shows participants recruited in SLaM under EU-funded NIHR Portfolio studies, representing 12-19% of all recruits in 2015/16 to 2017/18:

| | Financial year 2015/16 Participants recruited | Financial year 2016/17 Participants recruited | Financial year 2017/18 Participants recruited |
|----------------------------|--|--|--|
| EU-funded studies | 341 | 368 | 446 |
| All NIHR Portfolio studies | 2757 | 2164 | 2364 |
| EU as a % of total | 12% | 17% | 19% |

A recent example of IoPPN/SLaM success with European funding has been the award of the largest grant ever for research on neurodevelopmental conditions to an international consortium led by Professor Declan Murphy. The study, AIMS-2-Trials, was awarded by the Innovative Medicines Initiative, which includes substantial EU funding. The aim is to increase the understanding of autism and help develop new therapies to improve health outcomes and quality of life for autistic people. The study will create the first European clinical trials network for autism.

<https://www.kcl.ac.uk/ioppn/news/records/2018/june/world's-largest-autism-grant-will-transform-research-landscape.aspx>

6. Conclusion

The UK's position with EU funding post-Brexit and whether the UK government will make good the likely loss, whether the regulatory framework for clinical trials in the UK will remain stable and whether the research-active workforce will be able to continue to move between the UK and EU unimpeded, all contribute to an uncertain landscape. The advice that we are giving to research-active staff at present is 'business as usual'.

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References

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