

NMC response to the Social Care Inquiry from the Scottish Parliament Health and Sport Committee

About us

- 1 As the statutory regulator of nursing and midwifery professionals in the UK we work to ensure these professionals have the knowledge and skills to deliver consistent, quality care that keeps people safe.
- 2 We set the education standards professionals must achieve to practise in the United Kingdom. When they have shown proficiency and that they can be kind, compassionate and respectful, we welcome them onto our register of more than 700,000 professionals.
- 3 Once registered, nurses and midwives in the UK, and nursing associates in England, must uphold the standards and behaviours set out in our Code so that people can have confidence that they will consistently receive evidence informed, quality, safe care wherever they're treated. We promote lifelong learning through revalidation, encouraging professionals to reflect on their practice and how the Code applies in their day-to-day work.
- 4 On the rare occasions that care goes wrong, or falls short of people's expectations, we can step in to investigate, and take action when needed. But we want to prevent something going wrong in the first place. So, we promote a culture that encourages professionals to be open and learn from mistakes, gives the public an equal voice and where everyone involved is treated with kindness and compassion.

Summary

- 5 We welcome the opportunity to respond to the Scottish Parliament's call for views on the future delivery of social care in Scotland. While we are not in a position to comment on questions related to public involvement in planning social care services or person-centred procurement of social care, we are nonetheless committed to being supportive partners of the health and social care system in Scotland. To that end, we would welcome further opportunities to contribute to these important areas of work.
- 6 In line with our regulatory remit, our response focuses on the question: **What are the essential elements in an ideal model of social care?**
- 7 In answering this question we recommend the committee focus on the co-dependence of the NHS and social care sector, the role of workforce in the social care system, and in particular, the critical contribution of registered nurses and midwives in driving quality and safe and compassionate care across the sector. In order to support nurses working in social care, as well as the wider social care workforce, we believe the following issues to be fundamental considerations for

this inquiry and for all stakeholders involved in the planning and implementation of the Scottish social care system:

- 7.1 Building on and implementing **integrated workforce plans** across health and social care, at both national and local levels;
- 7.2 **Investing in interprofessional and multi-agency education, training and development**, to ensure that development opportunities are available and that on-going education and training capacity is accounted for;
- 7.3 **Attracting nursing graduates** to social care or integrated employment roles, by improving local and national offers and supporting quality practice placements; and
- 7.4 **Improving data and understanding** about the social care workforce.

Introduction

- 8 According to our data, there were 66,021 nurses registered in Scotland in September 2019, this being a 3.6 percent rise from September 2013. For comparison, over the same period there were slightly higher rates of growth in England (4.4 percent), and much greater relative rises in the number of nurses registered in Wales (5.7 percent), and Northern Ireland (8.0 percent).
- 9 Recent estimates from the Scottish Social Services Council indicate there were 7,070 nurses employed across the Scottish social service sector at the end of 2018, compared with 6,950 the previous year.¹ Though there appears to be some growth in the numbers of nurses in both the healthcare and the social care sector in Scotland, it is not possible to make more informative comparisons, as unified datasets are not currently available. As discussed below, we hope that the Scottish Government's recent commitment to integrate workforce data across the two sectors will allow for more meaningful analyses in the future.
- 10 Estimates also indicate the overall workforce in the Scottish social service sector is 204,610.² Though nurses make up a small part of the total number of staff, they are one of the largest regulated groups in adult social care, and they have a critical role to play in liaising with multi-agency teams, coordinating care, and in ensuring that the care people receive is safe, compassionate, and of the highest quality.
- 11 Staff shortages are a persistent challenge in social care across the whole UK. At the end of 2018, 38 percent of services in Scotland reported staff vacancies, following an increase of 2 percentage points over two years. Over the same period the proportion of services reporting vacancies among nurses in particular fell from 2 percentage points from 21 to 19 percent.³
- 12 When care teams are understaffed they are less able to deliver high quality, dignified, safe, and person-centred care. Chronic workforce shortages have a impact on record keeping, information handover, infection control, management

¹ [SSSC \(2019\) Report on 2018 Workforce Data](#)

² Ibid

³ [SSSC and Care Inspectorate \(2020\) Staff vacancies in care services 2018](#)

and support of care needs, and the capacity for staff to take essential training.⁴ We understand that in such conditions mistakes can happen, and quality can suffer. A 2017 evidence review found a consistent and significant relationship between nurse staffing levels in the NHS and outcomes including mortality, staff burnout and incomplete nursing care.⁵ More recently the Care Inspectorate and the Scottish Social Services Council confirmed that “an effective and stable staff team is strongly associated with providing high quality care”.⁶

- 13 Shortages also lead to a greater use of temporary staff, which is costly and less likely to ensure continuity of care.⁷ We know that the number of nurses employed in nursing agencies in the Scottish social service sector has risen by almost a quarter over the past 10 years (compared with a 3 percent rise in the number of staff overall).⁸ However, it is unclear from the available data whether this is a response to a rise in demand from service users or a growth in staff shortages. For future workforce decisions we would recommend a clearer focus on maintaining a sustainable balance between long term staffing costs and short term user demand.
- 14 As EU nationals make up an estimated 7.3 percent of nurses employed in adult social care in Scotland,⁹ the UK’s departure from the EU presents a significant risk of exacerbating recruitment and retention challenges. Our own data suggests Brexit may already have had an impact on the wider nursing and midwifery workforce across the UK, with a rise in the number of EU-trained nurses and midwives leaving our register since the 2016 referendum, and a sharp fall in the number of new joiners.¹⁰ However, we know that Brexit is not the only reason for EEA nurses and midwives leaving the register. In a recent survey of leavers, while just over half of respondents from the EEA cited concerns around Brexit (51 percent), other reasons for leaving included leaving the UK altogether (66 percent); work-related pressures (22 percent); and changes in personal circumstances (22 percent).¹¹
- 15 For our part, we are continuing to review our overseas registration processes to reduce the financial and administrative burden for NMC applicants, while ensuring our professional standards and requirements support people on our register to deliver safe and compassionate care. We have also identified a number of key priorities, outlined below, for supporting the existing social care workforce, and helping secure sufficient numbers to meet future demand. We are keen to work with partners across the Scottish social care system, including the Health and Sport Committee, to pursue these priorities.
- 16 We are pleased to note that the national health and social care workforce plan published by the Scottish Government towards the end of last year,¹² also

⁴ [House of Commons Health Committee \(2018\) *The nurses workforce, written evidence provided by CQC*](#)

⁵ [Griffiths et al \(2017\) *Nurse staffing levels, quality and outcomes of care in NHS hospital wards: what does the evidence say?*](#)

⁶ [SSSC and Care Inspectorate \(2020\) *Staff vacancies in care services 2018*](#)

⁷ [Dall’ora and Griffiths \(2017\) *Flexible nurse staffing in hospital wards: the effects on costs and patient outcomes*](#)

⁸ [SSSC \(2019\) *Report on 2018 Workforce Data, Table 1*](#)

⁹ [Scottish Government \(2019\) *An Integrated Health and Social Care Workforce Plan for Scotland*](#)

¹⁰ [NMC \(2019\) *Registration data reports*](#)

¹¹ [NMC \(2019\) *The NMC register, figure 16*](#)

¹² [Scottish Government \(2019\) *An Integrated Health and Social Care Workforce Plan for Scotland*](#)

recognises as priorities the issues set out below, and includes a number of commitments to tackle them. For these issues to be effectively addressed, it is critical for subsequent plans to be closely aligned at local, regional and national levels, and for their implementation to be carefully designed, openly evaluated and adapted if necessary.

Integrated workforce planning

- 17 In order to achieve long term sustainability in social care staffing, we believe that caring for people should be reflected in future workforce plans, and that they must be fully aligned across both health and social care, in terms of recruitment and retention, pay and reward, education and training, and the overall shape and size of the workforce.
- 18 The overlap between certain job roles, together with disparities in pay, terms, conditions, and development opportunities, means that the NHS tends to exert a strong pull on the social care workforce.¹³ Over the coming years the gap in pay may increase further, with wages for NHS nurses in Scotland set to rise by at least 9 percent over 3 years.¹⁴ Fully integrated workforce plans that are developed and implemented at both a local and national level are essential for addressing these disparities and placing health and social care on a more equitable and sustainable footing.
- 19 For these reasons we welcomed the launch last year of *An integrated health and social care workforce plan for Scotland*, the UK's first national level integrated workforce plan.¹⁵ We recommend that the ambitions set out in the strategy are fully reflected in local level planning and implementation across NHS boards, local authorities, integration authorities and social care providers. For the imbalances between health and social care roles to be fully recognised and corrected, it is important that all of these key partners are able to work in collaboration towards this goal.

Investing in training and development

- 20 As part of their revalidation requirements, all nurses and midwives in Scotland must complete 35 hours of continuing professional development (CPD) over every three-year cycle. As well as enabling staff to broaden and update their knowledge and skills, and deliver high quality, compassionate care, CPD can support social care staff to advance into new roles and can encourage them to remain in the sector for longer. Last year, our data showed that 2,775 registrants left the NMC register in Scotland in 2018/19, though this figure has fallen by 17 percent since 2016/17.¹⁶ Reasons for leaving the workforce are multi-faceted, but a lack of training and career development is often cited.¹⁷
- 21 For all of the reasons set out above, it is essential for ongoing education, training and development programmes to be made available to nurses and other staff

¹³ [Health Foundation \(2019\) *Health and social care workforce priorities for the new government*](#)

¹⁴ [Scottish Government \(2018\) *9% pay rise for NHS workers*](#)

¹⁵ [Scottish Government \(2019\) *An Integrated Health and Social Care Workforce Plan for Scotland*](#)

¹⁶ [NMC \(2019\) *Registration data by country of registered address in the UK*](#)

¹⁷ [Nursing Times \(2019\) *Third of adult social care workforce may quit, survey suggests*](#)

employed across social care settings, and for education and training capacity to be sufficiently accounted for. Real and sustained funding that supports formal education as well as practice placement and student supervision and assessment is essential and should be a key priority. Programmes should also be developed to support nurses to enter management and leadership roles in social care, as these have been shown to support service transformation and retention across the wider workforce.

Attracting nursing graduates

- 22 A key priority for future social care workforce plans must be to encourage more nurses to join and remain in the sector. We welcome the emphasis in the national joint workforce plan on attracting nurses into care homes, and the various actions set out to achieve this goal. In highlighting the advantages of working in the sector it is important to showcase the rewarding, challenging, and varied careers that social care can offer nurses and other staff.
- 23 Social care can offer nurses a wide variety of experiences across mental health, physical health, cognitive, spiritual, learning disability and age-related health needs. One of the central aims of our updated Future nurse and education and training standards is to provide nurses with a greater breadth and depth of knowledge to enable them to meet the different care needs of individual people, and to work across a range of different care settings. For this aim to be realised, practice placements in social care settings must become a key and normal component of pre-registration nursing education and training. Such placements can offer students rich and rewarding experiences in different settings and provide them with crucial application of knowledge and skills attainment to promote dignity and respect in all of their future interactions with people who use services.
- 24 It is important to note, however, that effective practice placements are dependent on adequate numbers of appropriately trained nurses, with sufficient capacity to supervise and assess students. Poorly managed placements can contribute to student attrition and can exacerbate staffing pressures and burnout.¹⁸ We recommend that the Scottish Government works closely with social care providers, local authorities, and nurse educators to ensure that placements are sufficiently resourced, both in terms of capacity and capability.

Improving understanding and data

- 25 The complexity of the social care system, and the way in which it is funded and delivered across local authority and independent providers, means that a complete picture of the social care sector, and meaningful comparisons with the healthcare sector, is unavailable. Recognising and addressing these data gaps will help support a more strategic approach to evidence-based workforce planning, build a better understanding of local demand for care, and successfully identify workforce shortages.
- 26 We are pleased to note the commitments made in the joint workforce plan to improving workforce intelligence, including developing a new integrated health and social care Data Intelligence Platform, commissioning new Labour Market Survey

¹⁸ [Eick et al \(2012\) A systematic review of placement-related attrition in nurse education](#)

research, and using these tools to support consistent workforce planning across both sectors. In addition, we would recommend that workforce intelligence draws from a wide range of stakeholders, and gives a prominent voice to people with lived experience of using care services.

- 27 As one of the largest professional regulators in the social care sector, we collect and hold valuable data from our registration, revalidation, education quality assurance and fitness to practise processes. We are committed to sharing our insights in order to inform the development and implementation of workforce planning. Nurses are a small part of the total workforce, but they make a central contribution, and are key to achieving a high quality and sustainable social care system that benefits the population of Scotland. In order to work towards this vision, we are keen to continue engaging and collaborating with the Scottish parliament, the Scottish Government, and other key stakeholders across the Scottish social care sector.