

Nursing and Midwifery Council's response to the Scottish Government's consultation on A National Care Service for Scotland

- 1 The Nursing and Midwifery Council (NMC) welcomes the opportunity to contribute to the Scottish Government's consultation on a National Care Service (NCS) for Scotland, to support and improve a vital part of the nation's social fabric.
- 2 The intention for people to be at the centre of social care in Scotland, as set out in the Independent Review, is welcomed.¹ As we understand, a National Care Service will seek to ensure strategic integration with the National Health Service. It will develop greater service consistency and bring everyone together, under a common purpose, to plan and provide for an essential service, used by an estimated 1 in 20 people of all ages.²
- 3 The NMC regulates 70,000 nursing and midwifery professionals in Scotland.³ Of these, it is estimated that around 7,000 nurses work in social care settings, out of an overall social care workforce of 210,000.⁴
- 4 Whilst a small part of the total social care workforce, our professionals make a central contribution, liaising with multi-agency teams, co-ordinating delivery and ensuring that the care people receive is safe, kind and of the highest quality. They are key to achieving a high quality and sustainable social care system that benefits the people of Scotland. Our regulation of these professionals gives us a unique ability to look across the spectrum of social care and also the health care sector to identify what people, who use these essential services, need from our professions now and in the future.
- 5 On the social care workforce, we fully support the Scottish government's recognition that it is important to ensure that "our invaluable social care workforce feel happy, respected and fulfilled in their role."⁵ Those working in social care should feel valued, not disregarded or undermined and we have publicly recognised the vital contribution our social care professionals' make, alongside their colleagues in the health service.
- 6 This submission is informed by our core role as a regulator and also our understanding and experience of strategic workforce issues, through the

¹ Scottish Government (2021), Adult social care: independent review. Available at:

<https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

² Public Health Scotland (2020), Insights in Social Care: Statistics for Scotland. Available at:

<https://publichealthscotland.scot/media/4294/2020-09-29-social-care-report.pdf>

³ NMC (2021), The NMC register Scotland: 1 April 2020– 31 March 2021. Available at:

<https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/annual-2021/0005f-nmc-scotland-register-2021-web.pdf>

⁴ Scottish Social Services Council (2021), Scottish Social Service Sector: Report on 2020 Workforce Data. Table 27: Estimated number of nurses by sub-sector and employer type, 2020. Available at:

<https://data.sssc.uk.com/images/WDR/WDR2020.pdf>

⁵ Scottish Government (2021), A National Care Service for Scotland: consultation, Ministerial

Foreword. Available at: <https://www.gov.scot/publications/national-care-service-scotland-consultation/pages/1/>

regulation and the support we give to our professions. We are keen to continue our collaboration with the Scottish Government, and other key stakeholders across the social care sector, which relate to our remit as a professional regulator (including recruitment and retention, education and supporting the workforce) to support this new approach to social care.

Our response

- 7 Mindful of the considerable scope of this consultation, we are better placed to comment on some issues around the establishment of a National Care Service than others and we present our submission response in this document. We have used the subsection headings of your questionnaire so that it is easier to understand where our responses refer to in the consultation.

Core principles for regulation and scrutiny

- 8 We support the proposed core principles for regulation and scrutiny (Question 73), which will provide the basis for the scrutiny, inspection and regulation of care services, independently of a National Care Service. The core principles share several similarities with the NMC Code, the professional standards that registered nurses and midwives must uphold, and our standards of proficiency, the skills, knowledge and attributes they must demonstrate. We illustrate some of these similarities below by providing examples of our own approach against the proposed regulatory principles (abbreviated in bold).

- **Supporting human rights-based care and focusing on outcomes** – Our standards of proficiency are outcome-focused and apply to all fields of nursing practice.⁶ Person-centred care⁷ is central to our Code for all on our register. Every professional must respect and uphold people's human rights.⁸
- **Proportionate and risk based scrutiny** – On the occasions where we investigate concerns of individuals on our register, we have developed key principles in our fitness to practise strategy based on right-touch regulation. We consider that effective and proportionate fitness to practise means prioritising safety, and that an open, transparent and learning culture will best achieve this.⁹
- **Reviewing and improving standards** – We regularly review and update our Code, standards and practice as part of continuous improvement. 'Improvement and innovation' is a key theme in our strategy.¹⁰

⁶ NMC (2018), Future nurse: Standards of proficiency for registered nurses. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nurses/future-nurse-proficiencies.pdf>

⁷ NMC (2020), Person-centred care. Available at: <https://www.nmc.org.uk/standards/code/code-in-action/person-centred-care/>

⁸ See 1.5. NMC (2015), The Code. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

⁹ NMC (2019), Ensuring public safety, enabling professionalism. Available at: https://www.nmc.org.uk/globalassets/sitedocuments/consultations/2018/ftp/ensuringpublicsafety_v6.pdf

¹⁰ NMC (2020), Strategy 2020-2025. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/strategy/nmc-strategy-2020-2025.pdf>

- **Working collaboratively with others** – We work closely with the Scottish Government’s agencies, as well as other health and social care regulators, throughout the UK, to exchange knowledge. For example, throughout the pandemic, we have shared information and intelligence via the ‘Learning from Covid-19 Health and Care Regulators’ Forum’, for UK regulatory bodies.
- **Regulating a qualified and skilled workforce** – Our core role is to regulate. We do this as we promote education and professional standards for nursing and midwifery professionals in Scotland and across the UK. We maintain a register of professionals eligible to practise and we investigate concerns of people on our register – something that affects less than one percent of professionals each year.
- **Regulating to ensure the safety of vulnerable people** – As set out in our Code, all professionals on our register must act without delay where there is a risk to the safety of people or public protection. They must raise concerns immediately if they believe a person is vulnerable or at risk and needs extra support and protection.¹¹
- **Reducing inequalities** – Helping to reduce health inequalities is an integral part of our strategy. Our professionals have a key role in improving and maintaining the well-being of people. They are actively involved in the prevention of and protection against ill health. We expect those on our register to understand the factors which may lead to inequalities in health outcomes and mitigate them when they are working with people.¹²
- **Involving the public in developing and delivering scrutiny approaches** – we regularly engage and consult with the public, including seldom heard groups. For example, in 2019 we consulted with over 10,000 stakeholders to get their views on what our strategic priorities should be. See our 2020-2025 strategy for further information.¹³

Enhanced powers for regulating care workers and professional standards

- 9 In respect to how regulatory bodies can work better together to share information and work jointly to raise standards in services and the workforce (Question 85), the NMC has well established working relationships with regulators in Scotland, particularly the Care Inspectorate and the Scottish Social Services Council (SSSC). We meet regularly to discuss policy and operational issues and exchange insight and intelligence.
- 10 Regarding other professional regulators, we also meet regularly with a range of partners and stakeholders in Scotland, such as the Sharing Intelligence for Health and Care Group, hosted by Healthcare Improvement Scotland (HIS). Our

¹¹ See 16 and 17. NMC (2015), The Code. Available at:

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

¹² See 2.3. NMC (2020), Future nurse: Standards of proficiency for registered nurses. Available at:

<https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nurses/future-nurse-proficiencies.pdf>

¹³ NMC (2020), Strategy 2020-2025. Available at:

<https://www.nmc.org.uk/globalassets/sitedocuments/strategy/nmc-strategy-2020-2025.pdf>

wider regulatory engagement includes producing a joint annual report¹⁴ on whistleblowing with seven other regulators. We are wholeheartedly committed to deepening our relationship with all of our regulatory counterparts to ensure there is an effective and coherent regulatory landscape for social care in Scotland.

Nursing

- 11 The increasing complexity and interdependency of health and social care requires system leaders to work together, within and between organisations, to prioritise a person-centred approach to health and care. The changes in strategies, policies and approaches to achieve this have been accelerated by the Covid-19 pandemic, which has seen nurses at the forefront of the national response, with the leadership of Executive Directors of Nursing and their delegated nursing leads, helping to keep people and staff safe and reduce outbreaks and deaths in the care sector.
- 12 We do not have a position on the proposal that Executive Directors of Nursing should have a leadership role for assuring that the safety and quality of care provided in social care is consistent and to the appropriate standard (Question 34). Should this become part of their responsibility under a National Care Service, whether in the current advisory and oversight role, or extending into a position of accountability, it is crucial that our professionals should have the appropriate support and resources to enable them to provide professional leadership on an ongoing basis.
- 13 It is well known that good leadership has a positive impact on outcomes for staff (well-being, employee engagement, turnover and absenteeism) as well as those they care for (satisfaction, mortality and overall quality of care).¹⁵ Leadership is embedded in our Code and all our professionals will have opportunities to demonstrate leadership qualities, irrespective of whether they occupy a formal leadership position.¹⁶
- 14 In respect to whether a National Care Service should be responsible for overseeing and ensuring consistency of access to education and professional development of social care nursing staff, and standards of care and governance of nursing (Question 35), the NMC has a key role to play here in maintaining and raising the standards of our professionals.
- 15 We do this through our standard setting. We set standards for education and training programmes (including entry requirements and methods of assessment) at pre-registration. Post-registration, our recently developed new standards of proficiency have been informed by extensive dialogue about what people think

¹⁴ NMC (2020), 2019-20 healthcare professional regulators' whistleblowing report published. Available at: <https://www.nmc.org.uk/news/news-and-updates/annual-healthcare-professional-regulators-whistleblowing-report-published/>

¹⁵ The Kings Fund (2015), Leadership and Leadership Development in Health Care: The Evidence Base.

Available at: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/leadership-leadership-development-health-care-feb-2015.pdf

¹⁶ See 25.2. NMC (2018), The Code. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

future practice will need to look like.¹⁷ These are being implemented through a "Once for Scotland" approach, overseen by a Future Nurse and Midwife Programme Board, chaired by Scotland's Chief Nursing Officer.¹⁸

- 16 Furthermore, as digital healthcare technologies evolve and transform service delivery, necessitating the acquisition of new skills and new ways of working, we plan to explore whether advanced practice should be regulated to support those working at this level. As well as providing opportunities for our professionals to develop, learn and contribute more, this can ensure consistency, safety and greater public confidence.

Training and development

- 17 Regarding a National Care Service setting training and development requirements for the social care workforce (Question 92), we have already outlined our role in setting out the skills, knowledge and attributes our professionals must demonstrate through our standards of proficiency. These apply regardless of setting and promote inter-professional learning which supports multi-disciplinary working. Revalidation is another key regulatory tool for us to promote safe and effective practice in our professional community via lifelong learning.¹⁹ It sets an expectation that professionals take responsibility for maintaining their skills and knowledge and requires them to renew their registration with us every three years.
- 18 To support newly registered nurses and midwives at the beginning of their careers, we published our principles of preceptorship in 2020.²⁰ The aim of preceptorship is to welcome and integrate them into their new team and place of work. This voluntary initiative allows professionals to develop their own lifelong journey of reflection, and ability to self-identify their own CPD needs, under an employer-led period of support. In Scotland, as well as support for newly qualified practitioners, under Flying Start NHS®, the concept of preceptorship has been expanded to include professionals new to a role or environment, which we welcome.²¹
- 19 We would welcome a National Care Service being able to provide and or secure the provision of training for our professionals (Question 93). Nurses are at the centre of care and people who rely on them rightly expect them to be up to date. But their access to high quality continuing professional development (CPD) is not guaranteed and resources are often insufficient.

¹⁷ NMC (2018), Future nurse: Standards of proficiency for registered nurses. Available at:

<https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nurses/future-nurse-proficiencies.pdf>

¹⁸ NES (2021), Future Nurse and Midwife. Available at: <https://learn.nes.nhs.scot/38493/future-nurse-and-midwife>

¹⁹ NMC (2021), Revalidation. Available at: <https://www.nmc.org.uk/news/coronavirus/information-for-nurses-midwives-and-nursing-associates/revalidation/>

²⁰ NMC (2020), NMC publishes principles of preceptorship. Available at: <https://www.nmc.org.uk/news/press-releases/principles-preceptorship/>

²¹ NES (2021), Preceptorship. Available at: <https://learn.nes.nhs.scot/42350/preceptorship/what-is-preceptorship>

- 20 Regarding revalidation, we have established that a key factor in NMC professionals leaving the workforce is due to a lack of focus on CPD. In our most recent UK leavers' survey (2020), about one in eight respondents (13 percent), cited concern about meeting revalidation requirements as a reason to leave the register.²² There are various reasons for this. But the most frequently cited was not being able to complete the practice hours required. The next most common reason was not being able to undertake sufficient training to meet the CPD requirements of revalidation. So, better investment in CPD needs to be secured for this crucial component of the social care workforce.

Using data to support care

- 21 The complexity of the social care system, and the way in which it is currently 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 be important to address under a National Care Service. It 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
- 22 Regarding data, we would be keen to collaborate to support a National Care Service on workforce planning and development issues in the future. We already have Memoranda of Understanding agreements with The Care Inspectorate, Healthcare Improvement Scotland (HIS) and NHS Education for Scotland (NES) to support and facilitate the exchange of information.²³
- 23 Under our statutory terms, we are required to maintain a register of our professionals (Question 21).²⁴ As well as this, we hold substantial information and intelligence on the nursing and midwifery professions, including aggregated information on training locations, work settings, scopes of practice and equality and diversity. The NMC is committed to working with our partners to improve the health and social care system so people receive safer, better care. We would welcome the opportunity to help address the current gaps in social care data and information in Scotland (Question 13), and also help ensure there will be a consistent approach for the flow of data and information across a National Care Service.

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²² NMC (2020), Leavers' survey 2020. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/councilpapersanddocuments/leavers-survey-2021.pdf>

²³ NMC (2021), Memoranda of understanding (MoUs). Available at: <https://www.nmc.org.uk/about-us/who-we-work-with/organisations-we-engage-with/mous/>

²⁴ The National Archive, The Nursing and Midwifery Order 2001. Available at: <https://www.legislation.gov.uk/uksi/2002/253/contents/made>