NMC response to the Social Care Inquiry from the Health and Social Care Select Committee

About us

1   As the professional regulator of nursing and midwifery professionals in the UK, and nursing associates in England, 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 demonstrated proficiency and a commitment to kindness, compassion and respect, we welcome them onto our register of more than 700,000 professionals.

3   Once registered, nurses, midwives and nursing associates, must uphold the standards and behaviours set out in our Code so that people can have confidence that they will consistently receive quality, safe care wherever they're treated.

4   We promote lifelong learning through revalidation, encouraging professionals to reflect on their practice and how the Code applies in their day-to-day work.

5   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

6   We welcome the opportunity to submit written evidence to the Committee's inquiry into social care funding and workforce requirements. Social care performs a vital role in our society and it is essential that it is properly resourced. Given our role as regulator of the nursing professionals who work in the provision of social care services, our submission focusses only on the Committee's third question around workforce and not on the questions about funding.

7   Social care is facing considerable workforce risks as a result of staff vacancies, uncertainty around international recruitment, and an insufficiently joined-up approach to workforce planning across health and social care. The coronavirus pandemic has starkly exposed the challenges in social care.

8   We have identified four key priorities for addressing workforce shortages and supporting nursing professionals employed in the sector to deliver safe, compassionate and dignified care:

    8.1   **Supporting parity and greater integration across health and social care**. Fully integrated workforce planning at a local and national level is

needed to ensure that social care staffing needs are fully met, and not underestimated by a greater focus on NHS recruitment.

8.2 **Improving data and understanding**. Building integrated workforce intelligence incorporating data from across health and social care systems would greatly enhance efforts to build and implement joint workforce plans.

8.3 **Attracting students and graduates**. The benefits of undertaking placements and working in social care must be fully understood and highlighted to attract sufficient numbers of nursing professionals to the sector and to ensure the provision of high-quality integrated health and social care services in the future.

8.4 **Investing in training and development**. To allow nursing professionals to advance their skills and remain in the sector, essential learning and career development opportunities must be made available.

Context: workforce risks for social care

9 In September 2019 there were 518,980 nurses registered with the NMC in England, following a 4.4 percent rise from September 2013. For comparison, there was a slightly lower rate of growth over the same period in Scotland (3.6 percent), and larger relative rises in the number of nurses registered in Wales (5.7 percent), and Northern Ireland (8.0 percent).

10 Estimates from Skills for Care indicate there were 36,000 registered nurses employed in adult social care in England in 2018/19, following a fall of 18.2 percent from 2012/13.[1] These figures suggest that while there has been a slow growth in the nursing workforce in the English NHS, there has been a significant drop in the social care sector, despite increasing demand. However, it is difficult to make more informative comparisons as workforce data is collected differently across the two systems.

11 Overall, there are an estimated 1,285,000 people employed in the English adult social care system.[2] Though it makes up a small part of the total workforce, nursing represents the largest regulated group in adult social care, and nurses have a critical role to play in liaising with multi-agency teams, coordinating care, and ensuring that the care people receive is safe, compassionate, and of the highest quality. In the future we expect that the newly regulated nursing associate role will also have an important part to play in adult social care.

Staff vacancies

12 Staff shortages in social care are a challenge across the whole UK, and the issue is particularly acute in nursing. In England, the vacancy rate for registered nurses working in social care rose 6 percentage points from 4.1 percent in 2012/13 to just under 10 percent in 2018/19. This compares with a 7.8 percent vacancy rate

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[1] Skills for care (2019) workforce estimates (table 4.14)

[2] Ibid.

across the sector as a whole, following a rise of 2.3 percentage points over the same period.[3]

13 There is also a high degree of regional variation across the country, with some rural areas facing significant recruitment challenges. In older, more sparsely populated communities, demand is typically greater and vacancies can be harder to fill.[4]

14 When care teams are understaffed they are less able to deliver high quality, dignified, safe, and person-centred care. Recent evidence from the Care Quality Commission indicates that chronic workforce shortages have an impact on record keeping, information handover, infection control, management and support of care needs, and the capacity for staff to take essential training.[5] 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.[6] It seems reasonable to assume that similar synergies exist between nurse staffing levels and outcomes for people using services in the social care sector too.

15 Staff shortages often result in a greater use of temporary staff. Workforce estimates from Skills for Care indicate that nursing has the lowest proportion of permanent staff compared with all other occupational groups in adult social care, and the highest proportion of temporary, bank or agency staff.[7] The availability of temporary staff is vital for addressing immediate shortages, managing limited resources, and ensuring that care needs are met. However, extensive use of temporary staff can be costly in the long term and is less likely to ensure continuity of care.[8] To support future workforce decisions we would recommend developing a workforce strategy that helps services reduce reliance on temporary staff.

International recruitment

16 The social care sector has increasingly relied on international recruitment to fill vacancies, especially for nursing roles. In England, 36 percent of nurses in social care were born outside the UK. Of these, 18 percent came from the EU, and 19 percent from the rest of the world.[9] Our own revalidation data shows that out of all the work settings we explored, care homes have the highest proportions of EU-trained and non-EU overseas registrants (15 percent and 24 percent respectively).[10]

17 Thus, the UK's departure from the EU presents a significant risk of exacerbating recruitment and retention challenges. Data from the NMC register suggests Brexit

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[3] Ibid.
[4] LGA (2017) Health and wellbeing in rural areas.
[5] House of Commons Health Committee (2018) The nurses workforce, written evidence provided by CQC
[6] Griffiths et al (2017) Nurse staffing levels, quality and outcomes of care in NHS hospital wards: what does the evidence say?
[7] Skills for care (2019) workforce estimates (table 3.1).
[8] Dall'ora and Griffiths (2017) Flexible nurse staffing in hospital wards: the effects on costs and patient outcomes
[9] Skills for Care (2018) Adult social care workforce estimates, Table 5.6.
[10] NMC (2019) Year 3 annual revalidation report.

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.[11]

18   However, we know that Brexit is not the only reason for EU nurses and midwives leaving the register. In a recent survey of leavers, while just over half of respondents from the EU/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).[12]

19   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.

20   However, given that the likely impact of protective measures both here and abroad as a consequence of the global coronavirus pandemic will be to reduce the opportunities for international recruitment, the reliance of the social care on overseas nurses may place the sector in greater jeopardy.

Priorities for supporting the social care workforce

21   We have 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 social care system, including the Health and Social Care Select Committee, to pursue these priorities.

Supporting parity and integration across health and social care

22   In order to achieve long term sustainability in social care staffing, we believe that health and social care workforces must be treated with parity, and considered together in terms of recruitment and retention, pay and reward, education and training, and the overall shape and size of the workforce.

23   The overlap between certain job roles, together with disparities in pay, terms and 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 England set to rise by at least 6.5 percent over 3 years.[14] In addition to sufficient funding for social care, 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.

24   Recent key publications - including the NHS Long Term Plan and the Interim People Plan - have focused solely on the needs of the NHS. However, we welcomed the commitment made last year to establish Integrated Care Systems

[11] NMC (2019) Registration data reports.
[12] NMC (2019) The NMC register, figure 16.
[13] Health Foundation (2019) Health and social care workforce priorities for the new government.
[14] Nursing Times (2018) NHS nurse pay set to rise by 6.5% over three years under new deal.

across the country by 2021. This is an important step towards greater integration of local health and care systems, but its aims must be supported by cohesive cross-sector workforce planning at both a national and local level.

25   The NHS depends on the availability of local social care services to prevent care needs from escalating and to allow for safe hospital discharges. Though data collection has been paused due to the coronavirus pandemic, statistics show that in the months leading up to the crisis there were nearly 50,000 bed days per month taken up by patients whose transfers had been delayed due to social care, often because of a lack of appropriate care.[15]

26   The impact on the NHS is of course important, but social care is not simply an adjunct to the health service. It exists to provide care and support for citizens in some of the most vulnerable circumstances, those with long term conditions, physical disabilities, learning disabilities and/or autism, people with poor mental health, older people and those approaching the end of life. Without the skilled, qualified nursing workforce to support their care, these individuals may experience poorer outcomes and diminished quality of life.

27   The timely availability of high quality care is vital not just for those that need it but for the functioning of the wider health and care system. This is especially true during a healthcare crisis as we have seen during the coronavirus pandemic. Social care is a fundamental component of health and care in the UK, and must be considered as an equal partner to the NHS, with both being part of the same picture.

Improving understanding and data

28   The complexity of the adult social care system in England, in particular the multiple funding streams and mixed market provision of care, means that a complete picture of the sector is largely unavailable. Furthermore, without unified workforce intelligence, it is difficult to make meaningful comparisons with the healthcare sector.

29   The issue of incomplete data offers another example of the gaps that exist between the NHS and social care, in terms of the level of focus afforded to each sector and how well their needs are met. The ongoing coronavirus crisis has starkly highlighted these gaps, and has demonstrated the harmful impact they have on the outcomes of people using social care services. Until the end of April the Government's official coronavirus death count only reflected those that had occurred in hospitals, and did not include deaths in social care settings. This will have presented another challenge for the sector in securing the support and resources it needed during the initial peak of the pandemic.

30   In the long term, identifying and addressing these data gaps will help to deliver a more strategic approach to evidence-based workforce planning, to build a greater understanding of local demand for care, and to identify workforce shortages. With regards to workforce intelligence, we also recommend drawing from a wide range of stakeholders, and giving a prominent voice to people with lived experience of using care services.

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[15] NHS England (2020) Delayed Transfers of Care Data 2019-20.

31 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.

32 Currently, our legislation means that we are limited to collecting employment information from the people on our register when they join and when they revalidate (every three years). As part of the broader legislative reform programme, we are working with the Department for Health and Social Care to gain wider powers around collecting employer and practice information from the people on our register. This would allow us to hold more current and accurate data on those working in social care, which could help us in identifying workforce trends and emerging staff shortages.

Attracting nursing graduates

33 A key priority for future workforce plans must be to encourage more nurses to join and remain in the sector. Social care can offer nurses and other staff rewarding and challenging careers, with a wide range of experiences across mental health, physical health, cognitive, spiritual, learning disability and age-related health needs. It is important that the many rewards offered by social care employment are effectively communicated to health and care professionals.

34 It is also essential that social care becomes a key practice placement for pre-registration nursing and nursing associate students. 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 individuals, 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 knowledge and skills to promote dignity and respect in all of their future interactions with people who use services.

35 However, it is important to note 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.[16] We recommend that the Government works closely with social care providers, local authorities, and nursing educators to ensure that placements are sufficiently resourced, both in terms of staff capacity and capability.

Investing in training and development

36 As part of their revalidation requirements, all nurses, midwives and nursing associates in England 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

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[16] Eick et al (2012) A systematic review of placement-related attrition in nurse education.

and encourage them to remain in the sector for longer. Last year, our data showed that 19,826 registrants left the NMC register in England in 2018/19, though this figure has fallen by 20 percent since 2016/17.[17] Reasons for leaving the workforce are multi-faceted, but lack of training and career development is often cited.[18]

37   For all of these reasons, it is essential for ongoing education, training and development programmes to be made available to nurses and other staff employed across social care settings, and for staff 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. We welcomed the emphasis on CPD in the NHS Long Term Plan and Interim People Plan, and would recommend this as a priority for any future social care workforce strategy.

38   Many nurses in social care provide excellent leadership as nursing home managers. Growing these roles must be a key focus in workforce development and retention efforts. Leadership programmes have been shown to be effective in the NHS,[19] and similar initiatives in social care, such as those provided by Skills for Care, have the potential to empower nurses in management roles to improve retention and drive high quality, compassionate care. A new social care workforce strategy should make sure these programmes are widely accessible for social care teams across the country.

39   Nurses and nursing associates 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. In order to work towards this vision, we are keen to continue engaging and collaborating with the Health and Social Care Select Committee, the Government, and other key stakeholders across the adult social care sector.

Impact of Covid-19 on the social care sector

40   Over recent months, the coronavirus pandemic has brought the challenges faced by the social care sector into sharp focus. Across both health and social care settings, nurses have been at the forefront of the UK's response to the crisis, and have displayed exceptional diligence, bravery and resilience. However, reports have highlighted that those working in social care have often not been given the same level of attention – both in terms of practical support and public acknowledgement – as those employed in the NHS. In particular, we know that concerns around the availability of testing and appropriate personal protective equipment (PPE) have presented an additional challenge to health and social care workers.[20]

41   The consequential impact of this disparity is that while Covid-19 related deaths have thankfully fallen in the NHS, mortality rates in non-NHS settings (especially care homes) saw a steep rise over the month of April.[21] While these numbers are

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[17] NMC (2019) Registration data by country of registered address in the UK.
[18] Nursing Times (2019) Third of adult social care workforce may quit, survey suggests.
[19] King's Fund (2015) Leadership and Leadership Development in Health Care.
[20] NMC statement on personal protective equipment during the Covid-19 pandemic.
[21] ONS (2020) Comparison of weekly death occurrences in England and Wales.

now fortunately declining, it is vital that we learn lessons and take the necessary steps towards supporting social care provision and improving levels of integration and parity between health and social care systems, as we recommend in this submission.

42   We must also recognise that the risk posed by Covid-19 in these settings is not just restricted to people accessing care. Statistics released by the ONS have shown that those working in social care in England and Wales are twice as likely to die with coronavirus compared to the general working-age population.[22] This is clearly a tragic and wholly unacceptable situation.

43   We also know from our revalidation data that nursing roles in social care tend to have the highest proportion of ethnic minority employees (51 percent in care home settings, compared with 29 percent overall).[23] Individuals from these groups have also been over-represented in the numbers of deaths from Covid-19. The disproportionate representation of ethnic minorities in higher risk settings compounds existing inequalities and highlights the imbalanced impact of the pandemic on these groups, as well as on the sector.

44   The crisis has clearly illustrated the urgent need to address long-standing workforce issues within the social care sector, particularly around staffing shortages, data gaps, and a lack of parity and alignment with healthcare systems. Addressing these challenges is critical for making sure there are enough nurses in social care settings and that they are provided with the support they need, and the recognition they deserve.

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[22] ONS (2020) Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020.
[23] NMC (2019) Year 3 Revalidation Data Tables, figure 1.11.