

**Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#)
ar y [gweithlu Iechyd a Gofal Cymdeithasol](#)**

**This response was submitted to the [Health and Social Care](#)
[Committee](#) consultation on [Health and Social Care Workforce](#)**

HSC 25

**Ymateb gan: | Response from: Cyngor Nyrsio a Bydwreigiaeth | Nursing
and Midwifery Council**



Nursing and Midwifery Council's response to the Welsh Parliament's Health and Social Care Committee's consultation on the health and social care workforce

- 1 The Nursing and Midwifery Council (NMC) welcomes this opportunity to contribute to this consultation, which will support the oral evidence session to be held by the Welsh Parliament's Health and Social Care Committee, with Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) this autumn.
- 2 We have a keen interest in the implementation of this workforce strategy, established in October 2020. The professionals on our register provide a substantial component of the workforce and they are responsible for so much of the day to day care that shapes the experiences and outcomes of people using health and care services in Wales.
- 3 We are also uniquely placed to comment on the whole nursing workforce, not just those who work in the NHS. We are the largest professional health and care regulator, of almost 732,000 nursing and midwifery professionals throughout the UK, of which nearly 37,500 are registered in Wales.¹ This gives us a unique ability to look across the health and care system to identify what people, who use health and care services, need from our professions now and in the future. This submission is informed by our understanding and experience of strategic workforce issues, through the regulation and the support we give to our professions.
- 4 In our response to the consultation for the health and social care workforce strategy, in 2019, we stated that we supported the overall aims of the strategy.²
- 5 In regard to the strategy's intention to help further integrate health and social care in Wales, we commended the intention to further integrate health and social care in Wales. The move towards one seamless system is a positive step for people who use health and care services, the general public and the professionals we rely on.³ The Covid-19 pandemic has served to reinforce the interdependency of health and social care, and the need to focus on the care people need, not the site of delivery. Excellent nursing in care settings is good for the people who use social care, and while also easing pressure on health settings.

¹ This figure includes a small number of nursing associates with registered addresses in Wales. The nursing associate role was introduced in 2019, in England only. NMC (2021), The NMC register Wales: 1 April 2020 – 31 March 2021. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/annual-2021/0005d-nmc-wales-register-2021-web.pdf>

² NMC (2019), Nursing and Midwifery Council's response to Health Education and Improvement Wales' and Social Care Wales' consultation on 'A Healthier Wales: A Workforce Strategy for Health and Social Care. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/consultations/nmc-responses/2019/nmc-response-to-heiw-and-scw-workforce-consultation-september-2019.pdf>

³ Our response focused on the areas which relate to our remit as a professional regulator, including recruitment and retention, education and supporting the workforce.

- 6 We continue to support the strategy's ambition of making the health and social care sector the 'employer of choice' in Wales and 'growing your own', especially in rural and remote areas of Wales, where the supply of talent can be restricted due to lack of geographical mobility. And we fully endorse that 'ensuring safe and open cultures' should be a key priority for the strategy. There are systematic and avoidable differences in healthcare outcomes between different groups of people. We, the NMC, need to work harder to eliminate those inequalities in our own processes as well as in the system more widely in conjunction with key stakeholders, like HEIW and SCW.
- 7 We strongly agree with the strategic priorities on education and learning, in particular making education and training more accessible throughout Wales, including via more flexible and innovative approaches. The pandemic has accelerated the development of such approaches, for example, the shift to online learning for student nurses and midwives. Continuing Professional Development (CPD) is vital in supporting the workforce. Nurses and midwives are at the heart of care provision and people who rely on them rightly expect them to be up to date. But their access to high quality CPD is not guaranteed and resources are insufficient. As well as identifying the right topics and priorities, investment should be secured for nurses and midwives to engage in CPD.

Our response

- 8 Turning to this consultation, we are mindful that the Covid-19 pandemic has exacerbated what was already a period of intense challenge and uncertainty for the health and care sector in Wales and will have affected HEIW's and SCW's implementation plans for the strategy, which we look forward to understanding more about. It has required the introduction of agile approaches to support the health and social care workforce, to support a system experiencing "enormous pressure".⁴
- 9 On the implementation of the strategy, we would welcome any potential opportunities to collaborate with HEIW and SCW, in support of those areas which relate to our remit as a professional regulator, including recruitment and retention, education and supporting the workforce. Mindful of the pandemic, and its possible impact on the implementation of the strategy, we lay out some points for consideration and illustrate some of the things the NMC has been doing to support our health and social care professionals.

The workforce in the immediate term

- 10 As HEIW's recently published annual plan states: "The COVID-19 pandemic has highlighted the need for a flexible, sustainable and responsive workforce, which can transform and transition across sectors of practice".⁵ In response to the pandemic, one example of this has been the introduction of an emergency temporary register to enlarge the workforce during this crisis. To do this, the NMC worked closely with the Welsh Government in early 2020. As of 31 March 2021,

⁴ BBC (2021), NHS Wales: Waiting times and A&E at worst performance level. 24 September 2021.

Available at: <https://www.bbc.co.uk/news/uk-wales-58655088>

⁵ HEIW (2021), Annual Plan: 2021/2022. Available at: <https://heiw.nhs.wales/files/key-documents/annual-plan-2021-2022/>

there were 745 people on the temporary register with a registered address in Wales. This accounted for about 5 percent of the UK Covid-19 temporary register.⁶ The latest figures shared with officials show that as of 31 August 2021, there were 739 people on the temporary register with a registered address in Wales.

- 11 We can see the value in retaining the temporary register for the immediate future. The pandemic is not over and though vaccines are successfully reducing rates of mortality and serious illness, we do not know how effective they will prove in response to new variants, and we are only beginning to understand what long Covid will mean for those affected, and the professionals who treat them. There is also an argument for sustaining additional capacity in the knowledge that the pandemic has created a backlog of non-Covid-related treatment, with a waiting list of over half a million reported as of February 2021.⁷ However, we recognise there will need to be a managed closure of the temporary register in due course and we are preparing plans to ensure smooth implementation when that happens.
- 12 Workforce planning must consider how we can be well prepared to mobilise additional capacity – including how we maintain a level of competence in practitioners for roles they may need to step into in an emergency, and how we deploy people effectively out of their customary roles without undue risks to public protection.

The workforce in the longer term

- 13 Looking at our recovery from the pandemic, it is even more important that the strategy ensures that the health and social care system has the right numbers, skills, values and behaviours to deliver world leading clinical services and continued high standards of care in Wales. Key to this are the professionals on the NMC register, with nurses and midwives performing one of the most important roles in health and care delivery across Wales. The Welsh Government's recent pledge to train 12,000 more health professionals, which will include continuing to fund the NHS Bursary for training of nurses and midwives, is welcome.⁸ A fully resourced and supported nursing and midwifery workforce is key to both service delivery and patient safety.
- 14 As mentioned, nearly 37,500 of our professionals are based in Wales and this is up by two percent on the previous year. Over a longer period, we have seen overall growth in the number of people on our register who are based in Wales. Between 2016 and 2021, registered nurses and midwives have increased by eight percent and 28 percent respectively.⁹ The latest data also indicates that approximately 1,500 people, who have their home address in Wales, joined our register for the first time – up 7 percent on the previous year. Since 2016, this has

⁶ NMC (2021), The NMC register Wales: 1 April 2020 – 31 March 2021. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/annual-2021/0005d-nmc-wales-register-2021-web.pdf>

⁷ Welsh Parliament (2021), Hospital waiting times: a mountain to climb. 14 May 2021. Available at: <https://research.senedd.wales/research-articles/hospital-waiting-times-a-mountain-to-climb/>

⁸ Labour Party (2021), Moving Wales Forward: Welsh Labour Manifesto 2021. Available at: https://movingforward.wales/documents/WEB-14542_21-Welsh-Labour-Manifesto_A5.pdf

⁹ Refers to NMC registrations, of those professionals with registered addresses in Wales, between 30/09/2016 and 31/03/2021.

increased by 23 percent. In contrast the number of leavers decreased by 14 percent over the same period.¹⁰ These are encouraging trends.

- 15 Post pandemic, retention will be an increasingly important issue as significant parts of the workforce recover from fatigue, mental stress and burnout. Key to refreshing and replenishing the workforce will be the flow of new entrants to our occupations. But the loss of more-experienced professionals can increase pressure on younger, less-experienced staff.
- 16 To work towards reducing early career attrition, we published our principles of preceptorship in 2020, to help support newly qualified nurses and midwives.¹¹ The NMC believes it is vital that new entrants to our professions have the support and time to maintain and enhance the standards they have demonstrated as students.
- 17 Our professions potentially offer rich and varied careers spanning direct care in diverse settings, clinical leadership, safety science, research, teaching, and service management. But more needs to be done to showcase where professional qualification and registration can take people, recognising that the professions we regulate are competing against other careers that will promote and market benefits to prospective applicants in this way. People want to know what investment employers will make in their continuing competence and evolving expertise.
- 18 There is no single solution to address retention-related issues. But there are known pinch points across the career course, each of which will benefit from attention and action. Interventions include giving experienced professionals structured opportunities to update and upskill – our standards of proficiency and revalidation can be good tools to this end. Providing opportunities for experienced professionals to evolve new roles in the later stages of their careers, helps avoid ‘cliff edge’ ends to working life, and makes good use of their expertise. Specialist and advanced practice opportunities can be effective retention strategies, as well as good for people who use health and care services. They give excellent nurses and midwives the chance to learn and contribute more. Routes to specialist and advanced practice should be structured, clear and more equitably available.
- 19 Our professionals need to be equipped to engage with and apply new developments in areas such as pharmacology, genomics and technology. New models of service delivery will necessitate investment in professional development. Nurses and midwives should be able to access and apply new knowledge from research. These imperatives are good for the quality of treatment and care, and good for recruitment and retention.
- 20 A key factor to address in recruitment, retention and progression are the workplace cultures and environments which nurses and midwives work in. We know from our strategy development work that key areas to tackle are staff morale, stress and mental and physical wellbeing.

¹⁰ NMC (2021), The NMC register Wales: 1 April 2020 – 31 March 2021. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/annual-2021/0005d-nmc-wales-register-2021-web.pdf>

¹¹ NMC (2020), NMC publishes principles of preceptorship. Available at: <https://www.nmc.org.uk/news/press-releases/principles-preceptorship/>

- 21 The negative effect of workplace culture has a detrimental impact on retention, which is illustrated in our most recent leavers' survey findings.¹² The retention of staff is an increasing challenge in health care, but particularly social care. Poor workplace culture (for example, bullying, poor management, difficulty raising concerns) was the fourth most frequently selected option overall, with one in five respondents (18 percent) citing this as a reason for leaving.
- 22 Health and social care can be uplifting and rewarding places to work, but we know from our surveys, among other sources, that for too many nurses and midwives and poor workplace culture is a factor that drives people out. This includes experiences of bullying, discrimination, and blame culture. And we know that poor work culture can also affect patient safety. For instance, the official report on maternity services, at Cwm Taf Morgannwg University Health Board, highlighted inappropriate culture and behaviours which needed to be addressed.¹³

Our engagement and collaboration

- 23 Our response to the development of the workforce strategy was an opportunity to reiterate our keenness to increase collaboration and we mentioned our intention for an increased level of focus and engagement with HEIW and SCW, as well as other key stakeholders in Wales. Building on changes implemented in 2019–2020, we have since made significant progress in strengthening relationships in Wales, as part of our overall aim to have a more systematic and targeted approach to stakeholder engagement across the four countries of the UK.
- 24 Practical measures include our Senior Nursing and Midwifery Advisors meeting regularly with chief nursing and midwifery officers and other Welsh stakeholders, in various forums, to discuss national and wider UK issues. We established a lead executive director for Wales to strengthen our working relationships and ensure issues affecting Wales influenced our decision-making. Changes in the executive team have meant that in the interim this role is now being covered by our Chief Executive and Registrar.
- 25 In respect to regulatory partners, we are working closely with them on various policy and regulatory issues affecting Wales. For example, we produce a joint annual report¹⁴ on whistleblowing with seven other regulators and we meet regularly with a range of regulatory partners (including Health Inspectorate Wales, the General Medical Council, the General Dental Council, and the General Pharmaceutical Council) to discuss Welsh-related issues.
- 26 Our Employer Link Service (ELS), which has a key aim of supporting better working relationships with employers, has been improved to offer a more comprehensive outreach service. Whilst the pandemic has disrupted its

¹² NMC (2021), Leavers' survey 2020. Available at:

<https://www.nmc.org.uk/globalassets/sitedocuments/councilpapersanddocuments/leavers-survey-2021.pdf>

¹³ Independent Maternity Services Oversight Panel (2019), Cwm Taf Morgannwg University Health Board. Available at: <https://gov.wales/sites/default/files/publications/2020-01/independent-maternity-services-oversight-panel-cwm-taf-morgannwg-university-health-board-autumn-2019.pdf>

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/>

implementation, we have initiated regular, digital meetings between our Regulation Advisors and employers of nurses and midwives in Wales. We have also partnered with the GMC to foster multi-disciplinary team working on ELS matters.

- 27 We are very keen to increase our collaboration with HEIW and SCW regarding any of the areas of the workforce strategy which relate to our remit as a professional regulator, such as recruitment, retention, education and supporting the workforce. For example, we hold substantial data on the nursing and midwifery professions, including aggregated information on training locations, work settings, scopes of practice and equality and diversity, and would welcome the opportunity to contribute, where possible, to support the development of the strategy here, or in other areas where we have common interest and a role to play.