

DEBATE ON HEALTH AND WELLBEING STRATEGY, 8 JUNE 2011

Introduction

Nurses and health care support workers (HCSWs) are the largest single workforce group within NHS Scotland, comprising 43% of the total workforce. The next largest group is admin services staff, at 19%. The contribution of the nursing workforce is therefore vital to the delivery of the Scottish Government's strategy for health and wellbeing.

In its manifesto for the Scottish Parliament elections, the Royal College of Nursing (RCN) Scotland laid out three key health priorities for the new Scottish Government:

- managing money better;
- managing the workforce better; *and*
- making patient care better

More information can be found here:
<http://scottishelections.rcn.org.uk/>

Managing money better

While RCN Scotland welcomes the Scottish Government's pledge to protect the health budget, this is set alongside a requirement for health boards to achieve a 50% increase this year in their efficiency savings, up from 2% in 2010/2011, to 3% in the current financial year. With key healthcare costs now running ahead of general inflation and demand for health services rising, health boards are finding it harder and harder to balance their books without cutting staff and services.

While new ways to deliver high quality and safe health services with less money clearly need to be found, the RCN believes this can only be done if health boards' finance and efficiency plans clearly show how they intend to make savings and re-allocate funding. Currently, financial reporting by health boards across Scotland is varied and few health boards, for example, provide explanations of the clinical risks involved in decisions to reduce funding.

The Government needs to ensure that health boards' key financial decisions on investment, reforms and savings are made public to better understand how decisions are reached and to encourage better shared ownership of the difficult choices that need to be made in our NHS.

Managing the workforce better

NHS Scotland is facing a huge rise in demand from an ageing population and increasing numbers of patients with long-term conditions. Yet more than 1,500 whole time equivalent nursing and midwifery posts have already been lost across NHS Scotland and health boards are gearing up to cut yet more professional nursing posts in the coming year.

Study after study proves that there is a clear link between the number of professionally-qualified nurses available within clinical settings and the experience that patients have. But health boards are cutting back on the very positions that matter most to delivering safe, high-quality patient care. Reduced staffing levels and an inappropriate balance between professionally qualified, i.e. registered, nurses and unregistered nursing staff can put patient safety at risk. Any changes to the numbers and makeup of the NHS nursing workforce must therefore be based on workforce plans which set out the numbers and types of staff that each health board requires to safely and effectively deliver healthcare services.

The Government should require health boards to provide evidence that they have used the nationally agreed workforce and workload planning tools before any workforce plans are agreed and implemented.

The Health Committee should also consider holding an inquiry into health boards' workforce plans and when they are published, given that we are now almost three months into the current financial year and these plans are not yet available for scrutiny.

Making patient care better

The recent headline cases into poor practice have been shocking and the RCN has made it clear that it would never condone bad practice and that cases of poor care are only going to continue to happen if bad practice is not exposed and dealt with.

There is, however, a chasm between poor practice due to individual conduct and that due to staff not being able to give the care they would like to, because of under-staffing and other pressures. Recent evidence released by the RCN shows that many nurses feel they are too busy to provide the standard of care they would like, with just 11% of respondents said that staffing levels at their place of work were quite good or very good. Not only that, the most recent NHS Scotland staff survey found that only 10% of nurses and midwives reported seldom or never having unrealistic time pressures. Patient safety must be the number one priority for NHS boards. This includes:

- getting the right staffing levels and right mix of professionally qualified nurses and HCSWs;
- ensuring staff are well trained; *and*
- ensuring the proper procedures are in place for acting on problems raised by staff.

The next section of the briefing sets out the RCN Scotland position on a range of issues impacting on health and nursing.

Care of Older People

Recent headlines about Edinburgh's Elsie Inglis Nursing Home, the failure of community health partnerships and the potential imminent collapse of Southern Cross - against a backdrop of a shifting demographic and tightening budgets - only too clearly emphasise that health and social services for older people need reform. To achieve this, a greater understanding of the staff required in the community to deliver this agenda and a long-term vision for the workforce needs to be developed. An RCN Scotland briefing for Thursday 9 June's debate on caring for older people will be available on Wednesday 8 June.

Integration of health and social care

RCN Scotland fully supports the better integration of health and social care for all those who need such services. Improvements to the way that NHS Scotland and local government work together can clearly be made. However, health and social care services can be integrated or work collaboratively in a number of ways which do not necessarily require structural change. This is why we have reservations about NHS Highland's current plans to integrate health and social care. A separate RCN Scotland briefing on this is available from elinor.jayne@rcn.org.uk

Healthcare associated infections

The tragic outbreak of *C. difficile* at Vale of Leven Hospital in 2007-2008 led to a plethora of announcements concerning healthcare associated infections (HAIs). Infection control nurses and wider healthcare teams have now had the opportunity to embed best practice in everyday working lives, but we are concerned that pressure on NHS budgets could mean that this focus is lost. The Scottish Government must maintain its scrutiny of health board HAI activity.

Alcohol – minimum pricing

RCN Scotland is pleased that the Scottish Government is going to make the introduction of minimum pricing for alcohol a top priority. Alcohol problems blight Scotland's communities and Scotland's health, so it is only right that minimum pricing, as part of a package of measures to address Scotland's alcohol problem, is brought forward as soon as possible.

Investment in early years

We welcome the cross-party consensus on 'early interventions' and investment in early years, as highlighted in the last Parliament's Finance Committee report on preventative spending. Pre-conception to three years is the period of life that can determine an individual's life chances, so investing in the early years – as the Scottish Government intends via its Sure Start fund – is not only positive for individuals, but can also save money in the longer term. To deliver services such as Family Nurse Partnerships and the national Getting it Right for Every Child strategy, however, Scotland needs the right numbers of appropriately skilled nursing and other staff. There has been a lack of investment in, and direction for, health visiting services and other community nursing over recent years, so the Government needs to set out now how it will ensure there is an adequately skilled workforce to deliver these priorities.

Conclusion

Despite the health budget being protected, the NHS's finances and staff are going to be under increasing pressure for the foreseeable future. In the interests of maintaining and improving standards in patient care, we believe that the Scottish Government should prioritise the issues outlined in this briefing.

For more information please contact Elinor Jayne, Parliamentary & Media Officer on elinor.jayne@rcn.org.uk or 0131 662 6172.