

Scotland's Nursing and Midwifery Taskforce



Our Priorities for Action



Royal College
of Nursing
Scotland

Introduction

The Ministerial Nursing and Midwifery Taskforce was set up to address Scotland's nursing workforce crisis.

Chaired by the Cabinet Secretary for NHS Recovery, Health and Social Care, and established as a direct result of RCN campaigning on safe staffing and fair pay for nursing, it is looking at ways to ensure nursing is an attractive career choice, improve retention and, ultimately, develop a sustainable nursing workforce for the future.

There's a lot at stake.

Nursing and midwifery staff comprise the largest workforce in the NHS in Scotland. While it is true that the number of staff employed has increased over the last five years, the number of vacancies remains stubbornly high and we're seeing an extremely concerning drop off in the number of people applying for undergraduate nursing courses. With increased demand on services, the impact of COVID-19, the decline in population health, and increasingly complex care needs, it is no exaggeration to describe the situation as desperate.

Urgent action is needed to address the exodus of highly skilled professionals and to attract the nurses of the future.

The Taskforce provides a valuable opportunity to address these challenges. But for it to meet the aspiration of making Scotland 'the best place for nurses and midwives to come and work', the recommendations must be ambitious and supported by the necessary funding to make an impact.

We have been clear from the outset of the Taskforce that broad, high-level recommendations will not be enough; it is critical that defined, phased actions are agreed and delivered in line with set timescales. We expect an implementation board to be established to oversee the delivery of the recommendations and actions.

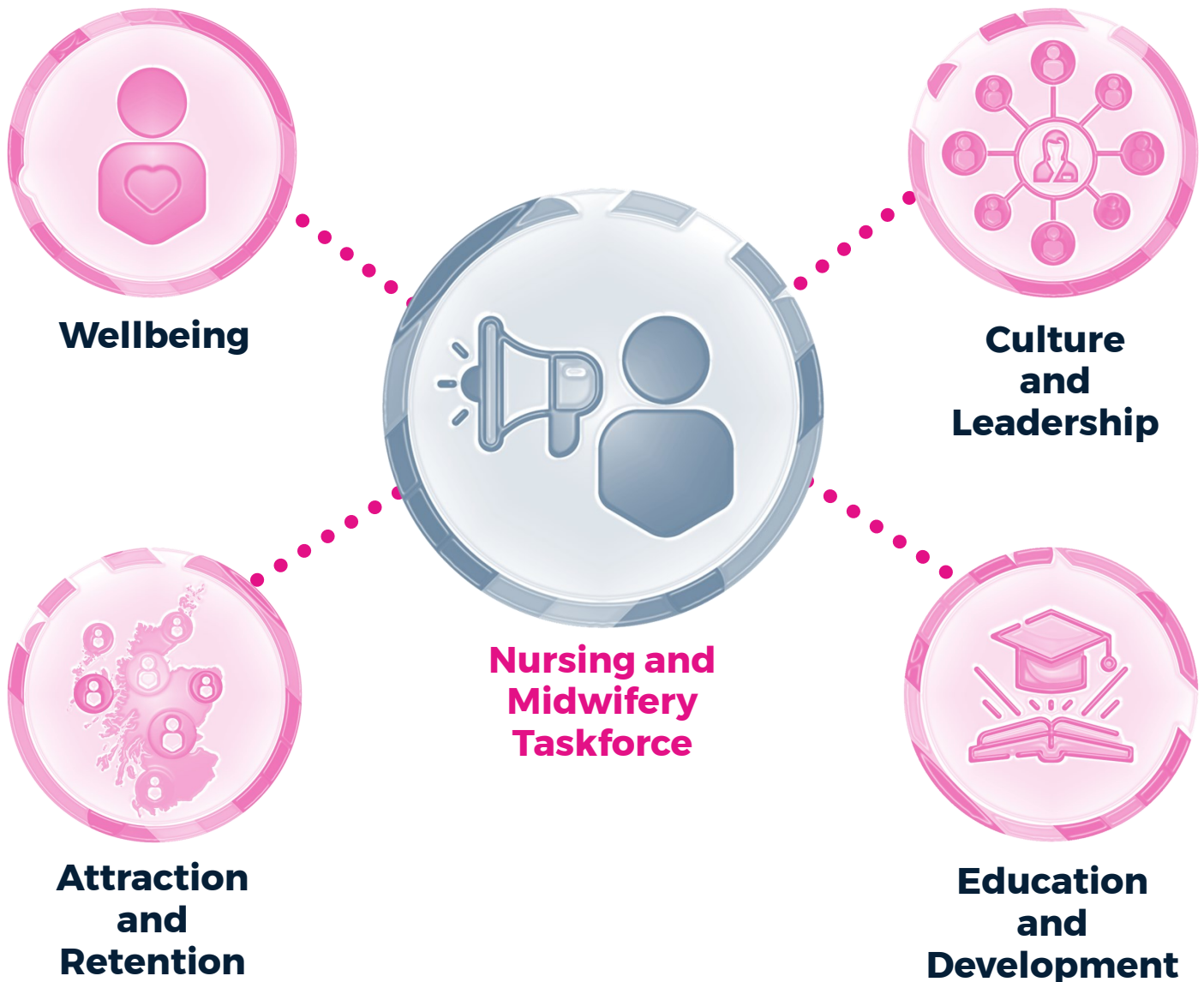
I have reinforced these messages to the new Cabinet Secretary for NHS Recovery, Health and Social Care, Neil Gray MSP and reminded him that the Taskforce must deliver positive change if Scotland is to have the nursing workforce it needs now and for the future.



Colin Poolman
Director, RCN Scotland

Scotland's Nursing and Midwifery Taskforce

The work of the Taskforce has been divided into subgroups:



RCN Scotland is represented on each of these groups and has been working to influence the Taskforce recommendations throughout the process. We have fed in the views and priorities of our members and pushed the Scottish government to ensure the Listening Project provided the nursing and midwifery workforce with a route to engage in the process.

Here we set out the areas for action that we have been raising and we believe should be included in the Taskforce recommendations.

Retention is a key theme that runs throughout the work of the Taskforce. **This is why the RCN is calling for a Nursing Retention Strategy for Scotland** to tackle the exodus of nursing staff from health and care services.

Wellbeing

Our members have told us clearly that feeling undervalued, concerns about low staffing levels and workplace pressures are key reasons for wanting to leave the nursing profession.

The Health and Care (Staffing) (Scotland) Act 2019, in force from April 2024, sets out requirements for safe staffing across health and care services in Scotland and must be accompanied by the investment and resources to allow health and care employers to meet their duties under the Act.

Scottish government and employers must tackle the chronic, excessive work demands in nursing, which exceed the capacity of nurses to lead and deliver safe, high-quality care, and which are damaging their health and wellbeing.

Every nursing professional in Scotland should feel that their wellbeing, and the wellbeing of those they care for, is always a priority for their employer and for the Scottish government.

The Royal College of Nursing Scotland calls include:

1

Minimum standards for facilities for nursing staff, in all health and care settings, including suitable places for rest, access to bathroom and changing facilities and access to healthy and nourishing hot food and drinks.

2

A rapid review of the activity currently undertaken by nursing staff, that does not demonstrate significant added value to patient care or staff wellbeing, to ascertain what new non-nursing support roles are needed. A funded programme to employ additional support roles, such as administrative support staff, should follow.

3

A review of the impact of shift patterns on nursing workforce health and wellbeing, earning capacity and on care quality and safety, and act on the findings of the review .

4

For all health and care employers to demonstrate that they have effective measures to protect nursing staff from violence and abuse, as well as a transparent process for recording and responding to bullying and harassment concerns raised by nursing staff.

5

Timely access to occupational health services for all nursing staff, whatever setting they work in.

6

A bespoke programme to support internationally educated nurses in their transition to working Scotland.

Culture and leadership

The existing culture is having a negative impact on staff retention. We need to see a shift in culture to a place where all staff feel safe to raise concerns, listened to and supported. We want to see all workplaces develop a compassionate, nurturing and psychologically safe culture that supports the reporting of risks and prioritises learning and continuous improvement rather than blame.

Professional nursing leadership should be an essential, valued and respected contributor at all levels from hospital wards, community teams and care homes to the highest levels of Scottish government, enabling nursing staff to shape the culture and processes within their organisation and to influence decisions on how care is structured and delivered.

Investment in leadership skills development, that recognises the value and contribution of nursing leadership, is also needed. We want to see investment in inclusive nursing leadership development programmes that identify those who model compassionate behaviours and ensure future leaders are reflective of the wider staff and populations they serve.

The Royal College of Nursing Scotland calls include:

1

Senior charge nurses (SCNs), and their community equivalents, to be given the time to lead and focus on ensuring safe and effective clinical practice and managing and developing their teams. The implementation of the Health and Care (Staffing) (Scotland) Act 2019 should make it clear that SCNs, and their community equivalents, are non-caseload holding.

2

A clear plan for ensuring sufficient protected time for personal development plans to be completed, as well as exploring further protected time for leadership training of registered staff at all levels.

3

A Scotland wide 'Culture Audit', designed in partnership with staff, to determine what good culture looks like and what is needed to develop a 'Once for Scotland' toolkit to create collaborative and compassionate workplaces.

4

A series of leadership development programmes, focused on psychological safety and compassion, aimed at nurses at different stages of their careers.

5

To ensure professional development is supported and prioritised, a job planning process and structure for nurse leaders and senior clinical nursing roles, including SCNs and advanced nurse practitioners, which clearly allocates, and protects time for development, management support, education and clinical supervision within the working week.

Attraction and Retention

Scotland doesn't have enough nurses. There are over 4,000 nursing and midwifery vacancies in the NHS alone and 61% of care services that employ nurses report vacancies. Meanwhile demand for services is set to continue to increase.

The Scottish government must act now to retain the experienced and valuable nursing staff Scotland already has as well as taking steps to grow the domestic nursing workforce by continuing to increase the number of nursing student places, based on geography and demand in the four fields of nursing.

However, more must also be done to encourage people to consider a career in nursing and to support nursing students during their studies. Too few people are opting to study nursing – for the second year in a row the number of student places for nursing have failed to be filled – and too many nursing students are failing to complete their course and join the workforce. In a recent RCN survey, 99% of nursing students said they had money worries and almost three quarters said this was impacting their mental health.

The Royal College of Nursing Scotland calls include:

1

The Scottish government must ensure that nursing students have appropriate financial support to allow them to prioritise their education, cope with the rising cost of living and complete their studies without falling into financial hardship. A cost-of-living increase to the bursary is the first step.

2

The Scottish government should expand and make clear the routes into nursing degrees to attract future nurses from a range of career stages and age profiles. This should include a review of 'earn as you learn' to provide financially viable alternatives to prospective future nurses.

3

The roll out of the Prince of Wales Nursing Cadet Scheme across Scotland.

4

A long-term public campaign to attract people into nursing, which reflects the four pillars of nursing and the professional leadership role of degree-qualified registered nurses and promotes the diverse range of roles a nursing career offers.

5

More flexible working opportunities for the nursing workforce to help retain the existing workforce and to demonstrate that nursing is a career that can support a range of life circumstances.

Education and Development

Education and professional development are essential for patient safety and are also a professional regulatory requirement for registered nurses.

Current workforce pressures mean that, too often, nursing staff do not receive the time or support to undertake training and development. Meanwhile students and newly registered nurses do not receive the support or mentorship they need. The supernumerary status of students must be protected. Addressing these issues are vital for improving retention.

We are clear that nurses and nursing support workers working in all health and care settings should have protected time for continued professional development. The commitment to protected time in the NHS must be implemented and monitored – too often learning and development is sacrificed when budgets are tight.

We also need to see investment in leadership and development programmes, that support succession planning, to help retain experienced nurses.

The Royal College of Nursing Scotland calls include:

1

Recognise, develop and reward the role of Practice Education Facilitators (PEFs) and Care Home Education Facilitators (CHEFs), including a clear structure for development and progression as an academic role, and a recognised place in the nursing structure with the ability to influence and inform workforce planning and the wider approach to learning and development.

2

Evaluation of the current mechanisms for nursing students to feedback concerns about their education, clinical placements and wellbeing, to ensure they are fit for purpose.

3

A method for ensuring employers comply with the NES framework for preceptorship, to ensure that new registrants, as well as nurses new to a role or environment, are appropriately supported.

4

A national standard for employers to review the experiences of international nursing staff coming to work in Scotland, supported by education and development programmes.

5

Greater access to high-quality education and training for nursing support workers. The Scottish government should also develop, fund and promote a national pathway for nursing support workers who wish to become registered nurses to gain their nursing qualification.

6

To ensure the sustainability of the nursing academic workforce, develop, fund and implement a defined, specific and time-bound workforce plan for nursing academics, setting out clear career pathways and staffing models for academic and research roles including clinical academic roles.

The Listening Project

From the outset of the Taskforce we have been clear that listening to, and engaging with the profession is key to developing actions that will make a difference. The Listening Project was set up to give members and anyone with an interest in the profession an opportunity to contribute.

An initial survey has been followed by focus groups across Scotland. Nursing and midwifery staff who have participated have shared their positive experiences and passion for the professions, as well as being honest about the extent and impact of the workforce challenges. The feedback aligns with the stories that we have collected through our Sensemaker tool, which have also been shared with the Taskforce, and illustrates the extent to which all four themes are equally important and intertwined.

What next?

The Taskforce is expected to publish a collated set of recommendations in the coming months. As the working groups narrow down the areas for action we will continue to use our members' experience and influence to inform and shape these.

We will continue to push the Scottish government to live up to the ambition of the Taskforce and ensure the necessary funding is made available for the recommendations to have an impact.

We are seeking a commitment to an implementation board to oversee delivery of the actions that fall under each of the Taskforce's recommendations. The board should have full oversight of all strands of work and any distinct delivery programmes, so progress can be demonstrated. RCN Scotland would expect to be represented on the board to ensure members views shape implementation and that members can be kept informed of progress.



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The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

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