



Royal College  
of Nursing  
Scotland

**RCN Scotland's comments on the Scottish government**

# **AI Policy Framework for Health and Social Care**

**24 February 2026**

## Introduction

The Royal College of Nursing (RCN) is the world's largest nursing union and professional body. It is the leading national and international authority in representing the nursing profession. We represent over half a million nurses, student nurses, midwives, nursing associates and nursing support workers in the UK and internationally.

The RCN has over 52,000 members in Scotland. We campaign on issues of concern to nursing staff and patients, influence health policy development and implementation, and promote excellence in nursing practice.

## Background

The most recent AI-related policy development in Scotland that we have seen is represented by the above policy framework. We have been asked for comments on it.

## RCN's published policy positions

We have four published RCN policy positions related to the English and/or UK context which are nevertheless equally applicable to the Scottish context and so are relevant to this Scottish Government's Policy Framework<sup>1</sup>. From these we can draw out the following priorities, grouped under three broad headings. We may refine these priorities in due course.

### *Knowledge, Skills & Infrastructure*

- All nursing staff must have access to appropriate IT to deliver safe and effective care, with adequate training and support to use that IT. Current and future education and workforce knowledge requires sustainable investment to increase knowledge and skills around simulation, simulated learning, and wider AI opportunities.

### *Improvement and Enhancement*

- AI tools must support, not replace, nursing roles, enabling a seamless digital experience for staff and patients alike, freeing up nursing time in ways that enhance the provision and delivery of safe and effective care. AI should not replace professional standards or judgement and must always be subject to human oversight. AI must not create a "new bureaucracy."

### *Cocreation and Governance*

- Nursing leadership must be embedded in the design and governance of any digital or AI health interventions. This should include arrangement for scrutiny, risk management, governance, continuous monitoring (including monitoring impacts on workload, equality impacts, and safe staffing, and the ability to pause systems rapidly), public transparency and accountability, and escalation routes for safety concerns. AI must be deployed only within existing service and professional regulatory frameworks, not outside of them

## RCN's published policy positions (*Continued*)

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We also note the two related calls in our recently published manifesto for the 2026 Scottish Parliamentary elections, “The Gloves Are Off”<sup>2</sup>:

- Investment in digital technology and training to ensure nursing staff working in the community have the information and equipment they need and the introduction of a Digital Nursing Lead within Scottish government to help drive improvements for the profession.
- Better data sharing and improved access to patient records with enhanced integration between NHS and non-NHS systems.

Finally, we note recommendation 14 as the most relevant of the 44 recommendations of the report and recommended actions of the Scottish Ministerial Nursing and Midwifery Taskforce “Delivering Together for a Stronger Nursing and Midwifery Workforce.”<sup>3</sup>

- The Scottish Government will conduct a mapping exercise of the current digital landscape and will act on the findings to come up with areas for improvement around the opportunities for nursing and midwifery staff to be involved in digital transformation.

We have been guided by the above when commenting upon the Scottish Government’s AI Policy Framework for Health and Social Care.

## Definitions

By “AI”, we mean tools that use data and pattern recognition to generate or summarise information, streamline processes, support clinical decisions and in some cases automate routine tasks in clinical or workforce settings.

By “digital transformation” in nursing, or equivalent terms, we mean the design and deployment of digital systems that shape care delivery and nursing work, including electronic patient records, virtual wards and remote monitoring, alongside the devices, connectivity and IT support needed to make these systems usable in practice.

Below, we treat each section of the Framework in turn and in doing so we make **four recommendations** with respect to it.

## Joint foreword

These sentiments accord with RCN's position, and we are pleased to see them foregrounded:

- “We must ensure that AI is used in ways that improve outcomes, protect individuals’ safety, respect privacy, maintain security, and uphold human rights. This means embedding strong governance, transparency, and accountability at every stage of the AI lifecycle from design and development to deployment and monitoring.”
- “This framework is not just about technology; it is about people. It sets out the need to embed public engagement and upskill our workforce to ensure we uphold ethical principles and that we ensure that AI strengthens, not undermines, the values of Scotland’s health and social care system. To achieve this, we need collaboration across sectors and disciplines.”

## Introduction and Summary

Similarly, the sentiments expressed here are welcome, both

- with respect to the selected examples of use cases which have chosen to focus on use which RCN would see as being in accordance with its positions (“reducing administrative burdens on the workforce, enhancing diagnosis and treatment pathways” etc) and
- Organisational steps: “multidisciplinary governance... risk assessment and controls... workforce education and capacity building... public participation and increasing transparency”

## What do we mean by Artificial Intelligence?

The OECD definition used is sufficiently similar to RCN's working definition for us to be comfortable with it being used for this Framework. We are also comfortable with the “typical characteristics” listed. We do not have any further comments on this section.

## AI Opportunities and Risks

It is unreasonable to expect the Framework to capture every conceivable opportunity or risk. In our view this section provides a sufficient summary. And drawing on the work of the King’s Fund in terms of identifying six broad areas of potential value is very welcome. Those areas are very much in accord with RCN's position.

The subsections on “risks and potential harms” and “gaps and challenges to safe adoption” further reinforce the bases on which RCN’s positions rest. In particular, they reinforce RCN's calls to do with transparency and accountability; human oversight; deployment only within existing service and professional regulatory frameworks (to protect staff from undue liability where none should exist, and accepting that those frameworks can be amended in

## AI Opportunities and Risks (*Continued*)

consultation, and preferably by agreement, with those to whom they apply); governance; workforce skills and capability; and public trust. And RCN has long been broadly supportive of the Digitally Enabled Workforce programme.

### Policy framework

We have no reason to doubt that the applicable policy framework has been captured in summary in this section. The five key areas of relevant regulation and standards as summarised in this section<sup>4</sup> are not in conflict with RCN's positions.

The framework makes it clear (page 5) that its “primary audience... is people leading AI implementation projects or developing governance structures and processes to manage risks of AI.” We have no issue there. But if we look at the other four “other audiences” listed, we do not think that the audience of most concern to RCN - the health and social care workforce - will benefit from the prioritisation of these five areas of relevant regulation and standards as some other audiences will. All five essentially have “members of the public” in mind and are intended to result in a system which improves outcomes for the public, protects the safety of the public, respects the privacy of the public, maintains the data security of the public, and upholds the human rights of the public. We do not dispute that any of this is critical. And it is easy when conceiving of AI systems, to conceive of them being even more “faceless” than existing systems largely run by human beings. We are well aware of the febrile context in which AI is developing, and the extreme debates it is provoking, where nightmare visions of a society run by homicidal anti-human robots fight for coverage with dreamt of paradises, where human beings are relieved of all drudgery and are at last “free.”

But if we set this media driven febrility aside, we do not think it is sensible to create a dichotomy between those human beings seen as “part of the system” - including the workforce - and those human beings seen as “recipients of the system.” All too often we forget that the workforce also form parts of the latter group.

We especially wish to emphasise that is not sensible, or indeed possible in practice, to seek to run any system that must “uphold human rights”, whether defined in law or otherwise posited, if there is no capacity for that system to account for the human rights of those that work within it while simultaneously accounting for the human rights of those subject to it. That may look possible to some unimaginative souls “on paper.” But it is not. And to see things that way betrays an inappropriately adolescent sub-Manichean worldview where agencies of the state are always potentially, and more often than not actually, malevolent, as are those who work within them, and the public in its entirety has no more agency than to be the permanently helpless victims of this malevolence.

## Recommendations

### Recommendation 1

That a sixth key area of regulation and standards is added, to be entitled “The Health and Safety of the Health and Social Care Workforce” and to have included in its constituent parts and listed in the framework (both in summary in this section and at length in annex C):

- such “regulation, standards and guidance” as employment law, health and safety law, ACAS Codes of practice, or key statutes as the Health and Care (Staffing) (Scotland) Act 2019
- such “organisations” as might be relevant under the different legislation, for example the Health and Safety Executive, those public authorities as may be responsible for labour market law enforcement
- a “requirement” to ensure that “the health and safety of the health and social care workforce suffers no detriment capable of being found directly attributable to the deployment of AI in that workforce’s workplaces.”

### AI Readiness

We are comfortable with the four aspects of AI readiness the detail presented under each of the four headings. In particular, we strongly support the points made to do with

- governance for clinical safety, which reinforces our assertion that nursing must be involved in the cocreation and governance of AI systems to do with nursing
- risk assessment and control of data and input, and human oversight and use, which especially reinforce our assertions to do with nursing staff needing the right training and kit, that AI must support but not replace nursing roles; monitoring; and escalation.

We wholeheartedly endorse the statement in the section “workforce education and capacity building” that “AI can only be effective if the health and social care workforce have the right knowledge and skills to use it safely ethically and responsibly.” RCN will remain supportive of all initiatives intended to Make sure that that workforce has that knowledge and those skills.

As the main Royal College and trade union for the person-centred profession of nursing, RCN naturally supports the facilitation of public participation and increased transparency. However, there is always a need to manage public expectations. In our case this means that public participation activity should always endeavour to make sure the public understands where true responsibility lies and how those with that responsibility may straightforwardly be held to account without going through a bureaucratic process which excludes people from meaningful participation in practise if not by design. No member of the workforce should be subject to public abuse whether verbal or physical in any case and certainly not with respect to matters that are completely out with their control. All too often in health and social care, members of the public do not appreciate that the person who they may have “in their sights” is absolutely powerless to solve the problem at hand.

## Recommendations (*Continued*)

### Recommendation 2

Activities to facilitate public participation and increased transparency must always include easily understandable information about where true responsibility lies and how those with that responsibility may straightforwardly be held to account.

### Recommendation 3

If the Scottish Government is of the view that “Health Boards and Local Authorities should use the (Scottish AI) register to take advantage of the resources (available) and achieve better consistency” and presuming that this means consistency across the public sector in matters to do with maintaining public trust and sharing innovation), The Scottish Government should mandate both of them to do so rather than simply include an advisory statement of this type in this Framework.

### AI Lifecycle Model

We have no substantial comments to make on this section, but we have this one recommendation.

### Recommendation 4

Representatives of the nursing workforce must be appropriately included in all stages of the AI life cycle model as it is applied to any AI system to do with nursing in any way.

## Conclusion and Next Steps

We are comfortable with the conclusion and proposed next steps. We note that there is a specific commitment to “Engage with union representatives on the implementation of this policy framework and requirements for workforce skills and planning.” We trust that this encompass a willingness and intention to engage with union representatives in any and all parts of the four key work streams described in this section. And we look forward to that engagement.

## References

1 – Position Statement, RCN submission to DHSC consultation on 10 Year Workforce Plan: Executive summary <https://www.rcn.org.uk/About-us/Our-Influencing-work/Position-statements/rcn-submission-to-dhsc-consultation-on-10-year-workforce-plan-executive-summary>

RCN response to NHS 10 year plan consultation (1).pdf [https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKewjrid3QtvKSAXULT0EAHSILD\\_gQFnoECBcQAQ&url=https%3A%2F%2Fwww.rcn.org.uk%2FGet-Involved%2FCampaign-with-us%2FNHS-10-year-plan&usg=AOvVaw28pAfMNxTNZFux69tvNmKM&opi=89978449](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKewjrid3QtvKSAXULT0EAHSILD_gQFnoECBcQAQ&url=https%3A%2F%2Fwww.rcn.org.uk%2FGet-Involved%2FCampaign-with-us%2FNHS-10-year-plan&usg=AOvVaw28pAfMNxTNZFux69tvNmKM&opi=89978449)

News Story <https://www.rcn.org.uk/news-and-events/Press-Releases/ai-has-great-potential-and-must-enhance-personal-nursing-care-but-not-replace-it>

Consultation Response, Regulation of AI in Healthcare <https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/conr-10725>

2 – <https://www.rcn.org.uk/scotland/Get-involved/Campaigns/Scottish-parliamentary-elections-2026>

3 – <https://www.gov.scot/publications/report-recommended-actions-ministerial-scottish-nursing-midwifery-taskforce/>

4 – Improve outcomes, protect safety, respect privacy, maintain security, uphold human rights.



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