Royal College of Nursing Scotland

RCN Scotland written evidence to the Public Service Reform Committee

Public Service Reform: Pre-budget scrutiny 2027–28

As part of its pre-budget scrutiny, the Scottish Parliament's Public Service Reform Committee issued a call for views on how the 2027-28 Scottish budget can promote public service reform, including by removing barriers to progress, promoting preventative approaches, and simplifying the delivery of public services. RCN Scotland submitted the evidence below.

1. ***The Scottish Government aims to deliver on average £0.5 billion in savings through efficiencies per year for the next three years (2026-27 to 2028-29):***

    a. ***To what extent are these savings achievable, and how will they shape public service delivery?***

    b. ***What progress is being made towards achieving these efficiencies?***

    c. ***What are the barriers to achieving greater efficiency and how can these be addressed?***

While we do not make a judgment on whether these savings are achievable, there are a number of points we'd like to make relating to progress and potential areas for achieving efficiencies within health and care.

Duplication of data entry for health and care staff and the need for joined up systems

One of the issues considered by the Scottish government's Nursing and Midwifery Taskforce was duplication of data entry. The Taskforce found that duplication of paperwork and data entry required to support clinical care are time-consuming and affect the amount of time staff spend away from direct patient care.

To address this challenge, the Taskforce recommended that the Scottish government commission a review of data inputting and paperwork requirements within all nursing and midwifery roles to establish which: 1) are duplication of other inputs and requirements and 2) are non-essential either legally or for the purposes of patient safety. It will identify which ones can be removed.

To reduce the administrative burden on nurses and midwives, the review will also consider the effectiveness of current business systems and administrative processes, and the Scottish government will act on the findings to allow nurses and midwives to focus their time on direct clinical patient care.

Reducing the administrative burden on nursing staff, alongside more joined-up IT systems across health and care, would result in significant savings. While the Scottish government has stated its committed to implementing the recommendations from the Taskforce, progress has been far too slow since the Taskforce report was published in February 2025.

Artificial intelligence

AI has great potential and a key objective must be freeing up nursing time, allowing staff to deliver more care where it's needed, rather than spending time on outdated administrative tasks. For that to be a reality, nursing professionals must be involved in development and implementation, with adequate time provided to train staff on new systems and clear lines of accountability and safety measures in place to protect patients. While AI has the potential to modernise services, it must enhance personal nursing care, not replace it, and be delivered alongside new investment in growing the nursing workforce.

Reducing reliance on supplementary staffing

Currently, too many nursing staffing decisions are based on finance, rather than what's needed to run person-centered services safely. This ends up costing more in the long run, for example through poorer patient outcomes, higher staff sickness levels and increased spending on supplementary staffing. Working time lost due to sickness absence among nursing staff continues to increase in many NHS boards. At 8.3% from April to December 2025, the nursing sickness absence rate was more than double the NHS Scotland absence target, and three NHS boards reported nursing absence rates over 10%.

Meanwhile, use of agency and bank nursing and midwifery staff in 2025-26 cost £425m, an increase of £15m in a year. When bank nursing and midwifery is combined with agency use, the equivalent of 7,320 WTE were used in NHS Scotland in 2025-26. Each individual health board in Scotland has less than 7,000 WTE nursing and midwifery staff in post, except for the two largest health boards. Therefore, the WTE figure for bank and agency use across Scotland is bigger than the permanent workforce in most boards; it's equivalent to the nursing workforce of an extra medium sized health board.

Reducing the reliance on supplementary nursing staffing has potential to deliver significant savings. The Scottish government must deliver the recommendations made by the Nursing and Midwifery Taskforce to help address this challenge.

2. ***How should the Scottish Government best present the extent of any realised efficiencies in the annual budget publication, including providing clarity on whether these are expected to be recurring savings?***

This should be presented clearly and transparently and be part of wider efforts to improve budget information. Currently annual budget publications are opaque and make it very difficult to the track funding and hold the Scottish government to account on its commitments. Too often funding is announced multiple times, budgets are varied in-year, and budget lines are unclear. These are all issues that should be addressed, alongside providing clarity on savings, to make the budget more transparent.

3. ***The Fiscal Sustainability Delivery Plan aims to achieve an average reduction of the public sector workforce of 0.5% per year over five years.***

    a. ***To what extent is this target achievable and how will it shape public service delivery?***

    b. ***What progress is being made towards achieving this target?***

4. ***What actions can the Scottish Government take to ensure these workforce reductions are delivered in a managed way which best supports effective government and public service delivery?***

5. ***The PSR strategy states that it will protect frontline services. To what extent is there sufficient clarity about how frontline roles are defined and how efficiencies in back-office functions can be delivered in a way that minimises impact on the delivery of public services?***

Response to questions 3, 4 and 5:

We are clear that there is a need to invest in the NHS and social care nursing workforce. While the Scottish government states that frontline staff will be protected, we question how meaningful this is when staffing levels are currently below what is needed and demand is increasing. While there has been an increase in the nursing workforce in recent years, at no point has NHS Scotland employed the number of nursing staff its own establishment figures say are needed to deliver safe and effective care. We've also noted a decrease in the number of NHS nursing support workers to levels last seen in 2021.

In a recent survey asking RCN Scotland members about their last shift at work, 25% said staffing levels were well below what was needed and described them as unsafe with care significantly compromised and a high risk of harm to patients. A further 47% said they were below what was needed, with risk managed but some compromises to care and pressure on staff.

A comprehensive workforce plan is required based on a robust assessment of increasing need and Scotland's ageing population. Public Health Scotland estimate the number of unplanned acute inpatient hospital admissions will increase by almost 12% by 2034, and the Scottish Burden of Disease Study projects a 21% rise in the annual burden of disease and injury over the next 20 years.

The definition of 'frontline' also needs to be clarified, and consideration given to ensuring appropriate skill mix across services. For example, evidence shows that clinical complexity among care home residents is rising sharply. As residents' complexity of clinical need increases, the skills, competencies and availability of the registered nursing workforce employed within care homes becomes ever more important. However, registered nurse numbers in care homes have fallen by around 24% over the last 10 years.

It is our view that a policy of protecting frontline health and care staff is not sufficient; there must be investment in the workforce underpinned by a comprehensive workforce plan that considers increasing demand. For example, providing more care in the community and focusing on early intervention and prevention have been talked about for years, and we're yet to see sufficient progress in these approaches being embedded across the system. The reality is that driving progress will require significant additional resources and investment in staff working in community health and social care settings. How will this be funded when the Scottish government is focused on making efficiencies? Without proper workforce planning in health and social care, staffing levels will continue to be below what they need to be, and any reductions cannot be done safely. Losing support staff will also have significant knock-on effects on frontline staff having to backfill those roles.

6. ***Beyond the financial benefits that the Public Sector Reform (PSR) Strategy aims to achieve, what are the key outcomes that reform should be aiming for?***

We need to see honesty about financial savings and whether they are a primary driver for reform. Proposals for public sector reform within health and care must clearly set out how patient care/service delivery will be improved and establish clear measures to monitor and evaluate the extent to which this is achieved. A key outcome must be improved public services, yet this is not properly measured currently. Integration was intended to improve outcomes and shift the balance of care into the community. This hasn't been achieved, yet there hasn't been sufficient thought to what improved outcomes look like and how to measure these. Public Service Delivery Scotland has been created to "improve delivery," but no metrics are being created to determine whether this is actually happening.

There is also a risk that, due to the serious financial challenges facing health boards and IJBs, there is a focus on achieving short-term savings, rather than longer-term 'spend to save' reforms which require investment with savings achieved over a much longer timeframe. This approach will require politicians to work together to implement a long-term strategy which acknowledges that meaningful reform to the way health and care services are delivered will take time, with many benefits taking years to materialise.

We completely agree that there is a need to reform and deliver services in a different way, and we will not oppose change in a kneejerk way. But we have concerns that reform will be driven by considerations around savings, rather than improvement.

We're also concerned that a focus on NHS board/IJB structure ends up neglecting considerations around delivery and outcomes. There is a need to consider how services should be delivered, and what the patient and staff experience should be, and work backwards from that. There is also a risk that a focus on structural reform neglects workforce considerations. As highlighted above, long term workforce planning is key – this must be a priority – and reform must also tackle the persistent culture problems within the NHS and wider health and care services.

While we do not currently have a view on the number/make up of health boards, we have a number of principles that we believe are key:

- Major structural reform carries significant risk, including diverting resources and attention away from immediate operational pressures. Any reform agenda must be adequately resourced and those delivering services properly supported.
- Reform must adhere to a strict no-detriment principle for staff.
- We are clear that there is a need to protect, and invest in, the NHS and social care workforce. At no point has NHS Scotland employed the number of nursing staff its own establishment figures say are needed to deliver safe and effective care, and RN numbers in care homes have decreased over the last decade, at the same time as clinical need is increasing.
- Proposals must clearly set out how patient care/service delivery will be improved and establish clear measures to monitor and evaluate the extent to which this is achieved.
- Staff must be meaningfully involved in co-designing, testing and evaluating reform proposals. Early engagement involving both trade unions and professional bodies, as well as staff themselves, is necessary to ensure unintended consequences are avoided.
- Reform should strengthen nursing leadership within governance structures.
- The unique, safety critical role of nursing must be recognised and reform must not lead to substitution of registered nurses.

7. ***The PSR Strategy includes 18 different workstreams which aim to remove barriers to reform. One workstream focuses on "simplification", recognising that "complexity of processes, structures and reporting requirements is a key barrier to effective and efficient service delivery".***

   "Prevention" is one of three pillars providing structure to the Strategy.

   a. ***What should the Scottish Government's priorities be under its simplification workstream and what level of savings can be achieved through this approach?***
   b. ***What progress has been made to date with preventative budgeting?***
   c. ***How should the forthcoming Budget support greater progress towards preventative budgeting across the devolved public sector? Please set out any barriers and how these can be addressed.***
   d. ***What changes to the Scottish Government's approach to budget-setting are needed to effectively deliver public service reform?***

We completely agree with the Scottish government's focus on prevention; the need to embed prevention across all health and social care services is widely recognised. It is one of the core principles of the Scottish government's Population Health Framework, which acknowledges the importance of the role of nursing.

However, there is an implementation gap between Scottish government policy ambition and on the ground decision making. One key reason is that financial pressures within IJBs are resulting in short-term financial decisions being taken, which is hindering prevention. In 2024-25 IJBs had a funding gap of £457 million, with Audit Scotland concluding that IJBs are "reacting to short-term pressures, rather than pursing longer-term transformation of services, to meet the financial pressures", which need to include investment in prevention and early intervention. Too often funding for innovative preventative approaches is short term and opportunities to scale up and replicate best practice are not realised.

Nurse-led interventions can have a significant impact on preventing or reducing poorer health outcomes. However, a lack of investment in the nursing workforce and staffing pressures are also negatively impacting the ability of teams to carry out preventative work. We often hear that prevention and early intervention are the first things to go when scant resources must be focused on responding to acute episodes of ill health.

Strengthening Scotland's community nursing workforce is one of the best investments the Scottish government could make. They are key to delivering expert interventions to help people live healthier lives in their communities and prevent costly hospital admissions. However, RCN research on the community nursing workforce has shown a disconnect between policy ambition on community and prevention and the reality on the frontline. Our research highlighted a lack of investment in district nursing as well as health visiting and school nursing. Investment in the community nursing workforce is an important example of concrete action that the Scottish government needs to take if its long talked about ambitions on community and prevention are to be released.

The reality is that driving progress will require significant additional resources. For example, given the significant pressure which hospitals are under, as illustrated by the year-round normalisation of care in inappropriate areas (i.e. corridor care), delivering prevention and delivering more care in the community cannot be achieved by simply moving resources from the hospital sector in the short term. Capacity needs to be increased in the right places first, and this will require additional funding.