Briefing:
RCN Scotland's approach to public sector reform

Royal College of Nursing Scotland

Introduction

The First Minister announced proposals for significant reform of health and social care services in the Programme for Government 2026-31. This includes plans to replace the 14 territorial health boards with two strategic health boards, covering the East and West, and further reducing the number of special health boards. Separate arrangements are still to be confirmed for Shetland, Orkney and the Western Isles. The government says this will form part of a broader programme of public sector reform aimed at improving efficiency and reducing duplication.

The First Minister also announced that all options for reforming the way in which social care is governed and delivered will be considered. He indicated a preference to moving towards a model where the NHS takes a greater lead in decision making around social care.

As part of this announcement, the First Minister promised a three month "intensive consultation period" with partners, including RCN Scotland, with the aim of seeking a shared direction for reform of health boards and agreement on reform of social care. The First Minister outlined an intention to 'rewire the state' and this period of intensive engagement will also consider the future of local governance in Scotland more widely.

The Scottish government is seeking a shared direction for reform by the end of the year and intends to introduce the Public Service Renewal (Scotland) Bill within the first year of this parliamentary term. The Bill will seek to give statutory backing, where required, to reform the public service delivery landscape.

So far, very little detail has been provided about what exactly is being proposed, how it will be implemented and what it will mean in practice. We do not know, for example, to what extent, existing local governance structures will be retained under the umbrella of two strategic health boards.

RCN Scotland understands that this is an uncertain time for members. It is important to note that the Scottish Government has committed to no compulsory redundancies and there is no suggestion of job losses for frontline nursing staff. Indeed, one justification of public sector reform is to protect frontline staff by removing duplication elsewhere in the system. We do not anticipate any changes to existing national pay, terms and conditions structures, including Agenda for Change, and we will be working to ensure no detriment to nursing staff.

Other commitments made in the Programme for Government include:

- Requiring boards to work collectively to coordinate waiting lists, ensuring those most in need are seen the quickest regardless of where they live. This will start with a new National Orthopaedics Plan
- Working with partners to explore a new NHS jobs guarantee
- Improve and expand entry to the nursing profession
- Improve pathways to progression from band 5 to band 6 for nurses
- Expand the community first model, including expansion of hospital at home and new Community Health and Care Hubs
- Additional investment of £530m in primary care, with a focus on recruiting more family doctors
- Introduce sectoral pay bargaining in social care
- Support NHS pay parity for hospice staff, with an increase of funding to £9.4 million in 2026/2027, and help ensure that pay parity is maintained throughout this Parliament.

RCN Scotland response

We understand that our members are, of course, concerned about what the proposals will mean for the services they deliver, for their patients and for their own jobs. We are clear that at every step of the reform process, the voice of nursing must be heard. This includes meaningful engagement with nursing staff and with us and other professional organisations & trade unions.

We are calling for the Scottish government to set out very clearly how service delivery will be improved and establish clear measures to monitor whether this is achieved.

We will engage with Scottish government over its proposals, putting the interests of our members at the forefront. We have 10 principles which we will apply to any discussion, and which are non-negotiable.

1. We agree that change is needed and will not oppose change for opposition's sake. The current health and social care system is unsustainable, with significant workforce pressures, unmet need, and persistent challenges in shifting the balance of care. Long term workforce planning is key and must be a priority.
2. Major structural reform carries significant risk, including diverting resources and attention away from immediate operational pressures. Any reform must be adequately resourced and those delivering services properly supported. Existing work, including implementation of the Nursing and Midwifery Taskforce recommendations, must not be sidelined because resources are being shifted to consider reform.
3. Clinical and professional staff — including nurses at all levels and across all settings — must be meaningfully involved in co designing, testing, and evaluating reform proposals. Meaningful involvement does not mean consultation once decisions have already been made.
4. Where the primary motivation for reform is financial, decision makers need to be clear and honest about this. Financial savings in health and social care must be reinvested in health and social care, must not impact on the quality of care provided, or increase pressure on the workforce.
5. We oppose any compulsory redundancies in any reform proposals.
6. Any change must adhere to a strict no-detriment principle for staff, including:
    a. no reduction in pay, terms, or conditions.
    b. no erosion of professional autonomy or scope of practice.
    c. safe staffing and workload protections maintained.
    d. no forced movement or detrimental changes to roles resulting from structural change.
7. Reform should tackle persistent culture challenges and improve working environments and staff wellbeing in order to support staff retention.
8. Proposals must clearly explain how they will improve patient care or service delivery, and how these improvements will lead to better outcomes for patients and service users.
9. Mechanisms must be put in place, at the time of change, so that the impact of reform can be monitored and reviewed. This should include the ability to make further changes if needed. Clear measures must also be agreed from the outset to show whether planned improvements have been achieved.
10. Any reform proposal must strengthen nursing leadership over governance structures, including full, formal and equal status on any Boards for nurse representatives.