This briefing is designed to sit alongside the Royal College of Nursing (RCN) Scotland’s 2016 manifesto Nursing Scotland’s Future – Professional voices: practical solutions, to give the policy context and evidence base to that document.

Nursing Scotland’s Future – Professional voices: practical solutions a manifesto for 2016 asks five things of Scotland’s next MSPs and offers two practical ways in which they can demonstrate their support.

RCN Scotland members believe that if Scotland is to enjoy a sustainable health care service, which delivers excellent patient care whilst meeting the increasing demands being placed on it, the five issues they raise must be addressed without delay. Each one supports the aims of Nursing Scotland’s Future to value nursing, improve patient care and invest in health and care.

Our members’ priorities are that:

• decisions are made to shape health and care for generations to come, rather than focussing on short-term goals
• a Scottish Government-led workforce and skills impact assessment is carried out each time a new health or social care policy is proposed
• digital technologies are used to open up new, smarter ways of working for health care teams, especially those operating in the community
• the pivotal role of senior charge nurses in leading safe, effective, patient-centred care is recognised, respected and properly remunerated
• Scotland’s politicians champion better pay, terms and conditions for members of nursing teams, no matter their grade or where they work

Michael Brown, Chair of RCN Council and RCN Scotland Board
Decisions are made to shape health care for generations to come, rather than focussing on short-term goals

Why we need change
We have come a long way in improving the life expectancy of the Scottish population. Latest estimates show that girls born in 2014 could expect to live, on average, to 81.4 years and boys to 77.4 years. But this headline success is not the whole story.

Although we have seen rises in how long Scotland’s citizens might expect to live, there remains a gap between life expectancy and how many years of life are spent in good health. Boys born in 2014 can, on average, expect to live the last 17 years of their life in less than good health; for girls, the equivalent is the last 19 years of their life.

Those living into old and very old age are likely to be dealing with more than one health condition, such as diabetes, dementia, or heart and lung conditions: 65% of those aged 65-84 and nearly 82% of those over 85 are likely to be living with more than one health condition. With our population getting older, our health care services will need to be configured and resourced differently to deal with this.

The situation changes dramatically depending on where you are born: in 2009-13, there was a difference of nearly 17 years for healthy life expectancy for females between the most and least deprived areas and a difference of 18 years for males. And with the percentage of children living in deprivation continuing our increase in Scotland, we will clearly need to re-shape our services to improve the wellbeing and life chances of those born in deprived areas.

Overall, between 2014 and 2039 the percentage of the population of pensionable age and over is expected to increase by 28%. However, in the same period the working age population in Scotland is expected to rise by just 1%. This leaves us with fewer people of working age to support an increasingly ageing population, with significant implications for individuals, families, carers and the whole Scottish economy.

Health and social care services are already under enormous pressure: there were 1.6m attendances at Scottish emergency departments in a year; over 30,000 contacts with out of hours services every six months; 51,000 days spent in hospital by people who didn’t need to be there in a single month (Oct 15); and almost 35,000 older people living in care homes at any one time.

What can MSPs and the next Scottish Government do?
We must move away from looking at resources and budgets in an isolated way and over short-term periods if we are to address health issues in Scotland and ensure that our health services are there for generations to come.

1. Commit to a new approach to targets
In our joint statement on NHS sustainability with the Academy of Medical Royal Colleges we noted that the current approach to setting and reporting on national targets and measures, while having initially delivered some real improvements, is now often skewing clinical priorities, wasting resources and focussing energy on too many of the wrong things.

Boards are under huge pressure to meet core HEAT targets and standards, but despite cross-party commitments to invest in prevention and shift the balance of care to community settings, the most high profile HEAT targets continue to focus attention on hospital services. And HEAT targets are just one of the confusing myriad of often competing measures the NHS has to achieve.

If our health care services are to be sustainable, it needs to be simple for health boards and other service providers to report on how they are performing and easy for the public and politicians to assess whether services are doing what we want them to do – and doing it well. And it needs to be done in a way that supports improved outcomes for individuals for generations to come.

We are asking MSPs to work together, regardless of the party they represent, to agree a new approach to health care targets by the end of 2016. This new approach must help our health care services to be sustainable in the long term and improve outcomes for all.

2. Develop criteria for funding decisions
The Scottish Parliament’s Health and Sport Committee has, in its report on the Scottish Government’s draft Budget, consistently said that there is not enough detail to be satisfied that funding decisions match policy priorities. It has also noted that there is insufficient information to scrutinise the various individual budget lines and how other decisions – in social care or third sector funding for example – will impact the health budget.

Major national decisions on funding new schemes – like investment in new health programmes or facilities – are also regularly made outside the annual Budget process and are therefore subject to far less Parliamentary scrutiny.

If we continue to deliver care in the same way we do now, we know the demands on our health care services will outstrip our ability to pay for them. Tough decisions on what to invest in or disinvest from will need to be made, in partnership with the public, with staff and across all political parties.

That is why we want to see the creation of a set of clear, consistent and transparent criteria to be used when MSPs or Scottish Government take any decision on health care funding. The new Scottish Government should hold a public consultation to decide these principles, with the Parliament agreeing them before the first Budget is debated. Having a shared set of principles on which to base funding decisions will support MSPs to make difficult but necessary choices, and allow for rigorous scrutiny.

A Scottish Government-led workforce and skills impact assessment is carried out each time a new health or social care policy is proposed

Why we need change
The current scale of reform across the health and social care system in Scotland is huge, with services constantly having to evolve to meet growing demand against tightening budgets. There have been a multitude of national reviews to try to meet these challenges, all of which rely on our most valuable asset to deliver them: the health and social care workforce.

In the last year, as well as preparing for health and social care integration, there has been a review of primary care out of hours services, a seven day services task force, a collaborative on unscheduled care and negotiations around a new General Medical Services contract. Alongside this there have been announcements of four new trauma centres and six new elected treatment centres.

Too often recommendations from these different reviews pull our health care staff in different directions, with no co-ordination between them and without looking in depth at the impact on the workforce. Health boards and integration authorities – and the individual staff they rely on – are left to implement them.

While the Scottish Government has highlighted the importance of developing longer-term, integrated workforce planning across the wider workforce, there is no evidence that this is happening. Audit Scotland’s recent report on health and social care integration raised stark concerns about the lack of long-term workforce planning.

What can MSPs and the next Scottish Government do?
We need to move away from stop-gap quick fixes to long-term, sustainable solutions.

For our health and social care services to be fit for the future, we need a sustainable workforce of the right people, in the right place, with the right skills – who are supported to maintain and develop their skills and expertise, and workforce planning must involve all partners, including the independent and voluntary sector, across all disciplines within health and social care.
1. Commit to long-term workforce planning across all health care services whenever a new health care policy is put forward

Whenever national groups make policy decisions on health or social care, they should assess the impact of the decision on the existing workforce and assess what needs to be in place to ensure there are sufficient numbers of staff with the appropriate skills across all professions to deliver the policy. This has not happened consistently in the past.

For example, a number of recent reviews have recognised the valuable contribution of advanced nurse practitioners (ANPs), so an expansion in this workforce area has been recommended. But up until now a lack of long-term workforce planning means that there has been no national approach to training and developing ANPs, and not even any reliable figures on the number of ANPs in Scotland. Steps are only just being taken by the Chief Nursing Officer to begin to address this.

Health boards already have to use Nursing and Midwifery Workforce and Workload Planning Tools when planning services. These should also be used prospectively to help policy makers assess whether there are sufficient numbers of skilled staff and what, if anything, needs to be done to fill gaps in terms of numbers or skills before the policy can be introduced.

If a new policy is going to fundamentally change the role of a particular group of staff across Scotland, this also needs to be looked at nationally. For example, the Children and Young People (Scotland) Act 2014 will introduce new responsibilities for health visitors to be named people for pre-school children. However, the impact on the role of health visitors was not thought through in advance nationally, in terms of changes to their job description and appropriate remuneration for the new responsibilities.

The issue we raise in our manifesto in relation to senior charge nurses is another example of how successive policy reviews and inquiries have substantially added to the responsibilities of senior charge nurses without reviewing the impact on the role, leaving these vital nurses under intolerable pressure.

2. Stand up for protected time for continuous professional development for each and every member of the multidisciplinary health care team

Continuing professional development (CPD) is vital for staff to maintain and develop the skills they need to deliver high quality care. The importance of CPD has been recognised nationally. It is a key strategic aim of Setting the Direction11, the Chief Nursing Officer’s review of nursing and midwifery education, as well as an important part of NHS Education for Scotland’s nursing strategy12 and Everyone Matters, the 2020 workforce vision.

Regulated professions, such as nursing, have requirements around CPD that they must complete in order to keep their registration. The Nursing and Midwifery Council (NMC) Code requires nurses to keep their knowledge and skills up-to-date by taking part in appropriate and regular learning and professional development activities that maintain and develop their competence and improve their performance.

In addition, from April 2016 nurses must undergo revalidation every three years to remain on the NMC register. As part of this they must have undertaken 35 hours of CPD over three years with at least 20 hours being participatory learning such as study days, workshops and coaching. CPD also features in the NHS Health Care Support Worker Codes of Practice, NHS Scotland Staff Governance Standards and the Scottish Social Services Council Codes of Practice.

But there is a tension between what staff are required to undertake around CPD and what in reality they are able to do. Employers struggle to release staff because of day-to-day service pressures, and the lack of protected study time means staff are not able to access the CPD they want and need.

The latest NHS Scotland Staff Survey13 showed that less than half of staff surveyed felt they could meet all the conflicting demands on their time at work. Time for CPD and development is not prioritised, with over a quarter of staff not even having an appraisal or development review meeting in the last 12 months. The RCN employment survey found that 37% of members in Scotland reported not receiving any CPD in the last 12 months14.

Other regulated professions, such as doctors, have their mandatory CPD time protected and guaranteed. This should be the same for all members of health care teams.

Digital technologies are used to open up new, smarter ways of working for health care teams, especially those operating in the community

Why we need change

Digital technologies have the potential to transform services and health outcomes and work is underway to capitalise on this potential. The NHS Scotland eHealth Strategy 2014-202715 aims to ensure people working in and accessing health care can use technological tools and information channels to improve health care and outcomes. We have also seen gradual uptake of new technology and development of better ways of using existing technologies such as patient records.

Often, these technologies are not fully integrated, and are frequently seen as an ‘add-on’ when designing and delivering care16. This impedes the delivery of integrated, safe and cost-effective health care services across Scotland.

What can MSPs and the next Scottish Government do?

To embed new digital technologies into the way health care professionals work, the right infrastructure, support and skills must be in place for them, their patients and the communities they serve. This will need those responsible for funding, planning and delivering care to invest in both people and systems, as well as a strong push from all stakeholders, including MSPs, to maintain the pace of innovation and roll it out at scale.

1. Engage with your local health board and integration joint board to ensure that by 2020 all health care staff have access to, and are able to use with confidence, the technology they need to deliver safe and consistent care

Digital technology can enable care which is more effective, efficient and sustainable17, and our members can see its potential in releasing time for staff to deliver care18.

We need technological solutions that work across systems, are connected, agile, and secure. Without shared electronic records, for example, staff cannot access timely information about what care has been provided to patients through other services or in different care settings. Timely access to the right information can improve care quality and safety, reduce error and help patients and professionals make better informed decisions. The recent Independent Review of Primary Care Out of Hours Services includes recommendations to secure best use of electronic records and consistent data sharing19.

Work is already underway to develop solutions to join the dots between what is already in place. For example, NHS boards are continuing to develop portals that provide health professionals with a single point of access to key health information such as patient records and medication management systems.

Despite this work to develop integrated solutions, at the point of care our members still experience large gaps in access to appropriate and connected equipment and systems20.

As we move towards the Scottish Government’s 2020 Vision, self-management and community organisation will become key organising principles for care, and community members and groups in Scotland are already developing innovative, technology-driven health tools21. It must be recognised that some members of the community, particularly older people and socially disadvantaged individuals, do have limited digital literacy and skills22 which must be taken into consideration. There are, however, opportunities for health and social care providers to work with their communities to improve engagement with health enabling technologies.

Staff must be confident in using relevant software, devices and systems. For this to happen, care providers and those making decisions about funding and commissioning bodies need to provide time, training and support.

2. Commit to supporting development of local digital infrastructure

As part of the 2020 Vision, Scotland’s Digital Future: Infrastructure Action Plan23 sets out a vision of a country that is connected, utilises new technologies and has a future-proofed digital infrastructure. The national Superfast Broadband project is progressing across the country, with an aim to extend superfast broadband to over 95% of the population by the end of 2017. Access
The pivotal role of senior charge nurses in leading safe, effective, patient-centred care is recognised, respected and properly remunerated

Why we need change

Leading Better Care\(^\text{26}\) set out a new approach to the role of the senior charge nurse (SCN) by affording them education, development and support to improve their efficiency and effectiveness with patients. That document set out four key areas of responsibility for SCNs in Scotland:

- To ensure safe and effective clinical practice
- To enhance patient experience
- To manage and develop the performance of the team
- To contribute to the delivery of the organisation’s objectives

According to Leading Better Care, the role of the SCN is to show clinical leadership, act as a role model for their team and inspire patient confidence by setting and maintaining high standards of patient care where the health care setting. While SCNs should monitor and ensure quality and consistency of care for all patients they should not have a direct case load, nor have their attention diverted from their role in clinical coordination by spending significant amounts of time on administrative duties.

We know, however, that in spite of Leading Better Care many SCNs are still not able to fulfil the role envisaged by the Scottish Government. An RCN Survey\(^\text{27}\) of SCNs and community team leaders found that 82\% are regularly ‘counted in the numbers’ and carry a clinical caseload when on duty and 73\% said that they spent too much time on administrative duties. The survey and the follow-up interviews conducted paint a picture of clinical leaders under severe pressure.

The Francis Inquiry Report\(^\text{28}\) made strong recommendations about the importance of clinical leadership. Recommendation 195 states:

> “Ward nurse managers should operate in a supervisory capacity, and not be office-bound or expected to double up, except in emergencies as part of the nursing provision on the ward. They should know about the care plans relating to every patient on his or her ward. They should make themselves visible to patients and staff alike, and be available to discuss concerns with all, including relatives. Critically, they should work alongside staff as a role model and mentor, developing clinical competencies and leadership skills within the team. As a corollary, they would monitor performance and deliver training and/or feedback as appropriate, including a robust annual appraisal.”

We need to ensure that SCNs have the time they need to lead. The evidence shows that having clear leadership is best for patients and staff, and the policy intention for this is in place. On the ground, however, the story is often very different.

What can MSPs and the next Scottish Government do?

To ensure excellence in care it is vital that SCNs in every health board area are supernumerary. These senior nurses and leaders should also be paid appropriately for their level of responsibility and skill.

1. Back our call to ensure that in every health board senior charge nurses have the time to lead their teams. They should be ‘supernumerary’ – that is, not counted in the number of staff needed to provide safe and effective care – giving them the time they need to assure both excellent care and clinical standards.

Ensuring that SCNs can fulfil their leadership role is vital. This can only happen if health boards ensure that the right number and mix of staff are in each area during each and every shift and that SCNs are not counted in the number of staff needed to provide safe, effective care.

Whilst we recognise the importance of operating within current financial constraints, SCNs cannot be expected to cover vacancies and staff absence in addition to their primary responsibilities of ensuring safe and effective clinical practice, enhancing patient experience and managing and developing team performance.

2. Campaign with us for all senior charge nurses to be paid at their level of responsibility. The accountability which comes with the role, and the experience and expertise which a nurse must have to be working at this level, should be recognised and properly remunerated.

Successive policy initiatives have added to the workload and responsibilities of SCNs. In spite of this their pay has not been reappraised to reflect the complexity of their role. The result is that the pay of a SCN is not a fair reflection of the pivotal role that they hold and not in line with other roles with similar responsibilities across the NHS and the wider health care sector.

The added burden on SCNs without adequate remuneration means that the role is becoming less attractive, something which will have an impact on vacancy rates and the future viability of the role.

Scotland’s politicians champion better pay and terms and conditions for members of nursing teams, no matter their grade or where they work

Why we need change
Over recent years, nurses, like other public sector workers, have been subject to pay restraint. We understand that there has been a necessity to keep a tight rein on finances, but pay restraint cannot continue ad infinitum. The UK Government has said that public sector pay is subject to a 1% pay increase for a further four years from 2016/17. The responsibility to fund adequately Scotland’s NHS lies with everyone through taxation – nurses working in the NHS should not have to support NHS budgets further through real terms reductions in their pay as it fails to keep pace with inflation.

What can MSPs and the next Scottish Government do?
The NHS Pay Review Body (PRB), which makes recommendations to Governments on the remuneration of all staff paid under Agenda for Change and employed in the NHS, must maintain its independence and remit in coming years. It is a real concern that for the first time the UK Government, Welsh Government and Northern Ireland Executive did not seek pay recommendations for 2015/16. Whilst we were pleased to see the Scottish Government seek recommendations from the PRB, we are anxious about the independence of the recommendations given that they were informed largely by the two-year Public Sector Pay Policy in place in Scotland.

1. Commit to upholding and recognising the independence of the NHS Pay Review Body
To date, the Scottish Government has awarded a 1% pay increase in line with the recommendations made by the PRB. We are conscious, however, that if the PRB was to recommend an award in excess of 1% this would go against the Scottish Government’s pay policy. We note the comments of the PRB that Scotland should have “a plan for transition from pay restraint”. Our members want to see their future MSPs and future Scottish Government committing to meet, in full, the recommendations of the PRB. Pay restraint should not be a means by which NHS budgets are balanced.

2. Work with us to preserve terms and conditions for our members
To date, the Scottish Government has resisted tying pay rises to terms and conditions. But this has not been the experience of nursing colleagues in England where previous pay increases have been based on further talks around terms and conditions through the Agenda for Change framework.

We want to see Scotland’s next MSPs continue the positive relationships they have had with trade unions, like the Royal College of Nursing, to date and work with us to ensure that nurses receive the pay they deserve without any erosion of their terms and conditions.

If you require any further information, please contact

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The Royal College of Nursing (RCN) is the world’s largest professional organisation and trade union for nursing staff, with members in the NHS, independent and voluntary sectors. RCN Scotland promotes patient and nursing interests by campaigning on issues that affect our members, shaping national health policies, representing members on practice and employment issues and providing members with learning and development opportunities. With around 40,000 members in Scotland, we are the voice of nursing.

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