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Health, Social Care and Sport Committee

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Dear Convener,

National Care Service (Scotland) Bill

I read with interest the Committee's letter to Scottish government on 7 November, regarding ongoing stage 1 scrutiny of the National Care Service (NCS) Bill. RCN welcomes the Committee's robust questioning. As we made clear in our evidence to the Committee, we have several key concerns that we'd like to see addressed in the Bill at stage 2, which are briefly set out below.

The need for urgent action to tackle the crisis in community health and social care

Even more importantly, however, I am writing to share RCN Scotland's serious concerns about the crisis in Scotland's social care and community health sectors that exists right now and the need for urgent action to tackle it. Individuals that require social care and community health services, and those who work in these sectors, cannot afford to wait until the creation of an NCS for the serious issues around workforce shortages and access to services to be addressed in a sustainable way.

Given the lack of clarity about the content of the Bill and whether the current timetable can be met, in addition to our ongoing concerns about whether the Bill will achieve its objectives, we believe the Scottish Government must act now to tackle the challenges facing a sector that is in crisis.

The recently published 'Health and Social Care: Winter Preparedness Plan' does not provide much relief or hope for our hard-pressed nursing staff working in health and care services. Last winter was recognised as the worst on record and our members working in acute setting report that the treatment of patients in inappropriate areas, such as corridors and waiting rooms, has continued in far too many instances over the summer. The lack of capacity in the community health and social care sectors was a key factor last winter and we've not come close to addressing those challenges. The latest workforce statistics show just how much pressure our community nursing teams are under with 11% of posts vacant. Meanwhile 61% of care services that employ nurses report vacancies and the vacancy rate for these services is 17%.

There is a pressing need to recognise, and resource, the increasing demand for complex clinical care within community health and care home settings. Registered nurses play a key role in meeting this need, and services must have the right numbers of nursing staff, with the right skills, in the right place. While this should be a key focus of work to create an NCS, we cannot wait for an NCS to tackle the nursing shortages across community and social care.

Complex health care needs are increasingly being met within a social care environment which means that the skills and availability of the nursing workforce employed within social care settings is becoming ever more important. With the acuity of care home residents increasing, the best way to ensure nursing input is to have the required skill mix, including registered nurses, employed directly by the care home provider, rather than relying on overstretched community nursing services. However, SSSC data shows a 38% (2,020) reduction in the number of registered nurses employed in care homes between 2012-2022, suggesting that providers are moving away from this model of care and increasingly relying on community nursing.

As a 24/7 service, community nursing teams are essential in preventing unnecessary unscheduled admissions to hospital and facilitating timely discharges from hospital. However, these teams are under extreme pressure, with over 1,500 nursing vacancies in community settings. Members tell us they are having to make difficult decisions about which patients to prioritise and are finishing their shifts feeling that they have not been able to provide the quality of care that they want to.

Investment in the role of registered nurses across community and social care settings is required to ensure the workforce reflects increasing clinical need and changing models of care. Funding for Scotland's care home sector must acknowledge the requirement for the skills and knowledge of registered nurses employed directly within the sector.

We also need to see action now to ensure that staff working within social care receive fair pay, terms and conditions as well as improved access to training and development and clear career pathways. Fair work is a vital element in tackling the workforce crisis in the sector and ensuring that staff working in social care are recognised and valued. We support the establishment of a national pay bargaining system and for nursing staff to have pay, terms and conditions at least equal to equivalent roles in the NHS.

The RCN also has serious concerns around the Scottish government's approach to co-design. While we agree that the views of service users are important when seeking to reform the system, we are of the view that this approach has meant the voices of those working in health and social care have been sidelined. As the Committee has already heard from other organisations, the Scottish government's commitment to truly adopt a co-design approach to the NCS was severely undermined when major decisions around governance and the structure of the NCS were made behind closed doors, with a single stakeholder.

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RCN priorities for stage 2 amendments

While we are clear that urgent action is needed now to tackle the crisis in community health and social care, we acknowledge the Scottish government's determination to proceed with the current Bill. Ahead of the Scottish government's response to the Committee's letter, we thought it would be beneficial to outline again the areas that RCN Scotland would like to see addressed in the NCS Bill, if it is to progress to Stage 2.

We are calling for the Bill to include robust workforce planning requirements to ensure NCS services have the right staff, with the right skills, to deliver high quality, safe services. It is also vital that the Bill makes clear that the safe staffing duties introduced by the Health and Care (Staffing) (Scotland) Act apply to all services within the scope of the NCS. The responsibilities and accountability for workforce planning needs to be clearly articulated within the requirements for the National Board and local care boards.

As discussed above, the delivery of fair work is vital for tackling the workforce crisis and cannot wait until the creation of an NCS. However, if the Bill does progress, we believe that fair work must be more embedded within the legislation.

Professional and clinical nursing leadership and governance in the planning and delivery of an NCS are vital. We are keen to understand how this will be integrated into the NCS and to ensure that the nursing voice is represented at all levels. We understand that details around the make-up of local care boards and the national board are still being considered and are calling for senior nurse leadership on the national and local care boards. Nursing expertise is crucial in the strategic leadership of the NCS and it is imperative that care boards include significant nursing expertise if they are to provide effective direction, oversight and governance. This nursing leadership role on the proposed care boards should have full board member status. Clear professional and clinical governance structures, that provide unambiguous routes for escalation and decision making, are vital and a method of ensuring that the staff voice is represented at care board level is also required.

We would be happy to meet with you to discuss these issues further if that would be helpful.

Yours sincerely,



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