# Workforce Planning Consultation

**Question 1. Are these roles the right ones, or do you have an alternative model? What steps will be needed to ensure these proposals are fully effective?**

The Royal College of Nursing (RCN) believes that if Scotland is to have the workforce it needs to deliver care for people across Scotland, now and in the future, then an overarching health and social care workforce plan is important.

As the consultation paper states, meeting demand now and in the years to come, is not purely about numbers, but about having the right professionals with the right skills in the places where they are needed. That is to say that Scotland needs to adopt a multi-disciplinary, multi-agency workforce plan which has the ability to deliver the workforce necessary to ensure that people across all of Scotland's communities have the health and social care interventions they need. Ultimately, a refreshed, joined-up approach to workforce planning should deliver better outcomes for people.

Whilst the RCN has some sympathy with the intention stated in the consultation document that it is 'the right time to invest…in a coordinated plan at a national level', there is a question over whether local authorities, the third and independent sector wish to move to a workforce planning approach which goes beyond the local, to plan in a systematic regional and national manner. Developing the model set out in the consultation requires consensus, collaboration and cooperation from all sectors. The proposed model is built to reflect the current NHS approach to workforce planning, but if an integrated approach as proposed is to realised then every sector and agency will need to remain open to new approaches and be willing to consider change.

Part of that collaborative process will be to ensure that parties, across sectors, sign up to a shared definition of "workforce planning". In that definition the centrality of shaping the workforce to deliver better outcomes for people should be paramount, to ensure that delivering for people who need care and support are not lost, and overshadowed by a technical discussion on process.

The model set out which sees national, regional and local workforce planning seems, on the surface, to be acceptable as a starting point. But the RCN would raise three areas of concern which relate to demand, the new integrated health and social care landscapes, and the importance of voices from each sector to be equal and for them to be recognised as having external constraints placed upon them:

1. The model shadows a planning process which is well established within the NHS, but it is questionable whether this approach is working to adequately meet current and future demand, even across all health settings. At a national level, there must be a means of horizon scanning which can be set against regional and local plans and intelligence. To date, the national framework has missed key areas of impact, such as the level of retirement in nursing and midwifery. Equally, regional and local planning processes would not be able to

take account in a full and meaningful way of the impact of a political issue like Brexit, for example.

2. The model set out in the consultation assumes that the process in place for workforce planning within health at present fits with the current and emerging landscape of health and social care and the RCN would challenge this assumption.
3. There is a question over whether the model set out in the document will allow for all sectors to have sufficient, detailed input which reflects their practical position and recognises the constraints which they are under because of external factors. For example, the care home sector is, for its budget, dependent upon the care home contract. At present it seems that the contract may not deliver sufficient funding to enable care homes to employ the right number of registered nurses. For workforce planning as set out in the document to work, contracts such as the one for the care home sector, must deliver resources in line with the workforce plan.

As a final point, the RCN would note the importance of having feedback mechanisms within and between the national, regional and local structures. This will allow the Scottish Government to anticipate and plan the funding need for Scotland's future workforce which is crucial in delivering any workforce plan. If constraints on the amount of funding continue at the level seen at present and in the recent past, it will be incredibly challenging to deliver a workforce plan which matches current and adapts to future need.

**Question 2. How can organisational and individual collaborative working be improved, and barriers removed, so that workforce planning can be effectively co-ordinated to ensure people get the care they need where and when they need it:**

Whilst the NHS has a long history of professional succession planning, local authorities have not worked in that way to date, taking more of a market approach. The proposal set out in the consultation will need to bring the two historically very different approaches to workforce planning together, as well as incorporating voices from the third and independent sectors who, to date, have not been included in planning for the future of Scotland's workforce.

All sectors will need to take joint responsibility for investing in future health and social care professionals, whether this is attracting people to work in Scotland, or training additional staff to ensure that the system has the capacity it requires to deliver for people who need care. It is important to realise that these are significant challenges and that any workforce planning model will require to be adaptable and responsive to changing need and sophisticated enough to reflect and flex to accommodate altered circumstances.

Adopting an integrated model should also help to address challenges which exist at present when it comes to certain sectors, or geographical areas, losing out when it comes to recruitment. Such variation in the approach to planning and therefore recruitment at present does not ensure that people receive the best care possible, and the RCN is therefore cautiously optimistic that an integrated approach to

workforce planning, which crosses sectors and agencies, will diminish the variation in recruitment seen at present. For this to be the case, however, it is crucial that national and regional workforce planning work takes into account the infrastructure and service redesign which will see regional services and specialties grouped.

Given this complexity, workforce planning must be supported by skilled workforce planners at all three levels set out within the proposed model. That means that there should be skilled planners at national, regional, and local levels, and that inconsistencies in the level of investment in dedicated workforce planning posts seen, certainly within the NHS at present, are addressed. Having skilled planners at all three levels of the model would ensure consistency and help to guard against inconsistencies in knowledge, skills and expertise, as well as approach.

The RCN believes that it would be reasonable, and indeed beneficial, to share workforce planning at a local level. It may, for example, work to have planners looking across a health board in terms of acute services as well as working to plan with an integration authority. However, the RCN is of the firm view that planning at a regional and national level would need to be separate and not shared.

It is crucial that workforce planning at all levels is informed by the use of workforce and workload tools, clinical quality indicators/dashboards, acuity/dependency tools appropriate to individual settings and professional judgement. For nursing the role of the senior charge nurse/team leader and equivalent roles in other settings is pivotal in delivering the correct number and mix of staff to meet people's needs. Again it is important, particularly at a local level, that the planning system is responsive and takes a real time approach given the pace of change across all services. For example, workforce planning in respect of intermediate care beds is absent, but there is a drive to reduce delayed discharge.

At present, one of the key barriers to effective, robust, integrated planning, is the lack of data available for the social care sector.

**Question 3. How should workforce data be best collated and used to undertake workforce planning in an integrated context based on current approaches of a nationally-led NHS system and a locally-led care system?**

Scotland must continue to develop more sophisticated data collection both inside and outside of the NHS, and undertake more complex analysis of it if effective, integrated workforce planning of the kind set out in the proposal is to be realised.

The availability and quality of robust workforce data across all health and social care sectors and agencies is essential for an integrated planning model. Whilst there is a gap in the data for the social care workforce - the most recently published social care workforce data relates to 2015 – in health it is important that the right data is collected, and collected in a robust way, in order to enable cross-sector, cross-agency planning. Primary care workforce data for staff employed by general practice is, for example, collected on a biannual basis only and by voluntary survey to GP practices.

Some progress is already being made in terms of realising the complexities of modern workforce planning, and the importance of cross-sector date. Within the nursing and midwifery student intake planning process for 2017-18, for example, there was a focus on including data from the care home sector, with further involvement from SSSC and primary care data. However, the lack of available recent trend data and the estimation of future requirements is not yet robust enough to inform workforce planning in a meaningful way.

The discussion paper highlights further comparison and analysis between ISD and SSSC data - this should create the opportunity to develop workforce datasets. SSSC workforce data events with stakeholders in December 2016 sought to explore what is currently available and comment on what should be available in future, such as whole time equivalent workforce data for local authorities and registered care services, staff retention data and more detailed service level and staff group data by staff group, including nursing, both registered nurses and health care support workers. The RCN assumes that discussions and feedback from these data events will be taken into account when considering future data needs.

A variety of practical opportunities have been highlighted in the discussion document to refine the collection and use of data. The RCN believes that stakeholders require more detail to ensure that cross referencing between national official statistics, NHS Board management information, and streamlining projections can be undertaken. It is envisaged in the document that this kind of refined data collection and use would reduce the demands of the quarterly reporting cycle for NHS workforce data. However, in focusing on reducing data demand it will be essential not to reduce existing data sets, for example the breadth of nationally published NHS Scotland workforce data. Rather, there should be a new focus on those areas which are currently underdeveloped to ensure robust data for future planning.

The RCN would also seek clarification around the Scottish Government's intentions to create analytical capacity. Is additional capacity coming from existing posts and resources within NHS Boards and ISD, or will additional capacity be funded by Scottish Government?

It is important that, as well as having the necessary data to properly inform a planning process, there is a single agreed platform for hosting tools across different sectors and agencies which can be easily accessed and used by all.

**Question 4a). How might employers and other relevant interests in the Health and Social Care sector work, jointly and individually, to identify and tackle recruitment and retention issues, ensuring priority gaps are identified and addressed:**

**- Nationally?**
**- Regionally?**
**- Locally?**

Significant investment over time will be necessary to ensure that a suitable health and social care workforce is in place to deliver the care needs for the people of Scotland. Bringing health and care services together is intended to better co-ordinate

services to ensure that they deliver for the people who need care in a more streamlined way. It is envisaged that there will be a reduction on duplication of effort and therefore greater efficiency in the costs of health and care delivery.

Greater workforce efficiency, will not, however, offset the future costs of delivering health and social care. Scotland faces the same challenges as other countries within the UK – budget constraints, ever-increasing costs on everything from medicines to transportation, a constantly growing demand on services, and an expectation that services will provide preventative health measures as well as dealing with ill-health.

Nationally, careers in health and social care need to be made more attractive. The pay of staff working within the NHS has been eroded by 14% in real terms since the 1% pay cap was introduced in recent years. In other sectors, where pay tends to be lower than the NHS, and terms and conditions worse, it is important that the Scottish Government works to champion pay, terms and conditions, in line with its vision for Scotland. This means that Scottish Government funding, whether for the NHS, local authorities, or through independent and third sector contracts, should not only enable employers to have the right number of staff with the right skills, but also reflect the need to pay staff a wage which properly reflects their skills, experience and responsibility.

Equally, it is important that at a national and regional level work is done to ensure that staff are able to move across and between sectors and agencies. This means that the experience of staff in one sector or agency must be recognised by other sectors and agencies. Building capacity in this way across sectors and within and across employers will build a more responsive, adaptable and content workforce.

At a local level, planning should enable the local workforce to be upskilled, to match local needs and demands. Enabling a local workforce may be of particular benefit in remote and rural areas where recruitment and retention are more challenging. At all levels, workforce planners need to be open to identifying and pursuing new avenues of recruitment which allow for the proper resourcing of services in a sustainable way. The RCN believes that national planning processes should, for example, be open to considering targeted and, if necessary, incentivised recruitment to fill local need.

It is important to remember that integration authorities do not, at present, operate under the same partnership working model set out in the NHS Staff Governance Standard. This is because there is not currently binding tripartite agreement between the Scottish Government, local authorities and trade unions. RCN believes that some form of tripartite working agreement, as is present in the NHS, would help to ensure that all staff are supported and have the forums necessary to raise concerns at an appropriate time and in an appropriate place.

**Question 4b). Are there any process or structural changes that would support collaborative working on recruitment?**

It is important that those working in health and social care are on educational pathways which reflect current and future need. These pathways must be able to respond to changing landscapes across health and social care, reflecting the settings which professionals will be required to work in.

Opportunities for career progression across sectors, as set out in the response to question 4a, should be clear and supported. Historically, there have been challenges to professionals moving between sectors and employers, but it is important that these barriers are broken down with all sectors and employers recognising the transferable skills of staff.

**Question 5. Based on what is said above, would it be helpful at national level to have an overarching process (or principles, or framework) for workforce planning across the Health and Social Care sectors?**

The RCN believes in a collaborative, consensual approach to workforce planning, as set out in the response to question 1. Broadly, the RCN is supportive of having a national process, and recognises that the current NHS model provides a framework by which this could be rolled out. Nevertheless, as stated in the responses to other questions, it is important that every sector is comfortable with and confident in the process, and that where appropriate new approaches are considered.

It may also be beneficial for commissioning to be done nationally - to ensure best value and stability of labour market – but any such work must also be informed by local analysis of future need.

**Question 6a). How can a more coordinated and collaborative approach be taken to assessing student intake requirements across all relevant professions, and what other issues should be addressed to remove barriers to successful workforce planning?**

Genuine long-term planning for training is vital to ensure that nursing, medical, other clinical and social care posts are suitably commissioned to safeguard a workforce which is adequate in number, and skill, to meet future demand. It is important that any long-term workforce plan takes account of legislation, such as that proposed on safe staffing for nursing and midwifery.

One of the greatest barriers in effective planning of student intakes to date has been the tendency to still look at the here and now - and what is affordable - rather than mapping what is required to meet future health and care demand. That is why workforce modelling over three year planning cycles is so important if Scotland is to prevent the boom and bust approach to determining student numbers.

Over a number of years the RCN has sought to influence the annual student nursing and midwifery intake planning process, supporting the development and utilisation of a professional judgement tool to ensure that a number of vital factors are taking into consideration when making recommendations on the numbers of nurses required in the future.

The planning process for nursing and midwifery student intake has become more sophisticated over time, recently taking into consideration some limited data on nursing workforce captured from sources beyond the NHS. However, as stated in previous responses to this consultation paper, the data from these sources is not yet robust enough to ensure successful workforce planning, and a more nuanced and coordinated approach to data collection is required.

It is important for the future, however, that workforce planning is done across professions, and that planning silos become a thing of the past. The RCN has consistently stated that the planning for the future nursing and midwifery workforce cannot be done in isolation from other professional groups as it is now. Working in a multi-disciplinary, multi-agency way requires student intakes to be coordinated to meet future need. In primary care, for example, nurses, physiotherapists, pharmacists, speech and language therapists, doctors and other health professionals are all equally important within the multi-disciplinary model which Scotland needs to deliver care.

In addition, changes in the work of one profession has a knock on effect for others. It is therefore crucial that changes to the roles and responsibilities of one professional group are taken into account when future-proofing the workforce. For example, 25% of the current GP workload in terms of vaccinations will need to be picked up by community services. But because of the siloed approach to student and workforce planning to date, it is unclear where the capacity within community teams lies to meet that demand. This is because there has been no strategic, joined-up, long-term, multi-disciplinary approach to workforce and workload planning to date.

Likewise, Scotland has had to build increased capacity in senior clinical decision makers from a nursing background because of a shortage of medical colleagues. This has meant that until recently investment in and development pathways for ANPs were reactionary rather than planned. Ad hoc arrangements are fragile and short-sighted. The investment which is now being made in the education and development of ANPs is welcome, but it has been too late to meet the immediate demand. Future workforce planning must take into consideration things like the length of time which training take (at least five years to develop a registered nurse into an ANP) as well as changing the data which needs to be collected as the make-up of Scotland's health and social care workforce changes .

**Question 6b). What other issues should be addressed to remove barriers to successful workforce planning in both health and social care?**

The consultation document as it stands lists some, but far from all of the Scottish Government's plans to transform the delivery of health and social care services. It also fails to take due consideration of future legislation which could add to the workload of health and social care professionals.

Since 2011 there have been numerous Government-led reviews, working groups and taskforces looking at different aspects of health care. Too often their recommendations pull Scotland's health and social care professionals in different directions, asking them to change the way that they work without considering the additional skills and knowledge they need to do so. For workforce planning of the nature set out in the consultation to work, Scotland's decision makers must have a comprehensive and unambiguous view of how their recommendations will affect Scotland's health care workforce.

That is why the RCN believes that a Government-led workforce and skills impact assessment should be carried out each time a new health or social care policy is

proposed. It is only by working across professions, sectors and agencies that workforce planners can fully understand the impact of any proposed changes, and ensure that Scotland has the right people with the right skills in the right place ready to treat and care for people no matter their illness or where they ask for help.