

Workforce Planning Consultation

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

Some progress is already being made in terms of realising the complexities of modern workforce planning, and the importance of cross-sector data. 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.

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 m.

It is important for the future, however, that workforce planning 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.