6.1. Questions Part B
6. Considering skills and training opportunities for those delivering health and social
care services:
6A. What are the top skills and training gaps relating to data in Scotland's health and social care sector?

- Data visualisation
- Understanding/use of management information by managers
- Understanding of what data exists and where to find it
- Knowledge of how to access data
- Confidence in using data
- Understanding of governance
- Other

RCN has been highlighting issues connected to health and social care data and digital health and social care for a number of years and we have tried to focus on, and promote, the most practical measures that will support nursing to become a genuinely digital workforce. In terms of the skills and training gaps, we have majored on the need for health and social care professionals to have access to the right mobile and other ICT kit and be afforded the time for training in how to use it. Obviously, the only reason to know how to use it is to be able to input, access and otherwise use data in furtherance of providing the right safe and effective patient care in the right place at the right time. Consequently, implicit in our focus is the provision of training that would instil an understanding of what data exists and where to find it; how to access that data; how to confidently use that data and how that data is governed.

Our manifesto for the 2021 Scottish parliamentary election ('Protect the Future of Nursing' https://www.rcn.org.uk/protect) summarised our position when we called for 'Better data sharing and improved access to patient records as well as investment in digital technology to ensure nursing staff working in the community have the information and equipment they need to do their jobs and deliver safe and consistent care.'

As long ago as 2017, in our submission to the Scottish Parliament's Health and Sport Committee Inquiry into Technology and Innovation in the NHS we noted that 'timely access to the right information can improve care quality and safety, reduce error and help patients and professionals make better informed decisions.' https://www.rcn.org.uk/about-us/our-influencing-work/policy-briefings/sco-parl-digital-technology-and-innovation-in-the-nhs-written-evidence

Similarly, in the 2017 document, 'Principles for a technology-enabled health and social care service', created in conjunction with the Primary Care Clinical Professions Group (PCCPG), we signed up to the following principle, which is of relevance to this question: 'Health records and technology-

makes little sense for there to be no standard to which those inputting and using data can refer as a guide to the type, quality and depth of data required and expected. The corollary of that position is that we agree that the Scottish Government should mandate standards for gathering, storing, and accessing data at a national level.

8B. What data standards should we introduce?
See our answer above and note that in our 2021 submission to the Scottish Government's consultation on a National Care Service we stated the following in answer to question 11.

"Q11. Should legislation be used to require all care services and other relevant parties to provide data as specified by a National Care Service, and include the requirement to meet common data standards and definitions for that data collection?

RCN Scotland welcomes common data standards and definitions to support multidisciplinary and multi-agency working and would expect thorough consultation on the detail of what those would be."
https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/sco-

RCN has indicated its position on the value of sharing data in the manner described, across multiple RCN policy documents, over several years.

In 2017's 'Enhanced care in the palm of their hand: Developing mobile technologies for Scotland's district nursing teams' (https://www.rcn.org.uk/about-us/our-influencing-work/policy-briefings/sco-pol-enhanced-care-in-the-palm-of-their-hand) we advocated for the interoperability of 'electronic record systems developed for use within community, GP practice and hospital settings to allow relevant patient data to be available at the point of care', as well as highlighting that 'given the integration of health and social care, interoperability with social work systems is also under consideration in some integration authorities; however, this work is not widespread.' We also highlighted 'poor sharing of data between NHS boards and local authorities.'

The 2017 document, 'Principles for a technology-enabled health and social care service' was created in conjunction with the Primary Care Clinical

"Q10. To what extent do you agree or disagree with the following statements? There should be a nationally consistent, integrated and accessible electronic social care and health record. Information about your health and care needs should be shared across the services that support you.

Improvements in data gathering and data sharing have the potential to have a really positive impact on the way that people experience health and social care services, and to enable the professionals providing those services to do so more effectively, efficiently and in a more person-centred way. Such

We do not have any specific examples to offer but, overall, it is barely conceivable that patient safety could be anything other than improved and enhanced by the multiple health and social care professionals involved in a person's care having a holistic understanding of that person's health and social care needs and treatments. Put simply, the health and social care right hand should know what the health and social care left hand is doing.

10. Thinking about the actions needed to improve the quality of management information and internal reporting data across health and social care:
10A. What are the priority pieces of management information needed (that are not currently available) to provide better health and social care services?

The short answer to this is 'workforce data'. We recently published our report 'The Nursing Workforce in Scotland' https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/sco-parl-nursing-workforce-in-scotland-report-290322. In it we made several points about this data, including the following:

"The Auditor General's latest review of the NHS in Scotland (Audit Scotland, 2022) …says there is a lack of 'robust and reliable workforce data in our NHS' and that workforce planning has 'never been more important'. Audit Scotland's report refers to RCN Scotland's Employment S

commitments is required to enable transparency and more robust planning for the future.
10. Scottish government must provide publicly available health and social care activity data to ensure this informs workforce planning across all health and social care settings including general practice."

10B. What is needed to develop an end-to-end system for providing business intelligence for health and social care organisations in Scotland?

No comment.

11. Thinking about improving the quality and ability to reuse data sets across health and social care setting and for innovation & research:
11A. What key data sets and data points do you think should be routinely reused across health and social care to reduce duplication of effort and stop people having to re-tell their story multiple times?

We are not familiar with the full range of data sets and data points to which this question relates, and it would have been helpful for them to have been set out in the consultation. However, if the aim of reusing them 'across health and social care (is) to reduce duplication of effort and stop people having to re-tell their story multiple times' then they must be data sets and data point to do with an individual's health and social care needs (including medical needs) and the services and treatments of which they are in receipt as a result. If the concept of a 'nationally consistent, integrated and accessible electronic social care and health record' is to be realised in