



Workforce

Wednesday 14 June is Workforce day, as part of Care Home Week 2017.

This report provides an update on progress against Scottish Care's nursing recommendations, outlined in the 'Voices from the Nursing Front Line' report in November 2016.

In November 2016, Scottish Care launched a new report entitled '[Voices from the Nursing Front Line](#)'. This report sought to explore the experiences, views and ideas of nurses working in social care through the voices of nurses themselves. It detailed many of the challenges of nursing within care homes in Scotland, but also the many positive reasons for choosing and remaining in this career path.

At the same time as launching this qualitative report, Scottish Care published [nursing data](#) collected through our membership. This indicated that the nurse vacancy level in care homes was sitting at around 28%

Based on both sets of data, Scottish Care made 10 recommendations in 'Voices from the Nursing Front Line'. These recommendations set out ways in which we believe progress against the nursing agenda needs to be made, and which Scottish Care hope to take forward in partnership with a range of colleagues across health and social care.

Since the publication of these reports, there has been significant movement against a number of the recommendations.

This short update report will therefore recap on the ten recommendations and outline the ways in which they have been progressed over the past seven months, as well as the ways in which they continue to develop in light of the ongoing challenges facing nursing in the care home sector.

Recommendation 1: Identify what are the core skills mix for nursing in social care

The report identified a lack of appreciation of the complexity of the nursing being delivered in care homes throughout Scotland. We should celebrate the fact that people are living longer lives; but longer lives don't necessarily mean healthier lives.

Older people in care homes are living with multiple morbidities and often require complex, timely and skilled nursing interventions – both medical and therapeutic.

Clinical support for our older citizens has to become a greater priority than it is at present. Included in this are challenges around over-prescription and polypharmacy which are highlighting real complexities around medication in care home practice. The diverse and complex skills involved in caring for older people should, we would argue, be seen as a specialism in its own right. This has implications around the content of the current nursing degree and postgraduate qualifications, and would also require a review of placements.

Nurses spoke in the study of spending too much of their time dispensing medication, ordering medications and filling out paperwork including care plans. These are self-evidentially critical activities for quality care and support but together with the nurses we interviewed, we are asking, should these activities be intrinsic to what is demanded of nursing in care homes at present? We are therefore calling on all parties to work with us in defining the appropriate skills mix and to develop the job and role redesign work required to deliver effective clinical intervention and support not just solely for nursing but also other social care roles.

Recommendation 1: Progress update

One of the challenges for the care home sector that has been recognised following the recommendations relates to mentoring and supervision. In terms of enabling nurses to be clear about their roles and to maximise the effective use of their skills, the lack of mentors is an issue – or at least their inconsistent presence across the country. These issues relate to a lack of protected time in the current business models and the National Care Home Contract for mentoring and supervision, mixed quality of placement experience and an overall inability of the system to allow nurses to be released to train as mentors and keep supervisory skills ongoing. What's more, there are more demands on the time of nurses due to an increased requirement for them to undertake intensive and clinical duties.

Nevertheless, strong and effective mentorship needs to be identified, prioritised and nurtured to ensure that nurses and other care staff have good role models and to support the best utilisation of nurse skills and knowledge. There has therefore been mutual recognition between NHS Education for Scotland (NES), the Chief Nursing Office (CNO) and Scottish Care that we need to explore what we mean by 'mentoring' and whether we are creating too great a level of expectation upon care home nurse mentors which is off-putting and not essential to the role. There has been agreement that others models are working well, e.g. for Allied Health Professionals, and that these need to be shared and explored further.

Separately, focus has been given to *senior carer* roles and how these can support nurses. One provider has worked with the Care Inspectorate to upskill senior carers to discharge some nurse duties and the learning from this is still being collated. We know that due to an increase in residents with higher dependency levels there are changing demands upon this role. We recognise that exploring the current definition of nursing in a care home is challenging but this is essential due to changing nature of

the role and range of increased responsibilities such as dispensing medication. Work has also been undertaken to explore the Indicator of Relative Need (IoRN) dependency tool and its potential development to consider, explore and develop a staffing matrix to fit the staffing complexity within care homes, including nursing.

Furthermore, the Scottish Government 2030 Vision is due to be published soon, highlighting what nursing will look like in 2030. It is expected that a large amount of that report will be focused on the community and care home settings and will help to shape further work in this area.

Recommendation 2: Develop a career pathway with NHS nursing

A sense of 'them and us' was evident in our discussions, highlighting the differences between NHS and care home nursing. There appeared to be a disconnect between the sectors; from access to learning and development opportunities for nurses to access to primary care and allied health professional support. This disconnect, if not addressed, becomes self-perpetuating and will continue to reinforce the inequalities that exist between the sectors.

Barriers to new, innovative models of nursing will persist, and progress towards meaningful and real integration will be seriously hampered. We are therefore calling for a greater equity in treatment between nurses employed by the independent sector and those working within the NHS. There needs to be a clearer articulation and exploration of how on-going work on nursing career and development pathways can be resourced and piloted towards a discrete pathway for care home staff – both nursing and non-nursing. Nurses have told us that where they have the opportunity to learn together with NHS colleagues that this benefits all participants and improves the support available to residents. There is a real potential for cross-organisational exchange and mutual support.

This might include some of the following:

- Greater practical support for care home nurses to complete the Flying Start Programme
- Greater accessibility to NHS facilities and training resources (e.g. phlebotomy updates and opportunity to practice new skills – either from qualification or later in career)
- 'Open Doors' policy – NHS supporting nurses to participate in relevant courses – and vice versa – enabling nurses working in acute settings to learn from their colleagues in social care
- Greater involvement of hospices in sharing knowledge and experience around palliative and end of life care

Recommendation 2: Progress update

Since Scottish Care's report was published, the CNO has begun the undertaking of a Commission into Widening Access for Nursing and Midwifery Education. This Commission will be taking forward work that will improve routes into nursing careers through maximisation of participation strategies and the provision of flexible pathways. It will specifically address inclusivity in relation to social care as part of this work.

This Commission, chaired by Professor Paul Martin from the University of the West of Scotland, will produce a report for the CNO which articulates:

- A shared understanding of the routes to accessing nursing and midwifery education, the barriers that may exist and the opportunities for their removal.
- Recommendations on actions and targets to improve access to Nursing and Midwifery education and careers. A culture of partnership between schools, colleges, universities, employers, NES, CNO and Scottish Government where each recognises the role it can play in improving access to Nursing and Midwifery careers and works in partnership to achieve this.

This report will be finalised in Autumn 2017.

Scottish Care is contributing to the work of the Commission, and is ensuring that it remains cognisant of the need to attract and provide flexible routes for older adults into nursing in addition to school leavers.

Scottish Care has also engaged in discussions and reached a mutual understanding with the CNO around the importance of nursing students realising and appreciating the necessity of multi-disciplinary working and gaining experience of this in their training. Further work with the CNO and NES will look at how this can be made meaningful through placements and learning opportunities. This should also extend to post-registration nurses, to ensure that NHS nurses understand the complexity of nursing in care homes and vice versa.

In terms of nurses already working in the sector, conversations have been undertaken with NES about more NHS-led training opportunities taking place in care homes, being appreciative of the reality that it is extremely difficult given staffing pressures to release nurses to attend external training.

Scottish Care is also aware of local examples whereby nurses working across health and social care settings can access shared learning and development opportunities and gain mutual experience. Moving forward, the Partners for Integration & Improvement project arm of Scottish Care will focus on capturing these examples and sharing them more widely.

As an example, Scottish Care is leading on a test of change in Glasgow Health & Social Care Partnership which focuses on shared learning between hospice, care home and care at home services. This partnership project will involve undertaking a scoping exercise covering two organisational journeys, “*mapping the existing and future educational palliative care resources*” each has to meet the challenges of supporting and providing appropriate ‘workforce’ learning and development needs across specific group/groups of staff, including nurses. It is hoped that this innovative project will enable better identification and use of cross-organisational exchange opportunities. It is envisaged that this work will get underway in August 2017 and complete in January 2018.

Recommendation 3: Develop nursing in social care as a positive career choice

Perhaps one of the most concerning areas of discussion which this study has highlighted was how a career of nursing in a care home setting was portrayed and communicated to students by lecturers and tutors as they progressed through their degree. There was significant evidence of negativity which was found to be reinforced by the nurses and health professionals in NHS settings during students’ placements. The consequential transference of negativity to the nurses’ peers was not therefore surprising.

Nursing within a care home environment demands an enhanced skill level. It involves managing the complex clinical and behavioural needs of the people in direct receipt of care and often the expectations of families. It requires nurses to be strong leaders, team players and decisive decision makers. The role requires excellent communication skills and knowledge about a range of complex conditions and the way they interrelate, not just specific knowledge of particular conditions such as dementia. The delivery of care is not transient in nursing homes; it’s a journey.

It was apparent through the interviews that care homes provided an environment where these skills were required day in and day out. The myth that ‘it’s not proper nursing’, which was clearly held by many, needs to be urgently challenged through a joint effort of all partners to promote nursing in a social care environment as a distinctive specialism.

As the nursing profession begins to articulate its 2030 vision, there is an opportunity not only to highlight the role of care home nursing but also to consider new approaches which embed that intrinsic contribution into the pathway of care and support. For instance, we could consider the possibility of developing a degree or specialist course, which focuses specifically on older people’s nursing in its entirety as an area of particular specialism.

Recommendation 3: Progress update

It has been widely recognised that we need to elevate and enhance the relationship between Higher Education Institutes (HEIs) and care homes in order to develop nursing in social care settings as a positive career option to student nurses. There has therefore been a commitment to explore broadly an idea such as Care Homes of Excellence – specific flagship care homes in each geographical area which would become beacons for best practice in relation to supporting student placements and the role of nursing in social care. The learning and shared experience from these will potentially be shared in a virtual community of excellence. Scottish Care has pledged to undertake work identifying these care homes, which would then act as dedicated student placement centres and be made available to a range of colleges, universities and professional schools. It is hoped that the establishment of such centres and the formulation of more positive links with educational settings will go some way to overcoming the negative and often misguided perception of care homes as a lesser career pathway for nurses. Such developments have to remain sensitive to the reality that care homes are first and foremost an individual's home rather than centres of training and development. All work will be undertaken to ensure and advance the dignity and rights of those who make the care home their home.

Furthermore, positive engagement with partner organisations around the recommendations has led to a general acceptance that mental health and care of elderly are now the major elements of nursing in the 21st century and will continue to be dominant elements into the future. More work will therefore be explored around how to address the disjoint between the image and role conception of entrants, and the reality of the role they will undertake when working as qualified nurses, regardless of setting.

Recommendation 4: Address the inequalities in terms and conditions

Inequalities in relation to pay, terms and conditions and benefits between the NHS and social care sector exist. What sits behind this reality is a complex picture, and is one which requires a collective response and potentially difficult decisions being made. Although the vacancy rate of 28% identified in the most recent Scottish Care study cannot be attributed to inequalities in pay and conditions alone, we would argue that it is a significant contributing factor, presenting a reason for the reluctance to work in care homes and encouraging nurses to leave the sector to work in the NHS (to receive enhanced maternity leave, for example).

We recommend that work currently underway to explore the funding of social care recognises the disparity and inequality in terms and conditions and in so doing addresses that inequality directly, e.g. by ensuring adequate funding for nurses in social care to be paid at Agenda for Change rates and to be offered equal additional terms and conditions.

As the sector seeks to develop new models of care and support there will be an increasing requirement to ensure joined up, co-professional, cross sector front line delivery to support individuals (e.g. for good end of life experience) but it is difficult to imagine this working with unequal terms and conditions.

Recommendation 4: Progress update

Since the Voices from the Nursing Front Line report was published, work has continued on the Care Home Reform agenda, linked to the review of the National Care Home Contract.

Through this, routes have been explored for achieving more parity between nurses working in the care home sector and those employed in the NHS by employing Agenda for Change rates. However, these discussions very much remain open to development and change. The criticality of equalisation of terms and conditions to the overall development of nursing within the care home sector cannot be over-emphasised. In addition this needs to be accompanied by an awareness of the importance of skilled staff delivering clinical excellence on care homes which, put simply, means that we cannot place individuals requiring such interventions in settings where there are no nurses.

This Reform work had paused whilst the 2017/18 negotiations were undertaken but the groups linked to this process, including the nursing workstream, are scheduled to reconvene in late June. This group will explore issues relating to role reform, terms, conditions and how nursing can be linked meaningfully to the use of a Cost of Care calculator and a dependency measurement tool.

It has been stressed to Scottish Care that there is a willingness and desire within Integrated Joint Boards (IJBs) to work in partnership with care homes, including around nursing. Linked to this, there is recognition that more needs to be done to identify the supports that could be given to the care home sector through the Lead Nurse role in IJBs. These discussions are likely to continue through the Nursing Directors meeting in the autumn.

Recommendation 5: Rebalance the level of scrutiny and inspection

The development of outcomes based care plans, regularly reviewed to reflect the changing needs of an individual, are fundamental to the delivery of person centred care. However, the time involved in ensuring this is done – to meet both individual needs and Care Inspectorate expectations – appears not always to be appreciated by commissioners. This fundamental element of care and support needs to be factored into commissioning and consideration must be given as to who the best person is in a care home environment to ensure these outcomes are achieved. It may not be the nurse.

There was a very real sense that the balance between scrutiny and flexibility within inspection was not always achieved. We would like to see specific work undertaken on developing models of risk enablement in care home practice which would reduce the pressures on nursing and care staff. In addition we would like to see a greater emphasis on staff autonomy and professional decision-making.

A number of nurses expressed particular frustration in relation to what they perceived as inconsistency in inspection and scrutiny, especially divergence in expectation between different inspectors. This is consistent with research already carried out by Scottish Care and has a very negative impact on nursing practice and morale.

The advent of new technology offers us the possibility of developing more dynamic, flexible and person centred approaches to care and support plans, including the ability of families to be involved in writing/updating plans. Such innovative practice would support delivery of person centred care but would need appropriate support from regulatory bodies.

Recommendation 5: Progress update

Whilst no specific work has been undertaken on this area in a way that is directly linked to the nursing recommendations, Scottish Care has continued to contribute positively to the development of the new National Health and Social Care Standards. These Standards have now been launched and are due to begin their phased implementation in April 2018.

With the new Standards based on human rights and focused on the holistic experience of the individual, it is hoped that they will signify a prioritisation of relationship-based, flexible care provision which will enable nurses to make informed decisions about how they can best apply their skills and knowledge to care delivery whilst upholding their caring values.

In addition the new Standards offer both the regulator and providers a very real opportunity to develop a human rights based model of scrutiny and improvement which is mutual, reciprocal, continuous and relationship based. Such a model would significantly enhance the quality of care provision.

Scottish Care continues to co-chair a regulatory liaison group with Care Inspectorate colleagues and nurtures a positive strategic relationship with the regulatory bodies whereby particular issues can be raised and opportunities for progressing pieces of work can be explored, including those outlined in the recommendations.

Recommendation 6: Resource development in nursing specialisms in social care nursing e.g., dementia, neurology, geriatrics, mental health, palliative care etc

We know that brave and perhaps radical decisions need to be made to ensure that the nursing profession evolves to meet policy and governmental expectations that everybody receives care in the most appropriate setting. There is every reason to imagine that the skills evident in care homes would enable these locations to be considered as centres of excellence for the delivery of complex care. In many care homes it's already happening, but it's not without its challenges.

Negative experiences of accessing services such as occupational therapy, podiatry, physiotherapists and doctors, which are readily available in hospitals, need to be addressed in the care home context.

The rights of the individual receiving care must be at the heart of decision making about the future of nursing in Scotland. Care homes are homes for thousands of people across the country. Older individuals living in care homes should not be denied access to services that would be available to them were they in their own homes.

We have acknowledged that people have a right to die where they want to and a care home will increasingly be a place of familiarity and support where individuals will choose to die. However in affirming that right we also need to recognise, and this study has highlighted, that there is an inadequacy of resource to enable care homes to become as effective at end of life care as they might be. We recommend as a matter of urgency that commissioning plans within the new Integrated Joint Boards recognise the distinctive requirement to fund palliative and end of life provision in care homes.

Such recognition would help to resource the specialist training and staff development which is required. We have potential to form appropriate multi-disciplinary teams potentially located within care homes to support palliative and end of life care, not just in the care home environment but also in the wider community.

Recommendation 6: Progress update

The notion and potential value of developing nursing specialisms around care home provision, similar to those in place for other areas of clinical practice, has been raised with the CNO and representatives from HEIs. From this, further work is underway to ascertain whether specialist training could be built into existing courses and Advance Nurse Practitioner training, thereby not seen as an additional aspect which may prove more difficult to establish.

Recommendation 7: Develop and promote a positive image of nursing in care homes

Scottish Care will be hosting a seminar in December 2016 to discuss how we can progress this recommendation, to which participants in this research, Scottish Care

members and key stakeholders will be invited. We want to promote and celebrate the reality of nursing in care homes and continue efforts to eradicate the negative image which has developed and grown up over several years.

Meaningful progress in this area will only be achieved through concerted effort and investment of time and resources by colleagues within Scottish Government, the Royal College of Nursing, the Nursing and Midwifery Council and all those interested in advancing the role of the nurse in a care home setting.

We value and welcome the work undertaken already by the Royal College of Nursing around positive stories from care homes but feel that there will be benefit in extending this work, not least amongst new recruits and students in our colleges of nursing.

Recommendation 7: Progress update

In discussions with partner organisations around how to progress the recommendations, there has been acknowledgement of a general discriminatory attitude towards old age in society. Partners share our view that it is important for nursing students to see and work alongside the multi-sectoral and multi-disciplinary partnership across all sectors.

As part of this, the key message of encouraging a positive image of caring for older people and their families should be promoted to universities and their pre-registration students. A couple of practical suggestions have been made in relation to this.

Firstly, it has been suggested that more visual content could be developed to tell the stories of nurses who choose to work in the care home sector. One particular element of this would be to capture the experiences of male nurses, who are an often overlooked component of the nursing workforce and particularly the care home sector. This could support both recruitment processes of care home providers but also aid the understanding of students and lecturers about the realities of nursing in care home settings. Together with partners, Scottish Care will consider whether there needs to be more resources developed in collaboration to aid recruitment.

In a similar vein, Scottish Care developed a series of nursing videos as part of the Care Home Awards 2017. These videos profiled the four finalists in the Nurse of the Year category, including a male nurse, and were showcased at the Awards ceremony. These videos are available via the Scottish Care website and are to be further profiled as part of the inaugural Care Home Week, which runs from 12-18 June 2017.

Secondly, it has been proposed that an annual Care Home Nursing Day could be established. Discussions on this idea are at an early stage but the purpose of the event would be to address the negative attitudes aligned to care homes and

particularly, what undertaking a nursing career in care homes means. This event would be targeted at HEIs, whereby they would undertake to focus on this area and celebrate it, in collaboration with Scottish Care. A similar initiative was successfully undertaken in relation to Learning Disability (LD) nurses.

Recommendation 8: Work with HEIs to promote nursing in a care home setting as a positive career choice

Although closely aligned with the previous recommendation, it was felt that working with Higher Educational Institutes (HEIs) to promote social care nursing as a positive career choice needed to be recognised as a distinct piece of collaborative work.

Scottish Care, in isolation, can have minimal impact in addressing the need for social care nursing to be seen, communicated and promoted in the same way that nursing in an acute setting is.

Perhaps this recommendation first requires people involved in HEIs to reflect on their practice. This is in no way a critical comment, rather a suggestion that could support meaningful progress in this area. Do we need to unpick the reasons behind the perception of negative communication and reputation – both intentional and unintentional? We would recommend that placements of nurses in care home are neither seen as a starting point before you get into ‘real’ nursing nor as a last placement but are dispersed throughout the course schedule and certainly with appropriate mentoring and support. Given the critical shortage of nurses in the sector, there also needs to be recognition that such mentoring and support may require additional support and financing. This would assist in ensuring that placements evidenced the diversity of skills required to work in a care home and would in part serve to dispel the myth that nurses become ‘de-skilled’ by choosing this particular nursing path.

Recommendation 8: Progress update

Since publication, there has been a positive response from at least five HEIs who participate in pre-registration training and who have engaged with Scottish Care to develop work around this recommendation. For instance, members of the Scottish Care team have been invited to speak to student nurses regarding the benefits of undertaking nursing careers in the social care sector, and to share our learning around the delivery of palliative and end of life care. However, whilst there are a number of committed individuals in some centres, much more work has to be undertaken with all HEIs to ensure a more positive focus on the care sector and older people’s nursing in general.

There is recognition that more needs to be done to work across the whole university and college sector, and that positive progress on this needs to begin to be

consolidated and then shared with others. All partners in this area are very clear that this must extend beyond enthusiasts in individual schools in order that consistency and meaningful progress can be achieved.

Recommendation 9: Positively address workforce issues such as emotional fatigue, mental wellbeing, stress and distress

Scottish Care is acutely aware of the importance of wellbeing at the front line of social care, and recently ran a workshop exploring physical and emotional burnout with a group of front line support workers.

The present research has highlighted the particular stresses the nursing workforce is experiencing through dealing with, amongst other issues, frequent bereavement, mental health challenges and a rise in behaviour which is challenging.

Scottish Care see particular benefits of combining physical and mental wellbeing initiatives for the workforce and the people they care for.

We would recommend that partners work with us to identify the range of challenges staff are facing and to introduce measures to support staff at local and national level.

Recommendation 9: Progress update

Scottish Care's ongoing work, particularly that of the Workforce Matters team, is increasingly focused on the mental and physical health and wellbeing of the social care workforce. This, of course, includes the 5,000 nurses in the sector. This agenda featured largely in Scottish Care's recently published report, 'Trees that Bend in the Wind' which explored front line workers' experiences of delivering palliative and end of life care.

Building on this, the Workforce Matters project will be hosting a Front Line Mental Health and Wellbeing event on 26th September to further explore these issues, to which nurses working in the sector will be invited.

In addition, from late summer Scottish Care will be undertaking a significant piece of research which centres on mental health. We will undertake some focus group work to explore the ways in which mental health and wellbeing issues impact upon the front line care home and care at home/housing support workforce including nurses. This will include an exploration of the personal mental health and wellbeing issues facing staff working within the sector and will build on the work which Scottish Care in conjunction with the Care Inspectorate has already started on the physical health and wellbeing of the workforce. We would hope to be able to publish our findings at Scottish Care's annual Care Home Conference on 17th November 2017.

Recommendation 10: Address the issues of nurse recruitment and use of agencies

Our final recommendation relates to the particular challenge posed by the over-use of agency staff. We recognise that the current system of care home nurse provision, not least with current vacancy levels, necessitates the existence of agencies and banks. However, it is clear from the nurses whom we interviewed that an over-reliance upon agency staff resulted not only in negative financial impacts but led to a diminution in the continuity and consistency of quality care and support. Dependency upon agency staff has to be addressed as a matter of priority and we would recommend that partners seek to develop strategies to reduce such a dependency and to establish clear criteria for their continued use, including capping of rates and the establishment of clear quality criteria.

Recommendation 10: Progress update

Information had been gathered and presented to the Home Office and Parliamentary Review on Immigration and its current and future impact on nursing in social care. It is known that some care providers in the EU have stopped supplying nurses, resulting in far less nurses entering the sector through this route. This is compounding the difficulties that the care sector is facing in relation to both attracting new staff and retaining existing staff. Scottish Care has given evidence to the Home Affairs Select Committee on this issue and specifically raised the nursing challenge associated with Brexit. This remains an issue of real concern with the Nursing and Midwifery Council reporting in June 2017 that there had been a 96% drop in the registration of nurses from the EU in the year up till April 2017.

To further support recruitment into the care home sector, the Scottish Government's 'One Year Job Guarantee' (OYJG) scheme is to be extended to care homes. However, it was agreed a central point contact is required to ascertain vacancies within care homes as a mechanism for obtaining this information does not currently exist. Whilst NHS Nurse Directors are approached regarding vacancies in their area, information at a local level for the care sector is difficult to determine. To combat this, Scottish Care will work with the CNO to establish how systems could be put in place whereby IJB Nurse Leads are updated on a fortnightly basis on vacancies in local care homes and how that can then be fed back to the CNO to determine whether any further national support is required.

Furthermore, the 'One Year Job Guarantee' website will be updated to include all sectors and not just NHS vacancies, as is currently the case.

The way forward

Undoubtedly, this is a constantly evolving agenda and the recommendations made by Scottish Care will not solve all of the nursing challenges by themselves. What's more, there is much more to do in relation to each of these recommendations and Scottish Care remains committed to working in partnership to actively progress them.

The latest anecdotal evidence, underlined by the recent evidence from the NMC, would suggest that vacancy rate for nurses in care homes is now 31%. This is of significant concern, and emphasises the need for urgent and meaningful action to address the recruitment and retention challenges.

We cannot afford to rest on our laurels around this agenda, and Scottish Care urges our partners to continue to engage with the independent sector to find practical solutions and develop innovative approaches to ensure this vital nursing resource is valued and sustained, as well as being fit for the future of care home provision.

However, we must also celebrate the significant work that has already gotten underway since the publication of 'Voices from the Nursing Front Line'. From Scottish Care's perspective, the progress and shared commitment to implementing our recommendations has been unprecedented and has highlighted the value of adopting a collaborative, solutions-focused approach to dealing with the challenges facing the health and social care sector.

Scottish Care would like to express its particular thanks and gratitude to the CNO, both for their positive response and their willingness to work with the independent sector. However, we would equally want to recognise our range of partners who are working towards securing nursing provision in care homes for the future.

Given this is Care Home Week, we are calling on stakeholders across health and social care to help us celebrate care homes and the role of nurses within these services. This includes sharing any initiatives they are adopting to support nursing in social care, and engaging with us around any other ideas about how we can all work to secure and support our care home nurses.

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