Do you think the Bill will achieve its policy objectives?

1. The overarching aim of the Bill is to “provide a statutory basis for the provision of appropriate staffing in health and care service settings, thereby enabling safe and high-quality care and improved outcomes for service users”.¹

2. The link between safe, timely and high-quality care for patients and the appropriate staffing has been widely acknowledged.² In an Emergency Department (ED) setting, this means having the right number of senior-decision makers, multi-disciplinary teams and nursing staff to provide timely, safe care. Importantly it also requires the right number of staff within and without the hospital to increase flow through the system, to lessen cases of 12-hour waits, to mitigate ‘Exit Block’ and to diminish Delayed Transfers.

3. Having the principles of safe staffing enshrined in law and thereby giving local authorities the means and impetus to develop robust workforce plans, will help the Scottish Government to achieve the above policy objective, albeit difficult to quantify in the short term.

4. It is important to note, however, that if local authorities deem workforce expansion, additional training or new models of care necessary, these plans will require adequate funding and support in order to succeed.

What are the key strengths of: Part 2 of the Bill?

5. The Bill states:

“It is the duty of every Health Board and the Agency to ensure that at all times suitably qualified and competent individuals are working in such numbers as are appropriate for –

a) The health, wellbeing and safety of patient, and

b) The provision of high-quality health care.”

6. It also notes that staffing methods should take into account “comments by patients”, “patient needs” and “appropriate clinical advice”.³

7. This is important for two reasons. Firstly, the patient and their needs are put at the forefront of the Bill’s objectives and also in its methodology for achieving its safe staffing aims. It is for the patient that health and social care services exist, and it is for the

¹ Health and Care (Staffing) (Scotland) Bill, Policy Memorandum
³ Health and Care (Staffing) (Scotland) Bill As Introduced (24 May 2018)
patient that NHS staff and regulators alike aim to improve the service. It is only appropriate then that service users are considered.

8. Secondly, decision making will take into consideration professional judgement as well as patient opinions. It is only by understanding the working environment and concerns from those that work on the ground can staffing models be strengthened, and the sustainability of careers improved.

What are the key strengths of: Part 3 of the Bill?

9. In section 82A, ‘Development of staffing models’, the Bills states that Social Care and Social Work Improvement Scotland (SCSWIS) can develop or recommend staffing methods to Scottish Ministers after collaboration with Healthcare Improvement Scotland and every integration authority, amongst others.4

10. This is important because wider engagement between SCSWIS and healthcare providers will better enable the integration of health and social care in Scotland. The role of Integration Joint Boards is integral to this aim.

11. The College considers that this engagement and collaboration between services will help to maintain flow in the system, will aid patients through their transitions into social care from hospital care and will help to diminish Delayed Transfers.

12. Furthermore, many patients attending Emergency Departments have complex problems which can only be addressed properly if an integrated approach is taken. Doing this with new workforce models will be better for the patient, and - if it helps to prevent unnecessary multiple attendances – it has the potential to be more cost effective. Integrating new types of staff in the ED can have significant benefits around this, but traditionally these groups have been based elsewhere. Innovations such as the Navigators, and Extended Scope Physiotherapists are examples of this.

What are the key weaknesses of: Part 2 of the Bill?

13. Point six of the Policy Memorandum states:

“The provision of the Bill will enable further improvements in workforce planning by strengthening and enhancing arrangements already in place to support transparency in staffing and employment practice across Scotland”.5

14. The College considers that ‘transparency’ is important to improve cultures, to encourage shared learning between Health Boards and to ensure that workforce plans are seamlessly put into place with appropriate clinical engagement and by-in.

15. However, in section 12IE, ‘Reporting on staffing’, the Bill states:

“The information may be published in such manner as a Health Board or the Agency (as the case may be) considers appropriate, for example in an annual report”.6

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4 Health and Care (Staffing) (Scotland) Bill AsIntroduced (24 May 2018)
5 Health and Care (Staffing) (Scotland) Bill, Policy Memorandum
6 Health and Care (Staffing) (Scotland) Bill AsIntroduced (24 May 2018)
16. The RCEM Scotland recommends that there is consistency in data reporting, that all Health Boards or Agencies are required to do so and that they should be made available to the public domain.

17. This will ensure that other Health Boards and Agencies can learn from good practice. It will also mean that, in the long term, it might be easier for the Scottish Government to determine any successes and challenges that have arisen from the Bill. Finally, by making the data reporting available to all interested parties, the Scottish Government would keep to its commitment to transparency.

**What are the key weaknesses of: Part 3 of the Bill?**

18. The College considers that Integration Joint Boards (IJBs) should be included in the section entitled ‘Ministerial guidance on staffing’ (8.1). When issuing guidance on the carrying out of care services duties, Scottish Ministers might find it necessary to understand the role of the IJB within that locality, how they interact with care providers, and whether IJBs consider any omissions in the staffing model which could impact integration of health and social care.

19. As above, it would be beneficial for SCWIS to publish information on staffing models and plans, which should ideally be made available in the public domain. Robust data reporting is important for transparency and shared learning purposes.

**What differences, not covered above, might the Bill make? (for example: will the Bill have any unintended consequences, will it ensure that staffing levels are safe, does the Bill take account of health and social care integration, how are 'safe and high-quality' assured/guaranteed by the Bill?)**

20. The Bill will help to highlight any staffing challenges within specialties, it will give individual clinicians, Health Boards and social care providers the ability to raise any concerns and it will help to develop multi-disciplinary teams.

21. In this light, the Bill should help to ensure safe staffing within hospitals and the social care system, thereby improving the quality of care patients receive. As a consequence, this should help to make the working environment better for staff which, in turn, should aid recruitment and retention.

22. Although improving the quality of care patients will receive, 'safe and high-quality' care at all times will be difficult to guarantee through the successful implementation of the Bill alone. This is because patient safety is achieved through a variety of means, not just staffing, namely having the appropriate capacity and resources in the system.

23. Alongside the Bill, we must consider whether the wider resources in the NHS and social care services are adequate to meet the demands of a growing and ageing population. If there are not enough hospital beds, social care capacity or public health facilities, some patients will still not receive safe, dignified or timely care.
24. Exit Block, for example, is symptomatic of other issues. It is directly connected to the timely availability of appropriate beds in a hospital or social care in the community. Exit Block is particularly pernicious as a reduction in operational capacity leads to crowding. ED crowding is linked categorically to poor patient outcomes, poor patient experience and poor staff morale. Indeed, the issues of Exit Block, ED crowding, and under capacity across the acute care journey as a whole, causes harm and mortality.

25. There are still a substantial number of eight-hour and 12-hour breaches in Scottish Emergency Departments – a result of Exit Block. The difficulty of meeting the four-hour standard of 95% has also been shown comprehensively to be due to Exit Block.

26. In cases such as these, patients can be left on a hospital trolley on a corridor or ward waiting for an appropriate bed to become free for a substantial length of time, without regular or appropriate care. In these extreme examples, patients are not treated with dignity, respect or high-quality care. We must ensure that hospital capacity, IJBs, social care resources and clinical governance activities help to reduce these prevailing issues alongside safe staffing initiatives.

27. Furthermore, safe staffing models will not prevent the prevailing issues of staff recruitment and retention alone. Indeed, improving the working environment by ensuring adequate hospital and social care resources will also mitigate this concern.

28. The College considers that an increasing number of clinical staff are considering leaving, or have left, the NHS because working conditions are slowly deteriorating. This can be evidenced with a number of statistics, for instance Delayed Transfers.

29. Since 2012 Delayed Discharges have continued to be a significant problem in NHS Scotland. In December 2017, 40,464 days were spent in hospital by people whose discharge was delayed. This is a decrease of 10% compared with 45,067 days in December 2016. Of those delayed at the December 2017 census point, 1,101 were delayed more than three days. The most common reason for delays over three days was health and social care reasons (817).

30. Compounding this is the lack of social care provision in the community. Since 2006, for example, the total number of care homes for adults has decreased by 20% whilst occupancy levels have reached 88%.

31. We therefore need to ensure that there are adequate resources as well as staff, within and without the hospital, to manage demand – demand which historically has grown and will continue to rise.

32. Continuing professional development (CPD) opportunities and clinical governance activities for the workforce are also important to aid retention and recruitment and to

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7 The Royal College of Emergency Medicine, Exit Block
9 ISD Scotland, Emergency Department Activity
10 The Royal College of Emergency Medicine, Exit Block
11 RCEM, Scotland’s Emergency Department Workforce and Sustainable Careers (2018)
12 ISD, Delayed Discharges in NHS Scotland December 2017 (published February 2018)
13 ISD, Care Home Census for Adults in Scotland 2006-2016 (published 2016)
ensure high quality care. There is a disparity between staff groups in their ability to access this. Nursing staff, for example, have noted in evidence to the Health and Sport Committee that unlike other regulated professions, nurses do not have mandatory CPD time protected or guaranteed. Workforce planning must take into account the prospective cover needed to enable staff to attend training and to develop and improve the service provided to patients.\(^\text{14}\)

33. It could also be argued that the Bill does not consider projected future workforce requirements and only looks at present workforce demands. This could be detrimental to Scotland’s future health care needs.

34. Scotland’s population is projected to rise from 5.4 million in 2016 to 5.7 million in 2041. This is an increase of over 5%. Perhaps more significantly, the number of people aged 75 and over is predicted to grow by around 80% by 2041 reaching almost 0.8 million.\(^\text{15}\)

35. To ensure that Scotland has the right number of trained staff for inevitable future demand, we must ensure that there are enough training places available for those specialties which will be vital both now and in the future.

\(^{14}\) Health and Sport Committee, Clinical Governance, Written evidence provided by the RCN Scotland (2017)

\(^{15}\) National Records of Scotland, Projected Population of Scotland (2016-based)