HEALTH AND SPORT COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL

RESPONSE FROM NHS Tayside

The following response has been collated by the NHS Tayside Nursing and Midwifery Directorate to inform our organisational response.

The responses relate to specific questions posed, as follow:

Do you think that the Bill will achieve its policy objectives?
We believe the Bill is only partially achievable at the moment and that there is a need to develop guidance that will indicate how compliance will be captured and measured. It would be useful to have examples of evidence requirements.

The Bill and guidance would also benefit from inclusion of what the penalty will be for non compliance.

What are the key strengths of:

Part 2 of the Bill?
- Legislating for safe staffing is welcomed
- Provides a legal requirement on health boards to ensure appropriate numbers of trained staff are in place at all times
- Right step and shows the Scottish Government is committed to the issue of safe staffing
- The clear duty for all organisations to use available tools in a consistent manor
- The intent to coproduce and consult on future tool revision and development

Part 3 of the Bill?
- The inclusion of the Care Sector is welcomed but will need to go beyond inclusion of Care Homes. It will be important to be clear about how this will be applied to private and third sector partners in health and social care provision

What are the key weaknesses of:

Part 2 of the Bill?
- It remains unclear how legislation will be met / achieved where no tools are currently available e.g. Community Mental health Teams or Community Midwifery/ Home birth and Primary Care services. There is a need for guidance to include actions and timelines
There is limited clarity about the expectations for Special Health Boards i.e. the National Waiting Times Centre and the State Hospital and the inclusion of other professional groups. The Bill isn’t clear about the commitment required from health and social care professionals working as part of multidisciplinary integrated teams.

There is a need to be more explicit in reference to finance/resource and Human Resource related to work force plans and how Organisations will link this to the support of safe staffing and the delivery of care.

There is no reference to sustainability of workforce and education workforce plans relating to pre and post registration education and development and preparing for the future workforce of 2023 and beyond.

For some teams it would be useful / ore helpful to also have minimum staffing levels and or nurse to patient ratio given as examples (possibly in the guidance).

We did not feel there was enough emphasis on accountability for safe staffing – including links to professional accountability e.g. NMC section 16 (1) must raise, escalate concerns about patient safety or level of care people are receiving in the workplace.

It would be useful to be more explicit about the organisational systems expected to be in place to support nurses to escalate concerns and be listened to i.e. their clinical opinion heard as part of triangulation and professional judgement. It is not clear how the Bill will expect Boards to provide assurance that the Bill has been complied with.

**Part 3 of the Bill?**

- The Bill refers to resources that are still to be developed.
- There is concern about the capacity of CNOD Workforce to support extensive development required and maintain and review the existing tools.
- Part 3, P.10 7 (1) (b) We have a concern about the expectations made in relation to training staff for the partners in the private and third sector. While we support the intent, is the expectation to release staff practical and achievable?
- There is no clear inclusion of considerations for Prison Healthcare.
- There is a need to encompass the potential for development and use of non traditional roles e.g. development of workers in relation to action 15 of the Mental Health strategy. The roles are not ‘professional’ but will work across contexts e.g. primary care and prisoner healthcare.

**Is there anything that you would change in the Bill?**

- There should be a reference to the use and any potential and requirement for review or changes to predicted absence allowance (22.5%).
- In relation to Part 4 – General provisions - section 12 Ancillary provision; Is the power to change services too open? We are not confident that we
understand the impact that the ability for Ministers to alter or change the Act will have in terms of benefit or impact

- Some of the terms used may cause confusion or be open to interpretation e.g. staffing level tool and components of triangulation methodology and at times terms appear to be used interchangeably.
- There is also a need to be clear what is meant when there is differentiation between the use of the terms ‘clinical’ and ‘professional’ i.e. we are professional clinicians
- The legislation needs to refer to the expectations in relation to the different tools i.e. the legislation needs to include clear connection between its content and guidance relating to the frequency of tool runs
- Some of the terminology has policy roots and other has professional development and education root e.g. use of the term ‘competence’ versus ‘knowledge and skills’ OR the term ‘quality care’ should we not use ‘safe and effective’
- The Bill does not take account of issues with national recruitment and retention of staff. It would be useful to understand how the Bill will influence Further and Higher Education Institutions
- Consideration towards patient acuity and requirement for individual needs requires emphasis. It would be useful to understand how the Bill is expected to impact upon or that there will be cognisance of the national workforce shortfall. Legislating does not mean more students entering nursing and midwifery education or that nurses will be available or that vacancies will be filled

**What differences, not covered above, might the Bill make?**

- The Bill has the potential to ensure that organisations introduce the right systems to support staff to feel safe and supported to deliver care