HEALTH AND SPORT COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL

SUBMISSION FROM NHS Forth Valley

Do you think the Bill will achieve its policy objectives?

The positive outcomes for patients and staff must be heart of the decision making process. The workforce tools will run consistently with health and social care boards having to act upon the results.

There will however need to be consistency across the boards as to how the escalation is dealt with on a daily basis e.g. who will be responsible and how will this be managed.

Whilst there are mentions of health and social care, there are no current tools to support this. This will take a number of years to develop.

It is unclear how the advice of Nursing Directors will be taken into account. There needs to be a formal process for recording and reporting.

Strengths Part 2 – Staffing in the National Health Service

The bill sets out common methods for assessment of the workforce. Patient safety is taken into account by ensuring the provision of high quality care based on the suitably qualified and competent individuals.

The bill encourages all levels of staff to be involved in reviewing safer staffing levels and be given adequate time to do this.

The bill supports escalation through a local process.

The professional advisory role of the senior nurse/ nurse director is recognised.

It allows the opportunity to consider patients needs and risks and to seek appropriate advice on staffing levels. Triangulation of data will still be used to aid this process.

The bill recognises that staffing requirements need to be reviewed daily and whilst this is good it may be difficult to use tools on a daily basis, however we note that professional judgement could be used. Consideration of the development of further tools other than professional judgement may be necessary to support a daily review.

Strengths Part 3

Part 3 sets out common goals as the workload tools will be developed to cover the care sector setting out recommended staffing levels.

The bill notes the inconsistency of the application of the tools across the Health Boards.
Weaknesses Part 2

It is noted within the bill that not all areas have workforce planning tools in place, these are potentially high risk specialist areas. It would be helpful if the bill could acknowledge the timescales for these specialism’s not covered going forward.

The bill does not acknowledge a requirement to regularly review and update the approved workload tools e.g. currently the workload tools do not include more acute patient needs e.g. things like IV medication as currently they only look at patient dependency on relation to activities of daily living.

Staffing within the NHS - reference is made to nurses, midwives and medical practitioners but no AHP’s. It is disappointing as there are a number of AHP’s working within the HSC partnerships. In the absence of any current tools and with the lack of reference to AHP’s there is a risk that available resources will be targeted to professions that are covered in the bill.

Multi disciplinary tools would be useful in the future to meet social care needs.

No account has been taken of the potential for the education which will be required for relevant staff on the use of the tools, this includes training and education for nurses, senior managers including finance managers and potentially going forward student nurses on the use of tools.

There is no mention of what the national monitoring processes will be in place to ensure consistency across all boards.

There is no acknowledgment within the bill of the availability of staff to recruit across Scotland. Consideration should be given to articulation of student numbers for nurses, midwives, AHP’s and medics to meet the demand and taking into consideration the current retirement rate.

Weaknesses Part 3

There is no mention within the bill around the plan for social care areas in the next few years whilst acknowledging that it will take a number of years to develop new workforce planning tools for these areas.

Whilst the bill acknowledges that staff should be suitably qualified and competent, there is little consideration taken to understand how this might happen and whether this is associated with finance.

What differences not covered above might the bill make?

Consistent process in place across Scotland.  
Consistency of staffing levels across Scotland.