FINANCE AND CONSTITUTION COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL FINANCIAL MEMORANDUM

SUBMISSION FROM ALEX McMAHON ON BEHALF OF SCOTTISH EXECUTIVE NURSE DIRECTORS GROUP

Consultation

1. Did you take part in any consultation exercise preceding the Bill and, if so, did you comment on the financial assumptions made?

Yes. With Nurse Director colleagues across Scotland we discussed the potential impact of the legislation in relation to the possible additional costs. The discussion led us to the position that at this stage it is difficult to see what any additional costs might be in implementing the legislation. We have therefore made the assumption that as a minimum we need to ensure that current spend on use of agency nurses, Staff bank and other overspends are seen as the total cost of providing safe care in any Health Board area. There are other factors as set out below which may also need to feature within our financial modelling.

2. If applicable, do you believe your comments on the financial assumptions have been accurately reflected in the FM?

Yes.

Although not in the Bill it would be beneficial and supportive if the role of the senior charge nurse could be considered as a supervisory / non case load holding role. This would incur costs but the benefits of this would significantly enhance the implementation of the legislation at a local level and provide the right professional and managerial support for safe staffing. Boards have not been able to consistently deliver the minimum of 7 ½ hours of supervisory time for band 7 nursing staff as per recommendations in previous Audit Scotland reports.

In addition there is a also discussion in relation to the adequate training and development of nursing staff in relation to workforce planning tools and effective implementation of these tools, as well as wider education and training costs. These costs have not been worked through so may bring an additional cost to bear.

Whilst the financial memorandum has made provision for resource in the short term to support the implementation the ongoing resource to run the tools and analyse the data has not been quantified.

3. Did you have sufficient time to contribute to the consultation exercise?

Yes
Costs

4. If the Bill has any financial implications for your organisation, do you believe that they have been accurately reflected in the FM? If not, please provide details.

The response to this question relates back to the comments provided within question 2 above. In addition the cost of training finance managers, HR managers and other senior service / operational managers should be considered.

5. Do you consider that the estimated costs and savings set out in the FM are reasonable and accurate?

It is difficult at this stage to make any firm conclusions about any cost savings. We believe that the legislation and any amendments have to be confirmed and we then need to understand the consequences of this, such as the comments made in answering question 2 above. Most Board areas are currently reviewing the workforce planning tool outputs and considering these along with the requirements in the legislation for their 2019/20 financial and workforce planning assumptions.

6. If applicable, are you content that your organisation can meet any financial costs that it might incur as a result of the Bill? If not, how do you think these costs should be met?

The answers to question 2 and 5 above relate here. Scottish Government have made a commitment to support Boards in running, analysing and implementing the outputs from the workforce planning tools and this is to be welcomed but there may be additional costs that we may identify through the process as the Bill becomes final and the fuller implications are understood.

Most boards have a local process that has been mirroring the national process. However other factors such as demography and changes to local services need to be able to be built in to the tools and planning process, nationally and locally. This means the acuity (how ill people are) of patients in some areas will continually change and that more patients will be cared for in their own home e.g. end of life care, giving Intro Venous antibiotics at home etc. Therefore we have to consider that these tools are not only for inpatient areas.

7. Does the FM accurately reflect the margins of uncertainty associated with the Bill’s estimated costs and with the timescales over which they would be expected to arise?

This is work in progress and we would caveat this with answers and issues raised to the questions above. One unknown is the potential impact on Boards that may fail to meet safe staffing levels and the escalation process. The latter will be important to understand both in terms of what actions, and indeed sanctions that may be placed on Boards and the financial consequences of this.

Wider Issues

8. Do you believe that the FM reasonably captures any costs associated with the Bill? If not, which other costs might be incurred and by whom?
At this stage issues relating to potential supervisory/non case holding status of senior charge nurses; training and education costs; capacity to undertake effective workforce and workforce tools; the ability to recruit and retain staff as well as the need to ensure that we gain the full benefit of the additional student nurse numbers being recruited will all have a positive impact. The application of the legislation to the Care Home sector may also bring an additional pressure to Health Boards in the form of competition for qualified nursing staff, which is as yet not fully understood.

9. Do you believe that there may be future costs associated with the Bill, for example through subordinate legislation? If so, is it possible to quantify these costs?

It is too early to say at this stage but issues raised above will relate here. If however the commitment were to be extended to other professions e.g. Allied Health Professionals there would be further costs.