HEALTH AND SPORT COMMITTEE
HEALTH AND CARE (STAFFING) (SCOTLAND) BILL
SUBMISSION FROM BLISS SCOTLAND

Summary

The Bill’s aim, to ensure appropriate staffing for the delivery of safe and effective care is one that we thoroughly support. Every year, over 6,000 babies are born in Scotland who need specialist neonatal care to help them survive and thrive. The care these babies receive while in hospital is crucial for both their survival and their long-term quality of life. Ensuring that there are enough nurses, doctors and allied health professionals with the right skill mix to provide highly specialised care is key to ensuring that babies requiring neonatal care have the best outcomes.

Bliss recommends that the Bill should set out how organisations who are unable to meet safe staffing requirements will be supported to increase their workforce.

Do you think that the Bill will achieve its policy objectives?

While Bliss Scotland supports any workforce planning policies aimed at improving quality and safety, it is important that any legislation goes beyond mandating that workforce planning tools be used.

Neonatal services are already using workforce planning tools widely to assist in meeting the needs of the service. Despite the use of these tools and the clear, long standing, staffing standards already in place, neonatal units are failing to maintain the number of nurses they need.

Bliss Scotland’s research showed six out of eight neonatal units did not have enough nurses to meet minimum standards for providing safe, high quality care. It is of concern that four of these units were Neonatal Intensive Care Units (NICU) which care for the sickest and most vulnerable babies. Similarly, two thirds (eight out of 12) of units did not have enough medical staff in post to meet minimum standards, including, four NICUs.

For the Bill to meet its policy objective of ensuring appropriate staffing for the delivery of safe and effective care, it must set out how organisations who are unable to meet safe staffing requirements will be supported to increase their workforce to safe and effective levels when they are unable to meet the requirements of legislation.

What are the key strengths of part 2 of the Bill?

We welcome the inclusion of the duty on health boards to ensure appropriate staffing at all times in the Bill. We agree that staffing level tools can be useful to Health Boards when setting staffing levels on neonatal units.
What are the key weaknesses of part 2 of the Bill?

While the Bill’s policy intention to enable a rigorous, evidence based approach to decision making relating to staffing requirements that ensures appropriate staffing for the delivery of safe and effective care is one that we support, we do not believe that this Bill goes far enough to sufficiently address staffing shortages.

In 2017 Bliss Scotland found that 83 per cent of the total nurse staffing short fall on neonatal units in Scotland was due to inadequate funding. In order to make progress towards closing the neonatal nurse staffing gap in Scotland it is vital that sufficient resources are available to train and develop the existing workforce. Currently, a lack of funding means that while the national standards require 70 per cent of the nursing workforce to be qualified in specialty, units find that they are unable to release staff for training. This can affect mandatory, as well as specialist training.

Medical shortages in Scotland have been a long term issue which have so far proved difficult to resolve. Our 2017 report showed that these difficulties are still ongoing, and this is supported by the RCPCH 2014/15 and 15/16 workforce surveys which have shown an increase in the vacancy rates for tier one and tier two positions. Units that we spoke to attributed the shortfalls to a lack of sufficient funding to recruit the doctors and advanced neonatal practitioners that units need.

In 2017, Bliss Scotland found that even if all current nursing and medical staff vacancies were filled at units not meeting minimum staffing levels, many would still not have had enough staff in place to meet standards. This Bill as it stands does nothing to combat the problem of lack of funding to employ the right number of staff, nor does it address the issues with training and recruitment.

Is there anything that you would change in the Bill?

We would like to see the Bill set out how organisations who are unable to meet safe staffing requirements are supported to increase their workforce to safe and effective levels when they are unable to meet the requirements of legislation.

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1 Scottish Government (2017) The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland
2 Bliss Scotland (2017), Bliss Scotland baby report 2017: An opportunity to deliver improvements in neonatal care
3 Bliss Scotland (2017), Bliss Scotland baby report 2017: An opportunity to deliver improvements in neonatal care
4 Bliss Scotland (2017), Bliss Scotland baby report 2017: An opportunity to deliver improvements in neonatal care
5 Bliss Scotland (2017), Bliss Scotland baby report 2017: An opportunity to deliver improvements in neonatal care