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

Current recruitment challenges which ACHSCP, and HSCPs across Scotland, are facing across all sectors, may mean that the Bill may face a challenge to achieve its policy objectives.

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

    It is felt that the recommendations for the frequent use of a tool, and regular reporting is a strength of this section of the bill.

- **Part 3 of the Bill?**

  We recognise that safer and more adequate staffing levels will impact on the quality of care people are receiving.

  The introduction of a tool/methodology will assist providers in ensuring many appropriately trained staff are available. It is also important to include the training provision for staff and the requirement for providers to allow staff off work to undertake key training.

  As a commissioner of services, this will give us guiding principles that can be incorporated into our contract monitoring and ensure high level care is being provided.

- **What are the key weaknesses of:**

  - **Part 2 of the Bill?**

    Part 2 of the Bill, as relating to health staff, focuses on ensuring safe staffing levels with the

    (a) registered nurses,
    (b) registered midwives, and
    (c) medical practitioners,

    include other persons providing care for patients and acting under the supervision of, or discharging duties delegated to the person by, the registered nurse, registered midwife or medical practitioner (as the case may be).
This does not include consideration of a number of other professionals, who have a significant contribute to make in the delivery of quality health and care services, including (but not limited to) allied health professionals and pharmacy staff. The roles which these staff play are vital to ensuring safe and effective care, particularly when considering the increase in multi-disciplinary teams and the ongoing recruitment difficulties for nurses and doctors.

- **Part 3 of the Bill?**

There is an assumption that private care providers will be in a position to adhere to staffing level requirements within their budget constraints. There is an additional risk that costs not fully funding by the Scottish Government, borne by providers, may be passed to the HSCP.

Additionally, it also presumes that staff recruitment is not an issue – this could be a major barrier to the implementation of the bill.

It is felt that the staffing level tool will take a significant amount of time to produce and then it will have to be tested. There will also be an additional demand on capacity to produce evidence and in annual reporting back to Government.

In addition to the points outlined above, there are several financial considerations which we have outlined in our consultation response on the financial memorandum associated with this Bill.

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

- **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 services’ assured/guaranteed by the Bill?)

We would like to emphasise that an agreed staffing level, which is recognised to be a ‘safer’ level of staffing, does not always determine high quality care and improved staff health and wellbeing. There is also an unintended consequence of a potential for additional staff and the associated costs.

There is a risk that giving this assurance for some professions, may result in the redirection of resource into the medical and nursing professional. This could consequently undermine the capacity of other professionals (i.e. AHPs, pharmacists) who contribute to the safe delivery of quality health and care services.