Question 1
Do you think the Bill will achieve its policy objectives?

The Bill stated objectives are to enable rigorous evidence based approaches to decision making relating to staffing requirements that ensures safe and effective staffing, takes account of service users' health and care needs and professional judgement, and promotes a safe environment for service users and staff. The intention is that this will be achieved by the development and implementation of staffing tools. This would appear to have some possibility of reinforcing existing requirements to achieve appropriate staffing levels in NHS acute care settings. It is less clear that it will achieve its objectives in the Care setting and, indeed, the imbalance between the formal tools prescribed for use in health settings and the lack of such tools in the care settings raises the risk that resources will be channelled to nursing staffing at the expense of other professional groups.

It is essential that the Bill acknowledges this will not impose minimum staffing requirements or fixed staffing ratios as it is thought that this could potentially undermine innovation in service provision. It is hoped that the Bill will maintain local decision making and flexibility and support the ability to redesign and innovate. The need to redesign and innovate is clear in response to the opportunities of integration of health and social care and in response to increasing demographic, financial and recruitment pressures. The legislation seems to assume that the use of agency staff and other expensive staffing options is caused by failures in workforce planning and that better workforce planning will automatically address this. This clearly does not take account of the wider demographic, societal, service delivery, and individual reasons that drive alternative staffing options. It is believed that imposing a statutory duty to undertake workforce planning will not address the issues that cause small employers in particular within in the sector to have to use agency staff and motivate qualified workers only to make themselves available for work through agencies.

The Bill however is split between Part 2 referring to health care settings and Part 3 referring to social care settings. This separation appears to be at odds with the integrated landscapes in which the services delivered by Integrated Joint Boards (IJBs) operate within. The use of staffing tools is currently limited to those already developed, mainly within nursing models. Again this is unrepresentative of many integrated services which utilise skills across a multi-disciplinary team. It is unclear how such an integrated environment can be viewed as “safely staffed” if only one part of this team is represented in that assessment. The Bill perhaps misses a great opportunity to reflect the integrated environment. There remains a risk that focus will be placed on those areas for which staffing tools are available with the potential for detriment within other staffing groups.
Question 2

What are the key strengths of:

Part 2 of the Bill?

A key strength of Part 2 of the bill is in the development of staffing tools which consider aspects a staffing tool to consider workload measures and dependency alongside the professional judgement tool. This should allow for engagement with local teams to have a greater understanding of the demands of that particular area. This should allow for local flexibility to take account of the skills, level of experience or individual practitioners, as well as the combination of staff available, the environment and the level of acuity and dependence of clients. This would also impact positively on the health and wellbeing of staff who deliver these vital services. A further strength should be the engagement in training and consultation with staff throughout this process. The reporting of the data collected could be utilised to understand workforce pressures and utilise workforce planning to mitigate against future pressures and demands.

The Bill clearly speaks of the principles of safe staffing and that this is more than a set of rigid numbers. This is a helpful position.

Part 3 of the Bill?

The inclusion of social care environment is a strength of the Bill. This does begin to acknowledge the more complex health and social care environments that the introduction of IJBs has developed. The strong influence of Social Care and Social Work Improvement Scotland (SCSWIS) should build on the experience of inspections within social care environments.

Question 3

What are the key weaknesses of:

Part 2 of the Bill?

The separation of health and social care across the two parts of the Bill is likely to reduce the applicability to health and social care settings. It is unclear how such environments can make use of the opportunities within the Bill. Even within more traditional health care settings, it is likely that tools will only apply to part of a multi-disciplinary team. There remains a risk therefore that resources may be drawn to those professions for which tools exist to the potential detriment to other parts of the teams. This could mean an imbalance between a more comprehensive list of formal tools prescribed for use with nursing in health settings and the lack of such tools in the care settings.

The currently available tools are limited to specific areas and their application to areas such as Community Hospitals has not be widely tested. Within more rural environments, it is more likely that Community Hospitals provide additional services such as Minor Injury Units and/or Out Patient Departments. Again unclear whether the developing tools are able to
capture the variation within such settings. The new General Medical Services (GMS) contract and developing Primary Care Improvement Plans (PCIP) are likely to require new roles and it is unclear how Part 2 of the Bill will be applied to such settings. Although appears to be provision to include new tools for other areas within the Bill, there is no information on the responsibility for development of this work.

There may be additional financial pressures on organisations required to implement this legislation, either in the process of implementation itself or in an increase in number or redesign of staffing model. It is unclear where any additional funding could be sought in this regard. This applies also to Part 3 of the Bill.

Part 3 of the Bill?

As with Part 2, the separation of health and social care is less helpful to integrated services. There is concern that the introduction of the Bill may lead to duplication to the existing SCSWIS inspection processes. Again little description of the development of new staffing tools and no indication of the responsible agency for this work. Like many other settings, recruitment and retention are issues in care settings and although it is hoped this Bill will contribute to improved workforce planning, it is unlikely that it will contribute to improved recruitment or retention. Concerns are high particularly amongst independent contractors where there is a fear that the potential additional costs may not funded and this could increase their costs. These costs are likely to include training of staff, capacity for implementation and any additional reporting processes. There is concern this is an increase of costs with little evidence that servicer users outcomes will be improved by this process.

Given the geographic size of most local authorities, the comparatively low salary levels of care workers, and that individual care homes tend to be small and geographically dispersed units (at least by comparison with the typical NHS hospital) the benefits of organisation wide workforce planning will be difficult to realise.

As the Care Inspectorate is being tasked with deployment, there is a concern that it is possible that they may provide negative audit outputs and potentially even recommend closure if the tools are not in use and outcomes implemented which would be of great concern both for residents, employees and their employers. This could lead to even greater instability within an already fragile sector.

Is there anything that you would change in the Bill?

Ideally the Bill would recognise the integrated health and social care services in which many of the services in Scotland are delivered. The opportunity to develop staffing tools that are able to reflect multi-disciplinary working has not been addressed and therefore risk remains that individual professional groups will be considered in isolation.