HEALTH AND SPORT COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL

SUBMISSION FROM NHS NATIONAL SERVICES SCOTLAND

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

  The Bill, if passed, will put the use of the workforce tools, and the acknowledgement that the results need to be acted upon, onto a legislative footing.

  For special health boards and the Common Services Agency many of the tools are not applicable to the specialised services, roles and context so some allowances require to be made for this.

  The escalation process will also be very important. We are supportive that there needs to be such a process but it will be important that this is contextualised and measured in terms of what the criteria are for escalation and what that response is.

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

  It clearly articulates responsibilities and expectations of health boards / agencies and creates a common process across Scotland. There is an opportunity for staff to be more widely engaged in reviewing safe staffing levels.

  The ability to look at the roles that others (e.g. AHP’s and skill mix) play in ensuring safe and effective patient care, although the tools do not currently take other roles (except the Emergency Department tool) into account. This will hopefully be considered in terms of future iterations of workforce tools for other professional groups.

  The professional advisory role of the senior nurse / Nurse Director is recognised in the common process however, this needs to be made clearer, especially in relation to organisations accountability in the application of the legislation.

  Nurse staffing budgets will be based on professionally agreed, risk assessed, prioritised processes taking account of the tools and the other factors in the triangulation “common process”. This may however lead to conflict between the professional view and the operational requirements / Board priorities / available funding. It will therefore be important that general managers and senior operational managers and directors are also familiar with the tools and the process.

  Escalation is a good thing and it will be important to ensure that this is a well designed local arrangement in place.

- What are the key strengths of Part 3 of the Bill?

  The promotion of safe staffing as part of the health and care safety agenda and consistency in application of this is a key strength.
Staffing will have an equal priority in the care sector, where in some instances there are currently financial priorities clearly which may adversely impact on staffing.

Tools will be developed to support the care sector in setting safe staffing levels.

- **What are the key weaknesses of Part 2 of the Bill?**

  The tools are almost exclusively nursing and midwifery focused (with the exception of the emergency care tool) yet the entire Multi Disciplinary Team impacts on the quality of care and the patient experience.

  Those tools used annually could be better linked to the workforce planning cycle.

- **What are the key weaknesses of Part 3 of the Bill?**

  The current absence of tools for social care and the proposal to develop only one tool over the next 5 years will potentially miss an opportunity to an integrated approach to staffing across health and social care.

- **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?)**

  Other non nursing and midwifery staff groups might feel that their contribution is not appropriately recognised and there is a risk of unintended consequences, such as resources being diverted to nursing and midwifery to meet the mandatory requirement to the detriment of other professional’s contribution to the care of patients.

  Increased competition for the available workforce across health and social care.

  Consistent approach and ability to benchmark staffing levels across Scotland.

  Opportunity to develop workforce planning capacity and skills in the nursing profession.

  Engagement with staff and patients / families and carers around staffing levels using a common approach.

  The consequences on workforce requirements and the need for the Scottish Government to make provision to train more nurses and midwives.

  The scrutiny and sanction is not clear in the Bill. The scrutiny of application should be independent to the bodies charged with developing the tools.

  Clarity of the national organisations (Common Services Agency, Healthcare Improvement Scotland and National Education Scotland) respective roles in developing the tools and supporting the implementation is required.