HEALTH AND SPORT COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL

SUBMISSION FROM AHP DIRECTORS SCOTLAND GROUP (ADSG)

The Committee is seeking views on the Health and Care (Staffing) (Scotland) Bill. Specifically the Committee is seeking views on the following questions:

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

   Although the intention of this Bill is to make patient care safer as a result of legislating for staffing, unfortunately the scope of this legislation will not lead to the policy objective being met. It is unclear from the wording or indeed the description what staff within Health and Care are actually included. The AHP Directors in Scotland are concerned that this will not improve staffing levels for the Allied health Profession workforce in acute or community settings.

2. What are the key strengths of:
   - Part 2 of the Bill?
     Positive for nurses, midwives and medical practitioners. Validated tools which provide a more robust safer staffing methodology especially considering local context and clinical judgement.
     For the limited number of professions cited, the scope outlined in part 2 would be of value to them which may or may not improve patients outcomes and also experiences of the population requiring clinical care or social care.

   - Part 3 of the Bill?
     With regards to the workforce tools these are nursing tools which are not validated for AHP, it is an ambition of the ADSG to have validated workforce tools and workload evaluations for AHPs to be able to evidence safe staffing levels this staffing group and support benchmarking across all the professions. There are also currently no associated standards of safe staffing for AHPs leaving the professions vulnerable and unable to evaluate against.

What are the key weaknesses of:

   - Part 2 of the Bill?
     Part 2 does not reflect the multi-disciplinary nature of the NHS and social care workforce, which is vital to patient safety and brought about by a wide range of professions including allied health professionals working in partnership with nurses, social care staff, GPs and hospital doctors. The unintended consequences of ensuring safe staffing levels for nurses by law may impact on the funding and
configuration of staffing levels in the wider care team which in turn will impact on the role and workload of nurses

- Part 3 of the Bill?

The unintended consequences of ensuring safe staffing levels for staff in congruent care settings by law may impact on the funding staffing levels in the wider care team and adversely affect and restrict the design and investment in alternative care and staffing models which are better placed to meet emergent needs of the population in care.

Lack of workforce tools for all of the professions will make any attempt to implement this in a meaningful way very difficult. The implementation and practical aspects of the bill is not clear and how it would be evaluated/monitored.

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' assured/guaranteed by the Bill?)

ADSG would suggest that there is a different approach taken with community and primary care staffing tools which reflect the multi-disciplinary nature of the NHS and social care workforce. We believe there is a case for widening the principles of the legislation to include reference to allied health professionals, multidisciplinary and multiagency working so that, when the Bill is implemented, it reflects the contribution that all healthcare professionals make to patient safety. The bill could potentially limit more innovative mixed staffing models considering wider AHP/Nursing/Medical teams.

The Health and Care (staffing) Bill, would place a legal requirement on NHS boards and care services to ensure that appropriate numbers of staff are in place across health and social care settings. Whilst we welcome the aspirations of the bill, we are concerned that the legislation, as drafted, is too narrow in its focus by mentioning only nurses and midwives and care staff which then restricts the organisation’s and partnerships’ abilities to design innovative workforces and care models in response to local need.

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