As a former health professional and as someone who has frequent admissions to hospital as a result of long-term chronic complex conditions, I have often been in situations where I have felt that the staffing levels were not safe. I personally welcome a Bill that aims to ensure safe staffing levels for health and social care services in Scotland and wish to share my concerns and personal experience.

Patients and carers and service users would welcome being consulted to ensure that the views of that that their use NHS support and services and their concerns and how this will impact on the Bill are heard and fully considered prior to this Bill being introduced. It also is very important that there are clear processes as to how internally clinicians, staff can raise issues about safe staffing issues but there must also be processes that are easy to access and be properly promoted where patients, carers and the public can report issues and concerns about safe staffing and preferably this should be an independent and external body. The staffing levels and skill mix that are required will also differ depending on the clinical area and the specific needs of their patients and this will be required to be flexible to be able to address any additional needs and importantly take account of local, regional and annual variations depending on their patient cohort and geographical area. This needs to importantly take account of human rights in relation to health and how this relates to the safe staffing levels as this will impact on the standard of care that is expected to be delivered. The working hours and shift patterns of staff can also affect the safety of the care that can be provided for patients and has implications on the health and wellbeing of the staff as a result of the working environment provided and how effectively this will be monitored requires to be fully considered. It is currently not clear how the necessary requirements of the Safe Staffing Bill will be reviewed and assessed and what the consequences and the subsequent sanctions will be imposed if this is breached. The benefits of having an independent body who can effectively oversee by monitoring and reviewing the safe staffing levels and the requirements of this Bill should possibly be considered.

CONCERNS IN RELATION TO SAFE STAFFING & HOW PATIENTS ARE DISREGARDED

In relation to my involvement in the campaign to save the NHS Centre for Integrative Care in-patient service the issues and concerns in relation to safe staffing were raised frequently with Health Board officials and Health Ministers on many occasions due to the patients and campaign’s teams concerns about the radical cuts to the staffing numbers as this had a knock-on effect for patient care due to a reduction in the services that can offered within the cuts being imposed. The cuts to staffing numbers at the NHSCIC over the years have been considerable and this was then used as a reason as to why services should be cut, and the reality is that the service appears to be undergoing ‘death by a thousand cuts’. In 2010 when the NHSCIC had its full complement of staff working in the in-patient service however this was cut from 15 to 7 beds and the service was closed at weekends which further affects the services and care that could be offered to patients and as a result the crisis care beds were completely lost and the ability to
offer palliative care and in April 2017 the inpatient service was withdrawn. Considering NHSCIC patient cohort where the patients have multiple and complex long-term conditions these were needed and valued services by clinicians as well as the patients that were cut.

The patients referred to the NHSCIC had a very strong therapeutic relationship with their healthcare professionals and going elsewhere for care was often not as effective or valued by them as it was to be referred into the NHSCIC where they knew the staff well and already had confidence and support in the NHSCIC clinicians who offered services that they found worked for them personally but was not widely available elsewhere in the NHS and within the same service. The implications of these staffing and service cuts meant that some patients with more complex problems had to be completely discharged from the NHSCIC as they could no longer offer the services and care that the patients needed and no longer had the appropriate staffing levels. I know from speaking to patients that they felt abandoned and for many their quality of life then significantly diminished as they could no longer access the care that they needed and required.

Since the initial cuts were enforced on the NHSCIC staff and patients, despite our protestations, which has resulted in extreme cuts and where the NHSCIC had 22 nurses in 2010 we have been left with just 4 nurses; a specialist nurse remains in the out-patient service and from the former in-patient service only 2 full-time and 1 part-time member of staff remain to deliver the new ambulatory care service and courses and clinics. There has also been a loss of 7 medical staff and only 1 has been replaced. Despite these cuts patient numbers have not substantially reduced within this time so we have raised concerns about the staffing levels as to whether these are safe and appropriate and this is especially important given the complex conditions and needs of this patient cohort. This also puts added stress on the remaining staff within the service and there are concerns in relation to the capacity within the service to be able to cope if staff were absent and off sick and to cope with annual leave and to able to continue to offer the services that are needed. The clinicians working within this service are highly specialised with other qualifications and skills and therefore gaps in rotas or other staffing issues cannot be filled by agency or bank staff like other health services elsewhere can rely on as a backup to address and maintain staffing issues.

Many staff working within health services can feel that if staffing levels are of concern and there are concerns about patient safety and they raise this issue that they be subject to retributions as there are currently not the appropriate processes or protections for staff or the public who wish to raise issues and they may feel that if they ‘whistleblow’ that they may be subject to retribution, which can put people off from raising issues. Staffing issues not only affects the ability to be able to provide safe care levels which effects the quality and safety of the care delivered but also can affect the health and wellbeing of the staff working within the service who are put under additional stress which has adverse effects on their work-life balance, job satisfaction and long-term wellbeing.

As a patient I did not feel that that my concerns in relation to safe staffing were properly considered by those in the position to be able to address our issues and concerns which were
raised frequently and I do know that as other patients told me that they also felt dismissed and ignored. The only thing that the officials appeared to be concerned and focused about was the financial savings that could be saved from cutting services and reducing the amount spent on staff salaries as they had a large deficit of around £69 million to save. It is of concern that a service can be wilfully reduced in this way as we have undergone extreme cuts where over half the total workforce within the NHSCIC have been cut and lost around two-thirds of the clinical staff. How the Health Board can think that this is acceptable and still provide a safe and effective service is of concern as it is obvious to those interested in the future of the NHSCIC that this service has been targeted and been wilfully reduced. They disregarded the evidence that detailed positive outcomes and extensive cost savings and improvements in quality of life. If this was a failing service and excessively expensive then this may possibly be seen as necessary, however this service was multi-award-winning and had achieved consistently high patient satisfaction ratings even as high as 100% in some studies and was low-cost and low-tech and provided cost effective, cost effective care by providing an integrative medicine approach which meets the current focus and model of care expected of ‘Realistic Medicine’ and Chronic Pain Strategy by being holistic and offering many other non-pharmaceutical approaches.