HEALTH AND SPORT COMMITTEE
HEALTH AND CARE (STAFFING) (SCOTLAND) BILL
SUBMISSION FROM NHS Orkney

- Do you think that the Bill will achieve its policy objectives?
  Yes with caveats. The success of the Bill will be dependent upon the functionality of the supporting workforce tools specifically in terms of the application within small remote and rural settings. The capacity of the organisation to execute the tools is potentially a major issue for smaller Boards and within the AHP/Social Care working environment. The Workforce Tools in context of the AHP/Social Care are immature or do not exist.

- What are the key strengths of:

  Part 2 of the Bill?
  - The main strength is that the focus is upon patient safety and the obligation is placed upon the organisation ensure that the appropriate steps to ensure that the right level of staffing/skill mix is in place has been taken.
  - The responsibilities and expectations of health boards / agencies and creates a common approach/process across Scotland.
  - There is an opportunity for staff to be more widely engaged in reviewing safe staffing levels and by association to consider staff health and welfare as factors to be integrated to the process.
  - The recognition of the role of the Nurse Director as the professional advisor in the process is to be applauded, however this needs to be made clearer, especially in relation to organisations accountability in the application of the legislation.
  - Escalation is a very positive element of the proposed legislation. The emphasis must be upon this being managed at the lowest appropriate levels with the correct infrastructures and processes in order to avoid daily recourse to national scrutiny bodies. This depends upon having the responsive mechanisms which can ensure prompt and pragmatic action to meet the staffing needs.

  Part 3 of the Bill?
  - A key strength is that staffing will be a driver in the care sector on par with financial priorities clearly some of which may adversely impact on staffing.
  - The development of a staffing toolkit and resources to support the care sector across the spectrum in the setting of realistic staffing levels.
• What are the key weaknesses of:

• Part 2 of the Bill?
  • The current professional judgement tool does not support a daily assessment approach nor does it track real time changes in acuity. In the absence of an appropriate tool to provide reliable baseline data it is difficult to see how a credible consensus on staffing numbers could be derived.
  
  • The underpinning information gathering methodology, in terms of the existing Staffing Tools is inappropriate for use within small Hospitals. The low staffing numbers involved and the variation in configuration of the Nursing areas provides challenges for the application of the standardised Staffing Tools, even when using a “small Hospital” model. Across the Northern Isles there are differences in geographical and social influences (personal/family mobility) which lead to unique solutions and these must be taken into consideration.
  
  • The perception of what is safe and what has been agreed may differ and we need to ensure that this doesn’t in turn become an area of tension between staff and managers.
  
  • The multidisciplinary nature of care delivery is not wholly recognised and the emphasis is upon Nursing and Midwifery.
  
  • There is a tension between the use of the current tools as a finance/workforce predictor and the more detailed requirement to produce the right staff, in the right place at the right time.

• Part 3 of the Bill?
  • The absence of tools for social care and the proposal to develop only one tool over the next 5 years will continue to give a one size fits all approach to staffing across health and social care.
  
  • The Bill fails to capitalise on the potential to develop a flexible staffing skill mix model across the integrated space (IJB) in order to address shortages in council and NHS facilities.

• Is there anything that you would change in the Bill?
  • Currently there is a lack of specific detail regarding the impact on the remote and rural providers. Clarity must also be established regarding the scrutiny methodology and consequences of failure to comply.

• 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?)

- There are other issues to be resolved in terms of the consequences derived from the inability to meet the required staffing levels for example as a result of failure to recruit due to geography, for example. The concern is that the challenges recognised within the Islands Bill are not being reflected within the SSB which may lead to the Northern Isles specifically being disadvantaged.