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Respondent Information Form

Safe and Effective Staffing in Health and Social Care: Consultation on proposals to enshrine safe staffing in law, starting with the nursing and midwifery workload and workforce planning tools

Please Note this form **must** be completed and returned with your response.

Are you responding as an individual or an organisation?

☐ Individual

☒ Organisation

Full name or organisation's name

Chief Officers Health and Social Care Scotland

Phone number 0141 276 4806

Address

Commonwealth House, 32 Albion Street, Glasgow

Postcode

G1 1LH

Email

suzanne.mcshane@glasgow.gov.uk

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

☒ Publish response with name

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> **Information for organisations:**
>
> The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.
>
> If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

☒ Yes

☐ No

Consultation Questionnaire

Proposed purpose and scope

Question 1 - Do you agree that introducing a statutory requirement to apply evidence based workload and workforce planning methodology and tools across Scotland will help support consistent application?

Yes ☐   No ☒

> We recognise and welcome work being done nationally to understand safe staffing levels and understand both the political and public desire to ensure that our health and social care services are appropriately resourced in terms of staffing.
>
> However, we would be cautious about supporting the mechanism that has been identified in this consultation. Although supportive of appropriate resourcing, we believe legislation has the potential to undermine the new integrated environment that health and social care now operates. It is too narrowly focused, on just one element of an increasingly diverse workforce.
>
> It should also be recognised that HSCPs will be at different stages in their workforce planning and some have already implemented their preferred tools after consultation with workforce and staff-side from both NHS and local authority. Stopping this work in mid flow could be disruptive and wasteful, and risks generating hostility if agreements are perceived to be broken.
>
> Consideration of what is meant by 'consistent' is probably required. Some HSCPs include Children & Families and Criminal Justice while others do not; some HSCPs include external provider organisations as part of the health and care workforce while others do not. Given that approaches differ, and that such differences are entirely congruent with the legislative requirements, it could be problematic to retrospectively impose prescriptive approaches.

Question 2 - Are there other ways in which consistent and appropriate application could be strengthened?

Yes ☒   No ☐

> Rather than enforcing good practice through legislation, there are a range of other methods which would support consistent and appropriate application of workforce planning tools. This could include sharing good practice across partnerships, development of tools for multi-disciplinary teams, implementation of the new health and care standards, risk assessment and external inspection.

There is however a fundamental question about the approach being suggested. Given that the legislation aims to deliver a transformation in how we deliver health and social care, focusing on outcomes rather than systems and processes, the Scottish Government might wish to consider defining the required outcomes of workforce planning, rather than placing the emphasis on the tools or processes by which we achieve them.

Question 3 - Our proposal is that requirements should apply to organisations providing health and social care services, and be applicable only in settings and for staff groups where a nationally agreed framework, methodology and tools exist.

3A   Do you agree that the requirement should apply to organisations providing health and social care services?

Yes   ☐   No   ☒

3B   Do you agree that the requirements should be applicable in settings and for staff groups where a nationally agreed framework, methodology and tools exist?

Yes   ☐   No   ☒

A prescriptive approach to process runs the risk of partnerships focusing on the process, rather than aiming for an ambitious vision for our future workforce.

Question 4 - How should these proposed requirements apply or operate within the context of integration of health and social care?

It would be challenging to introduce these proposed requirements in the context of integration of health and social care. The current focus is on shifting the balance of care through new models of care and development of multi-disciplinary teams. The current approach allows for flexibility. There would be a concern that a uni-professional approach would have a negative impact on service re-design, restrict the development of multi-disciplinary approaches and ultimately impact on the delivery of care.

This approach may also create demand from other professional groupings for a similar tool which could further reduce flexibility to deliver person-centred integrated care.

The potential impact of Brexit must also be considered. There will be clear challenges in implementation of this legislation if large numbers of EU nationals leave the workforce.

Requirements

Question 5 - A triangulated approach to workload and workforce planning is proposed that requires:
- **Consistent and systematic application of nationally agreed professional judgement methodology and review of tools to all areas where current and future workload and workforce tools are available.**
- **Consistent and systematic consideration of local context.**
- **Consistent and systematic review of quality measures provided by a nationally agreed quality framework which is publicly available as part of a triangulated approach to safe and effective staffing.**

Do you agree with the proposal to use a triangulated approach?

Yes ☐   No ☐

We are supportive of workforce planning and the development of appropriate tools which are fit for purpose. They should be developed to support multi-disciplinary teams and more community based integrated workforces which nursing is part of, if the shift of balance of care is really to be made.

However, it must be noted that taking a "one-size-fits-all" approach is unlikely to optimally deliver for every HSCP. The focus on process detracts from being able to develop a clear vision that staff can buy into.

Question 6 - Are there other measures to be considered as part of the triangulation approach to workload and workforce planning? If yes, what measures?

Yes ☐   No ☐

It has been identified that workforce planning tools such as those that this proposal are based on do not fit with, or reflect, the service delivery realities of very small services in remote and rural areas and can significantly constrain the ability of small teams, or indeed single handed

practitioners, to work flexibly to meets the needs of the communities they serve.

Question 7 - Given existing staff governance requirements and standards are there sufficient processes and systems in place to allow concerns regarding safe and effective staffing to be raised?

Yes ☒   No ☐

There are already processes in place regarding safe and effective rostering policies which help ensure the right staff are in the right place at the right time. This includes risk assessment and monitoring and escalation guidance.

The Health Boards and IJBs have clear professional leadership structures and robust Clinical and Care governance processes in addition to embedded risk management processes and accountability.

Some HSCPs have extended these Clinical and Care governance processes to include externally commissioned services too.

National Whistleblowing Helpline.

Question 8 - If not, what additional mechanisms would be required?

Question 9 - Do you agree with the proposal to require organisations to ensure that professional and operational managers and leaders have appropriate training in workforce planning in accordance with current guidance?

Yes ☐   No ☐

Concern that training would be an additional administrative and cost burden.

If we are to achieve transformational change, we need to be free to consider our workforce in its entirety, rather than being boxed off into traditional service structure silos. If each service manager is workforce planning in isolation, opportunities for cross-service working will be missed.

Question 10 - Do you agree with the proposal to require organisations to ensure effective, transparent monitoring and reporting arrangements are in place to provide information on how requirements have been met and to provide organisational assurance that safe and effective staffing is in place, including provision of information for staff, patients and the public?

Yes ☐   No ☒

We have external scrutiny arrangements in place (CI and HIS) to ensure that safe and effective staffing is in place, and inspection reports are published by these bodies. One of the key imperatives of integration is to shift the balance of care away from traditional bed-based models and towards more creative and person-centred approaches to care and support. Getting bound up in staffing to bed ratios risks pulling us backwards rather than helping us to move forwards. Our Clinical and Care Governance arrangements ensure that the best possible advice is put in place to govern new models, and we would expect to work with HIS and the CI for advice on such matters as well.

Future approach and priorities

Question 11 - Do you agree with our proposal to consider extending the requirement to apply nursing and midwifery workload and workforce planning approach to other settings and/or staff groups in the future?

Yes ☐   No ☒

A.   If yes, which staff groups/multi-disciplinary teams should be considered?

It is not helpful to take a uni-professional approach. It would be more helpful to allow integrated community health and social care teams to develop and then identify what support is required. It is important to recognise that such a legislative requirement for one profession may inadvertently reduce the number of other key professionals as a result of the protection afforded to such roles in budget decisions. This is exemplified by the impact of the legal requirement for teacher numbers in education and the unintended impact this has had on the provision of other key pupil support roles. There is no information on the potential cost and the impact on other roles in the context of reducing spend. This could result in a reduction of professional social workers and key carer roles which would negatively impact on outcomes.

B.   If yes, which other clinical areas/settings should be considered?

Risks and unintended consequences

Question 12 - Are there any risks or unintended consequences that could arise as a result of the proposed legislation and potential requirements?

Yes   ☒   No   ☐

There would be a significant administrative and cost burden as a result of enshrining safe staffing in law. The energy in the system while we are in the early stages of health and social care integration should be focused on service re-design and quality person-centred provision rather than administration. Learning from the experience of Education, legislation regarding teacher numbers had unintended consequences for other critical roles like learning assistants and family support workers. By protecting and prioritising one workforce over other professions could lead to an inequality in the system. As stated before, the current approach allows us flexibility to move staff across sites. We have a concern about the supply of the workforce. An overly prescriptive approach to nursing staffing could affect our ability to sustain services, particularly in areas where there are already recruitment challenges. Where this does not meet the standard set out for one element of the workforce, we risk closure of services. Whereas current practice for workforce supply issues and shortages would see the deployment of other professional groups and re-design to sustain services. The response to safe staffing levels must be proportionate and the proposed requirements do not fit with an integrated environment. It will also create a demand from other parts of the workforce for a similar level of protection.

Furthermore, there is a concern that a legislated staffing approach may have a particular adverse impact on sustaining inpatient care in local communities, particularly in smaller units in remote and rural areas, where a flexible approach is often required. The restriction on local flexibility may result in unplanned shifts in care for inpatient services to larger facilities where redeployment of the workforce is more easily achieved.

Question 13 - What steps could be taken to deal with these consequences?

The current proposal does not outline how the legislation would be resourced.

Monitoring requirements

Question 14 - Do you agree with the proposals to use existing performance and monitoring processes to ensure compliance with the legislative duty and associated requirements?

Yes ☐   No ☐

It is important that performance and monitoring processes are streamlined as much as possible, and that they preserve the legislative commitment to improved outcomes.

Question 15 - In what other ways could organisations' progress in meeting requirements be monitored?

Via existing external inspection processes and service improvement plans.

There should also be a focus on service user and patient feedback.

Every IJB is required to publish an annual performance report from July 2017, reporting on the legislative requirements encapsulated within the 23 National Integration Indicators.

Question 16 - What should the consequences be if organisations do not comply with requirements?

There should be support made available for an improvement plan.
There should be proportionate scrutiny.

Existing reporting via external inspections and internal scrutiny, audit and performance programmes

Equality consideration

Question 17 - Do you anticipate any of the proposed options outlined in this consultation will have a direct or indirect positive or negative impact on any protected equality characteristics?

(The nine protected equality characteristics are age, sex, gender reassignment, sexual orientation, race, religion or belief, pregnancy and maternity , disability, and marriage and civil partnership).

Yes ☒   No ☐

There is the danger that by identifying and protecting only a part of the workforce, when the focus should be on multi-disciplinary working, that we create an inequity in the system.

END OF QUESTIONS