Royal College of Physicians of Edinburgh

**Response to the Scottish Government consultation on
Safe and Effective Staffing in Health and Social Care**

Purpose
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, the College agrees with this proposal. Fellows have commented that at present staff shortages can lead to previously agreed arrangements which are not statutory no longer being implemented. Ensuring safe and effective levels of staffing across all disciplines is important in ensuring appropriate care is provided for patients. The College recognises the need for safe and sustainable staffing levels throughout the NHS.

The development and implementation of safe staffing levels for all professions within hospital settings, based upon best evidence, is supported by the College, along with improved workforce planning which reassesses the size and structure of the consultant workforce taking account of such changes as the rise of part-time working, extended working, and the needs of an ageing population.

However, there are concerns as to the applicability of the some of the tools in small hospitals or remote and rural settings. "De minimis" staffing situations are frequent in remote and rural areas, and mixed workloads e.g. mixed medical and surgical wards, and this must be taken into account.

Resources will be essential to the implementation of any new requirement: Fellows have commented that workforce is often based on finances rather than clinical need or provision of service, and to be successful and effective the appropriate resources must be allocated.

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

Yes. The current non-statutory system has some issues with effective application; however there are alternative approaches that can also be pursued to ensure that NHS Boards comply with Scottish Government requirements. In the context of this initial consultation focussing on nursing and midwifery, a key role is for the Director of Nursing to advise health boards on safe nurse staffing levels. An understanding of why current measures are not being consistently and effectively applied e.g. due to particular financial pressures could lead to alternative approaches to implementation.

Scope

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, however the complexity of delivery in remote and rural settings needs careful consideration.

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, however the complexity of delivery in remote and rural settings needs careful consideration.

4. How should these proposed requirements apply or operate within the context of integration of health and social care?
Integration authorities have a role in commissioning certain services and functions from the NHS, local authorities or other providers. The strategic commissioning plan for integration authorities therefore provides a mechanism for implementing requirements.

Requirements

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?

The College has received mixed views on this. It is difficult to understand what this will mean in practice – to what extent does this actually mean that local context can override the tools, and if so will this lead to further inconsistency and mean that issues other than clinical e.g. financial local context drive staffing levels?

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

Yes. Some thought on how to achieve staffing levels in different areas of the country is required. The system must be flexible enough to ensure that any gap between the calculated numbers of staff

needed in a particular context, and the professional or lay impression of, or suboptimal quality outcomes relating to that number of staff can be rapidly closed. The "on the ground" qualitative impression should be more important than the statistically derived staffing level.

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?

No: processes are in place to raise concerns but difficulties with staffing do not always seem to be addressed.

8. If not, what additional mechanisms would be required?

Publishing performance data against recommended staffing levels might be one option to ensure transparency and allow for meaningful analysis.

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. This is important; however given the extensive mandatory and other training requirements already in place, this must be balanced against ensuring that training is not onerously burdensome.

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.

Future approach and priorities
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?

A. If yes, which staff groups/multi-disciplinary teams should be considered?
Yes; especially medical staffing where the variation between hospitals is significant, and other allied health professionals.

B. If yes, which other clinical areas/settings should be considered?
Evaluating the impact of the current initial proposal might be prudent before further compulsory extension, particularly when considering the remote and rural context.

Risks and unintended consequences

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

Yes, ascertaining the true cost of adequate staffing levels required in all professions. Additionally, tools may not keep pace with changing patterns of care, meaning inappropriate application. Consideration should be given to the impact on remote and rural settings.

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

Evaluation of funding; training; reviewing the distribution of resource and new approaches of working could all be utilised. Consideration should also be given to potential exemptions to the legislation.

Monitoring Requirements

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, however it is important that additional burden is not placed on NHS Boards, as this risks diverting funding from clinical care.

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

N/A

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

Organisations should be helped to achieve the requirements- but if harm is a consequence of not meeting the requirements as set out in legislation, then some corporate and political liability should be considered.

Reservations have already been expressed around the use of such tools in the remote and rural setting. Fellows have therefore suggested that it would be inappropriate to penalise Health Boards where application of the requirements is, in those particular circumstances, not suitable for clinical care and against professional judgement.

Equality Consideration

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?

There may be impacts on pregnant women due to the application to midwifery services.