SUBMITTING EVIDENCE TO A SCOTTISH PARLIAMENT COMMITTEE

DATA PROTECTION FORM

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<tr>
<th>Name:</th>
<th>Jane Illingworth for Healthcare Improvement Scotland</th>
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<td>Date:</td>
<td>1 August 2018</td>
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<tr>
<td>Organisation: (if required)</td>
<td>Healthcare Improvement Scotland</td>
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☒ I have read and understood the privacy notice about submitting evidence to a Committee.

☒ I am happy for my name, or that of my organisation, to be on the submission, for it to be published on the Scottish Parliament website, mentioned in any Committee report and form part of the public record.

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Non-standard submissions

Occasionally, the Committee may agree to accept submissions in a non-standard format. Tick the box below if you would like someone from the clerking team to get in touch with you about submitting anonymously or for your submission to be considered but not published. It is for the Committee to take the final decision on whether you can submit in this way.

☐ I would like to request that my submission be processed in a non-standard way.
HEALTH AND SPORT COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL

SUBMISSION FROM HEALTHCARE IMPROVEMENT SCOTLAND

Introduction

Healthcare Improvement Scotland (HIS) welcomes the Health and Care staffing Bill as a key driver to support the delivery of safe and high quality care for patients, service users and staff within the health and social care system.

We welcome the pivotal role given to HIS in developing and monitoring the common staffing method. This aligns with our work with nursing and midwifery in Excellence in Care, with health boards and IJBs through the Quality of Care reviews, and will support the staffing elements of developing a quality management approach for Scotland.

The Excellence in Care programme will provide care assurance and an opportunity for improvement planning at ward/team, hospital, IJB/health board and National level. In parallel the programme will increase capacity and capability for improvement within nursing. HIS has been commissioned by the Scottish Government to develop nursing/midwifery specific quality measures for the programme. We support the proposed alignment of Excellence in Care with implementation of the Bill and believe that this will provide positive benefits for staff and the service in supporting data driven improvement.

Inclusion of Healthcare Improvement Scotland on the face of the Bill

The Bill’s Policy Memorandum includes a number of references to the role of HIS and in particular, responsibility for the development of future staffing tools for healthcare settings. The Financial Memorandum details the transfer of resource to support this. This role is not, however, currently reflected in the Bill itself. The Bill provides for the Care Inspectorate to develop a staffing method and tools for use in care services and while this is not necessary for HIS to undertake the equivalent role for health, we believe that HIS should also be on the face of the Bill. This would ensure that the roles of HIS and the Care Inspectorate are mirrored and are equally visible, in order to support implementation and achievement of the policy objectives.

In addition, our response to question 3 below highlights a potential further legislative provision to support achievement of the policy objectives of the Bill, in relation to HIS’ ability to access data related to the delivery and quality of care.

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

Healthcare Improvement Scotland is supportive of the policy intention of the Bill – to enable a rigorous, evidence-based approach to decision making relating to staffing requirements that ensures safe and effective staffing, takes account of service users’ health and care.
needs and professional judgment, and promotes a safe environment for service users and staff”.

We also welcome the intention to support a consistent approach across health and social care settings.

We understand that the legislation will be supported by detailed guidance from Scottish Government on the use of tools and the common staffing method, and we believe that the success of the Bill in enabling this approach will rest on the detail of its implementation.

The Policy Memorandum states that ‘the frequency and application of the tools and methodology is dependent on the clinical area and service type’ and we believe this flexibility is important.

It is also important that flexibility around the tools themselves is built in. We welcome that the Bill accommodates the development of new speciality specific staffing tools in the future but consideration should also be given to the review of existing tools to ensure that they continue to be fit for purpose.

**Question 2: What are the key strengths of:**

- **Part 2 of the Bill?**

We welcome the duty on the NHS to ensure appropriate staffing for both the health and wellbeing of staff and the provision of high quality care.

We welcome the triangulated approach as set out in the Bill, bringing together staffing tools, professional judgment and other measures of the quality of care. The Bill requires that the health board or agency must take these into account; the key question in the effectiveness of the approach is the ‘so what’ i.e. have the right decisions been made and how is this evidenced? The boards’ governance (including escalation) processes around this work are of central importance.

We welcome and support the inclusion of the training and consultation and adequate time for using the tools for staff in the bill. This will strengthen the approach. Further detail in the guidance will be useful re the frequency of training and specific staff who will require to be trained. Further guidance on arrangements to seek staff views will also be useful.

The Bill also includes a requirement for annual reporting to Scottish Government on how it has carried out the staffing duties and we welcome the flexibility of how this is published i.e. that it can be undertaken within existing processes. However, annual reporting entails an inevitable ‘time lag’ and, as noted above, internal processes for escalation of issues and supporting governance will need to be in place. We therefore welcome the proposed alignment of Excellence in Care and the legislation to provide an ongoing system for monitoring and assurance of safe staffing in nursing and midwifery.
The Bill states that the health board or agency must take into account ‘any assessment by HIS…of the quality of health care which it provides’. Healthcare Improvement Scotland’s Quality of Care Approach outlines the inspection and review frameworks we use to provide external assurance of the quality of healthcare provided in Scotland. The approach has three components, one of which is a **Quality Framework** which has been designed to be used both by healthcare providers for internal self-evaluation and reflection, and by HIS as the basis of all of the inspection and review work that it carries out. Boards should be monitoring themselves in respect of statutory requirements and assuring their own boards that they are compliant. This will further support the NHS in providing and seeking internal assurance for safe staffing within boards while HIS will have a role in providing transparent external assurance.

All reviews and inspections will consider indicators within the outcomes and impact portion of the framework which includes key organisational outcomes (including fulfilment of statutory responsibilities), impact on people experiencing services and impact on staff.

Where we identify any issues or areas of concern the ‘safe, effective and person-centred care delivery’ and ‘workforce management and support’ quality indicators will be used to probe more deeply to identify any underlying causal factors. If we identify areas for improvement or risks associated with staffing through our inspection and review work these will be followed up with the individual organisations.

**Part 3 of the Bill?**

We welcome the approach for care services and the additional legislative support for the wellbeing, health and safety of service users within the care sector.

As teams develop within the integrated health and social care space, we welcome the provision for HIS to collaborate with the Care Inspectorate and to support the future development, if necessary, of multi-disciplinary staffing methods for this sector.

**Question 3: What are the key weaknesses of:**

**Part 2 of the Bill?**

While the Policy Memorandum acknowledges existing staff governance processes, to enable staff to raise concerns in relation to staffing levels, it is not explicit regarding other governance routes, referring only to the use of ‘existing governance structures’ to support escalation of identified risk etc.

Section 121A states that it is the duty of every health board and agency to ensure that at all times staff are suitably qualified and competent and work in appropriate numbers. At present the common staffing methods and tools in the main provide an indication of nursing establishment i.e. the numbers on a roster to safely provide a service. The common staffing method currently does not provide guidance for the dynamic day to day management,
rostering and deployment of staff in the system. This is a weakness of the staffing methods currently. Further guidance would be needed to ensure both establishment and deployment of staff supports the principles in the bill.

Section 121C of the Bill prescribes the types of health care required to apply the common staffing method and specifies the following employees – registered nurses, registered midwives and medical practitioners. It is important that the wider workforce involved in delivery of care (e.g. healthcare support workers) is recognised. The Bill notes that these employees include ‘other persons providing care and acting under the supervision of…the registered nurse, registered midwife or medical practitioner’. It is important that the workforce tools include these groupings and we welcome the intention that future tools may take a more multi-disciplinary / multi-agency approach rather than applying to single staff groups.

The shifting balance of care, service redesign and resulting need for a flexible workforce and multidisciplinary teams means that it is essential that the common staffing method takes this context into account.

As stated, HIS welcomes the role outlined in the Policy Memorandum and the alignment with Excellence in Care. However at present HIS does not have full rights of access to the IT systems supporting the Excellence in Care programme, workforce systems or locally and national held data sets, which provide data on the quality of care or the training, numbers and deployment of staff. Providing for this access would support HIS’ role as an independent body providing assurance and improvement across the system.