### Data Protection Form

<table>
<thead>
<tr>
<th>Name:</th>
<th>Jane Illingworth for Healthcare Improvement Scotland</th>
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<tr>
<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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<tr>
<td>Topic of submission:</td>
<td>Staffing Bill Financial Memorandum</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.

- ☒ I would like to be added to the contact list to receive updates from the Committee on this and other pieces of work. I understand I can unsubscribe at any time.

### 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you would like someone from the clerking team to get in touch with you about submitting anonymously or confidentially (not for publication). 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.
FINANCE AND CONSTITUTION COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL FINANCIAL MEMORANDUM

SUBMISSION FROM

Consultation

1. Did you take part in any consultation exercise preceding the Bill and, if so, did you comment on the financial assumptions made?

Healthcare Improvement Scotland (HIS) did take part in the consultation exercise preceding the Bill and responded to any financial assumptions raised in the Bill development phase. In addition, HIS has submitted written evidence to the Health and Sport Committee in relation to its consideration of the Bill.

2. If applicable, do you believe your comments on the financial assumptions have been accurately reflected in the FM?

3. Did you have sufficient time to contribute to the consultation exercise?

Yes

Costs

4. If the Bill has any financial implications for your organisation, do you believe that they have been accurately reflected in the FM? If not, please provide details.

The Financial Memorandum sets out that the Nursing Midwifery Workload and Workforce Planning Programme (NMWWPP) will be expanded in order to deliver the requirements of the Bill, and that the NMWWPP will be moved to HIS and the associated costs will therefore transfer to it.

We welcome the expansion of the NMWWP team in anticipation of its transfer to our organisation. We anticipate that the resource outlined is sufficient to support and further develop the current Nursing and Midwifery focused approach to the common staffing method, based on the assumption that all resources will be transferred to meet the costs outlined. If, in future, Ministers request a substantial expansion of common staffing methodology into other professional or multi-professional domains, the resource and skill requirements would require further consideration by HIS. We would therefore ask that any such commission from the Scottish Government included further discussion with HIS regarding associated resource requirements.

The Financial Memorandum also sets out that ‘this legislation is to be monitored through existing Quality of Care reviews’ and does not anticipate that additional resource will be required.

As noted above, we welcome the transfer of additional resource in the form of the NMWWP team to inform and support this. The Quality of Care approach is a comprehensive,
intelligence-led approach and will consider issues around staffing as part of this; however if a more in-depth piece of scrutiny was required on the use of the common staffing method, the resourcing implications may need to be revisited.

The Financial Memorandum also states that ‘support for improvement expertise and capacity already exists in HIS’.

HIS is funded to provide improvement support for NHS boards and Health and Social Care Partnerships, with some of our programmes providing targeted support around workforce redesign. However this capacity at present is limited and needs to be informed by intelligence and allocated accordingly.

We suggest that further work will be needed to understand the potential improvement expertise required to support this legislation. It may focus, for example, on understanding the current demand and capacity in a system and working to redesign pathways and workforce roles to ensure it is able to meet the requirements of the legislation. In turn, this may require further consideration of HIS’ current skill set and associated resource requirements.

The interfaces with a number of acute hospital sector programmes within Scottish Government (i.e. whole system flow, unscheduled care collaborative, the modern outpatient programme and the access collaborative) would also need consideration, where improvement issues arise on the back of the safe staffing legislation.

5. Do you consider that the estimated costs and savings set out in the FM are reasonable and accurate?

6. If applicable, are you content that your organisation can meet any financial costs that it might incur as a result of the Bill? If not, how do you think these costs should be met?

7. Does the FM accurately reflect the margins of uncertainty associated with the Bill’s estimated costs and with the timescales over which they would be expected to arise?

Wider Issues

8. Do you believe that the FM reasonably captures any costs associated with the Bill? If not, which other costs might be incurred and by whom?

9. Do you believe that there may be future costs associated with the Bill, for example through subordinate legislation? If so, is it possible to quantify these costs?