

Consultation on Safe and Effective Staffing in Health and Social Care

Feedback Updated 15 January 2018

January 2018

Consultation Response

We Asked

On 11 April 2017, the Scottish Government launched a consultation on 'Safe and Effective Staffing in Health and Social Care'. The consultation ran for 12 weeks, closing on 5 July 2017. The consultation paper invited views on proposals to introduce legislation requiring organisations providing health and social care to:

- Apply nationally agreed, evidence based workload and workforce planning methodologies and tools where they exist and are validated.
- Ensure that key methodology – notably consideration of professional judgement, local context and quality measures – underpin workload and workforce planning and inform staffing decisions.
- Monitor and report on how they have done this and provide assurance regarding safe and effective staffing.

A number of consultation events were hosted across Scotland.

You Said

A total of 111 responses were submitted via the Citizen Space consultation hub. A total of 177 delegates attended the stakeholder events, sharing their views and comments on the proposed legislation to help inform its development. The responses were analysed independently and an analysis report was published on 11 December 2017:

<http://www.gov.scot/Publications/2017/12/5851>

Responses highlighted that a focus on achieving better outcomes should be at the heart of the legislation; that workload and workforce planning tools are only one of the components required to achieve high quality care and improved outcomes; and suggested setting out further guiding principles on safe and effective staffing in the Bill.

Some of the key findings from the consultation include:

- 82% of respondents agreed that a statutory requirement to apply evidence based workload and workforce planning methodology and tools will help support consistent application.
- 90% agreed that the requirement should apply to organisations providing health and social care services.
- 88% agreed that the requirements should be applicable in settings and for staff groups where a nationally agreed framework, methodology and tools exist.

While there was general support for the proposal to extend requirements to other settings and staff groups, with many respondents specifically highlighting the need for a whole-systems, multi-disciplinary approach rather than focussing on specific professions, there was divergence in views. The main area of divergence was around whether legislation should span social care, given existing statutory frameworks that operate in these settings. Respondents emphasised the importance

of ensuring that the legislation is cognisant of and applicable within the context of health and social care integration ; and that in any development of legislation the specific context and requirements of social care need to be recognised and understood. Respondents also identified potential risks, notably resources being drawn from one service to another if a whole-systems approach is not taken; the need to extend beyond nursing and midwifery to the wider multi-disciplinary or multi-agency team was a frequently raised theme.

How we are responding

Given the emphasis in many of the responses on the need to be reflective of the integration landscape and the acknowledged importance of supporting and strengthening integrated workforce planning, Ministers are clear that the forthcoming legislation will - in an appropriate way – extend across the health and social care landscape in order to build on and strengthen existing mechanisms in place to ensure and assure appropriate staffing for high quality care and to enable further improvements in workforce planning .The details of the legislation will be a focus of a Bill Reference Group and are, therefore, still to be defined. However, our suggested way forward is to apply overarching principles to health boards and social care providers who will be required to take them into account in relation to their workforce planning activities for all staff groups. This will help mitigate the potential risk identified in consultation responses that resources could be diverted to only those staff groups and settings where use of specific, validated workforce planning tools was required by more narrowly scoped legislation.

The legislation will include more specific requirements applicable where a validated workload planning tool and methodology exists; in the first instance this will only apply to a range of nursing and midwifery services and to medical services in emergency medicine settings as tools exist in these areas. There will be requirements for staff engagement, reporting and provision for issue of guidance in regard to these tools. The legislation will not be restrictive or prescriptive, Ministers are clear that it will be enabling, allowing for the development of new tools, including multidisciplinary tools where appropriate in health and social care.

We recognise that although the consultation responses highlighted general support for the proposals they also demonstrated some divergence in views on key points, notably whether the legislation should span social care, given existing statutory frameworks and the lack of nationally validated workload and workforce planning tools for these settings. In addition, we acknowledge that there were limited numbers of consultation responses from the social care sector.

Scottish Government is therefore continuing to engage with stakeholders regarding the scope and coverage of the legislation; and how it can be developed in a way that will support and enable wider workforce planning developments, particularly in the context of the National Health and Social Care Workforce Plan. The consultation and recent engagement with stakeholders indicate that there are a number of issues that will require further dialogue and engagement with stakeholders from across the health and social care sectors. The Scottish Government will continue to engage with stakeholders to shape the legislation. We have arranged a number of engagement events for February and we will look for other opportunities of engaging with stakeholder groupings.



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This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
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ISBN: 978-1-78851-524-5 (web only)

Published by The Scottish Government, January 2018

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS343466 (01/18)

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