REF NO.

SUBMITTING EVIDENCE TO A SCOTTISH PARLIAMENT COMMITTEE

DATA PROTECTION FORM

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Date:	
Organisation: (if required)	**The Royal College of Nursing**
Topic of submission:	**The Health and Care (Staffing) (Scotland) Bill**

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REF NO.

HEALTH AND SPORT COMMITTEE

It is imperative that this legislation

This is something which the RCN believes could be replicated in Part 2 section 2(2)(b) to set out a similar process for NHS boards to consider when commissioning services

is something which the RCN would like to see mirrored in Part 2 of the Bill, to ensure that staff have time for training and for obtaining further qualifications.

3a. The RCN has identified three areas which must be reflected in legislation if it is to make a positive and lasting difference to nursing staff and patients. At present, the across these three areas are either insufficient or absent altogether.

Respo

A section on exception reporting should also be included in the Bill to ensure that, where local resolution cannot resolve issues, there is a means to report that the duty to ensure appropriate staffing will not be or has not been met.

and agency use and skill mix making decisions about whether nursing was delivering safe and effective care very difficult and not evidence based, meaning that this legislation would fail to deliver positive change.

At present there is no Ministerial accountability within the Bill to ensure that there is a supply of nursing staff sufficient to meet demand. The Scottish Government must take responsibility for ensuring that NHS boards have the right funding, as well as access to a supply of nursing staff which is sufficient for them to discharge their responsibilities under this Bill. It will be increasingly necessary to align national budgeting processes, as well as workforce planning processes, to ensure that there is a synchronised national approach. At present, for example, the different timings for local authority budget setting and NHS board funding allocations is problematic because of the joint budget now held by Integration Authorities to deliver integrated health and care services.

Scrutiny and sanction

There must be scrutiny of staffing for safe and effective care and sanction if the law is not met. The Bill does not contain any section for scrutiny or sanction.

The Bill does contain a s
insufficient to allow for adequate public scrutiny. An annual process by which each NHS board reports to government on its exception reports, what actions have been taken in response to mitigate risk following exception reports, and how it has fulfilled its duties if the Bill is enacted, should be required. The RCN would favour an

Annex 1 shows how the scrutiny and sanction model outlined above could work alongside exception reporting.

Professional voice

It is essential that this legislation enables and empowers nurses to use the knowledge, skills and experience they have in order to exercise their professional judgement. At present, professional judgement is only mentioned in relation to the consideration of the results from the Common Staffing Method. As previously stated, this means that it is not given equal weight within the triangulated approach.

Without nurses of appropriate seniority (i.e., those ranging from directors of nursing and integration authority nurse board members to senior charge nurses and community team leaders) exercising their professional judgement through each and every step of the process, safe staffing establishments cannot be set; care assurance cannot be monitored; risk assessment cannot be undertaken; local resolution cannot be sought; and effective exception reporting cannot be completed.

It is critical that nurses of appropriate seniority have the time to do what is being asked of them. On any given day these senior nurses will monitor the clinical needs of patients and manage their teams effectively to respond to need whilst also monitoring and managing risk and seeking local resolution. In addition, in order to be assured of the quality of care, senior charge nurses and community team leaders must ensure that the right data is accurately collected and recorded by their teams. The professional judgement of senior charge nurses and community team leaders will also be required for longer-term establishment setting through the Common Staffing Method.

The RCN believes that the only way in which to ensure that senior charge nurses and community team leaders have the time that they require to fulfil their roles effectively is to make them non-caseload holding. This supervisory role was something which the RCN included in its 2016 manifesto,
Future , which many sitting MSPs supported. In 2008 Leading Better Care published by the Scottish Government, stated that while senior charge nurses should monitor and ensure quality and consistency of care for all patients, they should not have a direct caseload, nor have their attention diverted from their role in clinical coordination by spending significant amounts of time on administrative duties.

The Francis Inquiry Report made strong recommendations about the importance of clinical leadership with Recommendation 195 stating:

Ward nurse managers should operate in a supervisory capacity, and not be office-bound or expected to double up, except in emergencies as part of ongoing nursing provision

The evidence shows that having clear leadership is best for patients and staff. The policy intention for this is in place already, but on the ground the story is often very different.

3b. The RCN would reiterate its point that its interest in Part 3 of the Bill, which deals with care settings, is in ensuring that clinical need is identified and met.