

Chief Executive

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Lewis Macdonald
Convener
Health and Sport Committee
Via email: healthandsport@parliament.scot

Date: 24 September 2018
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Dear Lewis,

Health and Care (Staffing) (Scotland) Bill

Thank you for the opportunity to respond further to Health and Sport Committee request for evidence.

Before addressing the specific points raised in your letter I would like to set some general context to the issues:

- The tools do not reflect accurately the small clinical unit structure inherent within remote and rural communities. This is not merely a matter of scale but is also one of complexity, with multiple specialties being present in a single ward or dept. The impact is that at times the staffing skill mix may require greater enrichment than may be typical in more homogenous units.
- As with many other areas NHS Orkney has lost a number of personnel who were skilled in operating the tools with little training available to replace those who were lost. The face to face element is very limited although this is beginning to be addressed in part by additional resource at NHS Board level.
- The on-line training packages are not user friendly and are difficult to understand, they lack depth of explanation.
- The system platform is not a simple interface and it is time consuming to complete the inputs. This is compounded by the slow processing speed.

In terms of the NHS Orkney specific response I would like to provide the following information:

NHS Orkney did not run the tools in the following areas between 2016-2018:

- Maternity – The reason for this relates to the points above and includes a lack of capacity within the workforce. The tools are now in progress within Maternity and will be complete by the end of Oct 18. This has required significant additional support.
- Mental health and learning disabilities – The tools in this respect are inappropriate and provide an in-patient ward focus. NHS Orkney has a community based provision with no on island in-patient provision.
- Emergency department/ emergency medicine – This area is a difficult match for the tools given the multi-usage A&E, walk in minor injuries, and review appointments functions. This is an area where the use of the tools will be explored but do not present a good fit.
- Clinical nurse specialist – There was ambiguity amongst the users regarding the definitions and categories, therefore no submission was made on the appropriate date. This is an element which is being developed and will be completed in the next round.



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Chair: Ian Kinniburgh
Chief Executive: Gerry O'Brien



- Community children's specialist nurse – There are no community children's specialist nurses on our establishment. The inclusion was due to a lack of understanding of the definitions for various categories and was user error.

Tools were run in 2016/17 but not 2017/18 in the following areas:

- Community nursing – The Community Nursing Tools for 2017/18 were not submitted until May 18 due to lack of capacity and of understanding of the tools. The points already provided apply equally here.
- Adult inpatient – Due to capacity issues the Adult inpatient tools were run in Apr 18 rather than Mar 18 therefore missing the financial year.

The impact on workload of running the tools in their current format is considerable for a small organisation. This is compounded by a training gap which makes a difficult systems interface more daunting for the individual.

Although we have experienced difficulties with the tools the underlying principles of the Bill are accepted and fully supported. The additional resources provided by Scottish Government in the form of the 0.5WTE Band 8A Nurse and the centralised support are welcomed. There are challenges, however, we look forward to supporting further the development of the tools in support of the Bill.

I hope that this meets your requirement.

Yours sincerely

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Gerry O'Brien
Chief Executive