

Finance and Constitution Committee Questionnaire

This questionnaire is being sent to those organisations that have an interest in, or which may be affected by the Health and Care (Staffing) (Scotland) Bill's Financial Memorandum (FM).

In addition to the questions below, please add any other comments you may have which would assist the Committee's scrutiny of the FM.

Consultation

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

Yes. We have made the assumption that as a minimum we need to ensure that current spend on the use of agency nurses, staff bank and other overspends are seen as the total cost of providing safe care in the Board area. There are other factors described below that are likely to feature within our financial modelling.

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

Yes. Although further consideration needs to be given to the detail such supervisory /non case load holding time for senior charges nurses. Consideration is also required about the implications of adequate training and development of staff in relation to workforce planning tools and effective implementation of these tools. These costs have not been worked through so may bring an additional cost to bear.

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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 (FM) does not make any specific estimates around the financial consequence to Boards arising from a potentially re-calibrated safe staffing level, but says that there is unlikely to be any additional cost arising due to safe staffing and workforce tools already being in place, this assumption needs to be tested, especially as we are unclear about the outcomes of any from any amended/new tools which are developed.

As noted earlier, strengthening the supervisory/non caseload holding role of the senior charge nurse would incur costs but the benefits which would enhance the

implementation of the legislation at a local level and provide the right professional and managerial support for safe staffing. Consideration needs to be given to adequate training and development of a variety of staff in relation to workforce planning tools and effective implementation of these tools, as well as wider education and training costs.

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

Once there is clarity about the legislation, the Board consider the consequences of this. NHSGGC is currently reviewing the workforce planning tool outputs and considering these along with the requirements in the legislation for their 2019/20 financial and workforce planning assumptions.

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?

The answers to question 2 and 5 above relate here. Scottish Government have made a short term commitment to support Boards in running, analysing and implementing the outputs from the workforce planning tools and this is to be welcomed but there may be additional costs that we may identify through the process as the Bill becomes final and the fuller implications are understood.

The process in NHS Great Glasgow and Clyde mirrors the national process. However staffing levels will need to be adjusted to accommodate the impact of service changes, in particular the acuity of patients in some areas will continually change and that more patients will be cared for in their own home, the costs may not be directly attributable to the safe staffing legislation but to other drivers with alternate funding streams.

The predicted absence allowance, currently nationally guided at 22.5% for all 24/7 areas is a concern. As the balance of care shifts we need to consider how to fund community services with a predicted absence allowance to maintain consistent safe levels of staffing.

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?

This is work in progress and we would caveat this with answers and issues raised to the questions above. One unknown is the potential impact on Boards that may fail to meet safe staffing levels and the escalation process. The latter will be important to understand both in terms of what actions, and indeed sanctions that may be placed on Boards and the financial consequences of this.

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?

As previously stated, the FM is less clear about the costs associated with this legislation being in place and the concomitant costs of staffing services to a level that is determined as a “safe” under this legislation and its emerging tools. Health Boards may yet be impacted by additional nursing costs in the future, dependent on how these workforce tools are calibrated. This remains a risk to all health boards.

At this stage issues relating to potential supervisory/non case holding status of senior charge nurses; training and education costs; capacity to undertake effective workforce and workforce tools; the ability to recruit and retain staff as well as the need to ensure that we gain the full benefit of the additional student nurse numbers being recruited will all have a positive impact. The application of the legislation to the Care Home sector may also bring an additional pressure to Health Boards in the form of competition for qualified nursing staff, which is as yet not fully understood.

The FM refers to costs to develop new tools but does not identify what these would be – it would be helpful to develop tools in relation to prison healthcare, outpatient services, sexual health services, CAMHs (multi professionally) and a set of tools to allow modelling of new services.

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?

It is too early to say at this stage but issues raised above (e.g. SCN supervisory role) will relate here. If the commitment extends to other professions there would be further costs.