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Dr Lewis MacDonald MSP  
Convener  
Health and Sport Committee  
Scottish Parliament  
Edinburgh  
EH99 1SP

27 January 2019

Dear Lewis,

### **Health and Care (Staffing) (Scotland) Bill – Stage 1 Report – Further information**

I am writing to provide further information following the Health and Sport Committee's Stage 1 Report on the Health and Care (Staffing) (Scotland) Bill. I previously wrote to the Committee on 5 December to address the points raised in the report and committed to providing further information prior to Stage 2 on the following points:

- In response to paragraph 143 - An update on the continuous review of the existing workload tools;
- In response to paragraphs 166 and 167 - An update on the outcome of the learning needs analysis and the numbers of staff that may require training as indicated by this;
- In response to paragraph 177 - Confirmation on how clear monitoring will be put in place to allow ease of scrutiny and spread best practice

In addition to the further information provided in the Annex to this letter I hope the Committee will recognise the significant steps I have taken to address their concerns through the amendments I have tabled for Stage 2. I would like to take the opportunity to thank the Committee again for their detailed consideration of the Bill and I look forward to the Stage 2 hearing.



**Jeane Freeman**

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## In Paragraph 143 of the Report the Committee asked:

*We ask the Scottish Government for information on the review of tools prior to Stage 2 and welcome details on when the working group is expected to report on their review of current tools. We would also welcome details of how it is proposed results of the review will be implemented and impacts on the Bill promulgated.*

As described in my response to the Stage 1 report there has been continuous on-going review of the workload tools since they were created. It is disappointing that the Committee heard from a range of stakeholders that the tools had not been reviewed since they were established. This however has allowed the Nursing and Midwifery Workload Workforce Planning Programme (NMWWPP) to reflect on how they have communicated with NHS Scotland on how the reviews are undertaken, outcome of such reviews and changes made as a result. The programme is currently developing a communication strategy which will enable a strategic approach to communication which ensures updates from the programme are available at all levels in NHS organisations. In addition a monthly newsletter is currently being developed which will be distributed to front line staff and ensure that staff are kept up to date with progress of the programme, including any refreshes to the tools.

I would however like to assure the Committee that refresh of the tools continue to be undertaken on an ongoing basis. There are a number of different approaches taken which are detailed below:

An issues log is maintained for all of the workload tools. This is populated as a result of feedback from users of the tools and from those utilising the output from tools to make staffing decisions. In addition any policy changes, significant changes in practice or other impacts on the specialty are also logged, as are any technical amendments identified by the NMWWPP team. These issues logs are then reviewed by the NMWWPP team on a 6 monthly basis and appropriate action taken. These actions may include:

- Revision of guidance and provision of expert advice from the team where issues have been raised and are thought to be relating to user application or analysis of the tools
- Revision the user interface as a result of user feedback to ensure the tools are as user friendly as possible
- Minor adaptation to the calculator behind the tool where appropriate
- Bringing together of the clinical reference group for a specific tool where significant issues have been identified or where there is significant policy or practice change which would impact on workload. The group would then consider the outputs from the tools on a national basis, consider emerging evidence and policy change in the specialty and following these considerations they would decide whether adaptations can be made to the calculator in the tool with professional consensus or whether further observation studies are required to validate changes to the calculator.

Taking this approach allows the programme to be reactive to user feedback and prioritisation of areas where significant refresh is required. Taking a routine approach to review would not allow this necessary flexibility.

Amendments have been lodged with Scottish Parliament which will clarify the role of Healthcare Improvement Scotland (HIS) in relation to the scrutiny of compliance and development of staffing tools. It is proposed that HIS will:

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- Be responsible for monitoring and reviewing the effectiveness of the common staffing method and making recommendations to Ministers should changes be required.
- Have a duty to monitor and review existing staffing tools and a function to develop new staffing level or professional judgement tools. HIS will also have a duty to consider a multi-disciplinary approach to workload tools. They may recommend to Ministers that a new tool be required for use. Scottish Ministers may also direct HIS to develop new staffing tools.
- When developing new tools HIS must do so in collaboration with Boards, Care Inspectorate, integration authorities and those they consider representative of staff and service providers.

It is anticipated that the duty to consider a multi-disciplinary approach to workload tools will require extensive work on existing and new tools. A prioritisation matrix is currently being developed by the NMWWPP tools and maintenance sub group as it is anticipated that using the current review methodology it may take up to 5 years to conduct this extensive review. However the NMWWPP is currently exploring digital solutions for development and review of workload tools which may reduce this timescale, depending on testing of new technologies.

The responsibility for the NMWWPP will move to HIS on 1 April 2019 and ongoing review and development of workload tools will be subject to the governance process in HIS.

**In paragraph 166 of the Report the Committee asked:**

*We ask Scottish Government to provide information on the numbers of staff they consider will require training, broken down by Health Board together with an estimate of the length of the training. We recognise the latter will depend upon the trainee, and in particular, whether they are familiar with the existing models or not.*

An Education and Training sub group of the NMWWPP Steering Group has been established with a remit to:

- Provide NMWWPP steering group with a clear understanding of the education and training needs across NHS Scotland in relation to Health and Care (Staffing) (Scotland) Bill.
- Develop an education and training plan which enables bespoke education and workforce development where required to meet the needs of NHS Boards across Scotland
- Develop a range of education and training resources to meet the needs of all levels of staff, including accessible and inclusive digital solutions

To date the sub group have designed a Learning Needs Analysis (LNA) which will be informed by Nurse Directors in NHS Boards. This will enable leaders in NHS Scotland to identify the skills and knowledge required for roles at all levels across the organisation, to identify current knowledge and understanding and to identify gaps. In addition a number of focus groups are being organised for staff, professional leaders and managers. This will allow further exploration of the outputs from the written LNA and information from both the LNA and focus groups will inform development of a range of training resources and to update the NMWWPP education resource. The group are also exploring innovative digital solutions to training which may reduce the time required for training.

Information from this work will allow us to establish the number of staff who will require training, how long the training is likely to take, and what type of training resources will be required at

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different levels to ensure that staff at all levels have the understanding they need to fulfil the requirements of the Bill.

**In paragraph 167 of the Report the Committee asked:**

*The Scottish Government advised details on access to training and the continuous roll-out of training to new staff would be covered in guidance should the Bill be passed. We would welcome further detail on what might be proposed here prior to Stage 2.*

As described above training will be available in a number of different formats and at a number of different levels. Output from the training needs analysis will inform which level of training is appropriate for different roles. We would anticipate that guidance would describe what level of training we would expect different roles to have completed and to identify the proportion of staff that should be trained to ensure there is appropriate skills and knowledge available in the workforce. It would be unrealistic to propose that all staff should be trained in this specific aspect.

**In paragraph 177 of the Report the Committee asked:**

*We welcome confirmation from the Cabinet Secretary that health boards will be expected to report on how they have ensured appropriate staffing and the outcomes from running tools as well as the application of the tools. We note Audit Scotland have on a number of occasions stressed the importance of new policies including clear monitoring provisions at the outset. Clear monitoring should allow both ease of scrutiny and the means to spread and incorporate learning and best practice. We would welcome confirmation from Scottish Government prior to Stage 2 how these aspects are met by the Bill.*

Amendments have been lodged with Scottish Parliament which would require Health Boards to publish and submit a report annually to Scottish Ministers which will detail how they have carried out their duties under this legislation. Scottish Ministers would then have a duty to collate the reports received from Health Boards into a combined report, to lay this combined report before parliament and to lay an accompanying statement which sets out how the information in the collated report has been taken into account in policies for staffing in the health service.

It is anticipated that guidance will detail what should be contained within the reports which Health Boards will be required to submit and that a template will be provided by Scottish Government.

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