

HEALTH AND SPORT COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL

SUBMISSION FROM THE ROYAL COLLEGE OF PSYCHIATRISTS IN SCOTLAND

The Royal College of Psychiatrists in Scotland would like to make the following comments specifically on Part 2 of the Health and Care (Staffing) (Scotland) Bill.

What are the key strengths of:

- **Part 2 of the Bill?**

The guiding principles of the Bill are a positive development in the sense that they encourage greater transparency over how Health Boards make staffing decisions. The Scottish Government should issue separate guidance alongside the Bill which would assist staff and service users across Health Boards to understand how decisions on staffing are made, what the implications of the common staffing method are, and to which health professionals they apply to.

The statutory emphasis on staffing level and professional judgement tools are positive facets of the Bill. As proposed for the common staffing method, these tools must similarly be developed with appropriate clinical advice and should consider patient needs. The College would be in favour of staffing tools which acknowledge healthcare professionals work in multiagency and multidisciplinary teams. However, as Scottish Ministers may use these regulations to prescribe new tools, it is important the Health and Sport Committee affirms the need for future consultation with clinical staff when these new tools are developed.

What are the key weaknesses of:

- **Part 2 of the Bill?**

There should be more information provided on how the new health tools will be created in the future given Scottish Ministers are permitted to extend these tools. Section 12IC (3) of the Bill envisages the potential for Scottish Ministers to extend the scope of regulated workforce planning to cover other groups and specialties. However, considering this Bill is presently focused largely on nursing and midwifery, it is imperative that any extension of staffing level tools or professional judgement tools are bespoke to different specialities, and consider practitioner and service user input.

It is unclear how Health Boards will ensure appropriate levels of staffing for other groups if a methodology to underpin workforce planning for that specific group has not already been established. A common staffing method could therefore prove effective provided tools are not uniform across specialties and consider the context in which staff are working.

Although the Bill alludes to putting greater responsibility upon Integrated Joint Boards (IJBs) for the planning and delivery of health care services, it is important to acknowledge that there can often be a disconnect between the activity of Health Boards and IJBs across Scotland. Therefore, for IJBs to appropriately comply with and respond to the delegation of activity from Health Boards, the Scottish Government must ensure they are regularly checking the responsiveness of IJBs to the needs and demands of Health Boards.

The College would like to question why there is specific emphasis put upon quantitative information for both the staffing level tool and professional judgement tool, but no mention of the qualitative dimensions of staffing levels.

The Bill also fails to establish a system of accountability for Health Boards, Local Authorities and IJBs which fail to establish a workforce planning model that considers the guiding principles. It would also be helpful for the Scottish Government to explain Healthcare Improvement Scotland's long-term role in developing workforce planning tools for specialties other than those currently within the Bill.

4. What differences, not covered above, might the Bill make? (for example: will the Bill have any unintended consequences, will it ensure that staffing levels are safe, does the Bill take account of health and social care integration, how are 'safe and high-quality' assured/guaranteed by the Bill?)

The Policy Memorandum highlights the recruitment issues in health and care service settings, and by extension the limitations of the Bill in addressing these constraints. However, it is unclear exactly how applying evidence-based workload and workforce planning will adequately meet the guiding principles of the Bill.

The six guiding principles of the Bill are welcome, though for Health Boards and IJBs to allocate 'staff efficiently and effectively', there would have to be a material increase in the funds provided to healthcare services in Scotland, and significant developments in the recruitment strategies for speciality health

services. The Bill does not establish minimum staffing levels underpinned by statute. Instead, it provides a 'basis' – which ultimately amounts to a set of methodologies and common workforce planning measurements – for the provision of staffing.

RCPsych in Scotland welcomes the intention to reduce reliance upon supplementary staffing where possible. However, reliance upon supplementary staffing cannot be significantly changed without a systematic approach to resolving the recruitment crisis across specialities, particularly psychiatry. Moreover, the Scottish Government should provide more clarity on the use and cost of locum psychiatrists at both IJB and Health Board level.

In March 2018, there were 1,140.1 whole-time equivalent (WTE) psychiatrists across all grades, 0.7% lower than the level in March 2011.¹ Data from the same period highlights 10.4% of consultant psychiatry posts were vacant.² Workforce data across Scotland shows that psychiatrists across all grades are older than other medical specialty workforces combined. The most recent data indicates only 41.4% of psychiatrists were aged 39 or below, compared to 53.6% for other medical specialties. The same data also shows 27.2% of psychiatrists were over 50 whereas only 22.5% of all other medical staff were above this age.³

Any attempts by the Scottish Government to ensure adequate staffing levels, whether through policy or legislation, must be part of wider recruitment and retention strategies for specialities like psychiatry. Ultimately, more doctors need to specialise in psychiatry to resolve these recruitment issues, and more psychiatrists must be encouraged to work in Scotland. It is difficult to see how these issues can be resolved through regulations on workforce planning, though we look forward to hearing discussions on how this Bill can ensure the best care for those using services and those working in health and care services across Scotland.

¹ Information Services Division, [NHS Scotland Workforce Information – Medical trend](#), 5 June 2018

² Ibid.

³ Information Services Division, [HCCHS medical and dental staff by specialty – 31 December 2017](#)