



Royal College of Nursing
Scotland

11 August 2016

Mrs Shona Robison MSP
Cabinet Secretary for Health and Wellbeing
The Scottish Government
St. Andrew's House
Regent Road
Edinburgh EH1 3DG

CabSecHS@gov.scot

RCN Scotland
42 South Oswald Road
Edinburgh
EH9 2HH

Theresa Fyffe
Director

Telephone: 0131 662 6131
Fax: 0131 662 1032
Email: Theresa.fyffe@rcn.org.uk

Dear Cabinet Secretary

Re: Proposed legislation on safe nursing staffing levels in Scotland

The Royal College of Nursing (RCN) Scotland was encouraged by the First Minister's announcement at RCN's annual Congress in Glasgow in June this year that the current nursing and midwifery workforce and workload planning tools are to be enshrined in law.

As you know, in partnership with the SGHD and employers, the RCN has been involved in the development of these tools over many years, so we thought it would be helpful to share our initial thoughts on what we believe will be important to ensure the new legislation is as effective as possible.

Firstly, it is important to acknowledge that the NHS in Scotland is in the enviable position of having developed a suite of validated tools, differentiated by nursing speciality, which cover the majority of clinical nursing care environments. We believe that the legislation must apply to all areas of nursing where we have developed tools and that there is scope to extend it into other clinical areas as and when further tools are developed.

**Royal College of Nursing
Of the United Kingdom**
42 South Oswald Road
Edinburgh EH9 2HH
www.rcn.org.uk
RCN Direct 0345 772 6100

Patron
Her Majesty the Queen
President
Cecilia Amin
Chief Executive & General Secretary
Janet Davies
Director, RCN Scotland
Theresa Fyffe

The RCN is a Royal College set up by Royal Charter and a special Register Trade Union established under the Trade Union and Labour Relations (Consolidation) Act 1992.



**INVESTORS
IN PEOPLE**



We would also like to see the legislation clearly distinguish between process and quality. By this, we mean that the tools are only the process to ensure the quality and safety of services provided to people requiring nursing care. The overall intention of the legislation must be to secure a future nursing workforce fit for purpose and appropriately resourced. It must not be interpreted as minimum staffing levels, with the unintended consequence of boards assuming that they should resource to that minimum level only.

Professional leadership will be key here. Directors of Nursing and senior charge nurses/team leaders have a pivotal role to play in ensuring that the use of the tools results in quality decision-making on staff resources. We would therefore expect the legislation to explicitly address the importance of professional input, as well as embedding the technical tools in legislation.

At a time when our health services are going through a period of transformation to ensure future sustainability, it will be important that the legislation reassures the public that the skills and number of nursing staff are appropriate, wherever care is delivered.

To date, the tools have focused on NHS provision. We envisage, however, that the traditional boundaries between the NHS and other providers will, over time, become blurred as a result of the integration of health and social care services. In practice, this is already happening in some areas. For example, under the integration scheme in the Highlands, nurses and other healthcare staff have transferred from NHS Highland to the employment of Highland Council. To ensure the legislation is future-proof, therefore, it must take into account current and future nursing workforce requirements. And it should also extend provision to include now, or at some future point, other areas of service where nursing care is provided, for example, the care home sector.

In her speech to RCN Congress, the First Minister referred to the possibility of looking at other areas of the NHS workforce where the same approach could be adopted. We would support the principle of developing and implementing clinical workforce tools for other professions or, indeed, multi professional tools where appropriate. Our only note of caution would be that, in our experience, the structures to develop, test and embed the tools requires significant time and resources. We would be concerned if this were in any way to hinder the drive to embed the nursing and midwifery workforce tools while we wait for other professions to catch up and develop appropriately validated tools for their particular profession.

RCN Scotland believes that stakeholder engagement will be essential both before the legislation is drafted and introduced, and as it passes through the different Parliamentary stages. With that in mind, I look forward to hearing from you on how

**Royal College of Nursing
Of the United Kingdom**
42 South Oswald Road
Edinburgh EH9 2HH
www.rcn.org.uk
RCN Direct 0345 772 6100

Patron
Her Majesty the Queen
President
Cecilia Amin
Chief Executive & General Secretary
Janet Davies
Director, RCN Scotland
Theresa Fyffe

The RCN is a Royal College set up by Royal Charter and a special Register Trade Union established under the Trade Union and Labour Relations (Consolidation) Act 1992.



**INVESTORS
IN PEOPLE**



you and your officials anticipate engaging with RCN Scotland over the coming months on this important piece of legislation

I hope this letter clearly outlines our initial thoughts and concerns regarding the proposed legislation.

Yours sincerely



Theresa Fyffe

**Royal College of Nursing
Of the United Kingdom**
42 South Oswald Road
Edinburgh EH9 2HH
www.rcn.org.uk
RCN Direct 0345 772 6100

Patron
Her Majesty the Queen
President
Cecilia Amin
Chief Executive & General Secretary
Janet Davies
Director, RCN Scotland
Theresa Fyffe

The RCN is a Royal College set up by Royal Charter and a special Register Trade Union established under the Trade Union and Labour Relations (Consolidation) Act 1992.



**INVESTORS
IN PEOPLE**

