Cancer Focus NORTHERN IRELAND

The below is copied and pasted from the online PDF form doh-cons-safe-and effective-staffing-consulation-response-form.PDF (health-ni.gov.uk). Responses will be submitted online at Consultation on the Introduction of Safe and Effective Staffing Legislation in Northern Ireland - Page 1 of 18 - NI Direct - Citizen Space, with full information provided at Safe and Effective Staffing Legislation in Northern Ireland Consultation | Department of Health (health-ni.gov.uk). Yellow highlights and blue text represent our responses.

Consultation Response Form

CONSULTATION ON SAFE AND EFFECTIVE STAFFING LEGISLATION

CONSIDERATIONS

RESPONSE FORM (IF NOT RESPONDING ONLINE VIA CITIZEN SPACE)

Please indicate your answer to the questions by placing an X by your selection. You can also provide further comments in the free text field.

Please send responses electronically using the response sheet below and email address below.

Responses to be sent by email to: StaffingConsultation@health-ni.gov.uk

or by post to:

Safe and Effective Staffing Team

Department of Health

Castle Buildings

Stormont Estate

Belfast

BT4 3SQ

The deadline for consultation responses is 5.00pm on Monday 14th October 2024

Cancer Focus NORTHERN IRELAND

Consultation Response Form

Safe and Effective Staffing

Respondent Details

Name (Optional): Emily Bishko

Organisation and Job Title (if applicable): Cancer Focus Northern Ireland, Policy & Public Affairs Officer

I am responding (tick all that apply) :

as a medical professional

as an Health and Social Care (HSC) worker

as a member of the public

on behalf of an organisation

When did you last use HSC services? (please tick appropriate)

Within the last 12 months

1– 3 years

3 – 5 years

More than 5 years

For this consultation, we may publish all responses except for those where the respondent indicates that they are an individual acting in a private capacity (e.g. a member of the public). All responses from organisations and individuals responding in a professional capacity will be published. We will remove email addresses and telephone numbers from these responses; but apart from this, we will publish them in full. For more information about what we do with personal data please see our consultation privacy notice.

If replying as an individual, please indicate if you do not wish for your identity to be made public.

Yes, make public No, do not make public

Consultation Questions

Guiding Principles of Safe and Effective Staffing

Question 1. Do you agree with the proposal to introduce legislative guiding principles for staffing in health and social care in Northern Ireland?

Yes No

Comments Following the example of Scotland's Health and Care Act, it makes sense to include guiding principles. Such principles can help direct services and decisions.

Question 2. Do you agree with the proposal that the guiding principles will apply when the provision of services is being sought or secured from outside of directly provided health and social care services, e.g. from the independent sector or community and voluntary sector?

Yes No

Comments The principles should absolutely apply even when health and social care services are provided by outside organisations. First, having consistent principles is important to standardizing care regardless of the provider. Second, outside providers should be held to the same standards and objectives - especially in terms of safe, effective, and quality staffing - as direct staff. If the goal is to hold staff to a set of principles, they have to be applicable to direct as well as to outside staff.

Question 3: Are there any additional considerations that should be included?

Comments We agree with the principles included in Scotland's Health and Care Act, and agree they can (and should) be adopted to NI legislation. We are a bit confused by the phrasing in bullet ii, "or (as the care may be)", and we emphasise that safe staffing should be in place not only to deliver the best patient safety and outcomes possible, but also to elevate patient dignity and give patients the best experience possible. This includes having skilled staff being present to support patients, including by answering questions, aiding informed patient decision-making, addressing needs, monitoring patients, and more. Therefore, focusing both on outcomes and on care is important (i.e., an "and" versus an "or"). In addition, we stress the principles of "beneficence" and also "non-maleficence," in that the goal of staff is to do good for the patients while also minimising patient harm (physical and mental). To this end, a focus on patient safety might also help.

Workforce Planning

Question 4. Do you agree with the proposal to introduce a legal requirement on the Department of Health to apply evidence-based strategic workforce planning?

Yes No

Comments We would have hoped that multidisciplinary workforce planning, in any case, would be evidence-based and strategic in the best interests of the broader NI population. If this objective requires codification into legislation for it to be practiced and for decision-makers to be held to account for safe and effective staffing, so be it; we support the measures to strengthen efforts toward regular, relevant, and evidence-based strategic (multidisciplinary) workforce planning for our health services. We further hope that its inclusion into law would allow this requirement to be leveraged to enable practical measures to support safe and effective staffing, for example by supporting a case for multi-year budgets to improve workforce planning.

Question 5: Do you agree that Health and Social Care Trusts and health agencies should have a legal requirement to undertake operational workforce planning?

Yes No

Comments Considering that the health and care needs of Northern Ireland evolve regularly, especially with an aging population, we strongly support creating a legal requirement for multidisciplinary health workforce planning, which includes planning for the future through training place allocation. While this should be happening anyways, codifying the requirement into law could help standardize and improve accountability for the practice. Without a workforce capable of meeting the health needs of Northern Ireland, waiting times will grow and patient outcomes will deteriorate. Furthermore, workforce gaps increase both patient and financial risks; it is typically better for the patient and also more economically sustainable to provide "good", timely care punctually, rather than allowing for disease progression or increasing risks of care mistakes (as long waits and mistakes may be more common with more strained workforces).

Question 6: Do you agree that there should be a legislative requirement on the Department of Health to carry out workforce reviews every 10 years and conduct interim evaluations every 3 years?

Yes No

Comments Considering that the health and care needs of Northern Ireland evolve regularly, as do medical technology and best practices, there needs to be a requirement to review workforce plans, to keep them up-to-date and optimal for NI's health needs. The reviews every 10 years and, critically, the interim evaluations every 3 years are essential to keeping the workforce plans on-track toward these objectives, while not distracting from the delivery of workforce goals.

Question 7: Do you agree with the proposal to place a legislative duty on the Department of Health to take all reasonable steps to ensure implementation of workforce reviews?

Yes No

Comments Workforce planning and workforce reviews are only useful to the extent to which they are implemented. A legislative duty to take all reasonable steps to ensure implementation would help make sure this implementation happens as it should.

Question 8: Do you agree with the proposal that an annual duty is placed upon the Minister to review the commissioning of healthcare pre-registration training places by the Department?

Yes No

Comments As noted, training places are a critical element of workforce planning, to make sure there are the right number of people with the required skills to be able to deliver on health operations. Training is continually required to replace workforce gaps, including from retirements as well as known gaps in current services. The legislative requirement to review the commissioning of healthcare pre-registration training places could help ensure that training places are provided to address the workforce needs not only of today, but of years coming, which is especially important given delays between training, initial employment, and then expertise. We urge further language to ensure that the legal requirement is to review that the commissioning of places is consistent with these goals, i.e., to review the training place commissioning to make sure they will adequately work toward short- and long-term staffing goals to the extent reasonably expected. Training provision needs to be adopted to meet identified gaps (current and future), using evidence-based planning.

Common Staffing Method

Question 9: Do you agree with the proposal that a statutory duty be placed on the Department of Health and Health and Social Care Trusts to utilise a common staffing calculation tool for nursing and midwifery?

Yes No

Comments

With regards to questions 9-12, we support the proposals to implement common staffing tools across the health services, as enforced with a statutory duty. A common staffing tool helps enable and facilitate appropriate staffing, skill mix, and planning depending on the complexity of care, the treatments being given, and the care setting. Indeed, having a common staffing tool is necessary to workforce planning; how could you assess workforce needs if you do not know what you need?

For the development of a staffing tool, we emphasise that all these factors (numbers, skill mix, planning, complexity, treatment, and setting) are all essential to consider (for example, given different requirements in wards vs. side rooms vs. community settings vs. nursing homes vs. residential homes). The development of the tool must also be informed by the relevant professionals and professional bodies. Not only would the professionals be the ones using and affected by the tool, but they have the insights into what skills and people are needed when.

We further emphasise that the tool has to be kept up-to-date and relevant; it needs to be a tool suitable to current practice and the individual environment. To this end, we

encourage a review of the tool along with the workforce reviews and interim evaluations every 10 and 3 years respectively. Although an appropriate tool enables critical planning to anticipate and address patient needs, a tool that is out-of-date or not suited to the circumstances increases risk to patient care and safety. Furthermore, given that each patient has individual circumstances, the tool needs to allow for some flexibility (within safe parameters) for when care needs differ than what the standardised base-model projects. In implementation of common staffing, the priority needs to remain on safe and effective staffing, not on adhering to the methodology/tool.

Question 10: Do you agree with the proposal that a statutory duty is placed on the Department of Health and Health and Social Care Trusts to utilise a common staffing method for nursing, midwifery and social work?

Yes No

Comments See comments on Question 9.

Question 11: Do you agree with the proposal that a statutory requirement is placed on the Department of Health to consider the use of a common staffing method and staffing calculation tool for Allied Health Professionals, Dentistry, Pharmacy and Social Care within 1 year of the legislation coming into operation, and if determined applicable, should develop and utilise these within 3 years of the legislation coming into operation?

Yes No

Comments See comments on Question 9.

Question 12: Do you feel that the Department should have a statutory duty placed on it to utilise common staffing methods across the full range of social care settings including, but not limited to, nursing and care homes, residential homes, respite care, day centres and day opportunities, and domiciliary care services provided both by statutory services and by the independent sector?

Yes No

Comments See comments on Question 9.

Question 13: Are there any areas where you consider it not to be appropriate to develop common calculation methods or tools?

Yes No

Comments Every area of the health service and delivery needs a suitable tool and to be included into workforce planning, especially considering the interrelated nature of different areas and the potential for synergies.

Question 14: Do you agree with the proposal to place a statutory duty on the Department to consult with relevant trade unions and professional bodies when developing common staffing methods across the full range of professional disciplines?

Yes No

Comments The development of any staffing methods, including common staffing methods codified by law, must be developed through consultation with relevant trade unions and professional bodies, as well as (ideally, as possible) input from individual staff from across the industry. First, trade unions, professional bodies, and individual staff with lived experience often "know best" when it comes to staffing needs, constraints, challenges, and "what works". Specifically, they are the experts in their fields and have the relevant evidence to develop an evidence-based tool; their insight will be invaluable to developing an effective staffing methodology. Second, not consulting with staff risks alienating the staff and increasing resentment, which will delay buy-in and uptake of the staffing methodology, again limiting its ability to reach its potential. Third, consulting with affected stakeholders is widely seen as best-practice in a number of fields, and it is widely acknowledged that many programmes will "not work" without stakeholder consultation. Importantly, it is not enough for consultations to be held "in name only"; the consultations need to be genuine opportunities for meaningful discussion and alignment, with the discussed topics shared adequately in advance of the meeting for review; conversations followed-up on and had with representative stakeholders from all parts of the sector; and stakeholder input genuinely listened to and considered (indeed, prioritized within the development of a staffing methodology). A statutory requirement for such consultations could help make sure they are conducted, but language also needs to be added to ensure that advice is genuinely considered. At the same time, the duty

needs to allow for some flexibility (within safe parameters), to allow for extraneous circumstances.

Question 15: Do you agree with the proposal to place a statutory duty on all providers of public health and social care services in Northern Ireland to take all reasonable steps to always ensure that suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for –

- the health, wellbeing, and safety of patients,
- the provision of safe and high-quality health care, and
- in so far as it affects either of those matters, the wellbeing of staff?

Yes No

Comments Appropriate numbers and mix of staff are critical to delivering patient outcomes, reducing the risks to patient safety, elevating patient dignity, providing high-quality care and good patient experiences, and safeguarding both patient and staff safety as well as wellbeing. While this should be an assumed objective, it helps to also codify it as a statutory requirement, with all reasonable steps to achievement required. However, it is important to also allow for some flexibility (within safe parameters), in case needed. For example, we are concerned that a legal requirement may create metrics that may one day compromise the quality of care (for example, retaining a doctor that has abused his credentials in order to keep with workforce numbers); we cannot allow a statutory requirement on numbers to interfere with the quality of staff and doctors. The statutory requirement toward numbers of qualified and competent individuals cannot supersede the underlying objective: effective, efficient, and quality care for patients toward the best outcomes possible, while also sustaining staff (including by enabling staff wellbeing).

Question 16: Do you agree with the proposal to place a statutory duty on the Department of Health and Health & Social Care Trusts to take all reasonable steps to ensure there are sufficient numbers of -

- registered nurses,
- registered midwives,
- allied health professionals,
- social workers,
- registered care workers,
- dentists,
- pharmacists,
- medical practitioners, and

• any professional disciplines set out in Appendix 2?

Yes No

Comments Following question 15, having sufficient numbers of the outlined staff – as well as a safe skills mix as appropriate for the setting – are important to enable the delivery of quality and timely care. We encourage the Department of Health to review and adapt this list within the workforce reviews and evaluations, to make sure it remains relevant. In addition to the listed staff, we believe support staff need to be included: support staff, including technicians, auxiliaries, diagnosticians, lab techs, and more, are also part of health service delivery and need to be included in work force planning. Overall, we believe having sufficient numbers and right skills mix across all of health delivery, including in mental health care, are important to achieving patient outcomes and safety.

Reporting & Monitoring Arrangements

Question 17. Do you agree with the proposal that a statutory duty be placed on reporting arrangements for the Department of Health, Health and Social Care Trusts and relevant employers?

Yes No

Comments Having reporting enables monitoring and tracking toward the legislation's goals, facilitating greater transparency and accountability. However, given current strain on health services, we are worried about creating additional demands for staff resources. Reporting requirements should be created but with an effort to be "easy" to fill, to not take away from staff resources. For example, is there a way to combine multiple staff reporting burdens into one? Relatedly, staff will require the resources and tool (e.g., IT systems, workforce planning tools) to facilitate the reporting arrangements, optimise resource use, and enable efficient monitoring of staff. The reporting also has to be clearly communicated, in a way that is not overly-complicated or unnecessarily confusing, so it can be widely understood and used to toward transparency and accountability.

Question 18. Do you agree with annual reporting on compliance with the responsibilities outlined within the legislation? If not annually, what would be your preferred reporting cycle?

Yes No

Comments Yearly reporting would allow for annual monitoring and comparison, and would also support the workforce review cycle. Again, we caution that the reporting should not be an additional burden for staff, to the extent possible.

Question 19: Do you agree with the proposal to place a statutory duty on Health & Social Care Trusts and health care providers to –

• Have real-time staffing assessment of compliance with the proposed duty to have appropriate numbers of staff in place;

• Have a risk escalation process in place; and

• Ensure appropriate staff training is in place?

Yes No

Comments It is important to have risk escalation and appropriate staff training in place, to have processes for mitigating risks and bringing staff up to speed. Moreover, the insight into real-time staffing is required not only to ensure compliance with the legislation, but also to identify gaps and issues quickly. With the risk escalation processes, there also needs to be a requirement to take appropriate action to address risks, to safeguard impacts on patient safety and outcomes.

Question 20: Do you agree with the proposal that a statutory duty is placed on social care

service providers that have been procured by the Health & Social Care Trusts to have realtime staffing assessment and risk escalation processes in place?

Yes No This will help keep requirements consistent between direct and outside staff, and to make sure all have appropriate numbers, risk mitigators, and ideally also training processes (consistent with HSC best-practice). However, sometimes, staff is procured to fill an immediate need; in such cases, we urge flexibility (within safe parameters) with this requirement, so that the short-term staffing gap can still be filled.

Question 21: Do you agree with the proposal that the primary legislation will provide powers

to make further regulations?

Yes No

Comments As understanding of safe and effective staffing needs evolve, further legislation may be beneficial to strengthen measures for safe staffing and to codify operational policy.

Question 22: Do you have any other comments that you feel are relevant to this consultation?

Yes No

Comments

We welcome the focus on safe and effective staffing, and the effort to strengthen delivery toward this goal. When staffing levels are inadequate, it risks patient care and safety, such as by increasing the probability of mistakes, oversights, and longer waits for diagnoses and treatments. These can be detrimental not only to patient safety and outcomes, but also to patient dignity and the patient experience. Staffing gaps can also hurt staff morale and contribute to staff burnout, by placing increased work burdens on staff while simultaneously worsening results. This can be draining

for staff, and therefore can also reduce the recruitment and retention of staff, further worsening the staffing gaps. Moreover, the skilled staffing gaps – and related hold-ups to delivering quality, timely care – are likely to increase health costs, as experienced staff leave, as cases become more complex and invasive with later diagnoses, and as increased "mistakes" require subsequent, additional fixes. We appreciate the proposed legislation for its effort to address staffing and its related issues, which have gone unaddressed for far too long, with detriment to cancer and other patients (as evidenced, for example, by the recent ~30% achievements of the 62-Day cancer waiting time target, among other recent data).

Within the proposed legislation, we also appreciate the recognition that a variety of professions contribute to safe and effective staffing, and are glad the legislation goes beyond just nursing to look at health and social care staff needs more generally. We further appreciate the point in section 3.16 that staffing is not only about numbers, but the right mix of staff, with the right skills etc., in the right place at the right time. We emphasise that it is particularly important to recruit and retain knowledgeable and skilled staff, that are familiar with their environments and duties of care; the staff numbers do not mean much if the staff knowledge and skills are missing (for example, locums are not a suitable substitute for regular staff). Additionally, all health service providers – direct and also outside (e.g., independent sector services) – need to be held to the same standards and monitoring.

However, we are conscious that legislation will not make a difference unless implemented, and that legislation alone cannot bring about safe staffing. Training, recruitment, retention, and more are required to make sure that staff achieve the goal of the legislation. We have some concern that the legislation may create some "artificial pressures" toward staffing numbers, which could lead to bringing in "bad staff" to fill a quota or "band-aid" solutions instead of addressing underlying grievances, including pay disputes and overdependence on costly locums. We further recognise that staff numbers are reliant on continued population interest, e.g., on students and others who are looking to join and remain in medical professions, which is difficult to control. To this point, we first stress the importance of genuine consultation with medical, staff, and other stakeholders. We also urge some flexibility (within safe parameters) to be allowed for within the legislation, so the focus remains on the goal (achieving safe and effective staffing) rather than legislative compliance, when such compliance would detract unhelpfully from staff resources and care delivery. Particular flexibility may be required with the staffing method, reviews, and reporting requirements, to be able to adapt to best address the "needs" of the moment.

Looking at safe and effective staffing, we also emphasise that the third sector contributes significantly to the workforce across the cancer journey, as well as in other medical areas. The third sector (voluntary and community organisations) helps to provide awareness for health promotion and disease prevention; funds additional nursing, mental health, diagnostic, and other support staff; and helps to fill post-treatment care gaps. The third sector should be included within workforce planning and be supported as a part of care delivery.

With the included proposals and these recognitions, we hope that the legislation will provide not only the urgency to ensure safe and effective staffing, but also the guardrails and accountability to see this objective achieved. For example, safe and effective staffing efforts have previously been hindered by pay disputes (which have hindered recruitment and retention, and have also led to highly disruptive and costly strikes) and by the lack of multi-year budgets (which inhibits long-term planning and hiring). There also needs to be a focus not only on present needs, but on future needs, so the relevant preparations (including staff training and recruitment) can be put in place before gaps emerge. This includes looking at where the population is aging and living longer, and therefore likely to need additional staff, both across Northern Ireland and also within specific areas/Trusts. We hope that this legislation will provide a legal basis and relevant accountability for addressing these and other longstanding, underlying barriers to safe and effective staffing. If these issues are not addressed, we are concerned that this legislation will increase reporting and review requirements without making a difference to staffing, which would be detrimental to the legislation's goals. A guarantee of safe and effective staffing has the opportunity to significantly improve the health service for patients, staff, and financial sustainability alike. This legislation can help towards this, as long as the focus remains grounded in and undistracted from the goal of achieving safe and effective staffing.

Concurrently, we emphasise that staff are key enablers of health service delivery. As the health service designs are reviewed, staff need to be aligned and consulted to ensure the distribution of skilled staff can meet the patient need efficiently. Staff needs and capacity need to be delivered at the design stage for any health service changes.

Finally, we welcome that this legislation will bring NI on par with safe and effective staffing efforts in Wales and Scotland. Within the implementation of this legislation, we urge learning from their experiences and best practices, for example learning from the Welsh scrutiny outputs and consulting with Welsh and Scottish medical stakeholders. This could help mitigate risks and set up this legislation for success.