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Submitted to Consultation on the Introduction of Safe and Effective Staffing Legislation in Northern Ireland
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Annex B - Consultation Response Form - Guiding Principles for Staffing

1 Do you agree with the proposal to introduce legislative guiding principles for staffing in Health and Social Care in Northern Ireland?

Yes

Please Comment:

The Royal College of Speech and Language Therapists in Northern Ireland (RCSLT NI) agrees with the proposal to introduce legislative guiding principles for staffing in Health and Social Care in Northern Ireland.

In principle the goals are commendable and necessary to ensuring consistent and high-quality care across the sector. Any legislative guiding principles should be comprehensive, covering all professional groups within Health and Social Care. This should include the nuances of speech and language therapy to determine that safe and effective staffing decisions are based on patient needs, clinical safety, and evidence-based practice.

The legislation should also cover the multi-disciplinary aspect of the workforce including allied health professionals and wider staff to ensure effective and safe care of patients.

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

Please Comment:

The RCSLT NI supports this proposal. We believe that all staff involved in patient care follow the same recommendations, regardless of sector. This ensures equality for both staff and the patients who benefit from the same level of care regardless of the provider.

RCSLT NI would like to acknowledge that, as with all sectors, the Voluntary and Community Sector are under considerable pressure due to challenges with short term funding and staff recruitment. We would encourage closer collaboration with this sector to ensure that the guiding principles are reflective of all stakeholders with scope for flexibility and placing the patient at the forefront of services delivered.

3 Are there any additional considerations that should be included?

Yes

Please Comment:

The RCSLT NI advocate for the inclusion and consideration of a multidisciplinary team given the interface of clinical and expert allied health professionals across a range of conditions and services.

Within speech and language therapy the safe and effective staffing tool must be flexible and able to determine the correct level of input which will vary from universal, targeted and specialist support. Each by definition will have differing levels of what can be safely accommodated by staff.

The safe and effective staffing tool must allow for the variances of the profession, whilst also considering the environment and skill set of additional staff.

Levels of administration support should also be reviewed in regard to the development of the safe and effective staffing tool.

Job planning for not only speech and language therapists, but the wider staff team is vital to ensure a smooth and effective delivery of any tool.

Annex B -Consultation Response Form - Workforce Planning

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

Please Comment:

The RCSLT NI agree in principle with the proposal to introduce a legal requirement to apply evidence based strategic workforce planning. This is with the caveat that the correct financial infrastructure is in place to allow the speech and language profession to continue to move forward and meet the demands of our service users.

The last speech and language therapy workforce review was based on data from 2017/18 and was published in 2019. This recommended 40 students at undergraduate level by 2024 and we have not yet achieved this outcome. Indeed, the review is now outdated as it did not account for significant transformation reviews in cancer, stroke, mental health and not to mention post Covid recovery. To effectively provide safe staffing, workforce and job planning are essential.

Consideration must be given to where the workforce are based and the work carried out that goes beyond direct patient contact. For example, in community and education, there is considerable time spent on administration of individual education plans, written evidence for Statements of Special Education Needs, liaison with teaching staff, onward referrals to other services i.e. autism/ADHD. The needs and trends of the population data must also be accounted for in any tool designed.

The proposal will only be suitable if it legislates safe and effective staffing on the basis above.

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

Yes

Please Comment:

The RCSLT NI agree and welcome the fact that there should be a legal requirement to undertake operational workforce planning at HSCT level to review all areas and address any gaps which are highlighted. This will allow for the HSCT to offer appropriate and flexible staffing across all areas to the benefit of service users and their families.

It will allow for all HSCT to operate on the same staffing level, with the tool taking consideration of the differences in each HSCT region and across a range of services which would include primary, secondary, acute, community and social care

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

Please Comment:

The RCSLT NI agree that there should be a legislative requirement to carry out workforce reviews every 10 years, however, we would suggest that the interim evaluation period of every 3 years should be reconsidered. The landscape in health is dynamic and fluid. To continue to safely and effectively meet the needs of our service users, their families and additional stakeholders we would suggest the interim evaluation take place at least every 2 years.

If there is a significant change or demand in population trends or a particular clinical area, there needs to be flexibility and scope to allow for reviews to be brought forward. There must be realistic and appropriate timescales for implementation of reviews and their recommendations and therefore, the commitment and financial resources must be made available to allow for progress to be made. This will ensure continued delivery of all safe and effective staffing across the range of disciplines.

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

Please Comment:

The RCSLT NI agree with the proposal to place a legislative duty on the Department of Health to take all reasonable steps to ensure all reasonable steps are taken to implement the workforce reviews. RCSLT NI would advocate for all reviews to be published with timelines of the reasonable steps proposed with clearly suggested time frames for transparency.

As previously highlighted there are a number of allied health professions workforce reviews which have been undertaken and published with little to no action on the recommendations proposed. We welcome the fact that these reviews and recommendations would likely be more robust if legislated which would benefit the workforce and in turn service delivery provided to allow our staff to continue to provide evidence-based, safe and effective staffing models.

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

Please Comment:

The RCSLT NI agrees with the proposal for an annual duty to review the commissioning of healthcare preregistration training places by the department. This will ensure that there are adequate intake numbers to meet the demand to be able to deliver safe and effective staffing for speech and language therapists.

Recent vacancy data collected by the RCSLT NI shows that we are not operating at a baseline of staff at present, this is in part due to the commissioned intake not exceeding 28 places, despite the workforce review recommending an increase. Collaboration between RCSLT NI, higher education bodies and placement providers is vital to have the required infrastructure to deliver preregistration training places.

Additionally, the continued exploration of apprenticeships for speech and language therapists is welcomed and should be driven forward to expand and diversify the profession. Demand for places in speech and language therapy is high, with often around 700 applicants for the 28 places at Ulster University.

Furthermore, for full transparency, it would be helpful for the decision taken around commissioned places to be explained as well as published each year.

Annex B - Consultation Response Form - Common Staffing Method

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?

Please Comment:

The RCSLT NI supports the proposal that a statutory duty be placed on the department and HSCT to utilise a common staffing calculation tool for nursing and midwifery.

However, each profession operates differently in various clinical areas. The level of need and input for patients will vary considerably.

We welcome standardising practice across the region, however all HSCT staff members, including nursing, allied health professionals and speech and language therapists and the service they offer must be considered and reflected in any chosen staffing tools.

Yes

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

Please Comment:

The RCSLT NI supports the proposal that a statutory duty be placed on the department and HSCT to utilise a common staffing calculation tool for nursing and midwifery.

However, each profession operates differently in various clinical areas. The level of need and input for patients will vary considerably.

We welcome standardising practice across the region, however all HSCT staff members, including nursing, allied health professionals, social workers and speech and language therapists and the service they offer must be considered and reflected in any chosen staffing tools.

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?

Yes

Please Comment:

The RCSLT NI strongly supports the proposal for a statutory requirement to develop and implement common staffing methods and calculation tools for speech and language therapists.

Regarding the wording used in this question, in comparison with the previous questions, we notice that 'duty' has been replaced with 'requirement' and would welcome clarity on reasons and implications of this. Additionally, we question the removal of 'HSCT' when including professions outside of nursing, midwifery and social work as in questions 9 and 10.

The RCSLT NI are disappointed that any common staffing method calculation tool will only be considered for speech and language therapists and not placed under a statutory duty. Any common method staffing tool must have the ability to be unique to reflect the role and service provision of speech and language therapists across multiple clinical areas in the HSCT. We advocate for a holistic, multidisciplinary approach that considers the varied role and skill set of speech and language therapists to ensure safe, effective, and person-centred care. We caution against a narrow or overly prescriptive model that might neglect the complexities of healthcare delivery and ultimately affect care quality.

As the professional body for speech and language therapists, we would welcome direct liaison in the development of any safe staffing method, as we can offer valuable insight on the nuances and needs of the services users and the profession. Additionally, we can provide clinical guidance on a range of areas in which speech and language therapists practice. Working together in the development of any tool ensures that it will be safe and effective for not only the service users, but staff.

RCSLT NI also has concerns that this process could span over 4 years and given the already significant increase in demand for speech and language therapists, alongside ongoing workforce challenges, there is a real need for the timescales to be reviewed and work to progress at pace.

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

Please Comment:

The RCSLT NI agrees that there should be a statutory duty placed to utilise a common staffing method across a range of settings. However, the independent and voluntary and community sector offer a wide range of services in different settings, the tool should reflect the level and need for each patient group to ensure that there are no adverse impacts on these providers which offer valuable input to service users and their families.

Cognisance must be given to these settings and the staff within them as service users will range in the presenting needs, required level of care and external family support.

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

No

Please Comment:

The RCSLT NI support the development of a common calculation method or tool that is flexible and fluid for the speech and language therapy profession and the needs of our service users and their families dependent on the area of care in which they present i.e. primary, secondary, acute or community.

There are also some clinical areas which already have professional clinical guidance in required numbers of speech and language therapists, for example stroke. Yet guidance on safe and effective staffing levels for speech and language therapists within stroke care are not consistently met.

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

Please Comment:

The RCSLT NI agrees with the proposal to place a statutory duty to consult with trade unions and professional bodies when developing the common staffing methods. We feel that this is considered best practice and will allow for the unique insight to our profession which spans across various departments including justice, education and communities. This will lead to a robust and solid staffing method, which includes and recognises the needs of speech and language therapy.

We are very happy to work with the department on this if the proposal moves forward.

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

Please Comment:

The RCSLT NI agrees this proposal to take all reasonable steps to ensure that there are suitably qualified and competent individuals considering a range of professionals including speech and language therapists. Given the nature of allied health professionals, multidisciplinary work can be a core component depending on the clinical area of need. Evidence-based research should be reviewed and reflected in staffing levels with the focus on staff well-being and service user delivery in high and effective standards of safe and effective care.

The documentation refers to having the 'right mix of staff, with the right skills, qualifications, knowledge, and capabilities in the right place, at the right time'. For this to be achieved there needs to be involvement of all professional groups where there is evidence that they can improve clinical outcomes for the population cohort in question, and not be limited to those professions traditionally working in these areas. Furthermore, the framework must account for the complexity and variability of service user needs, and the time-intensive nature of many profession-specific, multidisciplinary and multi-agency interventions.

Consideration should be given to assistant or allied health professional roles where adequately trained and skilled staff can support and free up time for the specialist healthcare or medical workforce. This has been evidenced in the award winning speech and language therapy work in leading a 2 year parallel ENT clinic to release back 60 consultant clinics to ENT (example from South Eastern Health and Social Care Trust).

Member reports indicate that case loads have substantially increased, yet the workforce has not grown to meet this demand. In order to provide safe and effective care, the correct number of staff are paramount. An increase in the number of speech and language therapists in preregistration commissioned undergraduate places and the introduction of apprenticeships and preregistration Masters programmes will have a positive impact on all the points above.

The RCSLT NI would also strongly recommend that a retention focused survey is carried out annually to look for trends across the professional areas. This currently takes place in NHSE with the results published and aligned with their people promises. This allows for a collective workforce review alongside additional specific professionals to enhance strategic workforce planning and delivery.

Finally, consideration must be given to the administration support staff to ensure that there is sufficient support to deliver safe and effective care.

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

Please Comment:

The RCSLT NI agree with this proposal to ensure that there are sufficient numbers of staff across a range of disciplines. The documentation refers to having the 'right mix of staff, with the right skills, qualifications, knowledge, and capabilities in the right place, at the right time'. For this to be achieved there needs to be involvement of all professional groups where there is evidence that they can improve clinical outcomes for the population cohort in question, and not be limited to those professions traditionally working in these areas. Furthermore, the framework must account for the complexity and variability of service user needs, and the time-intensive nature of many profession-specific, multidisciplinary and multi-agency interventions.

We would welcome clarification on how sufficient workforce numbers would be calculated for the above groups and more detail on what reasonable steps would entail.

Workforce planning is vital and must be reflected in preregistration places to ensure the future and progression of speech and language therapists, who are expanding their skill set in constantly evolving clinical areas of need. Consideration must be given to the changing needs of the population in determining these figures.

Annex B - Consultation Response Form - Reporting and Monitoring Arrangements

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

Please Comment:

The RCSLT NI agrees with the proposal that there is a statutory duty placed on reporting arrangements. This shows transparency for all stakeholders and accountability for decisions which are made based on the evidence provided.

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

Yes

Please Comment:

The RCSLT NI agree with the annual reporting compliance with the responsibilities detailed within the legislation. This allows opportunities to review and address issues as and when they may arise. It is our suggestion that the annual reporting should be in line with the determination of preregistration

places to ensure that the demand and recommendations can be achieved with ongoing staff and effective staffing to meet all the requirements laid out in this document.

If action can be taken within the year this will allow for meaningful change to occur and move the health service along as recommended within transformation agendas and reviews. We would seek clarification on the reporting cycle time frame, for example, will the annual reporting be available within 6 months of submission? Will annual figures be compared to look for emerging trends?

The RCSLT NI would welcome clarification on who the annual report would be issued to and how this will be shared. How will the findings of the annual report be acted upon? We would recommend that appropriate senior trust staff be involved in discussions with SPPG regarding their clinical service and any suggested recommendations or changes to service provision.

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

Please Comment:

RCSLT NI agrees with the proposal for real-time staffing assessments and risk escalation processes, noting that appropriate staff training is essential. However, adequate funding and resources are necessary for successful implementation.

We would suggest that this is also published and shared with the relevant clinical groups to allow momentum of progressive change. There is some concern that real time staffing assessments are not always a true and accurate reflection of the workforce and will become a key performance indicator, placing undue pressure on an already under resourced profession. Recruitment figures may skew this which are reported on a regular basis and key consideration must be given to appropriate job planning and the possible effects of workforce changes in other professional areas within the multidisciplinary team.

The RCSLT NI would also advocate for CPD for speech and language therapists to be accounted for in annual reporting to keep in line with identified clinical needs and given the appropriate budget to allow staff to be trained and up-skilled.

Lastly, will there be an optimal model to base real time staffing figures on? We are not aware of this currently in operation.

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 real-time staffing assessment and risk escalation processes in place?

Yes

Please Comment:

The RCSLT NI agrees with this proposal to ensure patient safety is being adhered to and note that risk escalation should be in place already as good practice.

21 Do you agree with the proposal that the primary legislation will provide powers to make further regulations?

Yes

Please Comment:

The RCSLT NI agree with this proposal, it allows for flexibility to adapt to the growing and emerging needs in healthcare across a range of departments. This will allow for progress which will make a difference to the standard of deliverable patient care and ultimately better clinical outcomes.

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

Yes

Please Comment:

The RCSLT NI welcomes the recognition of speech and language therapists and our other allied health professional colleagues in safe staffing legislation. Collectively, we form the second largest workforce in the NHS, as such this needs to be reflected in any legislation determining staff staffing calculation methods.

We emphasise that workforce and job planning are key to ensure that this is appropriate in its implementation and delivery.

Annex B - Consultation Response Form - Your Details

23 What is your name? (Optional)

Name:

Sue McBride

24 What is the name of your organisation? (if applicable)

Organisation:

Royal College of Speech and Language Therapists Northern Ireland

25 What is your job title?

Job title:

Policy Advisor

26 I am responding (tick all that apply)

on behalf of an organisation

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

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