



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
25 FEBRUARY 2020**

**REPORT ON: HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019**

**REPORT BY: CHIEF OFFICER**

**REPORT NO: DIJB5-2020**

## **1.0 PURPOSE OF REPORT**

The report provides the Integration Joint Board with information relating to the implementation of the Health and Care (Staffing) (Scotland) Act 2019. The legislation creates a new statutory duty on Health Boards and registered providers to provide safe staffing through the use of evidence based decision-making in relation to staff requirements.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the duties arising from the introduction of the Health and Care (Staffing) (Scotland) Act 2019 as detailed in section 4.1.3 and 4.1.4.

2.2 Notes the implementation of the Health and Care (Staffing) (Scotland) Act 2019 from 1<sup>st</sup> April 2020.

2.3 Instructs the Chief Officer to bring forward a Workforce Plan for Dundee health and Social Care Partnership by June 2020 and review this in light of any formal guidance received from the Scottish Government.

## **3.0 FINANCIAL IMPLICATIONS**

Should there be any financial matters arising from the implementation of this legislation a further report will be brought back to the IJB.

## **4.0 MAIN TEXT**

### **4.1 Background**

4.1.1 The Health and Care (Staffing) (Scotland) Act 2019 (the Act) is the first comprehensive multi-disciplinary workload and workforce planning legislation in the UK. It aims to improve outcomes for those using health and social care services, by building a workforce which meets the needs of those working with them. The Act puts in place a transparent process to assess immediate staffing requirements through the use of a range of workforce tools. The Act will enable further improvements in workforce planning by strengthening and enhancing arrangement already in place such as the Common Staffing Methods and associated decision making processes. Through the workforce assessment processes, there is an expectation that the multi-disciplinary voice is heard at all levels by ensuring that real time staffing assessments are in place and that these take into account any identified risks. There are different staffing tools for different professions and health/care settings and further work is ongoing to provide a full and refreshed set of workforce tools where these are required.

- 4.1.2 The Act builds on a set of guiding principles namely
- That the main purposes of staffing for health and care services are to provide safe and high-quality services and to ensure the best health or care outcomes for service users, and
  - That staffing for health and care services is to be arranged while:
    - Improving standards and outcomes for service users;
    - Taking account of the particular needs, abilities, characteristics and circumstances of different service users;
    - Respecting the dignity and rights of service users.
    - Taking account of the views of staff and service users;
    - Ensuring the wellbeing of staff;
    - Being open with staff and service users about decisions on staffing;
    - Allocating staff efficiently and effectively; and
    - Promoting multi-disciplinary services as appropriate.
- 4.1.3 The Act sets a range of duties for Health Boards the main ones which include which include:
- The duty to ensure appropriate staffing, including the specific guidance regarding the use of agency workers
  - The duty to have real time staffing assessment in place
  - The duty to have real-time staffing assessment in place.
  - The duty to have risk escalation processes in place.
  - The duty to have arrangements to address severe and recurrent risks.
  - The duty to seek clinical advice on staffing.
  - The duty to ensure appropriate staffing: number of registered healthcare professionals etc.
  - The duty to ensure adequate time given to clinical leaders.
  - The duty to ensure appropriate staffing: training of staff, and
  - The duty to follow common staffing methods
- 4.1.4 For care service providers, the Act requires providers to ensure appropriate staffing is in place. In doing this, providers must ensure that staff are suitably qualified and competent and in such numbers that the health, wellbeing and safety of service users is maintained; that the provision of care is of high quality and that the well-being of staff is taken into account. In addition care providers must ensure that staff receive appropriate training for the work they are to perform and appropriate assistance, including time of work, to achieve the qualifications they require.
- 4.1.5 There is an expectation that reporting to the Scottish Government will be required on an annual basis and that Scottish ministers will lay out reports setting out how the relevant agencies have carried out their responsibilities in meeting the duties laid out in the act. This information will be collated through a framework of reporting to the Scottish Government.
- 4.1.6 The Act further provides the Scottish Government with the means to provide guidance on the implementation of the Act. At the time of writing the final guidance to support the Act had not yet been received.

## **4.2 Current Arrangements**

- 4.2.1 The use of workforce tools are established within clinical and care settings. Currently within Health settings a range of allied health professional and nursing workforce tools are used to examine workforce requirements across in-patient and community services. Not all areas have specifically designed tools for their areas, and some nursing teams have tried to adapt the tools used for other areas. Where validated workforce tools are established the Act will be implemented with immediate effect from the 1<sup>st</sup> of April. Where tools are not yet in place, the principles will apply.

- 4.2.2 Dundee Health & Social Care Partnership (DH&SCP) currently engage in workforce planning at a service level with nursing workforce tools embedded in most areas. The services have run the tools to ensure the current workforce levels meet the identified need. These tools are has identified where the capacity and demand has increased or the profile of patients has changed to become more frail etc. and how this impacts on current workforce levels. The tools take into account the skill mix and the environment in which the service is delivered. As a result of this process, services have reviewed the service model and their skills mix. Where there are risks to the sustainability of safe staffing levels, the service escalates the risk through both the Clinical Care and Professional Governance Group and through the operational management team and this is recorded as a risk. The services will use additional hours and agency staff to address any short term shortfalls in workforce numbers.
- 4.2.3 Social care services are regulated by the Care Inspectorate and as part of the inspection process are asked to demonstrate that they take a safe staffing approach, managing levels of need and demand. More recently we are experiencing a slowing down in the level of interest in recruitment to social care posts and have taken steps to adjust our level of service provision in the short term. As with our health services, we will utilise additional staff hours and agency staff where short term vacancies arise.
- 4.2.4 It has been confirmed that Social Work functions (Social Workers and Care Managers) are not included in the Act.

### 4.3 Future Arrangements

- 4.3.1 The Scottish Government have indicated that the Act will come into force on the 1<sup>st</sup> April 2020 and will apply to both care services and those health professions where validated workforce tools currently exist.
- 4.3.2 DH&SCP have supported the production of the NHS Tayside workforce plan each year but has not yet produced a plan for the whole partnership. It is proposed that a partnership workforce plan is produced with a date of June 2020 for completion. This workforce plan will be reviewed in light of any further guidance received.

## 5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Future Arrangements – there is a potential that the partnership will not be able to meet the safe staffing levels directed through the Act using permanent staff as a result of recruitment issues.
<b>Risk Category</b>	Workforce, Operational, Financial
<b>Inherent Risk Level</b>	Likelihood : Possible (3) x Impact Major (4) = 12 High risk
<b>Mitigating Actions</b> (including timescales and resources )	Short term measures would be applied including agency staff use, reduction of service to meet staffing levels. Daily workforce monitoring in place
<b>Residual Risk Level</b>	Likelihood: Possible (3) x Impact Moderate (3) = 9 High Risk
<b>Planned Risk Level</b>	Likelihood: Possible (3) x Impact Moderate (3) = 9 High Risk
<b>Approval recommendation</b>	Recommend acceptance of the risk.

## 7.0 CONSULTATIONS

The Chief Officer, Executive Director of Corporate Services (Dundee City Council), the Clerk, Dundee City Council Communications; NHST Chief Executive, NHST Communications were consulted in the preparation of this report.

## 8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

<b>Direction Required to Dundee City Council, NHS Tayside or Both</b>	<b>Direction to:</b>	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

## 9.0 BACKGROUND PAPERS

None.

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**DATE:** 10/02/202

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