



# Safe Staffing Programme

## End of year report 2022- 2023

Publication date: May 2023

## Foreword

The aim of the Health and Care (Staffing) (Scotland) Act 2019 is to provide a statutory basis for the provision of appropriate staffing in health and care services to enable safe, high-quality care and positive outcomes for people who experience care. It will do this by ensuring that the right people with the right skills are in the right place at the right time to support people and the wellbeing of staff. The implementation of the legislation will provide assurance that staffing is appropriate to support people to achieve their best health and care outcomes no matter where they live in Scotland.

The Safe Staffing Programme (SSP) was established as a mechanism through which we will meet our requirements in relation to the Act, and to provide advice, support and education to care providers to support their preparation for its implementation. The foundation of our work in the programme is firmly rooted in the Health and Social Care Standards (HSCS), and our [Corporate Plan 2022-2025](#).

The Covid-19 pandemic resulted in unprecedented challenges for social care services. Despite these complex challenges, our programme has benefitted greatly from the collaborative work with volunteer services, whose contribution to this pivotal work has been significant and valuable. The provision of high quality support for people experiencing care remains the highest priority of people who use, work and provide social care services.

This report summarises the impact to date of the safe staffing programme and makes recommendations in relation to future workstreams for consideration for implementation prior to the enactment of the Act on 1 April 2024.

Edith Macintosh  
Executive Director of Strategy and Improvement

## Introduction

The Safe Staffing Programme was commissioned by the Scottish Government in December 2019 to guide and support the social care sector, and the Care Inspectorate, to prepare for the enactment of the Health and Care (Staffing)(Scotland) Act 2019 (the Act).

The legislation does not prescribe a uniform approach to workload or workforce planning. Instead, it enables the development of suitable approaches for different care settings. The objectives of our programme, agreed with Scottish Government, are designed to prepare stakeholders for changing approaches through the provision of advice, support, and learning opportunities.

This report provides an overview of the work undertaken by the programme team from 1 April 2022 to 31 March 2023.

The guiding principles of the legislation and Health and Social Care Standards underpin all our work. We also take into account recommendations made within Scottish Government's healthcare framework for adults living in care homes, '[My Health – My Care – My Home: Sustainable and skilled workforce](#)' (June 2022), and the five pillars of the [National Workforce Strategy for Health and Social Care in Scotland](#) (March 2022).

The Safe Staffing Programme has a robust governance structure and the team provide regular reports to Scottish Government, internal and external programme boards, and to various stakeholders who engage through our sub-groups.

Marie McKerry  
Chief Nurse

## Summary of recommendations

### **1. Ensure appropriate governance and reporting is in place to enable effective assurance on workplan progress.**

Based on our work during 2022-2023, we recommend we continue with an amended version of this important objective until enactment of the Act in April 2024.

### **2. Increase knowledge and capability around workload and workforce planning through provision of expertise and support to care services.**

We recommend we continue with an amended version of this key objective until April 2024 to prioritise support to care services in preparation for the enactment of the Act.

### **3. Increase stakeholder engagement in preparation for enactment of the staffing legislation.**

We recommend we continue with an amended version of this vital objective in 2023-2024 to increase stakeholder engagement until April 2024.

### **4. Following consultation make recommendations on whether the Care Inspectorate needs to develop a staffing method (particularly, but not exclusively, for care homes for older people).**

Those who participated in our consultation, indicated that we should develop a staffing method, which must include a staffing tool.

We recommend we continue to collaborate with the care home sector to ensure robust data collection and consultation remains central to future recommendations about the use of a staffing method and tools specifically for the social care sector.

We also plan to commission an options appraisal about tool development and to continue the development of the draft staffing method framework.

### **5. Work with the Scottish Social Services Council (SSSC) to make recommendations about education of care staff and clear timescales to complete this.**

We recommend using the [Health and care staffing in Scotland: a knowledge and skills framework \(KSF\)](#) to support learning for all social care staff about workload, workforce planning and the role of social care staff in the application of the Act.

### **6. Work in partnership with scrutiny and assurance colleagues to develop systems and processes to regulate safe and effective staffing in care services using the quality frameworks and standards.**

We recommend we continue this essential objective until enactment in April 2024 to ensure robust systems and processes are in place to regulate safe and effective staffing.

**7. Undertake a review of how workforce data in the care sector is collated and analysed and make recommendations for change.**

Based on our work to date, with different organisations who capture data and from the information reviewed, there are some gaps in the data collected, and some challenges that prevent data sharing. There are currently several workstreams which are not yet concluded but will, in time, support a robust review of the data landscape across Scotland.

**8. Recruitment for expansion of the programme**

We recommend we adapt the way we work in order to realise the objectives set out, and to meet these within the available resources.

## End of year report for 2022 - 2023

There are approximately 11,340 social care services, as at 31 January 2023 which will be affected by the Health and Care (Staffing) (Scotland) Act 2019. This includes service provision within care homes for older people, adults and children, adult support services, daycare of children, childminders, children and young people services and justice services.

The SSSC report '[Scottish Social Service Sector: Report on 2021 Workforce Data](#)' states these services employ 208,360 staff with a range of registration requirements, skills and knowledge. This number equates to 159,150 WTE based on a 37.5hr week. The SSSC lists seven levels of job roles working within social care. Further information can be found on the [SSSC website](#).

Preparing staff and social care services for the enactment of the legislation in April 2024 is the pivotal objective of the safe staffing programme. The [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) sets out principles, duties, and responsibilities for those involved in commissioning, regulating and providing health and care services in Scotland. The purpose of the Act is to provide assurance that staffing is appropriate, and to help determine where staffing has impacted on quality of care. The Act will promote an open and honest culture where staff are engaged and informed about decisions relating to staffing requirements.

During 2022-2023 the programme team successfully met eight objectives agreed with Scottish Government.

1. Ensure appropriate governance and reporting is in place to enable effective assurance on workplan progress.
2. Increase knowledge and capability around workload and workforce planning through provision of expertise and support to care services.
3. Increase stakeholder engagement in preparation for enactment of the staffing legislation.
4. Following consultation make recommendations on whether Care Inspectorate needs to develop a staffing method (particularly but not exclusively for care homes for older people).
5. Work with SSSC (Scottish Social Services Council) to make recommendations about education of care staff and clear timescales to complete this.
6. Work in partnership with scrutiny and assurance colleagues to develop systems and processes to regulate safe and effective staffing in care services using the quality frameworks and standards.
7. Undertake a review of how workforce data in the care sector is collated and analysed and make recommendations for change.
8. Recruitment for expansion of the programme.

This report provides information about our achievements during 2022-2023 and makes recommendations to Scottish Government, in line with the objectives.

## Background

The programme team published an [end of year report for 2021 -2022](#).

The legislation sets out guiding principles which all registered care services must have regard to when carrying out their duties to ensure appropriate staffing and to ensure the wellbeing of their staff. These are:

- 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.
- promoting multi-disciplinary services as appropriate.

## Current regulations

The Public Service Reform Act (Scotland) 2010, regulation 15 (SSI/2011/210) will be repealed and replaced by the Health and Care (Staffing) (Scotland) Act 2019 on the 1 April 2024.

## Achievements in 2022-2023

**Objective 1: Ensure appropriate governance and reporting is in place to enable effective assurance on workplan progress.**



Robust governance arrangements and structures have been in place since 2019. This includes compliance with data protection impact assessments and equality impact assessment requirements. During 2022-2023 the following changes to our governance were introduced.

The Health and Care (Staffing) (Scotland) Act 2019 Programme Oversight Board, chaired by the Chief Nursing Officer and the Director for Health Workforce was established in February 2023 to monitor the progress of both the NHS and the social care programme, undertaken by the Care Inspectorate and Healthcare Improvement Scotland (HIS). The Oversight Board agree overarching strategic direction, review risks and ensure alignment with other national policy.

We established an external programme board (EPB) in July 2022. This is chaired by Sandra MacLeod, Chief Officer of Aberdeen City Health and Social Care Partnership (HSCP). The membership of the board represents the diverse social care sector and includes representatives from:

- independent sector providers
- care home relatives Scotland (CHRS)
- third sector providers
- Social Work Scotland (SWS)
- Office of the Chief Social Worker
- Scottish Social Services Council (SSSC)
- Healthcare Improvement Scotland – Healthcare Staffing Programme
- Health and social care partnerships representative
- NHS Education for Scotland
- Scottish Executive Nurse Directors Group
- Allied Health Professionals
- Scottish Care
- Coalition of Care and Support Providers in Scotland (CCPS)
- Health and Social Care Alliance Scotland
- Centre for Excellence for Children's Care and Protection (CELCIS)
- Convention of Scottish Local Authorities (COSLA)
- Nursing and Midwifery Council (NMC)
- Royal College of Nursing Scotland
- Trade unions.

During 2022-23 we expanded the membership of our Internal Programme Board in line with the expansion of our programme. This now includes representation from all services covered by the Act. Senior leaders, within the Care Inspectorate, from early learning and childcare (ELC), children and young people (CYP), colleagues from strategic inspection, our involvement team and our organisational workforce development team joined our internal board.

We expanded a number of our sub-groups to take account of all social care services covered by the Act. The learning and development group, special interest group, and practice development group support us in our duties to collaborate and consult.

The following organisations are represented on our sub-groups.

- Healthcare Improvement Scotland – Healthcare Staffing Programme
- Scottish Social Services Council (SSSC)
- Health and social care partnerships



- Care home relatives Scotland
- Trade unions
- social care providers from the independent, local authority and third sector
- Care Inspectorate staff
- overarching sector organisations including;
  - Scottish Care
  - COSLA
  - RCN
  - Early Years Scotland
  - Action for Children
  - CCPS.

The project reference group stood down in March 2022 because a quorum could not be reached to support our work in gathering people's experiences about staffing in adult care homes. This is a key part of our work and a new approach will be tested during 2023-2024 when we plan to work closely with our inspection volunteers to reach more people who experience a wide range of social care services.

Throughout 2022-23 we worked with colleagues from Healthcare Improvement Scotland's Healthcare Staffing Programme (HSP) to identify opportunities to align our objectives and plans. The HSP are represented on our external programme board and learning and development group. We reciprocate this, and are members of the HSP's programme board, learning and development group, professional advisory group and professional judgement tool development group.

This year, we agreed a memorandum of understanding with NHS Education for Scotland that allowed us to engage further in collaborative working. This facilitated the analysis of data collected in phase 1 and phase 2 of our programme. We are very grateful for the analytical support received from NES during phase one and two of our programme.

We met all elements of objective 1 during 2022/23. We plan to adapt and continue this important objective until enactment on 1 April 2024.

## **Objective 2. Increase knowledge and capability around workload and workforce planning through provision of expertise and support to care services.**

Elements of this objective are also discussed under objectives 3, 4, 5 and 6.

We developed and published [guidance](#) to help providers increase their knowledge and capability around workload and workforce planning.

We introduced a dedicated email address and mailbox to help to improve communication and accessibility to the programme team.

We collaborated with the SSSC to develop an [open badge award](#) for people who work in the sector which aims to increase knowledge and capability around safe and effective staffing. The open badge is a digital certificate which recognises learning and achievement. This is linked to materials and resources published on The Hub's [Safe Staffing Programme](#) area.

In August 2022 we completed a learning needs analysis, consulting with social care managers on their knowledge and capability about workload and workforce planning.

We received over 650 responses which helped us to understand sector learning needs. We also shared this information with the SSSC.

We are mindful that the sample size does not represent all care service managers, it does give us some indication of priorities around workforce and workload planning.

From April to December 2022, we used quality improvement methods while working with nine volunteer care homes to test a draft staffing method framework. This is discussed further under objective four.

We developed and delivered 11 learning events to 40 people working in services, 18 service providers and 48 care home managers.

We also met with 52 senior managers who work across the social care sector in December 2022, to increase their understanding of guiding principles, parts one and three of the Act, and their duties at enactment.

We worked with small groups that included 46 care home managers between December 2022 to February 2023. We gathered data and explored the draft staffing method framework, using quality improvement methodology.

In January and February 2023, we worked with Scottish Government to develop and deliver five online national roadshows designed for the adult care home sector. Over three hundred people attended.

In February we began work with 11 volunteer care homes who attend focus group meetings and collaborated to test prototype 4 of our staffing method framework.

We delivered learning events to 29 managers from two health and social care partnerships in February and March. The events provided participants with the opportunity to discuss local issues and explore solutions to workload and workforce planning, such as sharing bank staff.

Significant progress has been made in supporting staff within the adult care services sector to increase their knowledge and capability around workload and workforce planning. We plan to amend this key objective and continue our work with care services until enactment.

### **Objective 3. Increase stakeholder engagement in preparation for enactment of the staffing legislation.**

The information provided under objective two also applies here.

We engaged with a range of stakeholders using various methods to increase engagement and share information about the legislation and how to prepare for this.

Between July and September, we visited 10 services and completed face-to-face interviews with 21 people who experience care and 11 family members. We gathered their views about staffing levels and workload planning. People welcomed the opportunity to provide their views, comments, and feedback. Overall, relationships with staff were positive and supportive. People described staff as 'busy' and 'stressed.' Some people expressed concern about staff's workload and commented that staff do their best in difficult circumstances. One family told us, 'Staff would love to do more but they are so pushed and this is a huge regret to them.'

In October 2022, we appointed a senior improvement advisor to identify and engage with key stakeholders in areas including early learning and childcare sector, services for children and young people, including care homes.

We collected information from membership organisations including:

- Scottish Care
- Collation of Care Providers in Scotland
- Early Years Scotland
- Scottish out of school care network (SOSCN)
- CELCIS
- Children's and Young People's Centre for Justice (CYJC)
- Social Work Scotland residential childcare subgroup
- Shared Care and Shared Lives Plus.

The feedback we received included:

‘Linking this work to the Promise will support providers to understand this legislation does not stand alone.’

‘We’d like information that can be run past the children.’

‘Working in a care service’ is described in the Act as paid or unpaid work. For example, volunteering. We consulted 40 volunteer centres across 32 localities in Scotland. We asked about volunteer experiences in care homes for adults and received 13 completed surveys. Most respondents told us care homes supported volunteer’s pre-pandemic, but were uncertain about the situation in 2022.

We also asked about the types of roles that volunteers undertake. Being a companion to a group and gardening were the most popular roles (Figure 1).

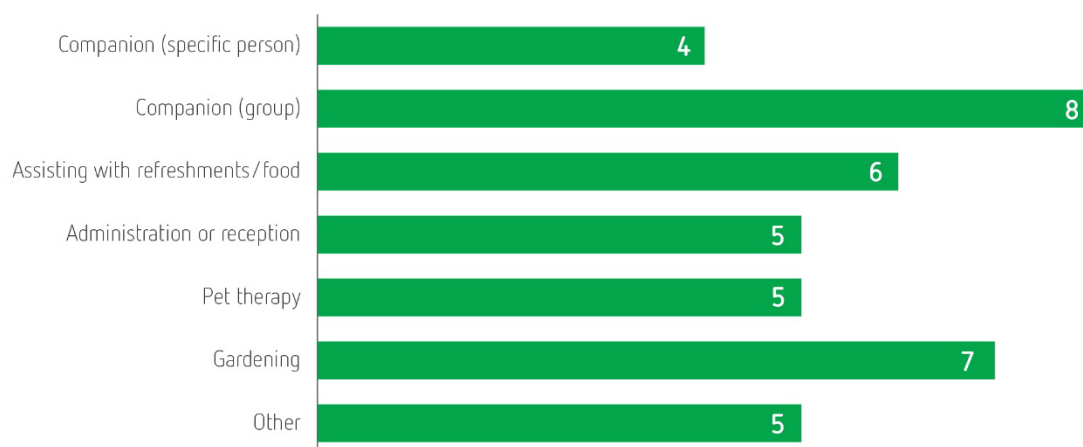


Figure 1: Safe staffing programme – volunteer survey 2022.

In November, we held a consultation in with staff from six carer and advocacy organisations who support people experiencing care. We collected data and heard about experiences of carers and advocacy workers. They told us some people who experience care feel supported by staff while, others were not able to do the things they choose to do. This consultation highlighted the need to raise awareness of the importance and value of volunteering in care homes. We found there may be missed opportunities for volunteers to support people experiencing care.

During October and November we participated in working groups, led by the Scottish Government, which reviewed the draft guidance chapters for the Health and Care (Staffing) (Scotland) Act 2019. In April 2023, we took part in a second consultation to review amended guidance chapters.

In February, we conducted an online survey, using our consultation platform, CitizenLab, to increase stakeholder engagement about our draft staffing method framework. The data collected informed our recommendation about whether the Care Inspectorate needs to develop a staffing method.

During February and March we also engaged with a resident's committee of a large care home provider group to explore the draft staffing method framework and their experiences of receiving support from staff.

Over the course of the year, we developed our communication plan, with support from our communications team. This is regularly reviewed and updated to ensure we consult and engage widely with all social care sectors. We have used a range of communication approaches to share our key messages such as:

- web-based resources
- webinar
- social media posts, including Twitter, Facebook and LinkedIn
- a programme of regular updates in our eNewsletters
- Introduced a QR code to direct people to our page on The Hub. This increased the number of visits to our area (figure 2).

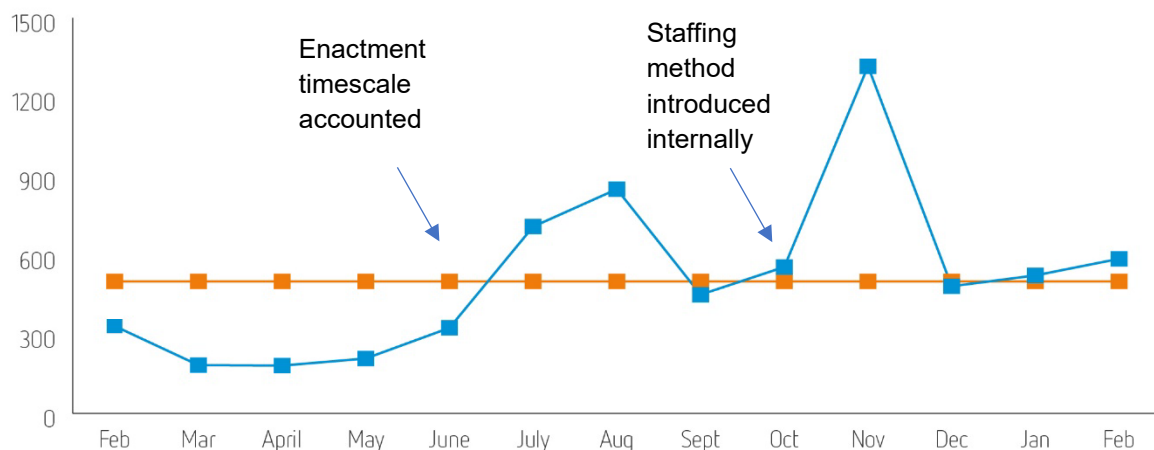


Figure 2: Report of page views on [hub.careinspectorate.gov.scot](https://hub.careinspectorate.gov.scot)

We successfully achieved Objective 3 and recommend this vital work with stakeholders continues with an amended objective until enactment on 1 April 2024.

**Objective 4: Following consultation make recommendations on whether Care Inspectorate needs to develop a staffing method\* (particularly but not exclusively for care homes for older people).**

### **Summary phase 2 activity**

During 2021 – 2022, we collaborated with six volunteer care homes to develop, test and introduce changes to workforce and workload planning methods in their services. In 2022 - 2023 we continued our collaboration with a further nine volunteer care homes who tested and introduced changes to their workforce and workload planning methods using the draft staffing method framework. The staffing method framework is aligned to the Act.

We worked together to consider factors affecting each, including:

- challenges of recruitment and retention in social care
- geographical settings
- size of the care home and numbers of places
- type of care offered and to whom
  - long-term
  - short-term
  - complexity of needs
  - people with learning disabilities
  - older people
  - adults
  - reablement

### **Workload and workforce considerations**

We used quality improvement methods to support services to test their change ideas. For more information please contact our programme team: [safestaffingproject@careinspectorate.gov.scot](mailto:safestaffingproject@careinspectorate.gov.scot)

Between July and December 2022 there were 214 contacts with the care homes, 26 PDSA (Plan, Do, Study, Act) cycles were completed using self-evaluation and the model for improvement. This supported care homes to implement small, incremental changes to their staffing methods, ultimately this improved outcomes for people who experience care. For example:

- A better understanding of nurse's workload, led to more time being available to devote to relatives of people experiencing care: the manager said: 'By the end of November, we narrowed the clinical task time to free up a lot of time. The tool is working well and we are planning to use in the future.'
- Improved retention of night staff enhanced consistency of support available to people who experience care. Improved retention of agency staff led to more consistent outcomes for people and also improved the wellbeing of staff. One worker said: 'This work helped us to retain our staff group, and this helped us with our staffing levels'
- A formal staff induction improved staff understanding of their role and indirectly contributed to improved outcomes for people experiencing care. A new tool improved medicine management and released staff to spend more

time with people experiencing care. The manager said: ‘The nurses can adjust schedules and give more time on floor’

- Staff said they increased their understanding of quality improvement methods and used their learning to carry out other small tests of change. One worker made changes to the staff workbook that included a focus on staff wellbeing. Colleagues said this increased their sense of belonging.

In February we started to work with 11 volunteer care homes to support further changes to draft four of our staffing method framework.

During this year, we spent a lot of time working with individual services. We also engaged with larger stakeholder groups to consult and collaborate about staffing methods and tools. Objective two and three provided more information about this. The majority of those who took part in our consultation, said the Care Inspectorate needs to develop a staffing method for use across adult and older people’s care homes.

**Do you agree that the Care Inspectorate needs to develop a staffing method for use across all adult and older people’s care homes in Scotland?**

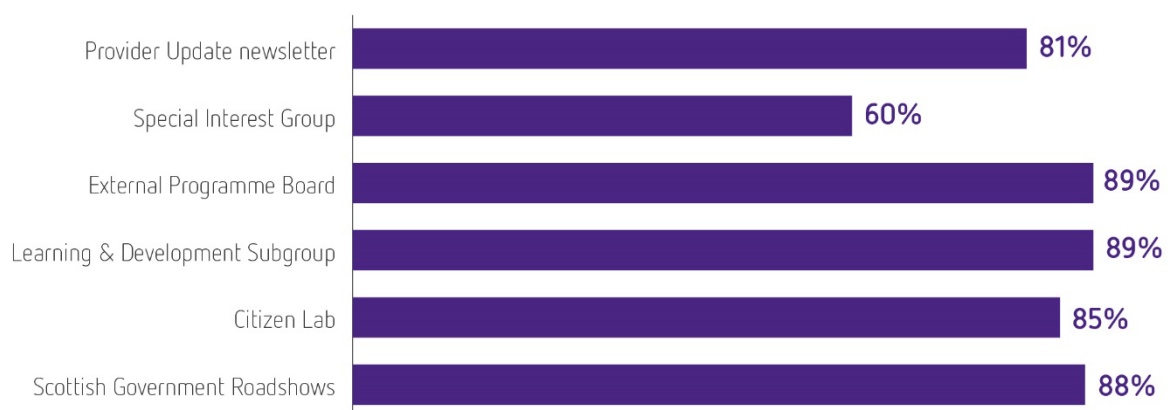


Figure 3: Percentage of respondents who agreed that the Care Inspectorate needs to develop a staffing method for use across all adult and older people’s care homes in Scotland.

Developing a staffing method for use across the diverse care home sector has significant implications which require further exploration and future resourcing.

Success in developing a staffing method requires the involvement and commitment of partner agencies and the social care sector. A proposed staffing method and associated tools would also require validation from an academic institution, which also has resource implications. We plan to continue our consultation with the adult care home sector to collect data and explore the core data set required to underpin a staffing method and associated tools, specifically for the social care sector.

Objective four has been met, however collaboration with the care home sector needs to continue to progress this vital work before a staffing method, or tools, can be recommended for use in the social care sector.

We recommend an options appraisal to determine if a tool should be built, bought or adapted for efficacy, and to include all elements of a staffing method set out in legislation to support the assessment and decisions about workload and workforce planning.



We also recommend the continued development of the draft staffing method framework which aligns to the Act, and includes all elements of the legislation.

## **5. Work with SSSC (Scottish Social Services Council) to make recommendations about education of care staff and clear timescales to complete this.**

During 2022 - 2023 we worked with the SSSC, NES and the Healthcare Staffing Programme (HSP) to explore the education of care staff in relation to workload and workforce planning, appropriate to role.

Recently the SSSC completed [‘A register for the future’ consultation](#) which found significant support in making qualifications more flexible so people can move more easily to work in different types of services. Currently, SSSC registrants must hold, or agree to work towards achieving, an approved qualification within a 5-year period. Qualifications are designed from the National Occupation Standards for social care.

Our learning and development subgroup is co-chaired by our colleague from the SSSC. The subgroup participated in key developments including the planning for an Open Badge and participation in the planning of our learning needs analysis.

We supported the HSP, NES and the SSSC by contributing to the development of the knowledge and skills framework for Health and Care Staffing in Scotland. This work continues and will be completed by Autumn 2023 to provide a flexible way to learn.

We recommend the use of the knowledge and skills framework domains for the education of all social care staff to support learning about workload and workforce planning and the role of social care staff in the application of the Act.

We will continue to support this work, led by our partners HSP, NES and SSSC. It is important the knowledge and skills framework is appropriate to the needs of the whole social care sector. The use of plain English and language understood by all sectors of social care will also support the success of the framework.

## **6. Work in partnership with scrutiny and assurance colleagues to develop systems and processes to regulate safe and effective staffing in care services using the quality frameworks and standards.**

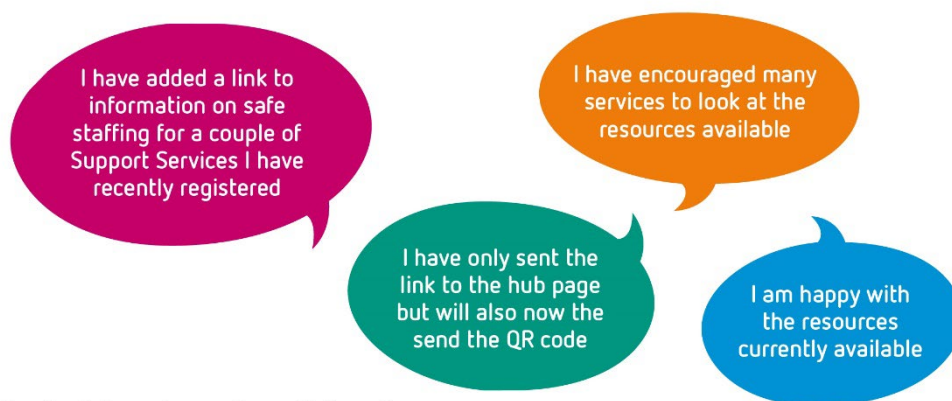
We worked with scrutiny and assurance colleagues to explore systems and processes to regulate safe and effective staffing in care services.

Senior managers are represented on our internal programme board and inspectors are members of our practice development group and learning and development group. Subgroup representatives share knowledge and information within their teams and support us with other work. For example, subgroup members supported us with the development of our draft staffing method framework, the internal learning needs analysis and development of the safe staffing guidance for premises-based and non-premises-based services.

An internal learning needs analysis was completed in the summer of 2022. This provided us with data about the learning needs of colleagues which we are addressing to ensure staff are equipped with the right level of knowledge and understanding to support registered services in their staffing decisions.

We use a variety of internal communication methods, including a specific safe staffing area on our intranet, email, and virtual noticeboard. Our internal safe staffing social media page has increased its membership between April 2022 and March 2023.

We developed a range of signposting activities to support scrutiny and assurance colleagues to improve their knowledge and understanding of legislation and provide easily accessible information to share with care providers.



Feedback from signposting activity polls

We tested a variety of approaches and resources to influence and enable inspectors to signpost social care services to the specific safe staffing area on The Hub. Between April – October 2022 we carried out a series of internal polls with our staff and the percentage of inspectors signposting grew by 45%.

We worked with our colleagues in the methodology team to adapt the quality framework for care homes for adults and older people, taking account of the Act and to include examples of weak and very good staffing practice, using our six-point evaluation scale. This work will progress in 23/24.

Working with our intelligence colleagues we reviewed and updated the staffing information collected as part of our electronic annual return (eAR). We will review this again in 23/24 to ensure we meet our duties of the Act.

Four members of our team commenced or completed the Scottish Improvement Leaders Course. This helps to ensure the programme maintains a focus on quality improvement.

We met objective 6, and recognise the importance of continuing this essential element of our work until April 2024.

## **7. Undertake a review of how workforce data in the care sector is collated and analysed and make recommendations for change**

We reviewed the literature associated with safe staffing. The [National Workforce Strategy for Health and Social Care in Scotland](#) states: 'Over 400,000 skilled and compassionate people work in many different roles and settings, in an integrated way across Scotland'. Of these 400,000, approximately 208,000 people work in social services, and they provide support with health and care. ([Scottish Social Service Sector: Report on 2021 Workforce Data An Official Statistics Publication for Scotland Published 30 August 2022](#)).



We reviewed available national data about the social care workforce. We did not review data about NHS workforce or local data collections by organisations including health and social care partnerships (HSCP).

## **Current national data capture**

### **Care Inspectorate Register, Annual Returns and Notifications**

We gather data on workforce using an electronic annual return and a notification process. These collections are linked with our register of all social care services in Scotland, giving a complete coverage of all services and staff. The annual returns includes individual staff details for all those working in regulated care services, including ancillary staff as well as those directly delivering care and support. These data collections are primarily for the regulatory purposes of the Care Inspectorate. We have worked closely with the SSSC to ensure that any data captured about staff can be shared with SSSC, through a well-established data sharing agreement, to support their remit for workforce intelligence in the social care sector.

Underpinning this data sharing is a core minimum data set, which sets out the standards and definitions for the core suite of data items we capture about the social services workforce.

The annual returns data is then used in the SSSC annual workforce statistics publication and the SSSC workforce data website, and the joint Care Inspectorate/SSSC staff vacancies in care services publication.

### **Public Health Scotland data collections**

Public Health Scotland collects data about people receiving social care support and services, including the care home population. The data is provided by health and social care partnerships about people who are fully or partially funded by the local authority. It does not include information about people who self-fund social care. The data does not include workforce data.

### **SSSC data collections and Register**

SSSC produce official statistics publication that provide data and intelligence to support planning and policy implementation. They collect annual data on the social worker workforce and mental health officers and publish annual statistical reports on these.

The SSSC also hold individual registrant details. Most job roles in the social care service sector must register with the SSSC. This includes:

- social workers
- social work students
- agency
- relief workers if they are carrying out a role that requires registration.

Those already registered with a professional body, for example nurses, do not register with SSSC but register with the Nursing and Midwifery council (NMC).

Ancillary workers, including catering, clearing and administrative staff, do not register.

The SSSC job function determines roles and classifications used in the SSSC data collection.

### **Scottish Social Services Council (SSSC) data**

The SSSC is the principal agency who coordinate and publish social care workforce data and statistics. They have responsibility for publishing data and intelligence on the social service workforce in Scotland (as defined by the Public Service Reform Scotland Act 2010).

The SSSC have a [data website](#) where people can access summary statistics, interact with the data, and download data.

They collect information from the Care Inspectorate, about people who work in all registered services, and from local authority social work services about people who work in non-registered care services. The data collection is underpinned by a common core minimum data set which was created to support the collection of standard workforce data for the whole sector. This uses common definitions and includes a category list of occupations.

The SSSC also produce a 'Mental Health Officer's Report' every year and a number of other workforce data publications. They lead on work to integrate social care and NHS workforce data using NHS Education for Scotland's (NES) Integrated Workforce Data Platform, TURAS.

### **NHS Education for Scotland – TURAS platform**

TURAS is the NES, unified NHS platform that gives access to health and social care tools and learning resources. During the pandemic, a new application was built on the TURAS platform to capture data from care homes for adults. The initial focus was to support services to manage the impact of Covid-19, although that has evolved over time. The platform includes reporting functionality where services, providers, health and social care partnerships and national bodies can view relevant summaries of the data submitted almost instantaneously. The data is captured directly from care homes and includes some counts of staff working each day.

### **Current reviews of care service data**

There are currently several workstreams underway to review the data landscape across Scotland. These include:

- [Scottish Government's Data & Digital Division Directorate for Social Care & National Care Service Development](#) reviewing the data landscape across social care.
- Scottish Government's care home data review are working with analysts in partner organisations, to conduct a review into the care home data landscape and are considering improvements around the content, quality and frequency of current data collections, and/or alternative methods of data collection. The aims of the review are to ensure a coherent suite of data collections, reduce the burden on data providers, and meet the existing and emerging needs of

data users. The review is being undertaken because it is recognised that the current evidence base relating to care homes is neither complete or coherent, and does not provide the level of insight required to meet the needs of the sector/policy makers. Recommendations are due to be published in 2023. This work supports the [My Health, My Care, My Home - healthcare framework for adults living in care homes: section 8; Data, Digital and Technology](#).

- [Mapping National Adult Social Care and Care Home Data Sources in Scotland: Baseline understanding & future potential: September 2022](#) is a Scottish Government publication providing a high-level baseline national summary of both adult social care data and care home data sources. It is intended to provide accessible information on key products, and to aid clarity on the availability of social care data. Its focus is on identifying care homes and attributes of those living in care homes, it does not cover staffing data in any detail.

The first [data strategy for health and social care](#), sets out how the Scottish Government plan to work with key stakeholders to transform the way people access their own data to improve health and wellbeing and how care is delivered through improvements in our systems. Within the data strategy there is a range of actions associated with each priority area. Specific to the Care Inspectorate include:

- a) Working together to develop and maintain clear and easy to use documentation on data sources. For example, developing a central data catalogue that can be used to describe data and that is available on an open or shared basis. This will build on existing catalogues; develop a shared set of interconnectivities and definitions to manage data nationally as a data set.
- b) Publishing metadata that clearly describes information held by organisations to aid data discoverability across health and social care data sources. Review our current data to understand where collection needs to stop, new collection needs to start, and what approaches to collection, curation and storage need to be adapted to support our vision.

The Office for Statistics Regulation (OSR) regulates official statistics in the UK. In 2020 they completed a [review of adult social care statistics in Scotland](#) and highlighted the need to find ways to share data, be more timely and support joined-up data. The following areas for improvement were suggested:

- Greater clarity, responsibility and analytical leadership to ensure an integrated approach to health and social care statistics and analytics. It is envisaged that this could address inconsistent approaches in the adult and children's sectors, and in the wider social care sector.
- Address the imbalance in resources available to health statistics when compared to social care statistics.
- Sustain cross-sector investment in systems to address data gaps and improve the quality, coherence and value of information collected.

The review also identified the need for statistics producers to work together to identify and prioritise actions that will address social care data gaps, make better use of existing data and meet people's need for information.

We also reviewed other reports related to workforce:

- [Scottish Employer Skills Survey 2020](#)
- [Sectoral Skills Assessments Social Care June 2021](#)

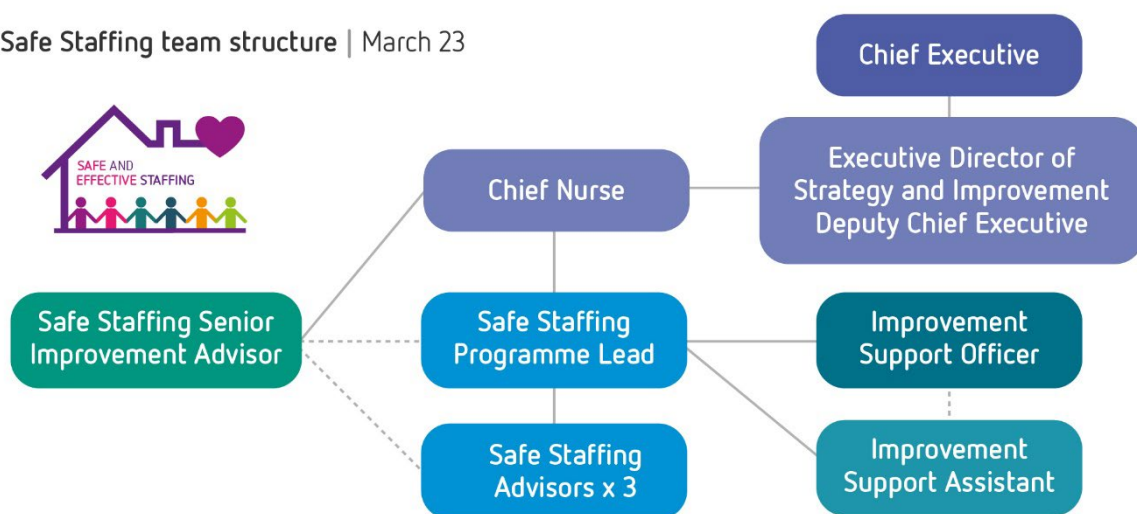
Based on our conversations with different organisations who capture data across Scotland, and from the information reviewed, there are some challenges related to different data descriptors in health and social care. There was also a suggestion that multiple requests can be received for similar or the same information from various organisations. We suggest consideration is given to:

- the development of one digital platform for social care data with clear data sharing agreements and data collected once for multiple use
- a more dynamic reporting mechanism where data supplied by social care providers is collected, collated, analysed and shared with the sector for learning, benchmarking, and quality improvement that supports improved outcomes for people who experience social care.
- collection of distinct data about volunteers and apprentices. The Act defines “working in a care service” for payment, or as a volunteer, under contract or apprenticeship.
- agreeing a core data set for health and social care settings to ensure data collected is comparable and is understood through the use of common language and terminology.

We recognise that further work is required to determine the workforce data landscape for the wider social care sector including ELC and CYP sectors. Workstreams continue to determine the workforce data landscape.

## Objective 8: Recruitment for expansion of the programme

Safe Staffing team structure | March 23



In August and September 2022, we appointed an improvement support officer and improvement support assistant.

In October 2022 we appointed a senior improvement advisor specifically to engage with key stakeholders in the wider social care sector in preparation for the expansion of the programme in 2023- 2024.

In December 2022, a safe staffing advisor was appointed to the programme.

The programme was unable to recruit to the project intelligence researcher post.

Our proposed team structure and amended programme of work for 2023 - 2024 had funding confirmed on 6 March 2023. Two additional safe staffing advisor posts are being recruited for 2023/24.

The project lead post became vacant in November 2022. An interim project lead came in to post from 4 January and a project lead was appointed in April 2024.

We plan to recruit an additional two safe staffing advisors to support our work in 2023/24. We have successfully met this objective in line with the restructured plan for 2023-2024.

### **Acknowledgements**

Our sincere thank you to people experiencing care, their families, staff who work in social care and providers of care services for their continued engagement and collaboration with the Safe Staffing Programme. We value your support and commitment highly.

We would also like to thank our colleagues throughout the Care Inspectorate, members of our programme boards and subgroups, our partner agencies including SSSC and Health Improvement Scotland, Scottish Government policy officers and representatives of the Chief Nursing Officer Directorate, all of whom have contributed significantly to the work of the Safe Staffing Programme.

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