

Safe staffing programme







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Adults



CYP



ELC





Session overview

Health and Care (Staffing) (Scotland) Act 2019 overview (HCSA)

HCSA resources

Local and Integrated authorities - Reporting

Inspection and Self-evaluation

Question and evaluation







Challenges for the social service sector

- fuel, inflation
- cost of living
- staff wages
- local authorities' budgets
- wider economic and financial context
- UK immigration policy
- recruitment and retention
- ageing population
- increased competition for working age people





Detailed HCSA Post Implementation Poll (24-25)

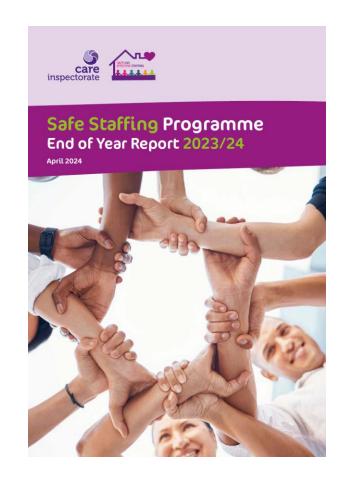






Safe Staffing Programme Objectives 24 - 25

- To ensure governance arrangements and reporting are in place, and to assure the workplan is effective and complies with legal and regulatory requirements.
- Continue to increase **stakeholder engagement** using media platforms and resources to **embed the HCSA** into everyday practice.
- Review and update existing supporting guidance and agree a range of core resources, that will continue to support stakeholders beyond enactment.
- Explore how compliance with the HCSA can be reported. Including exploring changes to the Care Inspectorate's RICE functions reporting and data collection processes.







Health and Care (Staffing) (Scotland) Act 2019

Part 1: Guiding principles for staffing



Part 2: Staffing in the NHS

Part 3: Staffing in care services

Chapter 3(a): Care Services using a staffing method (Adult care Homes only)



Part 4: General provisions





Two Main Purposes of the Health and Care (Staffing) (Scotland) Act 2019

1(a) the main purposes of staffing for health and care services are:

To provide safe and highquality services To ensure the best care outcomes for people who use services

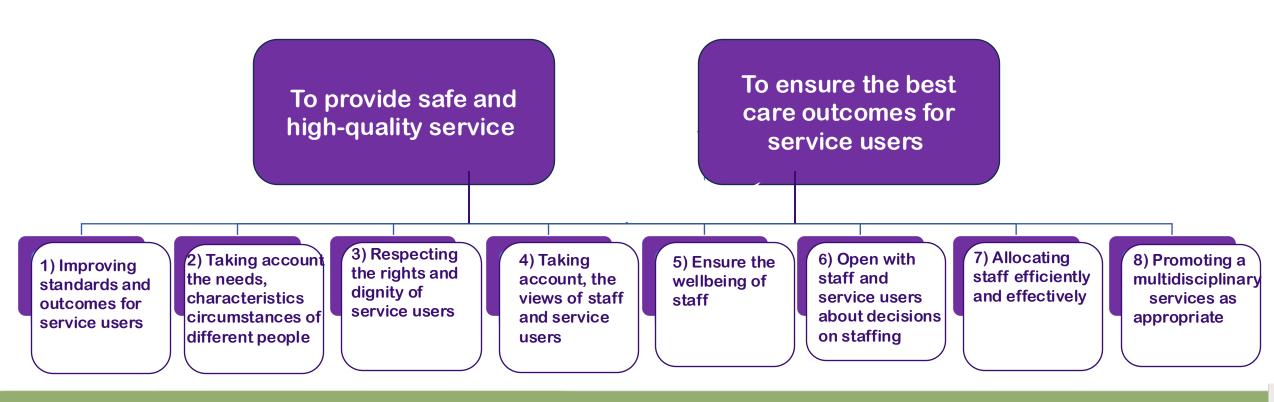
...and in so far as it affects either of those matters, the wellbeing of staff.



Connection between staffing and people's outcomes



Guiding principles Health and Care (Staffing) (Scotland) Act 2019 Part 1(b)





Connection between staffing and people's outcomes



Health and Care (Staffing) (Scotland) Act 2019

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Regulation 15 - Staffing

A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users—

- (a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users; and
- (b) ensure that persons employed in the provision of the care service receive—
 - (i)training appropriate to the work they are to perform; and
 - (ii)suitable assistance, including time off work, for the propose obtaining further qualifications appropriate to sure vork

PART 3

STAFFING IN CARE SERVICES

7 Duty on care service providers to ensure appropriate staffing

- (1) Any person who provides a care service must ensure that at all times suitably qualified and competent individuals are working in the care service in such numbers as are appropriate for—
 - (a) the health, wellbeing and safety of service users,
 - b) the provision of safe and high-quality care, and
 - (c) in so far as it affects either of those matters, the wellbeing of staff.
- (2) In determining what constitutes appropriate numbers for the purposes of subsection (1), regard is to be had to—
 - (a) the nature of the care service,
 - (b) the size of the care service.
 - (c) the aims and objectives of the care service,
 - (d) the number of service users, and
 - (e) the needs of service users.

8 Training of staff

- (1) Any person who provides a care service must ensure that individuals working in the care service receive—
 - (a) appropriate training for the work they are to perform, and
 - (b) suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to their work.
- (2) In subsection (1)(a), "appropriate training" includes training in how to use any method for staffing required in regulations by the Scottish Ministers under section 82B(1) of the Public Services Reform (Scotland) Act 2010.





Health and Care (Staffing) (Scotland) Act 2019

In terms of Social Care which services does it apply to?

(1)In this Part, a "care service" is any of the following	
(a) support services	(h) adoption services
(b) care home services	(i) fostering services
(c) school care accommodation services	(j) adult placement services
(d) nurse agency's	(k) child minding
(e) childcare agency's	(I) day care of children
(f) secure accommodation services	(m) housing support services
(g) offender accommodation services	





Which staff does this Act apply to?

- ✓ Employees of the care service
- ✓ Agency and other temporary / contract workers
- ✓ Self-employed workers
- ✓ Those on apprenticeship schemes and other 'earn as you learn' schemes who are employed by the care service
- ✓ All volunteers





Statutory Guidance 5. Ensuring the wellbeing of staff 4.6 & 4.13

- It is important to note that while the guiding principles are focused on outcomes for service users and the reference to "safe" is drafted with service users in mind, this cannot be separated from the wellbeing of staff themselves.
- An unsafe staffing environment can create unsafe services. Conversely, improving the wellbeing of staff can improve the safety of service users and so the two are inextricably linked.



The Health and Safety at Work Act (1974) is the main piece of health and safety legislation. It puts a duty on employers to ensure the safety, health and welfare at work of their employees. It says you must have a safety policy, and you must consult with your workforce.



7. Allocating staff efficiently and effectively.

staff rota outcomes focused

effective communication

falls analysis

dependencies

build ownership of care

dependency levels

staff deployment shift allocation

daily communication notes

link staffing to need

flexible rotas staff goodwill

cohort staff

link time to task

software for deployment

daily allocation sheets online staff portal dependency ratio





HCSA places a duty on providers to ensure Appropriate Staffing

Suitably qualified and competent individuals in such numbers for:

- a) The health and wellbeing of people
 - b) Provision of safe high-quality care
- ...and in so far as if affects either of those matters....
- c) The wellbeing of staff





HCSA places a duty on providers to always determine appropriate staff numbers (at all times) with regards to:

nature of the care service size of the care service aims and objectives number of people who use the service needs of those people







Staff Allocation

Proposed criteria	RAG Score	1	2	3	
Staff hours Employed, Sessional, Bank, Agency	1	Staff hours/ratios as planned ratios day/shift	5 or less hours under planned hours/ratios day/shift	5 or more hours less than the planned hours/ratios	
Staff Skill Mix	1	Good skill mix on duty/correct number of staff on duty	Average skill mix staff numbers down by 1	Poor skill mix staff numbers down by 3 or more	
Occupancy Care hours Care episodes	1	Expected occupancy/delivery hours	Reduced occupancy of 3	Reduced occupancy of 5 or more	
Assessment/ new care packages/ admissions/ discharges, complex care	1	1 activity in the unit	2 activities	3 or more activities	
Appointments	1	1 external appointments	2 external appointments	3 or more external appointments	
Reviews/MDT	1	1 care reviews	2 care reviews	3 or more reviews	
Other factors such as M&A stress, IPC	1	No issues	2 or less people affected	More than 3 people affected	
GP/visits	1	Senior staff available	1 less senior staff	No senior staff	
Resources eg medication audits/orders	1	Senior staff available	1 less senior staff	No senior staff	
Overall RAG score		9	10 - 18	19 - 27	

Risk Rating	(Professional Judgement) actions to manage risk
Green	No actions required
Amber	
Red	



Pre booked bank or agency staff for the day/night	
Escalated to	
Other comments	
Completed by	
Date	

HCSA: a person who provides a care service must ensure that individuals working receive



Suitable assistance, including time off work, to obtain further qualifications





Knowledge and Skills Framework; Health and Care Staffing

Informed Level
Suitable for all staff & interested people

Skilled Level Aimed at
senior carers,
nurses

Enhanced
Level - Aimed
at managers

Expertise
Level Senior
leaders,
managers
and QA staff



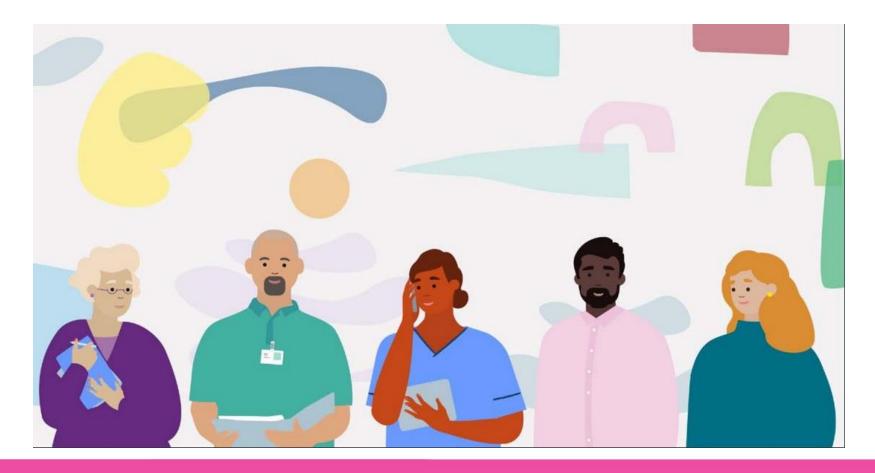


Further development planned



Health and Care (Staffing) (Scotland) Act 2019 NES MS Sway

• An overview to what this means for individuals, roles and responsibilities



















frequently

Information guide

Series



Sector support and resources



Which of our developed HCSA resources have been the most useful?

Is there any other resource that you feel would be beneficial?







Staffing Level Tool

Staffing Levels & Vacancies

Environment & Local Context

Needs & views of people experiencing care

Assessment of Quality & Standards

Relative & Carer Views

Feedback from Staff

Feedback from Professionals

Risk Management

Guidance & Standards



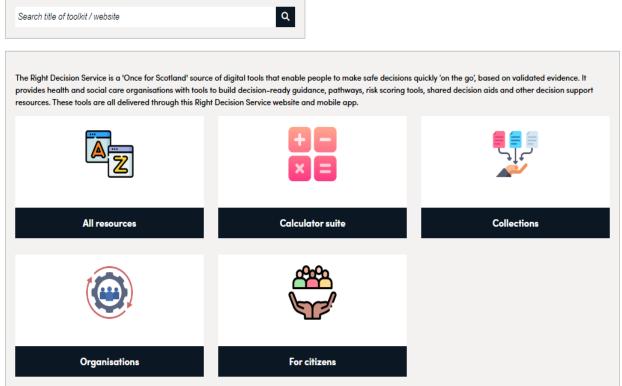
Part 3a: Staffing Method Framework Guidance for Care Homes





Announcements and latest updates

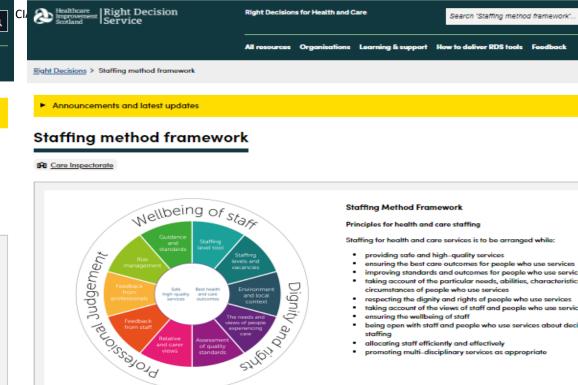
Right Decisions for Health and Care



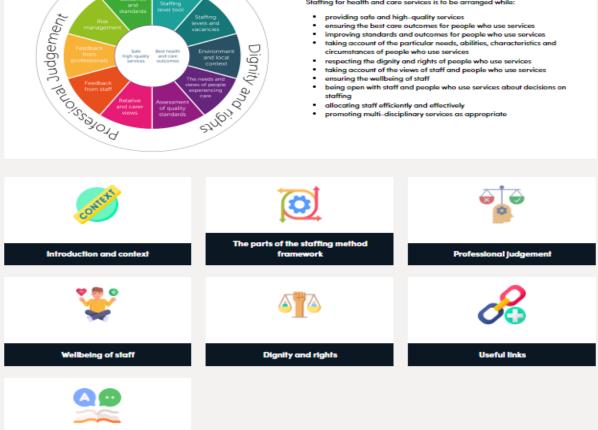


Just Released: SMF Web & mobile app

Staffing method framework | Right Decisions (scot.nhs.uk)



care



Other SSP Activities ...

HCSA Implementation Group

Podcasts

SSSC and developing resources

SMF web and mobile app

Data Mining





Summary: Care services must have regard to:



Part 1
Guiding principles



Part 3
Section 7
(Staffing)



Part 3
Section 8
(Training)



Part 3
Section 10 (1)(2)
Guidance from
Scottish Ministers



Section 12
Staffing Method
Framework: Guidance
for Adult Care Homes

Part 3a



HSCA Part 3 Sections 7 and 8 are enforceable

Local & Integration Authorities (HSCPs) to be assured 'at the time of planning/commissioning' that Care Services ...











Have regard to the guiding principles

Ensure appropriate staffing

Ensure staff
have
appropriate
qualifications &
training for their
role

Have regard to the statutory guidance accompanying the Act Have regard to any other guidance issued by Scottish Ministers

inspectorate



HSCP REPORTING 'Question 1'

Please detail the steps you have taken as an organisation to comply with section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019

In planning/securing the provision of care services from another person under a contract/other, every local authority and every integration authority (HSCP) must have regard to:

- the requirement on care providers in respect of the guiding principles (section 3(1) of the Act)
- the duty on care providers to ensure appropriate staffing (section 7 of the Act)
- the **requirement** on care providers regarding the **training of staff** (section 8 of the Act)
- the requirement on care providers to be aware of guidance issued by the Scottish Ministers (section 10 of the Act) and the
- duties on care providers under <u>Chapter 3 of Part 5 of the Public Services Reform (Scotland) Act</u>
 2010, regarding registration of new care services and prescribed staffing methods.



HSCP REPORTING: 'Question 2'

Please detail any ongoing risks that may affect your ability to comply with the duty set out in section 3(2). This should detail any risks you have encountered with regard to planning and securing care services that would affect HSCPs ability to comply with the requirements set out in Question 1.

For example:

- You may have had difficulty in assessing particular services with regard to their duties to
 ensure appropriate staffing and staff training due to lack of relevant information.
- You may have incurred potential risk in considering all the factors if there is a shortage of service providers giving rise to limited choice in planning or securing services; or
- The range of different care services and types of contract, agreements or arrangements
 required may have made it difficult to incorporate the requirements of the Act into each and
 every situation (spot purchasing).





Every HSCP must have regard these factors when planning or securing the provision of a care service from a third party:

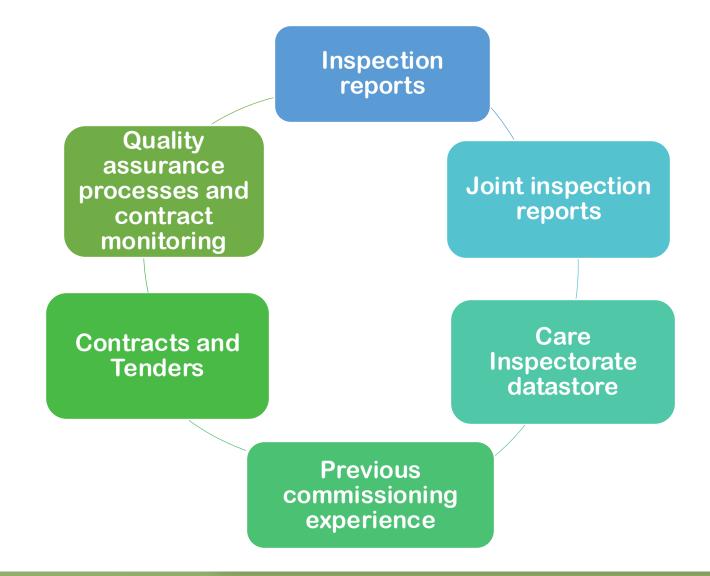
This includes ALL care services as listed under section 47(1) of the Public Services Reform (Scotland) Act 2010.

- When completing the questions on the reporting template consider all services that fall within the above list that have been planned or secured within the current financial year.
- There is no requirement to keep reporting on services once they have been planned or secured, until such time as existing contracts, agreements or arrangements are renewed or renegotiated.





How can local and integrated authorities ensure care services are fulfilling their requirements?







Inspection Priorities 24-25 Adult Services

	Priority quality indicators				Requirements	
	KQ1	KQ2	KQ3	KQ4	KQ5	
Poorer performing	1.3		3.3			The inspector to
services (evaluations of						identify 1 other
3 and below or a high						quality indicator
SAT rating)						based on intelligence
and						for the remaining key
First inspection						questions.
following registration.						
Better performing	1.3		3.3			
services (evaluations of						
4 or above with low or						
medium SAT rating)						





Quality Indicator framework

	Key question 1: How well do we support people's wellbeing?	Key question 2: How good is our leadership?	Key question 3: How good is our staff team?	Key question 4: How good is our setting?	Key question 5: How well is our care planned?
	People experience compassion, dignity and respect	2.1. Vision and values positively inform practice	3.1. Staff have been recruited well	4.1. People experience high quality facilities	5.1. Assessment and personal planning reflects people's outcomes and wishes
	1.2. People get the most out of life	2.2. Quality assurance and improvement is led well	3.2. Staff have the right knowledge, competence and development to care for and support people	4.2. The setting promotes people's independence	
	1.3. People's health and wellbeing benefits from their care and support	2.3. Leaders collaborate to support people	3.3. Staffing arrangements are <u>right</u> and staff work well together	4.3. People can be connected to and involved in the wider community	5.2. Carers, friends and family members are encouraged to be involved
	1.4. People experience meaningful contact that meets their outcomes, needs and wishes.	2.4. Staff are led well			
v ii	1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure				

Key question 6: What is the overall capacity for improvement?







Core Assurances

Scrutiny: Registration, Certificate, Insurance

Wellbeing: Protection, Infection, Medication, Finances. Meaningful connections

Leadership: Accident, incidents, Improvement plan, Complaints, Management, QA

Staffing: Recruitment, Safe staffing*

Setting: Maintenance, Physical environment

Planned Care: Tracking individuals experiences and outcomes



*New Staffing Core Assurance - The numbers, skill mix and deployment of staff are determined by an effective process of continuous assessment featuring a range of measures and is linked to quality assurance.



Testing Self-Evaluation of the Core Assurances

How are we doing?

How do we know?

- How well do we support people's wellbeing?
- How good is our leadership?
- How good is our staff team?
- How good is our setting?
- How well is our care planned?



What are we going to do now?





Testing Self-Evaluation and Core Assurances - July to September 2024

- In care services self-evaluation is a continuous process aiming to deliver gradual improvements, prioritising areas with a big impact on outcomes for people or where high risks of harm is associated with under performance.
- Self-evaluation is not solely for the benefit of the Care Inspectorate. It is a tool
 to help services to evaluate and identify where they need to target their efforts
 to support improvement





Testing Self-Evaluation and Core Assurances in inspections - July to September 2024

Aim is to empower services to evaluate their own performance.

- Some services already have well-established and effective processes for self-evaluation in place
- We want to get to a place where all services are engaged in selfevaluation.
- We will start with self-evaluation of the core assurances as these are familiar to services and can be easily measured and validated.





Self-Evaluation

There are self-evaluation resources available to support each sector.

- Self-evaluation guide and tools https://www.careinspectorate.com/index.php/publications-statistics/152-professionals-registration/self-evaluation-guides-and-self-assessment-tools
- Quality frameworks for care services
 https://hub.careinspectorate.com/resources/quality-frameworks-and-kq7s/

The testing phase started in July 2024,





Records

Where the service provides support to people in their own homes, keep records that detail missed and late visits.

The record should show an analysis of the information showing cause, effect and necessary action



Records that all registered care services (except childminding) must keep and guidance on notification reporting

Amended 30 April 2020: Changes made to include new and updated categories of notifications related to COVID-19





Contact Us



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Safe Staffing Programme Evaluation 24-25





