



# Safe staffing programme

**Cameras and Microphones are off due to the high number of participants.**

**Have your own mobile camera ready for QR codes or use the links which will be added to the chat.**

**Questions in chat will be monitored by safe staffing colleagues.**

● [safestaffingproject@careinspectorate.gov.scot](mailto:safestaffingproject@careinspectorate.gov.scot)





Oversight: Chief nurse, Marie McKerry  
Programme lead: Stephanie Thom  
Improvement support officer: Ashley Smith

## Safe staffing advisers

**Glo McLoughlin**

**Melissa Cook**

**Candice Aitken**



**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)



Detailed HCSA Poll



# 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 high-quality 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.*

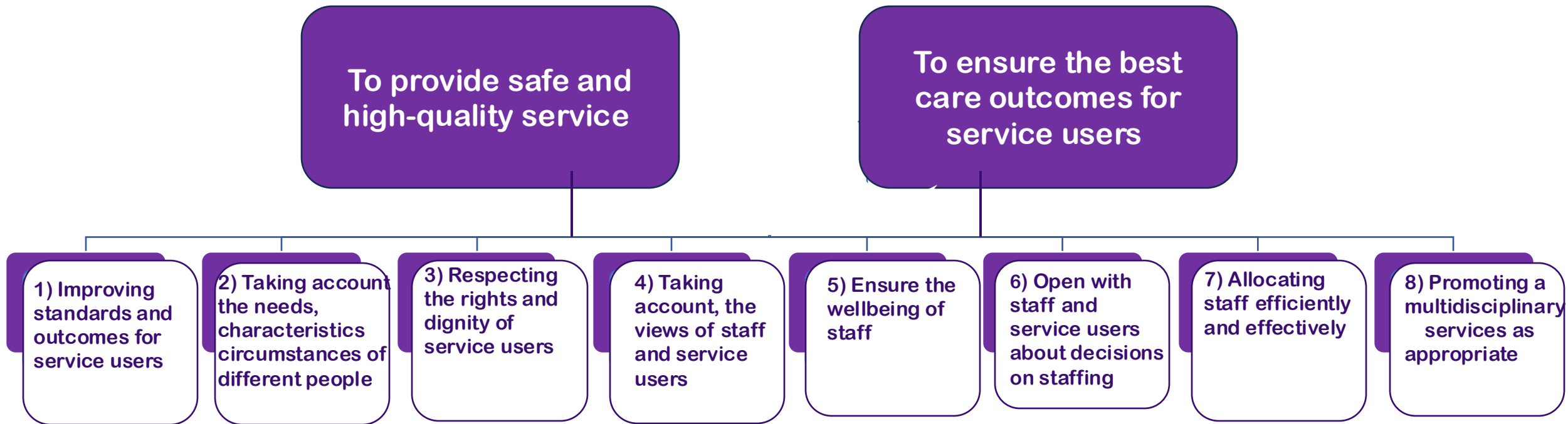


**Connection between staffing and people's outcomes**





# 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 purpose of obtaining further qualifications appropriate to such work.

Repealed

## 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

(b) care home services

(c) school care accommodation services

(d) nurse agency's

(e) childcare agency's

(f) secure accommodation services

(g) offender accommodation services

(h) adoption services

(i) fostering services

(j) adult placement services

(k) child minding

(l) day care of children

(m) housing support services



**All services registered with care inspectorate**



# 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

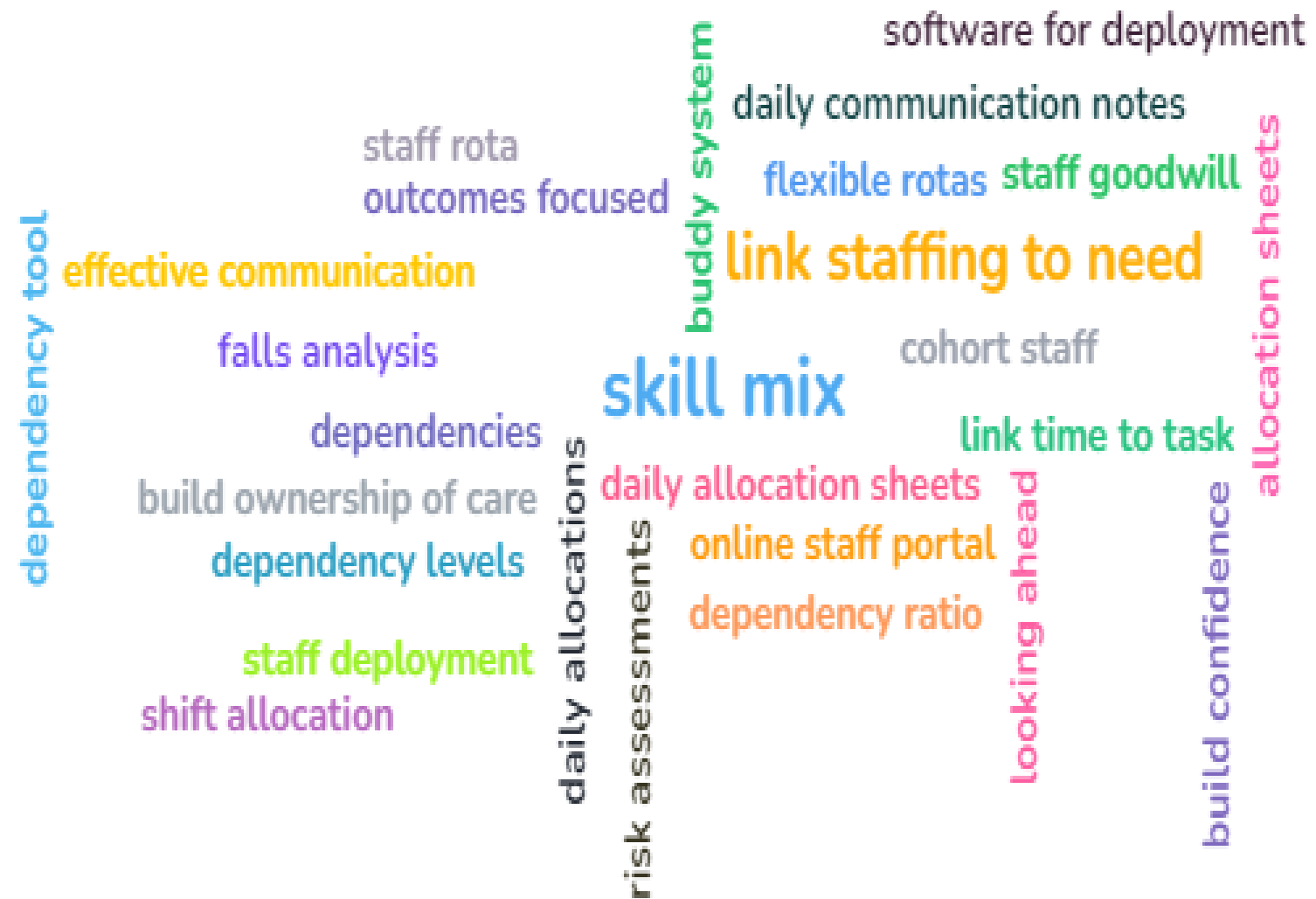
4.6 & 4.13

- 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.



# 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 it affects either of those matters....*

c) The wellbeing of staff



## Part 3 Section 7(1)

**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 ....**

- Appropriate training for the work staff are to perform
- Suitable assistance, including time off work, to obtain further qualifications

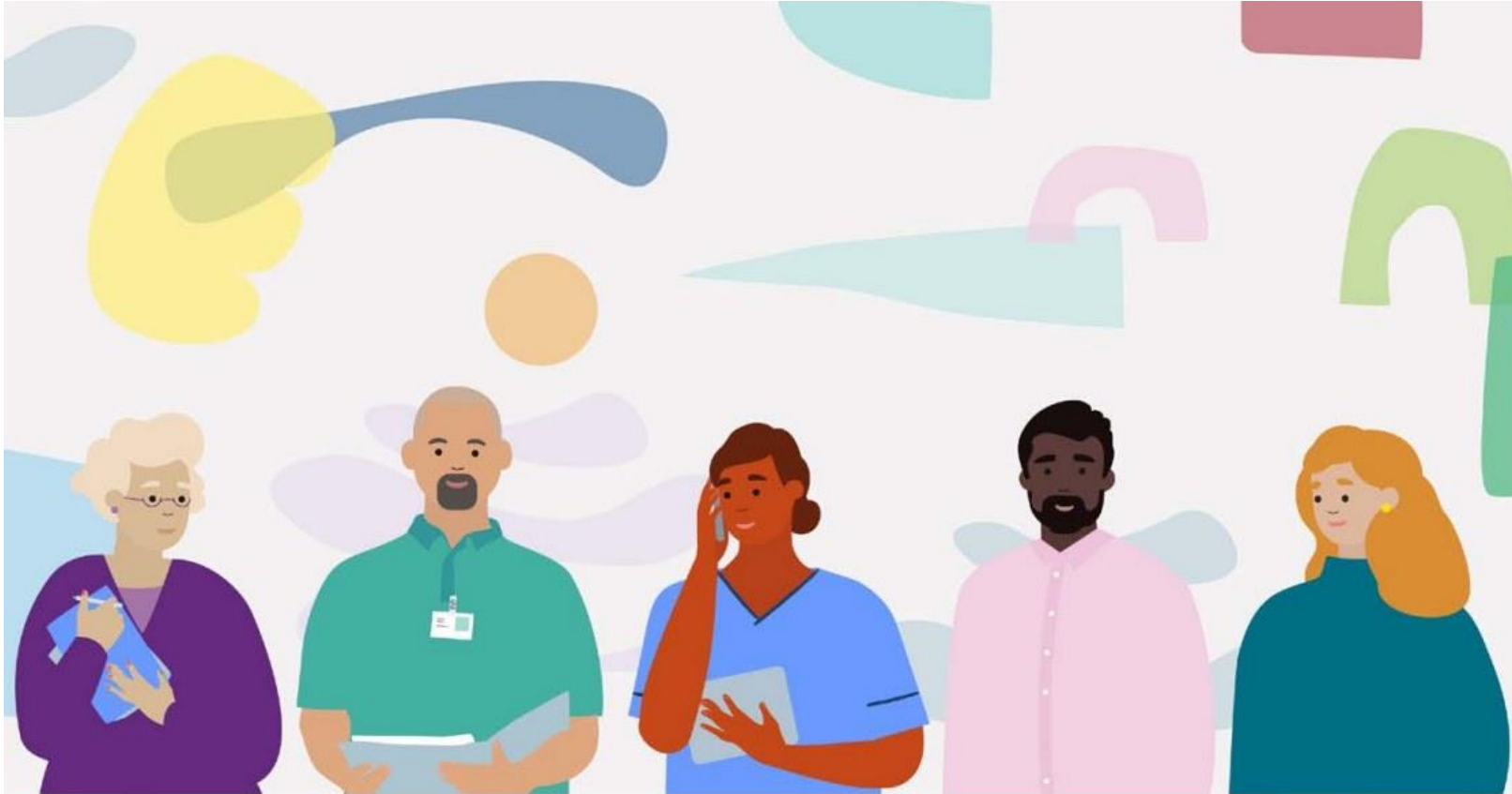
# Knowledge and Skills Framework; Health and Care Staffing



## Further development planned

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

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







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


Search title of toolkit / website

Q


The Right Decision Service is a 'Once for Scotland' source of digital tools that enable people to make safe decisions quickly 'on the go', based on validated evidence. It provides health and social care organisations with tools to build decision-ready guidance, pathways, risk scoring tools, shared decision aids and other decision support resources. These tools are all delivered through this Right Decision Service website and mobile app.




All resources




Calculator suite



Collections



Organisations



For citizens




Just Released: SMF Web & mobile app

Staffing method framework |


Right Decisions (scot.nhs.uk)

► Announcements and latest updates

## Staffing method framework

 Care Inspectorate






Staffing Method Framework


Principles for health and care staffing

Staffing for health and care services is to be arranged while:


- providing safe and high-quality services
- ensuring the best care outcomes for people who use services
- improving standards and outcomes for people who use services
- taking account of the particular needs, abilities, characteristics and circumstances of people who use services
- respecting the dignity and rights of people who use services
- taking account of the views of staff and people who use services
- ensuring the wellbeing of staff
- being open with staff and people who use services about decisions on staffing
- allocating staff efficiently and effectively
- promoting multi-disciplinary services as appropriate




Introduction and context




The parts of the staffing method framework




Professional judgement




Wellbeing of staff



Dignity and rights



Useful links



Glossary

## Cards



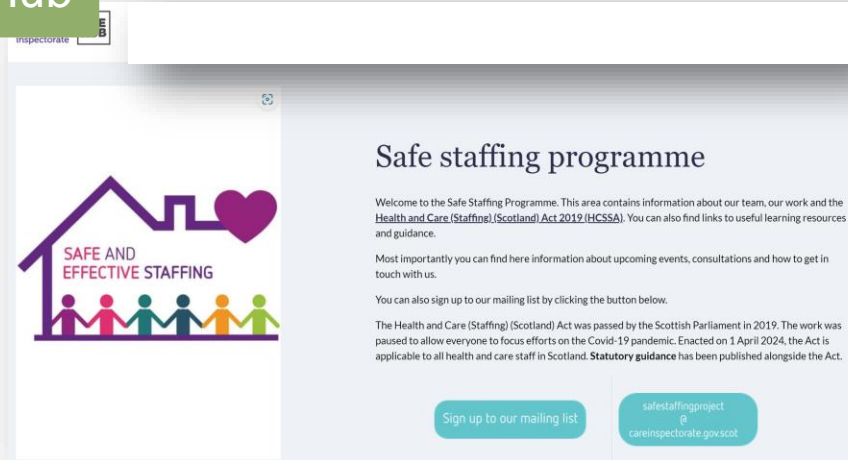
## Poster



## Webinar



## Hub



# 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?**



**Quick Survey**





# 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



Part 3a  
Section 12  
Staffing Method  
Framework: Guidance  
for Adult Care Homes

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



## HSCPs - TWO REPORTING QUESTIONS

# 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 [Chapter 3 of Part 5 of the Public Services Reform \(Scotland\) Act 2010](#), regarding **registration of new care services and prescribed staffing methods.**



**\*The [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) inserted chapter 3 into the Public Services Reform (Scotland) Act 2010.**



**care  
inspectorate**

# 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 every situation.



# 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.**

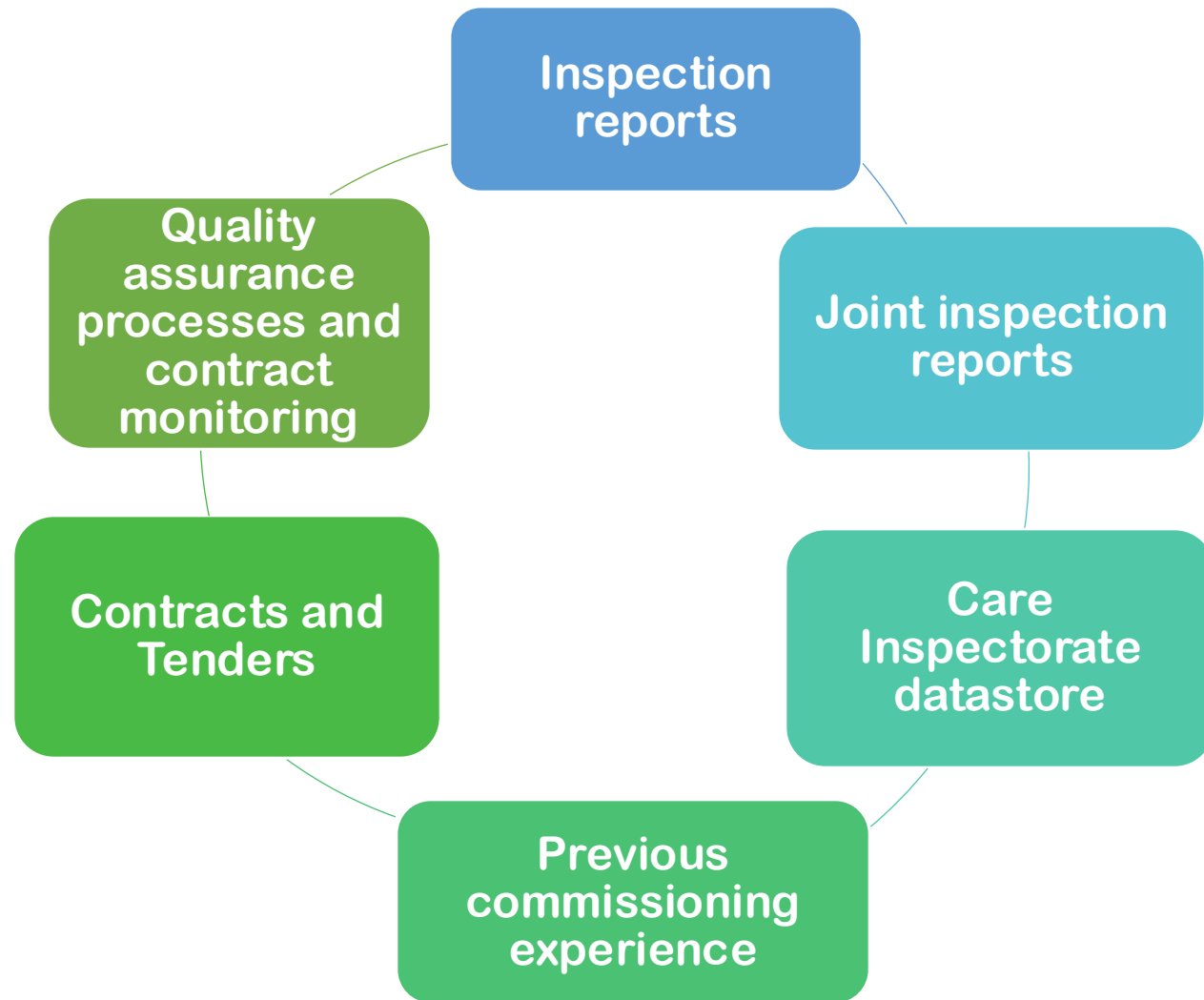


HSCP REPORTING refer to Chapters 14,15,16 of HCSA Statutory Guidance





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	
<b>Poorer performing services</b> (evaluations of 3 and below or a high SAT rating) and <b>First inspection</b> following registration.	1.3		3.3			The inspector to identify 1 other quality indicator based on intelligence for the remaining key questions.
<b>Better performing services</b> (evaluations of 4 or above with low or medium SAT rating)	1.3		3.3			



## Quality Frameworks

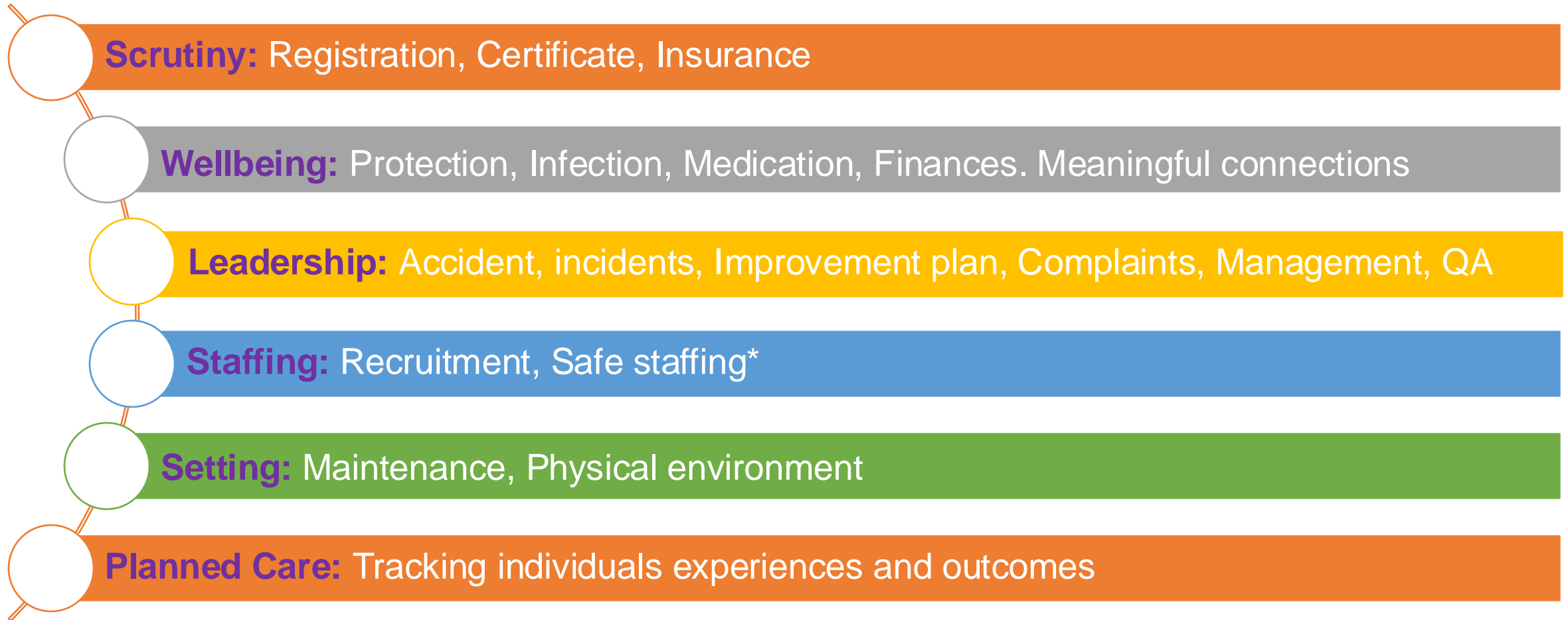
# Quality Indicator framework

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?
1.1. 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			
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?				



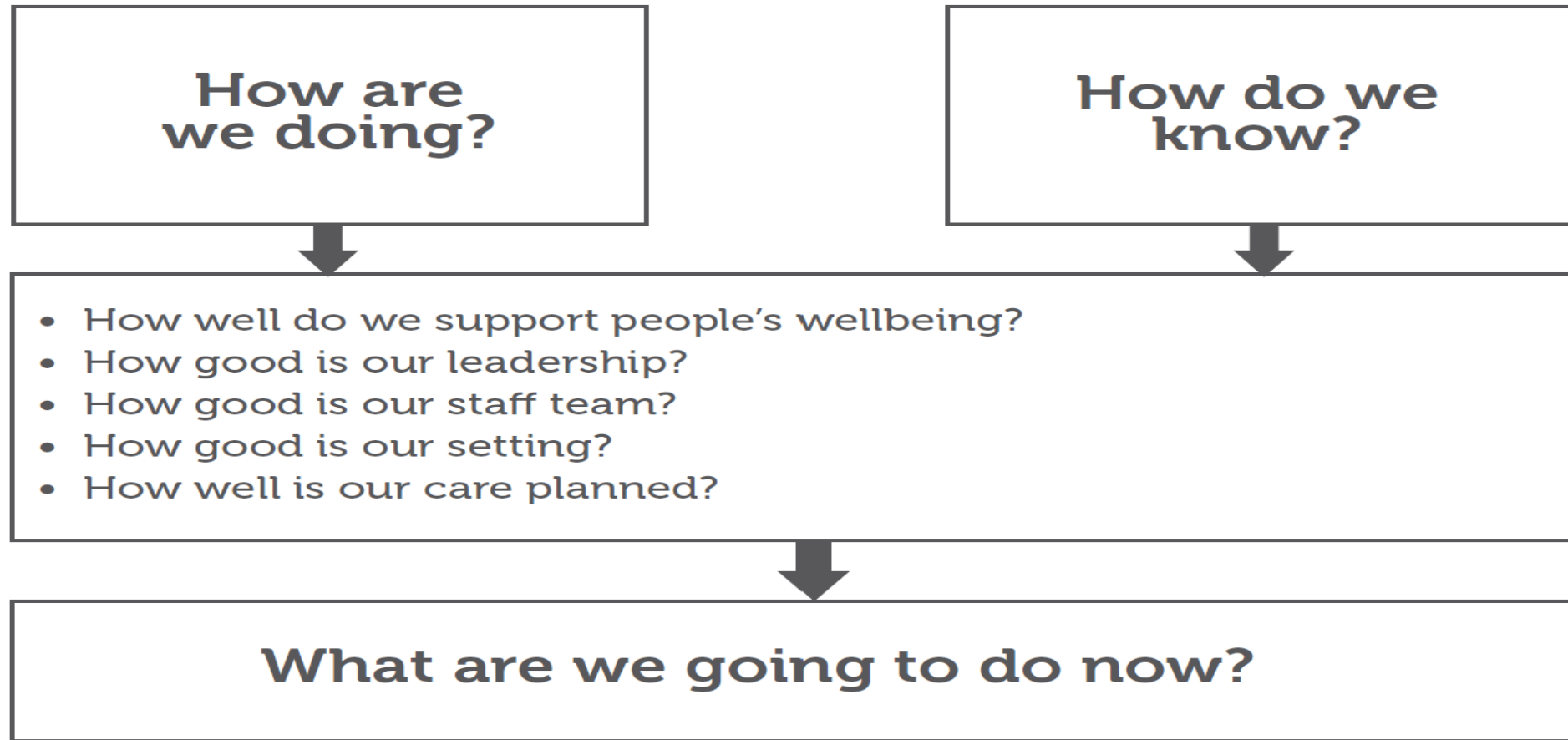
## Quality Frameworks

# Core Assurances



**\*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



# 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



## Core Assurances





# 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 self-evaluation.
- We will start with self-evaluation of the **core assurances** as these are familiar to services and can be easily measured and validated.



**Testing phase will focus on better performing adult services**

# 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 that all registered care services

# 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



[Records that all registered care services](#)



# Care Home Improvement Programme Cohort 1 Flash Report

---

September 2024





Introduction

The Care Inspectorate delivered the first cohort of the Care Home Improvement Programme (CHIP) between April and August 2024. Our aim was to support care home staff to apply quality improvement, to improve outcomes for people experiencing care.

This cohort focused on the Greater Glasgow and Clyde, and Forth Valley areas to allow care homes to build connections and peer support within their local area. Participation in the programme was voluntary. Adult care homes with a grade 3 from their most recent inspection were invited to apply to take part.



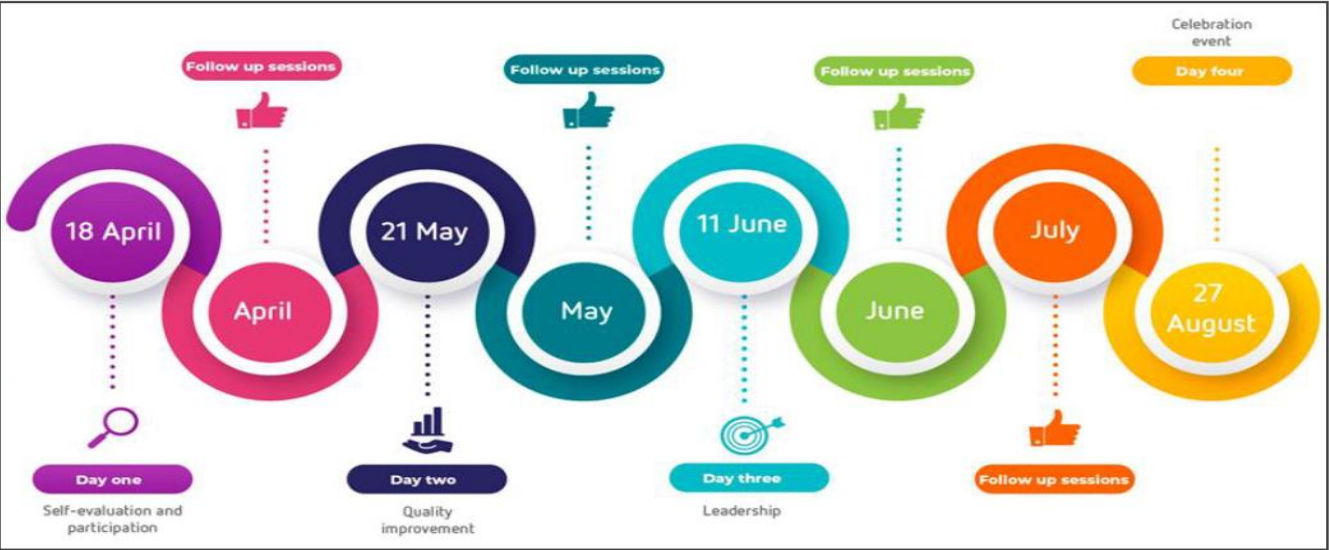
Programme structure

The programme included four in-person events in Glasgow:

- Day 1: Self-evaluation and participation
- Day 2: Quality improvement
- Day 3: Leadership (supported by Scottish Social Services Council)
- Day 4: Celebration

Participants were allocated an improvement adviser who supported them throughout the programme. Improvement advisers held individual and group support sessions in between the in-person events.

Participants undertook an improvement project related to an area for improvement from their last inspection report. Project topics were varied and included mealtime experience, meaningful activity, and documentation.



37 care homes applied to take part	30 care homes were shortlisted to participate	Participating care homes nominated two staff members to attend	28 care homes completed the programme
------------------------------------	---	--	---------------------------------------



## Evaluation

We asked participants for their views and feedback throughout the programme.

At the end of Days 1 to 3, we asked participants about their learning on the topics of self-evaluation, participation approaches, the Model for Improvement, measurement and leadership approaches. The average results were:

- 92% of respondents thought that the learning will improve care in their service
- 91% of respondents reported an increased level of knowledge
- 84% of respondents reported an increased level of confidence to use the above approaches in their service.

The overall evaluation results for the programme as a whole were:

**91%** of respondents said that the learning from CHIP will improve care in their service



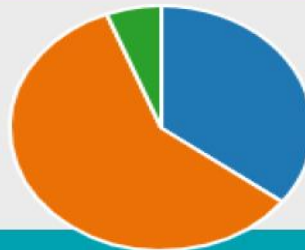
**Strongly agree: 50%**  
**Agree: 41%**  
**Unsure: 9%**

**100%** of respondents said that CHIP had increased their knowledge of quality improvement



**Strongly agree: 53%**  
**Agree: 47%**

**94%** of respondents said that they had an increased level of confidence to apply quality improvement in their service as a result of completing CHIP



**Strongly agree: 35%**  
**Agree: 59%**  
**Unsure: 6%**



On Day 1, **51%** of respondents said that they had a positive relationship with the Care Inspectorate



On Day 4, **85%** of respondents said that they had a positive relationship with the Care Inspectorate



There was an **increase of 34%** over the course of the programme





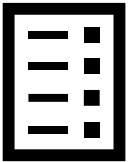
# Contact Us



[safestaffingproject@careinspectorate.gov.scot](mailto:safestaffingproject@careinspectorate.gov.scot)



[Hub.careinspectorate.com](http://Hub.careinspectorate.com)



Join our mailing list

Safe Staffing Programme  
Evaluation 24-25



Review any questions or themes not covered