



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	11 February 2020
<b>Report Title</b>	Health and Care (Staffing) (Scotland) Act 2019 Update
<b>Report Number</b>	<i>HSCP.19.099</i>
<b>Lead Officer</b>	<i>Sandra MacLeod, Chief Officer</i>
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<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	<ul style="list-style-type: none"><li>a. Safe Staffing Bill Legislation – <a href="#">here</a></li><li>b. National Health and Social Care Workforce Plan – <a href="#">here</a></li></ul>

### 1. Purpose of the Report

- 1.1. To update the IJB on the Health and Care (Staffing) (Scotland) Act 2019

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:

- a) Note the content of the report

### 3. Summary of Key Information

#### 3.1 Introduction

- 3.1.1 The Health and Care (Staffing) (Scotland) Act 2019 gained Royal Assent in June 2019 following parliamentary process in 2018/19. It is the first legislation of its kind in the United Kingdom that applies in both health and



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social care settings and the first in the world to consider it from a multi-professional perspective.

Legislation can be accessed:

<http://www.legislation.gov.uk/asp/2019/6/enacted>

3.1.2 It is described below in the Scottish Government document 'An Integrated Health and Social Care Workforce Plan for Scotland' (Dec 2019)

'The Health and Care (Staffing) (Scotland) Act 2019 introduces into legislation guiding principles for those who commission and deliver health and care, which explicitly state that staffing is to provide safe and high quality services and to ensure the best health care or care outcomes for service users. While this is the main purpose, health and care services should promote an efficient, effective and multidisciplinary approach which is open with and supportive of staff.

The 2019 Act places a duty on Health Boards to ensure appropriate numbers of suitably qualified and competent staff are in place for the health, wellbeing and safety of patients. It enables rigorous, consistent assessment of workload, based on assessment of acuity, patient need and the delivery of patient outcomes. The Act also requires that Health Boards ensure clinical team leaders have adequate time to fulfil their leadership role. In some areas this may require additional clinical or administrative staff.

For Care Service providers, the 2019 Act places a statutory duty to ensure that at all times suitably qualified and competent individuals are working in such numbers as are appropriate for the health, wellbeing and safety of service users, and the provision of high-quality care. Providers are also required by the Act to ensure staff are appropriately trained for the work they perform.

Implementation of the legislation will generate a significant amount of data on the staffing needed across services based on the needs of people who use services and will therefore inform workforce planning at local and national level.'

3.1.3 Where a health care function has been delegated to an Integration Authority then the duties in the Act apply to both the Health Board and the Integrated Joint Board.



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3.1.4 Therefore it is clear we as a partnership in Aberdeen require to be compliant with the recommendations of the Act while using this to support our locally required workforce plans to help shape the workforce we require for the future.

### 3.2 National Update

3.2.1 The implementation timelines are as yet un-documented however it is anticipated that finalised statutory guidance will be published in autumn 2020 with the first full reporting period April 2021-March 2022.

3.2.2 The legislation comprises of 4 parts:

- Part 1 – Guiding Principles for Staffing
  - Guiding principles for health and care staffing
    - “health care” means a service for or in connection with the prevention, diagnosis or treatment of illness
    - “care service” means a service mentioned in section 47(1) of the Public Services Reform (Scotland) Act 2010
    - “multi-disciplinary services” means health care or care services delivered together by individuals from such a range of professional disciplines as necessary in order to meet the needs of, and improve standards and outcomes for, service users
  - Guiding principles etc. in health care staffing and planning
  - Guiding principles etc. in care service staffing and planning
- Part 2 – Staffing in the NHS
- Part 3 – Staffing in Care Services
- Part 4 – General Provisions

3.2.3 While it is explicit within the scope of the Act that it covers nursing, midwifery, medical practitioners and allied health professionals, it is inferred that Dentists, Psychologists, Pharmacists and Health Scientists are also included. Social work is not included, however care services that are included are support services, care home services, school care accommodation services, nurse agencies, child care agencies, secure accommodation services, offender accommodation services, adoption



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services, fostering services, adult placement services, child minding, day care of children and housing support services.

3.2.4 The Act also applies where services are commissioned. Standard national Primary Care agreements, including independent General Practitioners, pharmacists, opticians, ophthalmologists and dentists, should provide Boards with sufficient assurance to satisfy the 'appropriate staffing' requirement.

### 3.3 Local Update

3.3.1 NHS Grampian has established a Strategic Steering Group, with Aberdeen City Health and Social Care Partnership representation. During 2020/2021 the work stream will be supported by a Project Officer.

3.3.2 Aberdeen City H&SCP will be supported by NHS Grampian expertise along with a Programme Advisor and Assistant Programme Advisor from the national Healthcare Staffing Programme (previously Nursing Midwifery Workload Workforce Planning Programme).

## 4. Implications for IJB

4.1 The extent of implications for IJBs is still being understood, as with Health Boards. Current draft statutory guidance is for health care, for which Integrated Boards also have responsibilities. A legislative stakeholder event in December 2019 indicated a need for a chapter specifically for integrated joint boards or local authorities. Guidance for Care Settings is not currently available.

4.2 The legislative duties apply where a health care function has been delegated to an integration authority with both the Health Board and Integration Board required to implement and comply with the legislation, and to utilise the requirements to support local workforce planning and performance management.

4.3 A clear scheme of delegation should be detailed by the Nurse and Medical Director which defines the clinical advice that is provided at each level in the organisation and how decisions that may conflict with that advice should be escalated through the professional structures. Guidance on the quarterly



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reporting by medical and nurse directors to the Integration Authority is also required.

- 4.4 The provision of appropriate clinical advice, within existing clinical governance, professional structures and processes, should already support the requirement. Professional advice should be sought from individuals who have sufficient seniority and experience, assuring the professional voice is heard while professional, clinical, quality, safety and governance aspects have been considered.
- 4.5 The role of clinical team leaders in assuring clinical care governance, through leading the delivery of care to patients as well as supporting and managing their teams and in some instances services, is recognised. Sufficient time and resource to fulfil these roles alongside other professional duties will require consideration.
- 4.6 Within existing staff governance, education and training strategies there is a requirement to ensure that staff are suitably qualified and are able to maintain competence to provide safe, high-quality person-centred care in their clinical role.
- 4.7 There is no additional resource to support an increase in staffing levels, where implementation of the requirements suggests that this is required to maintain safe, high quality service delivery. It is anticipated that through implementation of the legislation, opportunities will arise to consider redesign, remodelling and rebalancing of services to ensure the most effective use of existing multi-professional staffing resource.

### 5. Links to ACHSCP Strategic Plan

- 5.1 The Act will support the Partnership's Workforce Plan which is a key enabler in the delivery of the Strategic Plan. The principles of the Act fit with the IJB's ambitions in terms of assuring the quality of care and that the workforce is enabled to deliver on quality outcomes. The requirements included in the Act will ensure appropriate staffing for the health, wellbeing and safety of patients; provision of safe and high-quality care; and the wellbeing of staff in both Healthcare and Care Services.

### 6. Management of Risk

#### 6.1. Identified risks(s)



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- 6.1.1 A number of current risks are emerging, particularly from the many unknowns, including within Care Services. As referred to earlier, draft Statutory chapters are health focused at this time, although these do indicate Integrated Authority responsibilities with a specific chapter related to commissioning of health care.
- 6.1.2 The multi-disciplinary focus of this legislation presents a risk in itself. While nursing and midwifery are the furthest ahead in the use of workforce tools, all professional groups will be required to use robust workforce data and data analysis to inform real-time and future workforce planning.
- 6.1.3 The protection of time to deliver clinical leadership across professional groups along with the time and resources to ensure staff receive training as the Board considers appropriate will necessitate further discussions as to how this is to be resourced and delivered.

### **6.2 Link to Risks on Strategic or Operational Risk Register:**

- 6.2.1 The IJB strategic risk register identifies a very high risk regarding failure to recruit, recognising that “workforce planning across the Partnership is not sophisticated enough to maintain future service delivery”.
- 6.2.2 The robustness of the requirements of the Act will help mitigate this risk but also ensure that performance management is centred on improved outcomes for patients and staff. In addition, operational risk registers that have workforce challenges contained will be mitigated by the duties required by the Act. However, it should be noted that where the duties required by the Act indicate a need to employ additional staff, if this workforce is not available the risk will remain.



### **6.3 How might the content of this report impact or mitigate these risks:**

- 6.3.1 In addition to NHS Grampian’s Strategic Steering group referred to above, Aberdeen City is utilising the opportunity of Scottish Government resource (through NHS Grampian) to enable the release of a Nursing Service Manager 0.2WTE/week from December 2019 for 12 months. This will ensure the professional drive within Community Nursing Teams to prepare for the transition from workforce and workload tool use to the application and subsequent actions from these tools within the common staffing methodology.



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6.3.2 The development of Board member awareness of the multi-professional, Healthcare Service and Care Service scope of this legislation should enable future discussions when considering how to proceed with mitigating actions.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)