HEALTH AND CARE (STAFFING) (SCOTLAND) ACT IMPLEMENTATION

A quarterly newsletter brought to you by the Scottish Government

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In this newsletter

Welcome to the latest of our quarterly updates on Act implementation. In this issue we update on the production of statutory guidance, staff groups in scope, the latest Health Board reports, testing, stakeholder engagement and eRostering, along with some more myth busting.

Statutory guidance

The public consultation for the statutory guidance closed in September. We had 77 responses, comprising a mixture of individuals and organisations. We are now analysing the responses and aim to produce an analysis report by the end of this year. The responses to the consultation, along with the outputs from the testing programme and other feedback will inform the production of the final guidance document, published to coincide with the Act commencement on 01 April 2024. We also realise the statutory guidance is, by design, a lengthy and quite technical document so we are working with partners to produce a series of 'quick guides', which can be used to help staff understand the requirements of the Act. Our website will also be updated with a non-technical overview for the public.

Staff groups in scope

Following feedback from stakeholders, we are shortly going to update the list of staff in scope of the Act as follows:

Adding Orthodontic Therapist and Clinical Dental Technician so that the dentistry list aligns with the list of GDC registered roles.

Adding Public Health Consultant, Public Health Practitioner and Public Health Scientist as not all public health staff hold registration as a nurse, doctor etc. and therefore were inadvertently missed from the original list.

Adding Registered Chaplains to the list as this role is considered to be part of the professional health care workforce (see Discovering meaning, purpose and hope through person centred wellbeing and spiritual care: framework - gov.scot (www.gov.scot)) for more details.

Where we refer to Assistant Practitioners, also refer to Associate Practitioners as this name is used in some job families.

Correcting the formatting of the list where necessary.

Health Board progress towards implementation

We are asking Health Boards to report quarterly on their progress towards implementation of the Act. The Q1 report feedback was sent to all Boards by mid-October. The reports demonstrated good progress in their preparations for the commencement of the Act, with improved levels of detail and range of information compared to the Q4 reports. Positive aspects included: almost all Boards could confirm that all professions in scope and the Health and Social Care Partnerships are represented in their governance structure around the Act; was more detail on a broader range of professions and how they are working to meet uties; and there was demonstration of systems and processes in place to meet the s, through extensive scoping and development of Standard Operating Procedures. ds also use the quarterly reports as an opportunity to flag good areas of practice or to issues that they may want support with. We are engaging with those Boards and will offer to discuss some of these areas in the planned engagement sessions.

The report format for Q2 will be different, with Boards using the proposed annual reporting template for when the Act has been commenced. This will allow both the Boards and SG to test the proposed template and see where improvements could be made, along with Boards being able to familiarise themselves with the template prior to commencement.

Stakeholder engagement

A series of virtual sessions for local authorities and integration authorities to discuss their responsibilities when planning and securing care services has commenced.

Our next round of engagement sessions with Health Boards is due to begin in November. At the individual Board's request these are either virtual sessions or face-to-face visits. The sessions will provide an opportunity for Boards to update SG on their preparation work and showcase progress to date. Sessions will be bespoke to each Health Board's requirements and could be used to address particular areas of concern, clarify requirements, discuss practical implementation or alignment of the Board's management processes with the Act.

Testing

Quarter 1 of the testing programme with Health Boards is complete, with quarter 2 due to complete at the end of October and the final quarter beginning in November. The Act implementation team, along with the HIS Senior Programme Advisors meet fortnightly with the testing Boards and Boards continue to present regularly at the Testing Steering Group. An evaluation form for the Q1 and Q2 testing has been circulated, with a deadline for return of 17 November, and the feedback received will inform any changes needed to the statutory guidance, reporting templates and requirements for other training materials.

The Care Inspectorate has engaged a number of local authorities and integration authorities to test their reporting requirements under the Act. This work is just commencing and feedback from this testing programme will again inform any changes needed to the statutory guidance and reporting template.

eRostering

Boards are continuing with the programme of implementing the eRostering system across NHS Scotland and we are receiving positive feedback about how the system can improve rostering and provide data to input into efficient and effective staffing. The system will also be invaluable in helping implement procedures and processes to meet the requirements of the Act and to extract data for reporting. For example, using the SafeCare module to record risks, mitigation measures, clinical advice provided and risk escalation and interrogating the data to report on severe and / or recurrent risks.

eRostering will be implemented across the different NHS functions and professional groups, in both bed-holding and non-bed-holding areas so not only will it provide rostering solutions for nurses working in wards in hospitals as has been its traditional use, but also groups such as AHP's, medics, pharmacy, and healthcare scientists, helping them implement the requirements of the Act.

We are working closely with NHS Western Isles who are implementing eRostering to all areas and all groups at once, rather than on a phased basis as other larger Boards. Learning resources are being developed to align with the specific duties within the Act, where appropriate, and will be available to Boards following completion of this project. The project will also offer excellent shared learning and information on benefits realisation.

Myth busting

Following on from our last newsletter, we continue our series of myth busting.

1) Care services will need to follow all the same requirements as health services.

FALSE. The Act is split into different parts and care services have separate duties from health services. The duties of care services under the Act are very similar to their existing staffing duties under legislation that they have been required to follow since 2011, i.e. to ensure appropriate staffing and staff training.

2) Independent health care providers are required to comply with the duties in the Act.

FALSE. The health care duties in the Act only apply to Health Boards, relevant Special Health Boards and NHS NSS. Other health care providers such as private healthcare and independent dental practices, GP's, community pharmacies and independent optometrists are not required to follow the duties in the Act. The only point in which they would come into contact with the Act is if they are commissioned by a Board or NSS to provide a service. In these cases the Board / NSS is required to have regard to the Act at the point when they are planning or securing the service and independent health care providers may find themselves being asked questions about staffing as part of this process.

3) The Act will stifle innovation in the health and care sectors.

FALSE. As the original documents stated when the Bill was first presented to Parliament, the legislation is not intended to set out or prescribe minimum staffing levels or fixed ratios as this could potentially undermine innovation. Rather the aim is to support local decision making, flexibility and the ability to redesign and innovate.

If you have any queries or would like to get in touch, please email us at HCSA@gov.scot

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Next edition: As the Act is due to commence in April 2024, we will now move to monthly editions of the newsletter, with the next edition in November