

AREA PARTNERSHIP FORUM

From: Sandra Blades, Lead Nurse, Professional Governance and Regulation

Date: 26th February 2020

Paper No: 01/02/20

UPDATE ON HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 NATIONAL

Recommendation

APF are asked if they think it may be beneficial wait until further information and guidance can be sought on the National Rostering Policy or would it be advantageous to resurrect the Nursing & Midwifery Rostering Policy Sub-Group.

Purpose of Paper:

This briefing paper is to update the Area Partnership Forum on current work pertaining to the preparation for **Health and Care (Staffing) (Scotland) Act** both nationally as well as within NHSGGC including an update on the review of the **NHSGGC Rostering Policy**.

Key Issues to be Considered

For Information Only

Names of Trade Union Representatives involved in the Review/Paper

Julie Boyd, Royal College of Midwives (RCM) via email with a meeting planned for the 12th February for further discussion

What Partnership Working Group has considered this, e.g. Working Group/Local PF?

None at present but is scheduled for the agenda of the next Healthcare Staffing Steering group meeting on the 7th April 2020. Partnership representation will be in attendance at this meeting

What are the Staffing Implications from this Paper?

None as this is an update paper

Has an EQIA been undertaken? Are there any issues emerging?

There has been no identified issues therefore an EQIA is not required

Has a Risk Assessment been carried out? If yes, please provide details

There has been no identified issues therefore a risk assessment was not required

Has this paper been to the Corporate Management Team?

No

What is the Governance Route for this Paper, e.g. HSCP/APF/Board/Committee?

NHSGGC Healthcare Staffing Steering Group agenda item for the 7th April meeting.

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Date: 28th January 2020

PURPOSE

This report is to update the Area Partnership Forum (APF) on developments from the NHSGGC preparation for the Health and Care (Staffing) (Scotland) Act and the review of the NHSGGC Rostering Policy.

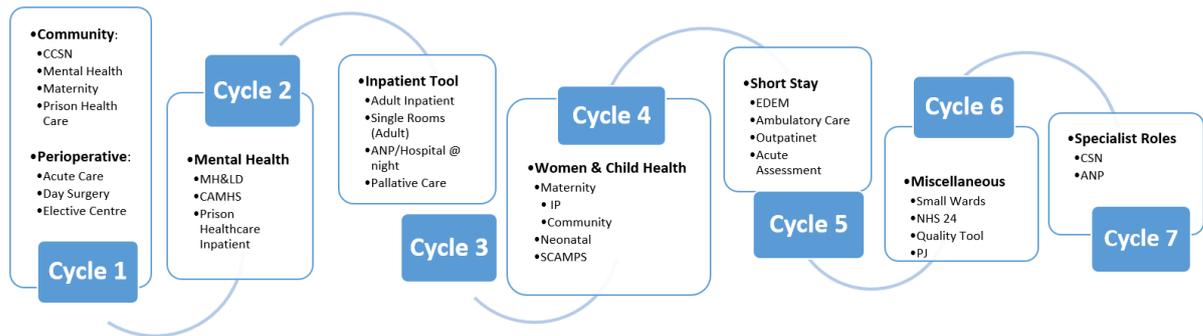
UPDATE ON HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 – NATIONAL

1. Following Royal Assent on the 6th June 2019, the next phase of the Act is for the development of statutory guidance.
2. The Act provides Scottish Ministers with powers to issue statutory guidance on the specific duties contained within the Act. The guidance therefore aims to aid compliance with these duties, and can provide further explanation on them to all NHS Boards.
3. The guidance development work has been undertaken by the Health and Care (Staffing) (Scotland) Act Guidance Working Groups. It is estimated that the suite of guidance documentation will take approximately one year to develop. However, it is hoped that the first iteration of the documents will be sent out for public consultation in March 2020. At the moment, chapters 4, 5, 6, 7, 8 and 9 are the only chapters that are ready to share for further consultation within the working groups.
 - CHAPTER 4 – COMMON STAFFING METHOD: This chapter relates to sections 12IJ, 12IK and 12IL of the Act and provides guidance on the use of the Common Staffing Method. It seeks to provide more detail on the information and factors that should be considered prior to making decision on staffing requirements. The purpose of the Common Staffing Method is to ensure a consistent approach to decision making across NHS Scotland which uses all available evidence within the context in which the service is being delivered, ensures that professional advice is sought and had regard to, and ensures that any risk associated with staffing is identified and mitigated as far as possible when determining staffing requirements. The Common Staffing Method has been developed to be used alongside national workload planning tools and the relevant workload tool is a key part of the process.
 - CHAPTER 5 – REAL TIME ASSESSMENT: This chapter relates to sections 12IC, 12ID and 12IE of the Act. It considers the real time assessment, risk escalation and identification and management of severe and recurrent risk as a whole. It provides clarity on the factors that should be considered when developing processes for assessment of staffing requirements in real time, assessment and escalation of any risk identified as a result of that process and provides further detail on the requirement to identify and manage severe or recurring risk and trends. It sets out how the requirements to have real time staffing assessment, risk assessment, escalation and identification of severe and recurring risk should be implemented. The requirements should be considered within the context of existing governance structures and processes, many of which it is likely will already comply with the requirements in this legislation.
 - CHAPTER 6 – TIME TO LEAD: This chapter provides more detail on the factors that should be considered prior to making a decision on the amount of time that needs to be allocated to clinicians leading a team to undertake their leadership role. This recognises the unique roles and responsibilities of all clinical team leaders and will ensure that they receive adequate time to discharge their leadership and management responsibilities as well as, their other professional duties. This provision should be considered within the context of existing clinical governance and professional structures.
 - CHAPTER 7 – PROVISION OF PROFESSIONAL ADVICE: This chapter sets out how the requirements to seek and have regard to appropriate clinical advice should be implemented. The requirements should be considered within the context of existing clinical governance, professional structures and processes and professional regulatory frameworks, rules and standards, many of which will already support implementation of the requirements in this legislation. The purpose of these requirements is to ensure that professional advice from individuals who are of sufficient seniority and experience is

sought and had regard to prior to any decisions relating to staffing being made. This will provide assurance that the professional voice is heard and that professional, clinical, quality, safety and governance aspects of the decision have been fully considered as part of the process. To achieve this it is necessary to ensure that all NHS Boards and Integration Authorities clearly define who the advice should be sought from dependent on the level in the organisation that decisions about staffing are being made. This should be clearly communicated to all decision makers and clinical professionals in the organisation. This chapter will provide clarification on how this should be achieved and provide examples of what this means in practice.

- **CHAPTER 8 – ENSURE APPROPRIATE STAFFING AND GUIDING PRINCIPLES:** The intention of this legislation is to ensure that the professional judgment of our staff who deliver health and social care is heard. It will create transparency around staffing decisions—which will aid Healthcare Improvement Scotland and the Care Inspectorate in supporting improvement across our health and care services—and to give staff and patients the confidence that, at all times, decisions are made on staffing that support safe, effective and person-centred care. The intention of applying this duty to all employees providing care is to ensure that the staffing of one staff group is not protected to the detriment of other staff groups. Even if there is not currently a workload tool or common staffing methodology for a particular staff group Health Boards will still have to ensure appropriate levels of staffing for that group.
 - **CHAPTER 9 – TRAINING STAFF CONSULTATION:** This chapter sets out how the requirements to train and consult with staff should be implemented. The requirements should be considered within the context of existing staff governance, education and training strategies and regulatory frameworks rules and standards which will further inform the requirements in this section of the legislation. The purpose of these requirements is to ensure that staff have appropriate training in various sections of the Act to enable them to meet the requirements effectively and also to ensure that they are suitably qualified and are able to maintain competence to provide safe, high quality, person centered care in their clinical role. This will provide assurance that staff have appropriate skills and knowledge to undertake their role and also have an ability to apply the sections of the Act that apply to them. This chapter will provide clarification on the types of training that may be offered and the requirements should be achieved and will also provide examples of what this means in practice.
4. A Health and Care Staffing Team Hub event was on 15th January 2020. Discussions around moving forward with AHP and Medical Advisors has been identified to support with the guidance documentation. A new healthcare staffing hub ([HERE](#)) has been created to ensure improved communications and access to documents/presentations pertaining to the Act can be found.
 5. New Governance structures will also be required within the National Team to take into account the move towards a more multidisciplinary approach rather than an all nursing/midwifery tools.
 6. The National Programme Advisors (PAs) are happy to be invited to any meetings with AHP, Medical Leads or other fora to discuss the Legislation and any statutory deliverables for the Board.
 7. Work is commencing soon for planned National tool updates and 2nd generation tool development. This work is currently being directed by Stakeholders and Cabinet Secretary for Health and may be subject to change, however this is the planned prioritisation matrix. The HSP National Team have been exploring the development of Second Generation workload tools. These aim to capture multidisciplinary workload, in a way that reduces or removes the data burden for staff.
 8. To inform this development, the National Team needed to understand the electronic systems that are currently used to capture clinical and administrative data at Boards. As a result they requested NHS Boards to complete a template to identify what electronic systems are used that relate to our current workload tools, and which systems we use for particular job families of nurses and midwives. The NHSGGC response was returned as requested by 9th December 2019.
 9. Changes have already been made to the Professional Judgement tool to enable those areas currently without a speciality tool the opportunity to complete this validated tool. SSTS have been

asked to provide the HCS Team with a list of potential roster locations where this would be relevant.



10. Aggregated figures will be shared with the HSP Tools Maintenance and Development Sub-Group and the HSP Hub and responses will be used to help inform the development of Second Generation tools.
11. The Peri-Operative Workload Tool was live on the SSTS platform in May 2015. It was based on a calculator developed by the Programme Team and Service User representative with input from Dr Keith Hurst in 2012. The tool was withdrawn from use in 2016, following concerns regarding the rWTE outputs. After investigations by Keith Hurst and the NMWWPP analytical team, Keith Hurst produced a new potential calculator in 2016. However, there were outstanding questions around this calculator and it never went live.
12. The SLWG was re-established in early 2019 on the recommendation of the Tools and Methodologies Sub Group with an aim of deconstructing and reconstructing the Peri-Op Tool to hopefully find a 'fix' and provide assurance for NHS Boards to utilise it in their service areas.
13. The Healthcare Staffing Programme (HSP) have submitted change requests to Atos for the SSTS May 2020 build for amendments to the workload tools. One of the requests is to remove access to the Peri-Operative Tool for users within NHS boards.

UPDATE ON HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 – LOCAL

1. The 2019/20 workload tool runs have now been through the quality assurance process and reports are in progress and outcomes are currently being managed locally.
2. The NHSGGC annual planner 2020 – 2021 has been circulated to all Chief Nurses/Chief Midwife to agree workload tool runs and to inform the Healthcare Staffing Team work plan.
3. The NHSGGC Healthcare Staffing Team have developed a Common Staffing Method (CSM) Triangulation Template that has been presented nationally. This template supports service in reporting the outcomes of the tool runs and includes all requirements of the Common Staffing Method and also for staff to ensure that they are informed of the outcomes of any tool run they are engaged in.



Microsoft Excel
97-2003 Worksheet

4. Development work is underway by the NHSGGC Healthcare Staffing Team to develop a webpage to keep staff informed about the legislation as part of our communications strategy. Other forms of communications such as emails, presentations, roadshows and other means such as posters and briefing reports to a variety of fora will also take place. The prototype webpage will be presented to the Health & Care Staffing Steering Board in order to ratify and finalise the content before publishing for wider review.
5. To ensure robust financial governance is in place, continual discussions/meetings take place with the Business and Programme Manager, and Senior Management Accountant, Corporate Services to ensure all necessary requirements of the Board allocation from the CNOD are met, and full financial governance is in place.

6. A meeting is being set up with the National Programme Advisor covering NHSGGC to discuss and agree our priorities moving forward.

UPDATE ON NHSGGC ROSTERING POLICY

As requested, APF have asked that sub-groups regularly provide reports on progress and flag up any current or emerging issues of which the outcomes from the **Nursing & Midwifery Rostering Policy Sub-Group** were raised.

On investigation, an original review led by Elaine Love and the Nursing & Midwifery Rostering Policy Sub-Group was undertaken back in May 2018. An amended and updated policy was developed and was out for consultation with the plan for it to go to APF back in May/June 2018. This did not appear to have taken place.

In light of several other factors such as further amendments being required to the updated NHSGGC policy from May 2018; the national rostering policy development for NHS Scotland; the tender for electronic rostering all underway at the moment that the APF are asked if they think that it may be beneficial to postpone any work locally on the NHSGGC review until further information and guidance. Discussions are underway electronically with Julie Boyd, Royal College of Midwives and Ricky Sherriff-Short, Royal College of Nursing and an informal meeting is planned for the 12th February 2020 to discuss further.

Update on 12th February Meeting: Julie Boyd, Ricky Sherriff-Short and Sandra Blades met briefly to discuss the previous work undertaken as mentioned above. It was agreed that both the RCN/RCM will review the amended rostering policy from May 2018 and provide comments to SB. The remaining staff-side representatives would be invited to do likewise. SB will endeavour to obtain rostering policy/guidance from other NHS Boards and share with staff side colleagues

The Employee Director will be invited to provide nominations for the re-establishment of the Roster Policy SLWG.

In the interim, we will seek to gain intelligence on where the national work is and associated timescales for the NHS Scotland Rostering Policy.

NATIONAL ELECTRONIC ROSTERING UPDATE

The NES digital team are working on developing a proof of concept integration between a preferred eRostering supplier and SSTS.

The required documentation from the NSS SSTS/ATOS team is now available outlining how SSTS meet the National eRostering Requirements.

A group of NHS Board Subject Matter Experts (SMEs) have now read the documents ahead of a workshop that was held on the 19th of January. This is prior to a further workshop being held on the 24th February for SSTS to attend for demonstration purposes. This workshop will be a time-boxed session to discuss and assess the SSTS documentation against the national eRostering functional requirements, noting scores and rationale. Further updates will be available as they arise

RECOMMENDATION & REQUESTED GUIDANCE

APF are asked if they think it may be beneficial to postpone any work locally on the NHSGGC Rostering Policy review until further information and guidance can be sought. It may be beneficial to ascertain the National timescales for the National Rostering Policy being available for Boards or would it be advantageous to resurrect the Nursing & Midwifery Rostering Policy Sub-Group.