

Fairer Scotland Duty Results

Health and Care (Staffing) (Scotland) Bill

September 2018

FAIRER SCOTLAND DUTY RESULTS TEMPLATE

Title of Policy or Programme	Health and Care (Staffing) (Scotland) Bill
Summary of aims and expected outcomes of strategy, proposal, programme or policy	<p>The aim of the Health and Care (Staffing) (Scotland) Bill is to help ensure improved outcomes for service users by putting in place a framework to support appropriate staffing for high quality care. Provision of high quality care requires the right people, in the right place, with the right skills at the right time to ensure the best health and care outcomes for service users and people experiencing care. The Bill will support the profession led development of evidence based approaches to workload planning that has been successful for nursing and midwifery to be shared across health and social care. Staffing tools and methodologies developed in this way will support local decision-making, flexibility and the ability to redesign and innovate in other health and care settings.</p> <p>The Bill creates a coherent overall legislative framework for appropriate staffing across the health and care services landscape by setting out a requirement on Health Boards and organisations providing care services (those care services registered with and inspected by the Care Inspectorate) to consider staffing requirements according to a set of principles.</p> <p>The Bill provides the legislative framework which will support decision making relating to staffing requirements. This framework puts the existing Nursing and Midwifery Workload Workforce Planning tools and methodology on a statutory footing and supports the creation of new tools in health care settings and adult care homes in care settings. The Bill will require NHS Boards and care services to apply a general duty utilising a set of principles to do this. Where staffing tools and methodologies currently exist in Scotland (i.e. in nursing and midwifery and emergency department settings) further requirements to ensure evidence-based, transparent decision making about staffing requirements will apply, and will also allow the development of further tools across clinical professions where required. The Care Inspectorate, in collaboration with organisations they consider to be representative of the providers and users of adult care homes, will be given the ability to decide locally with service providers where</p>

new tools are required in different service areas or staff groups, and to use that in making recommendations to the Scottish Ministers

The policy intention of the Scottish Ministers is to enable a rigorous, evidence based approach to decision making relating to staffing requirements that ensure safe and effective staffing which takes account of service user health and care needs and promotes a safe environment for service users and staff.

It will enable further improvements in workforce planning by strengthening and enhancing arrangements already in place to support transparency in staffing and employment practice across Scotland; and will support consideration of service delivery models and service redesign.

The Bill will support an open and honest culture with the aim that all staff feel safe to raise concerns regarding safe and effective staffing and that these concerns will be considered. It will also provide assurance, including for staff and service users that appropriate staffing is in place to enable the provision of high quality care.

As integration of Health and Social care progresses it is more important to facilitate multidisciplinary and multi-agency working across a range of professionals and staff groups. It is also important to ensure that robust evidence is available to support decisions about staffing requirements if and when services are redesigned across multi-disciplinary or multi-agency teams.

To support and enable the Scottish Government's ambition to deliver integrated workforce planning and appropriate staffing across health and social care, the Bill will span the health social care landscape in an appropriate and proportionate way. The legislation will not be restrictive or prescriptive but will seek to be appropriate and enabling for the social care sector.

The legislation does not intend to set out or prescribe minimum staffing levels or fixed ratios; this would be at odds with our established policy approach. Rather the legislation will support open and transparent local decision making, flexibility and the ability to redesign and innovate across multi-disciplinary and multi-agency settings.

It is also not the intention to prescribe approaches to workload and workforce planning, in terms of development of tools for the social care sector on the face of the Bill. The ambition is to enable the further development of suitable approaches by and for the sector where this is considered appropriate and in collaboration with the

	<p>sector. If and when a tool is developed the methodology agreed during the tool development process will be prescribed to ensure consistent application across the sector.</p>
<p>Summary of evidence</p>	<p>We have consulted twice on proposals around Bill proposals. A public consultation was held between April and July 2017, with a further, month long engagement exercise on refreshed legislative proposals during January/February 2018. The proposals in the initial consultation asked a question on whether any of the proposed options outlined would have a direct or indirect positive or negative impact on any protected equality characteristic. Some of the issues raised are also relevant to the Fairer Scotland Duty.</p> <p>The interactions between socio-economic disadvantage and poor health are considerable and – in terms of the long-term effects of living on a low income - well documented. Low income households are more likely to experience health problems requiring health and social care. For example, in terms of children’s health, more than a quarter (26%) of those living in the poorest fifth of households reported that their children had less than good health in the first four years of life, compared to just 12% of those in the richest fifth</p> <p>We recognise that, despite record NHS staff numbers and ongoing measures to ensure a sustainable health and care workforce, there are challenges in recruitment in both health and care services in some clinical settings and geographical areas, including remote and rural areas. Although the legislation in itself will not address these challenges it should be viewed in conjunction with other measures that we are taking to support and sustain health and care workforce planning.</p>
<p>Summary of assessment findings</p>	<p>This Bill is intended to help ensure improved outcomes for service users by putting in place a framework to support appropriate staffing for high quality care. Provision of high quality care requires the right people in the right places at the right time with the right skills at the right time to ensure the best health and care outcomes for service users and people experiencing care. It should therefore impact positively on the care experienced by those on low incomes. Better care should lead to better outcomes; and, because of the higher incidence of health problems for these households, we would expect to see reductions in inequality.</p>

	The Scottish Government has therefore concluded that no changes to the Bill provisions are necessary as a result of the Fairer Scotland Duty.
Decision	The assessment indicates that no negative impact and some positive impact on Fairer Scotland Duty.
Sign off (by Deputy Director or above)	Name: Diane Murray Job title: Associate Chief Nursing Officer Chief Nursing Officer Directorate, Scottish Government



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