

NHS Highland



Meeting: Board Meeting

Meeting date: 28th January 2025

Title: Health and Care Staffing Act Implementation

Responsible Executive/Non-Executive: Gareth Adkins, Director of People & Culture

Report Author: Brydie J Thatcher, Workforce Lead, HCSA Programme Manager

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

Annual Operation Plan:

Right Workforce to Deliver Care – Commence implementation of the Health and care (Staffing) (Scotland) Act across relevant areas of the workforce

Government policy/directive:

Health and Care (Staffing) (Scotland) Act 2019

Legal Requirement

Health and Care (Staffing) (Scotland) Act 2019

This report will align to the following NHSScotland quality ambition(s):

Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	X
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well					

2 Report summary
2.1 Situation

This paper provides a moderate level of assurance relating to progress of HCSA Implementation, including key accomplishments achieved during quarter 2 and a summary of upcoming work for quarters three and four.

Extensive detail was provided through our first quarterly report. This second quarter report provides high level overview of progress since the last report.

Due to the statutory annual reporting requirements and our internal governance timetable our quarter three and the annual end of year report will be submitted simultaneously in January 2025.

2.2 Background

The Health & Care (Staffing) (Scotland) Act 2019 was enacted in April 2024. It aims to provide a statutory basis for the provision of appropriate staffing in Health and Social Care services to support the delivery of safe and effective high-quality care. This will be achieved by having the right people with the right skills in the right place at the right time to improve outcomes for people using our services and improve staff wellbeing.

The Act does not prescribe health care staffing levels or planning and instead supports the development of suitable approaches in various health and social care settings.

[Health and Care \(Staffing\) \(Scotland\) Act 2019: overview – gov.scot \(www.gov.scot\)](https://www.gov.scot/health-and-care-staffing-act-2019-overview)

Implementation of the Act is intended to:

- Assure that staffing is sufficient to support the delivery of high-quality care
- Support a culture of honesty and transparency that engages health and social care staff in the relevant process and ensures they are informed regarding healthcare staffing decisions
- Support further improvements to enhance and strengthen current arrangements in healthcare staffing planning and employment practices
- Risk escalation and mitigation processes to enable health and social care staff to be heard at all levels to inform evidence-based healthcare staffing decision-making
- Ensure professional clinical advice is available when healthcare staffing risks are highlighted

Duties of Healthcare Improvement Scotland (HIS)

HIS have several duties within the Act including, and are described fully within the HIS Healthcare Staffing: Operational Framework:

- HIS: monitoring compliance with staffing duties
- HIS: duty of Health Boards to assist staffing functions
- HIS: power to require information

To assist HIS in their functions, NHSH will share this report to inform further quarterly Board engagement calls, once the internal governance process is complete. A formal request has been received for the Board Q2 Internal and high-cost agency report(s) to be submitted to HIS HSP by 14th February 2025.

2.3 Assessment

This report provides an overview of NHSH's progress in meeting the requirements of the Act for the quarter two period and indicates predicted level of assurance for quarter three.

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The checklist below illustrates an overall moderate level of assurance of our compliance with the Act and progress of HCSA, Programme deliverables across the organisation.

The HCSA annual report RAG status (**Appendix1**) is used below.

	Q1 FY 23/24	Q2 FY 23/24	Q3 FY 23/24	Q4 FY 23/24	Q1 FY 24/25	Q2 FY 24/25
12IA: Duty to ensure appropriate staffing (Ref to 2IC,12IE,121F,12IL,12IJ)						
Section 12IB: Duty to ensure appropriate staffing: agency workers.						
12IC: Duty to have real-time staffing assessment in place						
12ID: Duty to have risk escalation process in place						
12IE: Duty to have arrangements to address severe and recurrent risks.						
12IF: Duty to seek clinical advice on staffing.						
12IH: Duty to ensure adequate time given to leaders						
12II: Duty to ensure appropriate staffing: training of staff.						
12IJ & 12IK relating to the common staffing method						
12IL: Training and Consultation of Staff-Common Staffing Method						
12IM: Reporting on Staffing						
Planning & Securing Services						

High level update / summary on progress over quarter two with key achievements, key risks and key milestones for next quarter.

Key Achievements Q2

Guiding Principles for Health and Care Staffing

- HCSA Programme Board is now well established
- Local HCSA Implementation Groups continue to provide updates on self-assessment, quarterly professional updates and iterative dialogue regarding compliance with the duties.
- Engagement with wider workforce out with Nursing and Midwifery continues to progress with local initiatives supporting improvements around compliance.

12IB: Duty to ensure appropriate staffing: agency worker

- Integrated Staff Bank/users have been highly responsive and adaptive to short notice, changing demands around complex, manual collation and submission of data.

12IC: Duty to have real-time staffing assessment in place

- Continued commitment to use Turas Real Time Staffing tool where available and use of locally developed tools.

12IE: Duty to have arrangements to address severe and recurrent risks

- Review of incident recording system with plans to move to In-Phase in Q3/4
- Review of OPEL framework effectiveness and supporting clinical structures
- Quality & Patient Safety Dashboards development/ improvements

12IL: Training and Consultation of Staff-Common Staffing Method

- A revised approach to training, supportive materials, documents and engagement has been welcomed. Leaders, teams and individuals have engaged well and feedback on further improvements.

12IJ: Duty to follow the Common Staffing Method

- Teams are navigating a range of pressures, with Meridian workstream placing similar data collation burden on teams. Despite this, progress with the 23/24 roll out plan has progressed at pace and is on target for completion by 31 December 24.
- Revised approach adopted, informing baseline planning assumptions for Staffing Level Tool/CSM
- Revised approach adopted by Finance supporting process and development of detailed template

2IA: Duty to ensure appropriate staffing

- Effective health roster rebuilds completed across test site, Mental Health, Learning Difficulties and Succoth. Immediate improvements in roster performance and quality of data output. Completion of this work supports build of milestone plan for 24/25 roll out across remaining 158 rostered areas.

Key Risks/issues

- There is a risk to compliance with the general principles & duties being met due to gaps in systems, structure, availability of tools to support provision of thematic trends and gaps in ability to evidence practices.
- Gaps in formalised SOP.s and Protocols setting out processes and pathways

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- Lack of ability to evidence practice and established processes due to incomplete or absent digital solutions
- Capacity for individuals and teams to work on programme initiatives and improvements
- Workforce availability

Key Milestones for Q3/Q4

Guiding Principles for Health and Care Staffing

- Revision of HCSA Programme Board and supporting Implementation Groups as we move into 'business as usual'
- Targeted Medical Staffing Engagement

12IE: Duty to have arrangements to address severe and recurrent risks

- Review of incident recording system with plans to move to In-Phase in Q3/4
- Review of OPEL framework effectiveness and supporting clinical structures

12IF: Duty to seek clinical advice on staffing.

- Supporting guidance and SOP to be developed

12II: Duty to ensure appropriate staffing: training of staff.

- Protected Learning Time directive, pending launch- this will increase assurance levels around this duty in coming updates.

12IL: Training and Consultation of Staff-Common Staffing Method

- Learnings from 24/24 cycle to be collated and used to inform 24/25

12IJ: Duty to follow the Common Staffing Method

- Q4 will see a range of workshops lead by People and Culture, Executive Director, to shape a revised process for 'output' review via a multi-disciplinary approach and linked directly into annual service planning.

12IH: Duty to ensure adequate time given to clinical leaders

- Development of supporting SOP - Protecting and Evidencing Time to Lead -with corresponding engagement sessions around this the duty are being planned for Q4 delivery

2IA: Duty to ensure appropriate staffing

- Milestone plan for 24/25 roll out across remaining 158 rostered areas.
- Compilation of training materials/videos supporting use of Safe Care
- 'Switch on' of Safe Care across test site
- Shared Learning from roster rebuild and Safe Care – Step by step guide for all areas to be developed.
- Review of Roster Policy
- Review of Roster governance structure

12IB: Duty to ensure appropriate staffing: agency workers.

- Review of Bank/Locum Engagement processes including scrutiny and challenge and governance

Planning and Securing Services

- Short Life Working Group to be convened to support compliance in line with the updated guidance

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

The moderate level of assurance offered is linked largely to gaps in recording, variance in approach and practice. lack of a robust ability to evidence plans and decision making. We recognise there are areas across the organisation where a higher level of assurance may be appropriate. However, maintaining a moderate level of assurance serves as a critical friend and retains focus, underpinning the delivery of ongoing developments.
Implementation of Safe Care across all staff groups will in time, positively impact on our overall level of assurance.

Broadly speaking we have the appropriate mechanisms and governance in place to assess and report on staffing requirements across our organisation needed to deliver care to our population. We have the appropriate mechanisms and governance in place to assess and report on a routine (day to day) basis:

- a. how well we meet the staffing requirements
- b. that risks associated with staffing challenges are managed, mitigated and escalated appropriately
- c. professional advice is embedded and demonstrable in our day-to-day management of staffing and service delivery

We are able to use the information from assessing staffing requirements and routine assessment of staffing risks and issues ‘in practice’ to develop short-, medium- and long-term plans to provide appropriate staffing

3 Impact Analysis

3.1 Quality/ Patient Care

The HCSA is intended to support delivery of safe, high-quality services.

3.2 Workforce

The HCSA is fundamentally about providing appropriate staffing to deliver services.

3.3 Financial

There are potential financial implications in relation to addressing staffing risks and issues identified through the mechanisms required to demonstrate compliance with the duties of the act. However, it is important to emphasise that the act does not introduce anything new in terms of the principle that services should already be planned and delivered with an appropriate workforce plan in place to deliver the service to the required standards.

3.4 Risk Assessment/Management

This links to board level risk in relation to workforce availability and ensuring we have appropriate mechanisms to manage and mitigate risks associated with staffing issues.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

N/A

3.7 Other impacts

N/A

3.8 Communication, involvement, engagement and consultation

This report has been ratified for internal reporting purposes to our Board of Directors by both our Medical Director, Boyd Peters and Executive Nurse Director, Louise Bussell. NHS HCSA Programme Board is now well established with professional and staff side involvement for all professional and operational leads across all Board functions. The programme continues to be supported by a range of, feedback, engagement and briefing sessions.

3.9 Route to the Meeting

Staff Governance Committee

4 Recommendation





The Board is asked to note:

- the requirements placed on the board by the Act
- moderate assurance from the information provided in this paper and appendices.

4.1 List of appendices

The following appendices are included with this report:

Appendix 1: HCSA RAG status key

Green		Systems and processes are in place for, and used by, all NHS functions and all professional groups
Yellow		Systems and processes are in place for, and used by, 50% or above of NHS functions and professional groups, but not all of them
Amber		Systems and processes are in place for, and used by, under 50% of all NHS functions and professional groups
Red		No systems are in place for any NHS functions or professional groups

Appendix 2 HCSA: Internal Board Quarter 2 Report

Appendix 3: HCSA Quarter 2 External High-Cost Agency Report

NHS Health & Care Staffing Act 2019 Programme Implementation				
Q2 Oct 2024				
Programme	Lead	Exec Sponsor	Q2	Assurance
Health &Care Staffing Act Implementation	B J Thatcher	Gareth Adkins	1 July to 30 Sept 2024	
<p>Overall Programme Health Assessment: Moderate Assurance:</p> <p>In this, the first year of enactment, we are currently in the ‘implementation phase’ of the programme. We are working towards embedding this iterative and agile programme into ‘business as usual’ across all areas by March 2025.</p> <p>Given the enormity and complexity of the ‘Act’, limitations of enabling tools and the resource intensive nature of associated work, we anticipate the journey towards full compliance will continue over the coming three to five years.</p> <p>However, we are reassured by the level of engagement across all areas, the inclusion of professions beyond Nursing and Midwifery and the appetite for a progressive approach to annual service/workforce planning.</p>				
High Level Overview		Highlight Next Steps		
<p>Guiding Principles for Health and Care Staffing</p> <p>HCSA Programme Board provides a moderate level of assurance that adequate processes are in place for the professional disciplines cited in the Act.</p> <p>It is important to note that functions operate within a complex range of systems with varied processes.</p> <p>Operational systems and processes are dependent on the service model, size of service and in-patient bedded service, non-bedded service, community or a commissioned service status.</p> <p>There are areas of excellent practice and areas which have been identified for improvements.</p> <p>since our Q1 report work has continued to engage with professions out with Nursing and Midwifery it should be noted that energies have been focused on the preparatory work, education, engagement and support of staff in the application of the CSM. The focus of teams in recent weeks has been dominated by this work</p>		<ul style="list-style-type: none">• Annual service plans – multidisciplinary approach with links to ADP and budget setting cycle• Medical staffing plans informed by service plans• Common Staffing Methodology Workshops to agree revised approach to output reviews and decision-making process.• Updating eESS and finance systems in line with current organisational structures and naming conventions• Rebuild of health roster roll out plan for 24/25– linked to updating of workforce and finance systems		

<p>and, the Meridian work stream for Community based teams.</p> <p>.</p>	
<p>Guiding principles etc. in health and care staffing and planning:</p> <p>We had a moderate level of assurance that most agreements engaging services from a third-party provider had existing reference to such principles and where new agreements were to be arranged following enactment specific reference would be included.</p> <p>Additional Guidance received at the end of July 2024 from Scottish Government expanded on the interpretation on the Statutory Guidance available.</p> <p>This supports the assurance required to be completed as part of the SG Annual Report where is asks for assurance of</p> <p>:-</p> <p><i>'Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups to ensure that when the Health Board is planning or securing the provision of health care from another person, it has regard to the guiding principles for health and care staffing and the need for that person from whom the provision is being secured to have appropriate staffing arrangements in place.'</i></p> <p>We are required to outline steps taken to comply and provide information on how they have improved systems and processes.</p> <p>.</p>	<p>Contract Services, Procurement, Regional Planning, Primary Care and other key stakeholder met at the end of October to scope out and develop ToR for SLWG to support development of an organisational wide SOP guiding compliance with this duty.</p> <p>SLWG to be mobilised Q4</p>
<p>Section 12IA: Duty to ensure appropriate staffing</p> <p>Extensive review of current E-Rostering system build has been completed and revealed significant issues triggering commencement of a rebuild and refresh programme for all 160 rostered areas.</p> <p>New Craigs work commenced in Q2 , to complete Q3 with anticipated, immediate, tangible benefits:</p> <ul style="list-style-type: none">Enhanced Efficiency: The system streamlines the rostering process,	<ul style="list-style-type: none">Rebuild of healthroster – linked to updating of workforce and finance systemsEvaluation and learning output from New Craigs rebuild.Acute rebuild tentatively scheduled March - April 25

<p>reducing administrative burden and eliminating manual errors.</p> <ul style="list-style-type: none">• Fair Distribution: The system ensures fair allocation of shifts, taking into account factors such as experience, skills, and availability, promoting a balanced workload among staff.• Compliance Management: The rostering system helps maintain compliance with regulatory guidelines, ensuring the appropriate number of staff available for each shift.• Improved Communication: The platform facilitates seamless communication between staff, allowing for shift swaps, leave requests, and updates in real-time.• Data-Driven Insights: The system provides valuable data and analytics, helping hospitals and managers make informed decisions related to staffing requirements.	
<p>Section 12IC: Duty to have real-time staffing assessment in place;</p> <p>NHS Highland has a range of formal recording processes capturing the real time staffing position. All Nursing and Midwifery shifts are recorded on in the Scottish Standard Time System (SSTS</p> <p>Many areas have developed their own systems and process which provide a consistent approach to how teams record their daily, actual staffing and what staffing they require, in their Professional Judgement, to be able to deliver safe and effective care.</p> <p>Working to ensure we have appropriate mechanisms and governance in place to assess and report on a routine (day to day) basis:</p> <ul style="list-style-type: none">• how well we meet the staffing requirements• that risks associated with staffing challenges are managed, mitigated and escalated appropriately• professional advice is embedded and demonstrable in our day-to-day management of staffing and service delivery. <p>This supports:</p>	<p>Safe Care will be deployed, initially in areas where Health E-Rostering is in place and effective.</p> <p>Safe Care is scheduled to ‘to go live’ first in Mental Health, Q3.</p> <p>We will then plan a road map, rolling out Safe Care across all areas including those who do not have Health E-Rostering in place. This process is likely to take the next eighteen months to complete.</p> <p>Who will use it?</p> <p>This will be used mainly by our ward managers and nursing leads to view daily staffing levels.</p> <p>Benefits:</p> <ul style="list-style-type: none">• Staff can be redeployed to make a difference where it is needed most.• Efficient usage of the resource we have available.• Better care for our patients• Having the ability to undertake Real Time Staffing, escalation of risk and recording of recurrent risks• Integration of Safe Care into Hospital Huddles

<ul style="list-style-type: none">• Alignment of staffing levels with patient needs and available resource in each department• Drive effective management of staffing establishments, so increasing efficiencies in the workforce trust-wide• Ensuring the right staff are in the right place at the right time³ while improving the management of planned and unplanned non-working time• Reduce the need for temporary and agency staff, so improving efficiency of resources• Improve use of staff through clear visibility of contracted hours and staffing levels/skill mix• QPS Dashboard, Quality & Patient Safety Dashboard reporting function <p>Whilst we are assured teams work with established, bespoke systems, we also recognise a key barrier to full compliance is the variance in approach. lack of formalised SOP's, ease with which data can be extrapolated from the systems to provide review of themes and evidence compliance.</p>	<ul style="list-style-type: none">• Safe Care supporting difficult decisions when assessing and deploying staff• Ability to record when SCN's/ Team Leads taking case loads• Clear process and monitoring in place for bank requests, usage and monitoring• Potential for using to review establishments• Safe Care enables transparency and awareness across all teams• Supports completion of HCSA returns and compliance with act• Reduction in bank spend• Development of standardised SOPS and escalation flow charts
<p>Section 12ID: Duty to have risk escalation process in place.</p> <p>Across both Acute and Community Services within NHS Highland we have adopted the Operational Pressures Escalation Levels Framework (OPEL).</p> <p>This framework supports a unified, systematic, and structured approach to detection and assessment of operating pressures; provides a consistent framework for the proportional representation of each area looking at range of factors with Safe Staffing being the main focus.</p> <p>Representatives meet every morning at the Safety Awareness For Everyone Huddle, (Safety Huddle) These formal meetings use a Red, Amber, Green (RAG) status for reporting and triggering action</p>	<p>Review of effectiveness of OPEL framework and alignment of the current varying approaches is a pending action with HSCP leading the way with tabletop exercise being arranged for Q4.</p>

<p>Section 12IE: Duty to have arrangements to address severe and recurrent risks;</p> <p>It is the responsibility of everyone working for NHS Highland to report all occasions where something has happened that has or could have caused harm to a patient, member of the public or staff, or affected the 'day to day running' of the organisation.</p> <p>The reporting and management of adverse events and near misses is an essential part of the systems and processes that support clinical governance, staff governance and risk management within NHS Highland.</p> <p>A severe and recurrent risk is defined as a situation in an area where there is a trend in number of incidents we have the system functionality to record, identify trends, relating to recurring risks and mitigations. This is of course dependant on the effectiveness of risk reporting in the first instance and therefore variance in reporting practice will impact on the meaningfulness of any thematic reporting Severe and recurrent risks are not defined within the Act.</p> <p>The Risks should be discussed at each monthly Senior Management Team meetings/QPS's. Where there are increased risk levels, discussion should be held to ensure appropriate actions have been agreed.</p> <p>This is an area where practice, albeit it varied, is reported as consistently applied.</p> <p>Quality and Patient Safety Dashboard improvements in Q2.</p>	<p>Datix / InPhase Migration</p> <p>InPhase is a cloud-based tool, meaning it can be accessed from any NHS Highland device, allowing the reporting of any incident, complaint, risk and FOI request to be easier to log.</p> <p>InPhase will revolutionise the way we report and use this data, as it triangulates the information into a Dashboard view whilst still allowing complex searches and ad-hoc reports to be created.</p> <p>Datix will be available until 1 December. Any cases and risks currently logged in Datix will be migrated to the new InPhase system, meaning nothing is lost and reports will still account for all information currently stored in Datix.</p> <p>With the advent of In -Phase as a new adverse incident management system we will pick up a focused piece of work around this element in Q4.</p> <p>This will include development of SOP, clarity around organisation agreement regards definitions and system wide overview.</p>
<p>Section 12IF: Duty to seek clinical advice on staffing;</p> <p>Clinical advice is consistently available to support staff in decision making. Teams report feeling confident when escalating concerns and receiving support. The OPEL framework successfully supports and records elements of clinical advice provided. We have identified gaps in this provision for more remote services. We have also identified gaps in effective/consistent recording of this decision-making processes</p>	<p>SOP to be developed re Clinical Advice</p> <ol style="list-style-type: none">1. Who can provide appropriate clinical advice?2. Who is a “more senior decision-maker”? <p>Leads involved in staffing risk mitigations, and more senior decision-makers reaching a decision on risk, must “seek and have regard to</p>

<p>We have identified gaps in this provision for more remote services. We have also identified gaps in effective/consistent recording of this decision-making processes</p> <p>We have also identified gaps in clarity of defining who is deemed to be able to provide appropriate clinical advice.</p>	<p>appropriate clinical advice”. This is required when the LP or more senior decision-maker:</p> <ul style="list-style-type: none">• is not a clinician• is assessing risk, or making a decision, in relation to a clinical workforce for which they are not professionally responsible and/or• is making a decision in a specialty/setting in which they are not an expert and/or do not normally work.• A more senior decision-maker is someone who receives risk escalations from an LP.
<p>section 12IH: Duty to ensure adequate time given to clinical leaders.</p> <p>There are many areas of good practice where time to lead is</p>	<p>In time Safe care will identify where leaders have had to re-prioritise focus and work clinically to mitigate risk.</p> <p>This is fundamentally about Lead Professionals having the time and resources to ensure appropriate staffing whilst also meeting all the other professional duties and responsibilities they might have.</p> <p>As mentioned above there is a process underway to migrate all teams onto the SafeCare platform for real-time staffing. In addition to its other functions, this meets the HCSSA requirements for recording time to lead. However, this is a longer-term goal for full roll out.</p> <p>In the short-term teams should evidence time to lead using existing processes. Nursing staff can access SSTS, Job planning and Turas appraisals.</p> <p>Additional sources that may be appropriate include: iMatter surveys, and reflective practice. This has been highlighted by local Implementation Groups as an area of complexity where greater guidance is required. Development of supporting SOP - Protecting and Evidencing Time to Lead -with corresponding engagement sessions around this the duty are being planned for Q4 delivery.</p>
<p>Section 12II: Duty to ensure appropriate staffing: training of staff.</p>	<p>On going focus on education and development for Q3 &Q4</p> <p>Incorporation of protected learning time to PAA</p> <p>Review of feedback opportunities for staff</p>

We have systems to support accurate records of training for all staff which is appropriate and relevant for the purposes of the role we are asking them to fulfil. There are clear SOP's and formal processes in place.

All staff have been directed to review and understand the principles of the legislation and consider the impact on their responsibilities.

They have also been encouraged to take responsibility to escalate to the senior person on shift any immediate concerns about healthcare staffing.

Professional leaders have been supported via the HCSA Programme Board to disseminate resources to empowering teams to develop their knowledge and understanding of health and care staffing including the importance of open and transparent discussions about health and care staffing decisions.

Example of Resource below:

Quick Guides relating to the Act.

Learning resources : Informed level | Turas | Learn (nhs.scot)

Learning resources : Skilled level | Turas | Learn (nhs.scot)

For certain identified roles, it is also recommended to complete the expert level:

Learning resources : Expert level / Turas / Learn (nhs.scot)

You can also access the Health and Care Staffing Act Sway presentation, which gives a concise overview of all parts of the Act

Healthcare Improvement Scotland (HIS)

<p>HIS – <u>Accessible Resources to Learn about Guiding Principles and Duties in the Act</u></p>	
<p>Section 12IJ, 12IK and 12IL, relating to the common staffing method.</p> <p>This is a high-level priority/legal responsibility to complete annual run (min) for all areas within scope for 2024/2025.</p> <p><u>Staffing Level Tools</u> <u>Common Staffing Method</u></p> <p>The scheduled Tool Run/CSM require a resource intensive preparatory period of 8 weeks. During Q2 the schedule and revised preparatory programme and revised supporting documents were deployed.</p> <p>Extensive engagement with Professional, Operational and Workforce Leads, Finance, Staff Side and SSTs.</p> <p>We have been exploring ways to alleviate the digital inequalities experienced within Child Health, Highland Council, by creating SSTs access.</p> <p>Paper-based tool run was undeliverable.</p> <p>Once SLT and CSM steps have been completed, an evaluation is required to consider whether changes to "staffing establishments", or the way in which we deliver the service is required</p> <p>The short-term aim is for risks to be managed/mitigated and longer term, to consider service redesign or changes to staffing, to ensure staffing levels are appropriate, sustainable and affordable.</p>	<p>Q3 scheduled for commencement of the runs with a target date for completion of 31 Dec 2024.</p> <ul style="list-style-type: none">• The CSM will be run across a large number of locations and teams so that the different tools are ran within the October to December 2024 window.• Use of previous out puts to enrich review of this years• Our statutory responsibility is to both run the tool and to demonstrate considerations and actions taken in response• This alignment of tool runs will allow for the outputs to be considered as part of the wider service/organisational staffing position.• It is important that staff are engaged and supported in the running the CSM• Staff confidence in the review and decisions made in response to output is very low.• Accept limitations of this cycle, set out realistic expectations and do the best we can.• We have a duty to discuss and share decision making, actions, inaction with staff following output reviews.• We need to ensure staff are supported, have access to systems and training, understand roles and responsibilities• Take a Multidisciplinary approach to review of outputs and consider wider context. We need to agree the route for review of this years outputs at service level and link into existing structures and governance processes.• Observation Studies Mental Health and Learning Disability (MHLD) Inpatient Staffing Level Tool• Maternity Staffing Level Tool All Maternity in-patient observation studies

	are now complete and data entry to the app has commenced.
<p>Section 12IB: Duty to ensure appropriate staffing: agency workers.</p> <p>High-Cost Agency Reporting The Act requires a separate report to the Scottish Government quarterly listing high-cost agency use. Q1 and Q2 compiled and submitted.</p> <p>Communication to teams setting out revised locum engagement criteria including removal of accommodation and travel costs unless in extreme circumstance/threat to business continuity has been disseminated.</p> <p>There is a risk we may not capture all staff engaged over the 150% threshold due to variance in mechanisms of engagement.</p> <p>Changes to the template for data collation, significant impact on workload. Retrospective revision of data initially requested by SG however this was reconsidered and revised date required from Q2 onwards only.</p> <p>These revised templates and figures are intended to be a more accurate representation of the cost of an equivalent NHS employee, and therefore offer a truer comparative figure. As a result, this has led to a change to the comparable 150% figure. This serves as a reminder that the statutory guidance states that the cost of an agency worker to the Health Board should be compared to the cost of the equivalent full time NHS employee for the shift they are fulfilling.</p> <p>Locum Bank Team worked very hard to meet these changes in data demand, particularly challenging given the process is entirely manual.</p>	<ul style="list-style-type: none">• Review of scoping work around agency workers across the board to sense check completeness of reporting.• Review of Bank/Locum Engagement processes including scrutiny and challenge and governance.• Changes to the template for data collation, significant impact on workload.• Review of scoping work around agency workers across the board to sense check completeness of reporting.• Review of Bank/Locum Engagement processes including scrutiny and challenge and governance.