



Respondent Information Form

Safe and Effective Staffing in Health and Social Care: Consultation on proposals to enshrine safe staffing in law, starting with the nursing and midwifery workload and workforce planning tools

Please Note this form **must** be completed and returned with your response.

Are you responding as an individual or an organisation?

- Individual
- Organisation

Full name or organisation's name

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The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name
- Publish response only (without name)
- Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

- Yes
- No

Consultation Questionnaire

The Scottish Social Services Council (SSSC) is the regulator for the social service workforce in Scotland. Our work means the people of Scotland can count on social services being provided by a trusted, skilled and confident workforce. We protect the public by registering social service workers, setting standards for their practice, conduct, training and education and by supporting their professional development. Where people fall below the standards of practice and conduct we can investigate and take action.

We:

- publish the national codes of practice for people working in social services and their employers
- register people working in social services and make sure they adhere to our Codes of Practice
- promote and regulate the learning and development of the social service workforce
- are the national lead for workforce development and planning for social services in Scotland.

Our purpose is to raise standards and protect the public through regulation, innovation and continuous improvement in workforce planning and development for the social service workforce. We produce workforce data, information and intelligence for employers and other stakeholders that support the development of the sector. We develop and publish official and national statistics on the social service workforce.

Social service workers provide care and support for some of the most vulnerable people in Scottish society. The sector employs approximately 200,000 people in Scotland.¹ These workers deal with complex care needs and make a real difference to peoples' lives.

Our response begins with two overarching points on:

- the definition of the social services sector and the workforce
- the language around patients and people who use services.

¹ Unless otherwise stated all statistics in this response are from SSSC (2016) Scottish Social Service Sector: Report on 2015 Workforce Data.

The definition of the social services sector and the workforce

The Public Services Reform (Scotland) Act 2010 sets out legal definitions for, care services. Definitions for care services are within Schedule 12 of the Act. The Care Inspectorate uses these definitions for data collections.² A significant proportion of the consultation focuses on the implications for the health sector and NHS Scotland, yet it uses the term 'health and social care' throughout. If it is to genuinely cover health and social services the approach must recognise the diversity of the social service sector. It also needs to establish the parameters for this work. A brief series of examples follow.

- In addition to adult social care, the social service workforce includes social work, day care of children services, childminders and criminal justice social work staff. There is a need to clarify whether this initiative is primarily about adult social care services.
- The sector includes self-employed or lone workers such as personal assistants³ and childminders.
- The private and voluntary sector employs approximately 40% and 25% of the workforce respectively.
- The workforce characteristics vary for individual sub-sectors and throughout Scotland. For example, the private sector employs 70% of staff in adult care homes, while the majority of island-based staff are employed by the public sector.
- Service size also varies. Some providers employ thousands of staff across multiple local authority areas. Others employ a small number of staff at one site.
- Approximately 70% of providers employ fewer than 30 people.⁴

The language around patients and people who use services

The consultation refers to a need to improve outcomes for patients. We would reiterate the need to use wider terminology in some instances. For example, some people accessing social services are patients some of the time. People living in care homes may be viewed as residents. Some people will be accessing services in the community or at home.

The remainder of our response focuses on questions 1, 3 and 7.

² There are some differences in the definitions used by the SSSC and Care Inspectorate. See the SSSC's Workforce Data reports for further information.

³ Personal assistants are typically employed by people in receipt of a direct payment. These workers are unregulated.

⁴ A provider may be one part of a bigger organisation. These figures exclude local authority social work services staff and childminders.

Proposed purpose and scope

Question 1 - Do you agree that introducing a statutory requirement to apply evidence based workload and workforce planning methodology and tools across Scotland will help support consistent application?

Yes No

We note that the intention is to focus initially on nursing and midwifery workload. Our view is that further work is required prior to any plan to extend this approach to social services, particularly care homes. Around 6,600 nurses work in care homes and there are particular recruitment and retention issues for this group. A key priority will be to consider the overlap between any statutory requirements and other activities. The social care sector already has existing statutory requirements around workload and workforce planning.⁵ There is a need to consider other areas which may also involve overlap. These include:

- the National Workforce Plan (NWP) for health and social care
- the new Health and Social Care Standards.

The NWP for health and social care

We note that part 2 of the NWP will consider ways to address the challenges facing social care workforce planning post integration and will be published jointly with COSLA in Autumn 2017. Work is underway to inform this document. A key priority could be to establish some principles which inform future work in the social service sector. Any work would have to be mindful of the circumstances in this sector, where Integration Authorities are the commissioners for large parts of the workforce. In addition, there is a link with strategic commissioning, which includes 'assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.'⁶

Health and Social Care Standards

In June 2017 the Scottish Government published the new National Health and Social Care Standards. The Standards set out what we can expect when we receive health and social services. The principles potentially cover similar territory to the safe staffing

⁵ Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

⁶ Scottish Government (2015) Strategic Commissioning Plans guidance

proposals. For example, two descriptor statements from the Standards follow.⁷

- 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.'
- 'I am confident that people who support and care for me have been appropriately and safely recruited'.

Question 2 - Are there other ways in which consistent and appropriate application could be strengthened?

Yes No

We make no comment on this question.

Question 3 - Our proposal is that requirements should apply to organisations providing health and social care services, and be applicable only in settings and for staff groups where a nationally agreed framework, methodology and tools exist.

3A Do you agree that the requirement should apply to organisations providing health and social care services?

Yes No

3B Do you agree that the requirements should be applicable in settings and for staff groups where a nationally agreed framework, methodology and tools exist?

Yes No

We do not agree that this requirement (as is stands) should cover social care. We reiterate our earlier points about the need for further consideration of the role of the social service sector. The current wording of this question appears to exclude social care, although that may depend on the definition of 'national agreed framework, methodology and tools'.

Question 4 - How should these proposed requirements apply or operate within the context of integration of health and social care?

We make no comment on this question.

Requirements

⁷ Scottish Government (2017) Health and Social Care Standards: My Support, my life

Question 5 - A triangulated approach to workload and workforce planning is proposed that requires:

- Consistent and systematic application of nationally agreed professional judgement methodology and review of tools to all areas where current and future workload and workforce tools are available.
- Consistent and systematic consideration of local context.
- Consistent and systematic review of quality measures provided by a nationally agreed quality framework which is publicly available as part of a triangulated approach to safe and effective staffing.

Do you agree with the proposal to use a triangulated approach?

Yes No

We make no comment on this question.

Question 6 - Are there other measures to be considered as part of the triangulation approach to workload and workforce planning? If yes, what measures?

Yes No

We make no comment on this question.

Question 7 - Given existing staff governance requirements and standards are there sufficient processes and systems in place to allow concerns regarding safe and effective staffing to be raised?

Yes No

The consultation paper focuses on the role of NHS Scotland. Further thought will be required around the implications for social services. The term 'staff governance' is not commonly associated with the social service sector. It if refers to employee relations and collective bargaining, it should be noted that out with local authorities most services are unlikely to be unionised.

When considering safe staffing levels in relation to care services, there may be useful learning from our fitness to practise work. We would be happy to explore that further if that would be useful.

The Care Inspectorate also has a key part to play. The Care Inspectorate has a procedure for receiving and investigating complaints from people who use care services, their carers and representatives and members of the public, about the care services they use.

Question 8 - If not, what additional mechanisms would be required?

We make no comment on this question.

Question 9 - Do you agree with the proposal to require organisations to ensure that professional and operational managers and leaders have appropriate training in workforce planning in accordance with current guidance?

Yes No

We make no comment on this question.

Question 10 - Do you agree with the proposal to require organisations to ensure effective, transparent monitoring and reporting arrangements are in place to provide information on how requirements have been met and to provide organisational assurance that safe and effective staffing is in place, including provision of information for staff, patients and the public?

Yes No

We make no comment on this question.

Future approach and priorities

Question 11 - Do you agree with our proposal to consider extending the requirement to apply nursing and midwifery workload and workforce planning approach to other settings and/or staff groups in the future?

Yes No

A. If yes, which staff groups/multi-disciplinary teams should be considered?

We make no comment on this question.

B. If yes, which other clinical areas/settings should be considered?

We make no comment on this question.

Risks and unintended consequences

Question 12 - Are there any risks or unintended consequences that could arise as a result of the proposed legislation and potential requirements?

Yes No

We make no comment on this question.

Question 13 - What steps could be taken to deal with these consequences?

We make no comment on this question.

Monitoring requirements

Question 14 - Do you agree with the proposals to use existing performance and monitoring processes to ensure compliance with the legislative duty and associated requirements?

Yes No

We make no comment on this question.

Question 15 - In what other ways could organisations' progress in meeting requirements be monitored?

We make no comment on this question.

Question 16 - What should the consequences be if organisations do not comply with requirements?

We make no comment on this question.

Equality consideration

Question 17 - Do you anticipate any of the proposed options outlined in this consultation will have a direct or indirect positive or negative impact on any protected equality characteristics?

(The nine protected equality characteristics are age, sex, gender reassignment, sexual orientation, race, religion or belief, pregnancy and maternity, disability, and marriage and civil partnership).

Yes No

We make no comment on this question.

END OF QUESTIONS