Scottish Ambulance Service
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NHS SCOTLAND

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Public Board meeting	**25 September 2024** **Item 13**
THIS PAPER IS FOR DISCUSSION **HEALTH AND CARE STAFFING ACT Q1 2024 BOARD REPORT**	
Lead Directors **Author**	James Ward, Medical Director David Bywater, Interim Director Care Quality and Professional Development David Payne, Practitioner for Health and Care Staffing and Workforce Planning
Action required	To review and scrutinise the information provided in this paper and confirm that it provides assurance that SAS is meeting its duties under the Health and Care (Staffing)(Scotland) Act 2019 (hereafter known as the "Act").
Key points	- SAS has the systems and processes in place to accurately describe its compliance position. - SAS is not fully compliant with the legislation. - The seconded role for the Practitioner for Health and Care Staffing ends on 1st April 2025 with no further funding from Scottish Government. The move to business as usual needs to be supported with a clear mapping of our legislative duties to permanent roles to assist in the transition. - Engagement with Ambulance Control Centres needs to be improved.
Timing	This paper is presented as part of the duties under section 12IF of the Act for individuals with lead clinical professional responsibility to report to the Board on at least a quarterly basis on the extent to which SAS is complying with the duties of the Act.
Associated Corporate Risk Identification	Corporate Risk 4638 – Hospital Handover Delays Corporate Risk 4636 – Health and Wellbeing of Staff Affected
Link to Corporate Ambitions	This paper relates to: • We will innovate to continuously improve our care and enhance the resilience and sustainability of our services • We will deliver our net zero climate targets • We will provide the people of Scotland with compassionate, safe and effective care when and where they need it

	• We will be a great place to work, focusing on staff experience, health and wellbeing
Link to NHS Scotland's Quality Ambitions	This paper is aligned to and supports all three of NHS Scotland's quality ambitions to enable our workforce to provide safe, effective and person centred care.
Benefit to Patients	Promotes the delivery of high-quality healthcare to support the health, well-being and safety of patients.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	No adverse impact has been detected.

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SCOTTISH AMBULANCE SERVICE BOARD

HEALTH AND CARE (STAFFING)(SCOTLAND) ACT 2019 Q1 REPORT

DAVID PAYNE, PRACTITIONER FOR HEALTH AND CARE STAFFING AND WORKFORCE PLANNING

SECTION 1: PURPOSE

To provide a quarterly compliance report to the Board by the individuals with lead clinical professional responsibility.

SECTION 2: EXECUTIVE SUMMARY

SAS has made excellent progress in recognising and aligning its current systems to the duties prescribed in the legislation. The drivers for our continued non-compliance are the launch of our Real-time Reporting tool, ongoing healthcare sector pressures on hospitals, and resources for releasing staff for training and time for clinical leaders.

SECTION 3: RECOMMENDATIONS

- To launch the Real-time Staffing reporting tool in Q2.
- To support increased engagement with Ambulance Control Centres (ACCs).
- To highlight with other Boards the effect of whole healthcare system pressures on our compliance.
- To highlight the impact of resourcing on our compliance.
- To identify the routes and roles to deliver the reporting duties in business as usual (BAU).
- To consider and mitigate any potential impact on workforce morale and public confidence resulting from the annual report.

SECTION 4: BACKGROUND

The Act provides the statutory basis for the provision of appropriate staffing in health and care services and is applicable to call takers, dispatchers, ambulance care assistants, technicians, paramedics, nurses and medics within SAS. Many of the Act

requirements (Appendix 2) are not new concepts however they must now be applied consistently within all the named roles to:

- Enable safe, high-quality care and improved outcomes for people
- Support the health, well-being and safety of patients and the well-being of staff

The Act's Guiding Principles (Appendix 3) are applicable to all duties and responsibilities and are equally important.

The Act's accompanying Statutory Guidance describes the internal quarterly reporting requirements as:

- Quarterly (minimum) reports by Board Level Clinical Leaders (Executive Directors of Medicine and Care Quality and Professional Development) to members of the Board on their individual views of compliance of the relevant roles in scope under their leadership against all Act requirements to ensure appropriate staffing.

Appendix 4 details the information required within these reports of which the Board must take regard.

SECTION 5: DISCUSSION

The contents of this report are based upon information provided by the three operational regions (East, West and North), Scheduled Care, ScotSTAR, Education and Professional Development (EPDD) and Advanced Practice. Ambulance Control Centre has not yet contributed (Risk ID 5724).

The structure will follow Appendix 4- Internal Quarterly Report requirements

Duty to ensure appropriate staffing

East region reported that at all times they were appropriately staffed. Issues for other areas are rural recruitment issues, hospital turnaround times, maintaining skill mix, Area Service Manager (ASM) shortages due to extended sickness, Advanced Practice staff attrition v recruitment (Risk IDs 3782, 3733), ScotSTAR inability to meet service demand and under resourced to meet roster requirements (Risk IDs 5174, 5699).

Actions being taken are,

- The Strategic Recruitment Group meets regularly to improve the recruitment process and to address regional and rural difficulties.
- The long-term aim for patient handover to hospital is 15 minutes and SAS is working with Boards towards this target. Escalation plans are implemented in response to real-time handover delays.
- Skill mix is being addressed by recruitment, upskilling of existing staff and a business case for a technician to paramedic earn as you learn programme.
- ASM recruitment has been undertaken to seconded roles in West.
- The Integrated Clinical Hub continues to assess patients' suitability for alternative healthcare pathways to ensure the best outcomes for patients.

The diagram below shows that the Guiding Principles are followed always in the majority of areas with Advanced practice an outlier reporting sometimes.

Evidence offered in support includes data from the GRS rostering system, operational huddles and daily calls, the Business Rules that supports rostering decisions, predictive demand models which allow for early mitigation planning and Significant Adverse Event Reviews (SAERs).

The Act requires SAS to consider staff well-being if it affects our ability to deliver safe, high-quality care. Our Datix risk system received the following incident reports in Q1 which are useful in this context.

	April 2024	May 2024	June 2024
Rest Break Complaints/Issues	53	53	63
Excessive Workload/Fatigue	6	5	10

There is substantial evidence that SAS's systems and processes can accurately describe our appropriate staffing position in Q1. However, SAS is not compliant with the legislation as reports have indicated there are not enough suitably qualified and competent individuals available at all times (Risk ID 5728). Consideration must be given to factors, such as hospital turnarounds, which will not be solved with more appropriate staffing within SAS yet influence our compliance position. Likewise whilst volunteers are not included in the legislation they contribute to the delivery of high-quality care.

<u>Duty to ensure appropriate staffing: agency workers</u>

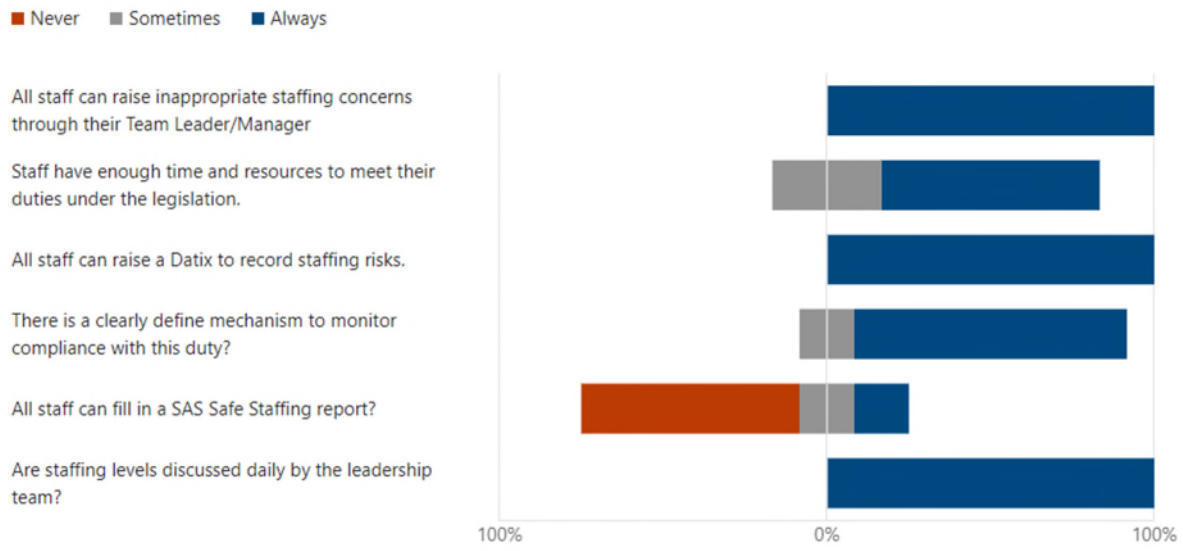
The Act requires a separate report to the Scottish Government quarterly listing high-cost agency use. Work with Procurement and Finance has indicated that area reporting will best identify usage.

Whilst SAS employed 8 agency workers in ACC call taking roles in Q1, none were high-cost as defined by the Act, i.e. over 150% of the cost of using our own staff. The number of agency staff is expected to reduce in Q2 as workforce plans come to fruition.

SAS is compliant with this duty to report.

Duties to have real-time staffing assessment; risk escalation; and arrangements to address severe and recurrent risks

SAS benefits from its existing systems and processes which provide an accurate live overview of demand and capacity. This is managed in real-time by operational managers, Strategic Operational Managers, Directors, Regional Escalation Plans and National Escalation plans. There is an embedded practice for staff to report any staffing concerns immediately through their Team Leaders or Managers and to raise a Datix incident if required.



To meet the duties under the Act a Real-Time Staffing reporting tool will be launched in Q2 for all staff. This system will keep all involved by sharing decisions made, allow for registering of disagreements and for requests of decision reviews.

As an organisation the use of radio and telephone communication remain key to responding to real-time staffing issues. The use of a reporting tool should not detract from this proven process. Emails are unsuitable to alert on-call staff out of hours.

The identification of severe and recurrent risks is currently accomplished through analysis of Datix reports and our Risk Register. It is recognised that Partnership also contributes through regional and national forums to identification. This will be supplemented by the Real-time Staffing reporting Tool. Recurrent risks identified this quarter include lost hours to hospital turn arounds, challenges in neonatal retrieval staffing and Advanced Practice staffing levels against demand.

SAS will become fully compliant with the launch of the Real-time Staffing Reporting tool in Q2.

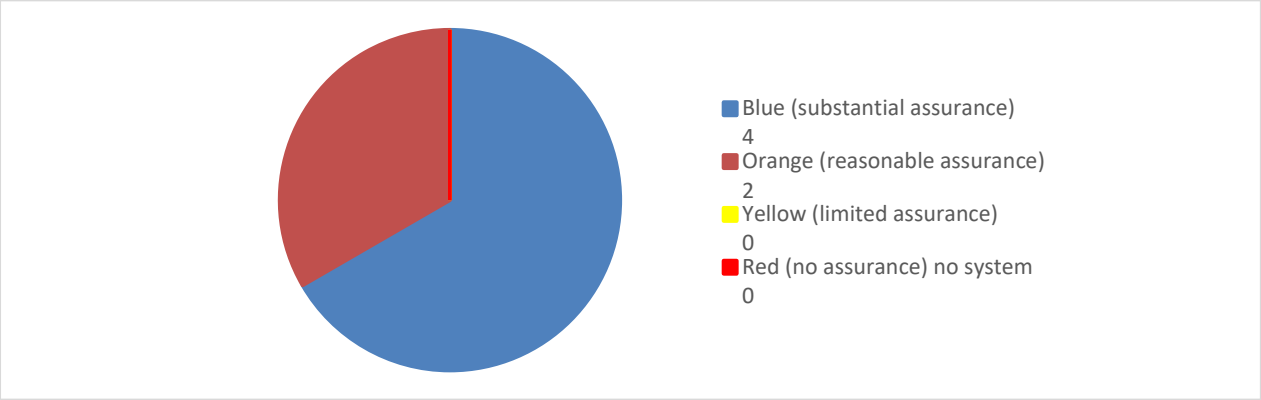
Duty to seek clinical advice on all staffing decisions

Rosters have, and are, being developed through a data driven demand and capacity programme in partnership with staff and with clinical input. Our Business Rules for rostering staff are adhered to by our work force planning teams who liaise directly with operational managers when needed for clinical input. These are being reviewed

and the legislation will be considered in that process. Not all operational managers have a clinical background and, in these cases, advice is sought from appropriately qualified staff who are available 24/7.

It is worth noting that the College of Paramedics considers a safe level of staffing can be achieved without a paramedic on every A&E vehicle as long as access to a paramedic is available (Appendix 5). Therefore the covering of a paramedic shift with another grade of clinician does not result in inappropriate staffing.

Real-time staffing decisions to accept, mitigate or escalate a risk are taken through our proven systems and processes and clinical input will be recorded in the Real-time Staffing reporting tool.



Where only reasonable assurance could be given, see above, it was stated that the Real-Time Reporting Tool would raise their assurance to substantial. SAS will be compliant at that point.

<u>Duty to ensure adequate time given to leaders</u>

3 specific areas are specified under this duty.

Advanced Practice and Scheduled Care have protected time used to deliver these duties. Challenges were identified in completing appraisals for operational staff. Learning in Practice, Return to Work processes and iMatter are positive contributors to compliance.

Evidence offered includes appraisal rates, patient experience through compliments and complaints, reflective practice documents, Minutes of Regional Patient Safety Meetings and copies of plans/objectives.

North region reported their assurance as amber, less than 50%, which reflects their position on appraisals. Further scoping work is required to determine appraisal rates across the operational regions.

SAS has systems and processes in place to identify and monitor compliance against the duty. As appraisals form one part of one aspect of this duty SAS can be considered to be compliant, though with further work to be undertaken.

Duty to ensure appropriate staffing: training of staff

This duty includes training to ensure staff are qualified and competent in their role and in implementing the duties placed upon staff by the Act.

The Learning in Practice annual programme is responsive to the needs of staff and is informed by organisational learning from SAERs, statutory and mandatory training and from external bodies such as the Joint Royal Colleges Ambulance Liaison Committee (JRCALC). The Act is included in this cycle of LIP as well as in staff inductions. The challenges around the programme are focused on the ability to release staff for training whilst maintaining high quality services (Risk IDs 5727, 5725). The reducing working week and lack of clarity on protected learning time contribute to the difficulty of improvement planning.

Driving is a core skill and Road Safety legislation will require the assessment of blue light drivers every 5 years (Risk ID 3750). This will face the same challenges as the LIP programme (Risk ID 3737).

Evidence available includes Turas learning platform data, training records, Joint Royal Colleges Ambulance Liaison Committee (JRCALC) app data, and staff development portfolios.

SAS has the systems and processes in place to confidently state its position with regards to this duty. However due to the challenge of resourcing time for staff to maintain training levels and competency SAS is not compliant with this duty.

Duties when planning or securing the provision of healthcare from others.

This duty does not apply retrospectively but to new, or renewed, agreements. These will include for example Service Level Agreements (SLAs) with other boards and healthcare services secured from private providers. This will include patient transport agreements with Boards, the Red Cross and other services called upon to provide healthcare.

SAS procurement has planned to include in future documentation arrangements to ensure regard is given to the guiding principles and appropriate staffing arrangements as part of the tendering process. Likewise, we can expect to be requested to evidence our adherence by other Boards to whom we provide services.

SECTION 6: CONSULTATION

This report has been circulated to the contributing authors from across SAS for comment before presentation to the Board.

APPENDICES:

Appendix 1- Risks

Risk IDs	Description
3733	There is a risk that the Region cannot recruit the number of Paramedics and Advanced Paramedics compounded by the current volume of operational recruitment leading to limited capacity in the Education dept to deliver driver and clinical training, resulting in an inability to meet the current or future strategy.
3737	There is a risk that clinical staff may not have up to date knowledge to deliver safe, effective and person-centred care because they have not completed their learning in practice due to operational capacity to release staff resulting in the Service not meeting the requirements of the staff governance standards and potential risk to patient safety.
3782	There is a risk that the region is unable to maintain the required number of Advanced Paramedics due to staff turnover and expectations of partners resulting in an inability to support National remote triage, support the wider Primary Care system (including contractual obligations) and provide an operational AP response
5174	There is a risk that we will be unable to cover the paediatric rota with a consultant due to a lack of investment in adequate consultant sessions resulting in an impact on patient safety and quality.
5523	There is a risk that we will not be compliant with the Road Traffic Regulations 2023 (formerly known as section 19) because we do not have the capacity and resource to implement the changes (i.e. pre employment driving checks, 5 yearly assessment and PRU Training) resulting in the Service not meeting legislative requirements.
5699	There is a risk that doctors or other part-time ScotSTAR staff with commitments to both hospital and ScotSTAR rotas find their workload unsustainable because of the high acuity and frequency of combined on-call responsibilities, resulting in difficulties in ScotSTAR staff recruitment and retention.
5724	There is a risk of a lack of communication and integration with the Service on the objectives of the Project because of a lack of capacity resulting in a failure to comply with the Act and subsequent public / political scrutiny.
5725	There is a risk of a delay implementing the changes set out in the Act because of a delay in resource development and a lack of engagement and capacity within the Service to complete the education and training required resulting in the Service not complying with the Act and subsequent public / political scrutiny.

5727	There is a risk that the Service is unable to implement the changes because of a lack of backfill resources to allow staff to complete the training resulting in the Service not complying with the Act and subsequent public / political scrutiny.
5728	There is a risk that the Scottish Ambulance Service will be unsuccessful in meeting the requirements of the legislation because of a failure to comply in all aspects of the Act resulting in reduction in levels of trust from the public / stakeholders and increased public / media scrutiny.

Appendix 2- Health and Care Staffing Act: Duties and requirements

Guiding principles: staffing for health care	
Guiding principles: staffing for health care (planning and securing of health are from others)	
Duty to ensure appropriate staffing in healthcare	
Duty to ensure appropriate staffing: agency workers	
Duty to have real-time staffing assessment in place	
Duty to have risk escalation process in place	
Duty to have arrangements to address severe and recurrent risks	
Duty to seek clinical advice on staffing	
Duty to ensure adequate time given to clinical leaders	
Duty to ensure appropriate staffing: training of staff	
Duty to follow the common staffing method including Common staffing method: types of health care	Not applicable in SAS
Training and consultation of staff	

Appendix 3- Health and Care Staffing Act: Guiding Principles

Improving standards and outcomes for service users
Taking account of the particular needs, abilities, characteristics and circumstances of different service users
Respecting the dignity and rights of service users
Taking account of the views of staff and service users
Ensuring the wellbeing of staff
Being open with staff and service users about the decisions on staffing
Allocating staff efficiently and effectively
Promoting multi-disciplinary services as appropriate

Appendix 4- Health and Care Staffing Act: Internal Quarterly Report requirements

Reports must include assessment of compliance against various duties	• ensure appropriate staffing
	• ensure appropriate staffing: agency workers
	• have real-time staffing assessment in place
	• have risk escalation process in place
	• have arrangements to address severe and recurrent risks
	• seek clinical advice
	• ensure adequate time given to leaders
	• ensure appropriate staffing: training of staff
Reports must also include:	• reference to the steps taken to have regard to the guiding principles when arranging appropriate staffing
	• reference to the steps taken to have regard to the guiding principles when planning and securing health care services from third parties
	• details of the views of employees on how, operationally, clinical advice is sought
	• information on decisions taken which conflict with clinical advice, associated risks and mitigating actions
	• conclusions and recommendations following assessment and consideration of all detailed above

Appendix 5- Lewis Andrew, Chief Operating Officer, College of Paramedics to David Payne 17/4/24.

‘Our view around paramedic availability was not in isolation to “on an ambulance” rather that paramedic availability should be focused to meet the patient needs, which should include remote triage, remote assessment, remote referral, as part of a 999 response, or as part of an urgent care need response.

Currently we recognise the resource challenges and accept that variation of acuity of calls would lead us to agree that it is unreasonable mandate to have a paramedic on every vehicle, although clinicians should have access to more senior advice, be that paramedic, specialist mental health nurse, midwife or pharmacist, depending on the incident.

I hope that clarifies the position.’

Useful Links

The Health and Care (Staffing)(Scotland) Act 2019 can be found here.

The draft guidance can be found here.

A summary of the duties can be found here.