NHSGGC Health and Care (Staffing) (Scotland) Act 2019

FAQ - AHP

	Question	Answer
Q1	Does the Act prescribe minimum staffing levels?	No. It is up to the Health Board to consider and provide processes to ensure appropriate staffing, for the needs of the patients within each clinical area. Sometimes this can be multi-disciplinary / professional.
Q2	Does this mean there is more funding for staffing?	No. The Act does not come with specific, or extra funding but should allow senior decision makers to have a better knowledge of any staffing issues in each area.
Q3	What are my responsibilities?	As an AHP at any level, you already have a professional duty to ensure your patients get the best care. If there is a staffing issue impacting on patient care, and it is within your control to fix it, you have a duty to do so. If you are not able to fix it, you have a duty to escalate higher up the management chain. You must ensure that you know the local process for doing this. As a "Clinical Leader" you will have a real time view of staffing requirements and some authority to mitigate and escalate problems and communicate with staff. As a senior AHP in a management role, you are responsible for mitigating or escalating as appropriate and communicating decisions with staff. Senior management are responsible for decision making on accepting risk if no mitigation is possible. The Act requires that you have a system to record and report this, e.g. Datix.
Q4	Who is the "Clinical Leader"?	This will vary with each service, but will be someone with a responsibility for rotas, duty allocations etc. and who has authority to redistribute staff or place extra staff. Additionally, they will have time in their job plan for this role and are responsible for ensuring staff are familiar with the Act and more broadly are suitably trained for their roles. The responsibilities of the clinical leader may be shared by different team members, e.g. the duty rota may be administered by a Team Lead and a Clinical Lead may have the authority to ensure staff training.
Q5	What do we mean by mitigation?	Once a staffing issue is identified the first step is to try and mitigate the impacts, so that patient care is not affected, so for example if a physiotherapist phones in sick, the clinical leader might for example move another

		physiotherapist from another well-staffed area, cancel non-essential work to move a physiotherapist to cover emergency work or use other members of the MDT etc.
Q6	What If I don't agree with the mitigation plans?	If you are involved in the staffing issue, the Act puts a duty on the clinical leader to discuss and communicate the mitigation actions to you. If in your opinion the mitigation is not appropriate, the Act requires that there is a mechanism for your objections to be recorded and the mitigation reassessed. How this will be recorded, and a process will be developed.
Q7	Why are bank/agency costs supposed to be restricted to 150%?	One of the aims of the Act is to reduce the use of high-cost agency and use this type of resource in a more cost-efficient way. Normally extra hours/bank/agency use should not exceed 150% of the cost of an equivalent employee's normal hourly rate. This is not however an absolute. The service can exceed this cost, but every time this happens, it must be recorded along with an explanation of the circumstances and included in the routine reports to Scottish Government.
Q8	What if my area is always short staffed?	You have a duty, as above, to mitigate and or escalate as appropriate. Senior decision makers have a duty to review Datix and other information to identify areas of recurring and severe risk. This then puts a responsibility on the Health Board to consider mitigations to reduce that risk, this could include service re-design
Q9	Can non-clinical managers make staffing decisions?	The Act specifies a duty to seek clinical advice for any staffing interventions, so no decisions can be made without appropriate clinical input.
Q10	We currently have processes for staffing levels and escalation of risk but do not have them written down?	Consider describing your current processes using a flow chart. There are good examples in the quick guides to help support this. 20240804 Statutory Guidance Quick Guide RTS & Risk Escalation V2.0 | Turas | Learn (nhs.scot) The Programme Board, short life working group will provide further guidance and SOP to support a consistent approach for NHSGGC.
Q11	How can we measure impact on staff?	Measures could include sick leave, referral to OH, Datix, complaints, SAERs, uptake of peer support and wellbeing resources, imatter and investors in people surveys & Action plans.

Q12	**Is there an agreed percentage on what time there should be for clinical leadership?**	A short life working group is carrying out a scoping exercise on behalf of GGC and will make recommendations on how we record and evidence this within our organisation. In the meantime, it can be good practice to review the workload activities associated with the clinical leader role to see what this involves for your service. Job planning tools can be helpful and there may be further evidence in job descriptions of professional body guidance.
Q13	**Where should we store Staffing Act info?**	Host on a SharePoint or Staffing Act folder which is easily accessible and can be shared for reporting as required.
Q14	**How do we know our level of assurance for duties within the act?**	 This is the guidance provided by Scottish Government to help measure the level of assurance for your team/service area.
Q15	**Does the act apply to admin staff?**	No, it refers to staff providing clinical care.

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Useful links:

Scottish Government Newsletter

Learning resources

Informed Level (This is the foundation level of knowledge and skills that all staff providing care within health and social care will require e.g. Support Workers (in health or social care), Students, Healthcare Professionals) : Learning resources : Informed level | Turas | Learn (nhs.scot)

Skilled Level (Staff with a supervisory or team management role, responsible for coordinating workload and workforce planning e.g. staff members' responsible for, or in charge of, a team, ward, department or other area). Learning resources: Skilled level | Turas | Learn (nhs.scot)

Enhanced and Expert Level Learning resources: Enhanced and Expert levels | Turas | Learn (nhs.scot)

Statutory Guidance: Quick Guide Series | Turas | Learn (nhs.scot)

HIS Webinars

Introduction to Real Time Staffing Resources for all Healthcare Professionals – Webinar 1

This webinar covers the background to RTSRs, what the difference in between staffing level tools and RTSRs, legislative requirements for organisations, and what is possible for the future.

HIS Webinar 1

Introduction to Real Time Staffing Resources for all Healthcare Professionals – Webinar 2

This webinar has a demonstration of an in-use real time staffing resource and staff experience of utilising the tool to support safe staffing and risk escalation in line with legislation.

HIS Webinar 2