Creating a unified approach to embedding Scotland's staffing law with SafeCare

Scotland's Health and Care (Staffing) (Scotland) Act 2019 (HCSA) came into force in April 2024. Health leaders recognised the benefits of a national eRostering system to support Health Boards meet their legislative duties. The national system selected was Allocate HealthRoster (now Optima). SafeCare, which works alongside the rostering platform, was identified as the key digital tool to enable organisations to track their compliance with the new legislation.

Prior to national implementation of the system, five Health Boards had independently procured eRostering. At this point, however, there was no nationally agreed configuration or approach, and variable SafeCare use.

This drove a multi-agency effort to map each duty in the HCSA to a SafeCare functionality, secure support for a single national configuration of the platform and then implement this whole system approach across all Boards to support compliance with the Act.

Through careful collaboration between the Scottish Government, the e-Rostering National Programme (ERNP) – delivered by NHS National Services Scotland (NSS), NHS Education for Scotland (NES), Healthcare Improvement Scotland, Health Board representatives and RLDatix, a plan was agreed to embed this national SafeCare configuration, accompanied by extensive training and reporting resources, enabling Boards to monitor, demonstrate and report on HCSA compliance.

The challenge

The primary challenge was to get all Scottish Health Boards to agree to align on a single SafeCare configuration that could meet the needs of the board across a range of clinical services and settings where healthcare is delivered, that could equally support all relevant professional disciplines. This would enable consistency of information, and an ability to develop high quality national data, alongside local information and intelligence.

At the start of the alignment project, it was clear that while teams across the country already had some experience with SafeCare, they were using the platform in different ways, and almost exclusively within bed holding areas for nursing staff.

To enable support and engagement with all relevant stakeholders to deliver national configuration required project leaders to demonstrate that SafeCare could be equally applicable to the many different roles and professions of clinical staff working across all clinical settings.

The whole system approach was designed to take stakeholders on a journey to get to a point where SafeCare could be used as a single approach to enable compliance with the HCSA, as well as provide extensive data and intelligence to support and inform Board improvements in local workforce planning, and where appropriate, service redesign.

> "There were collaborative meetings between the Scottish Government, Healthcare Improvement Scotland, the ERNP and RLDatix around the use of SafeCare, specifically around the Health and Care (Staffing) (Scotland) Act being commenced this April. We started to draw out the things we might need. In practice, this meant configuration issues, how we use the system in line with the Act, and any developments that might be required."
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> **Laurie Johnson,**
> Clinical Lead
> Scotland's ERNP

The solution

This led to the creation of an expert working group to guide the project, which included representative users of SafeCare from a range of Health Boards.

Once each duty within the HCSA had been mapped to a functionality within SafeCare, the working group then held workshops and meetings to explore how the platform could be used to support the systems and processes in the Boards that comply with legislation. This then led to specific workshops to agree a suite of descriptors and definitions for all SafeCare.

Functionality, that would be applicable to all professional disciplines and all clinical settings. Among other things, this led to a dramatic reduction in the number of 'Professional judgement' definitions from 30 down to 6.

Some health boards had already implemented SafeCare and would need to retrospectively make amendments to configuration, whilst others were still in the early stages of learning about the system so the team used an agile approach which recognised and complemented both the advantages and challenges of national configuration, relevant to each health board.

The first requirement for the project management team was to test how SafeCare was working as a tool for helping healthcare teams and Boards to comply with their HCSA duties.

A pilot scheme within one Health Board began in summer 2023, and ran alongside the national configuration discussions, providing a test bed for the use of these descriptors and definitions in practice.

NHS Western Isles was invited to be the pilot site to test the national configuration across all services and professional groups, providing invaluable feedback on the applicability of the drop-down menus and ease of use and understanding of the system.

NHS Western Isles was well-placed to scale the platform around an innovative 'build and train' model for adoption (that is, all rosters are built by the provider with whole system training and implementation).

Strong leadership within the Health Board facilitated small team working with the wider Scottish Government, Health Improvement Scotland, the eRNP and RLDatix to make the journey as collaborative and efficient as possible.

A key outcome from the pilot was a suite of training resources, produced to show how the platform could be used to report on Act compliance.

The results of the NHS Western Isles pilot were extremely valuable, both legitimising the rationale for the transition and gathering feedback from those who would be using the national configuration.

"The tool has become much easier to use for a range of colleagues, including our nursing teams and allied health professionals. A clear advantage of the new system for us has been a more co-ordinated approach to tracking dependency scoring".

Frances Robertson,
Associate Nurse / AHP Director and
Chief Operating Officer

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As an outcome from this National approach to SafeCare configuration and implementation, there is an ability to create a suite of reports that can be utilised in all Boards, and enable the development of a National dashboard to provide strategic data and information.

Results and next steps

- As of July 2024, all Boards with Optima have access to SafeCare and a 'Once for Scotland' configuration to better facilitate their compliance and reporting abilities around the HCSA legislation.

- Work is continuing to build consistency between existing staffing level tools and dependency scoring and staffing calculators within SafeCare, supporting staff to more accurately determine their staffing requirements on a day-to-day basis.

- There are comprehensive training resources to optimise both the use of SafeCare and the reports generated, with training delivered to all Health Boards.

- Insights from the transition process have been developed into a learning resources so that everyone can now use SafeCare in a consistent manner to report compliance with the staffing Act.

- The expert working group is now monitoring the use of the national configuration and analysing user feedback to determine any improvements that could be made.