ACCELERATING HEALTH AND SOCIAL CARE WORKFORCE CAPACITY

Current absence status

1. NHS Scotland currently *[nb as at 23 March – now over 5% at 25 March]* has a Covid-19 staff absence rate of around 3%. (This figure should be treated with extreme caution as it relies on existing reporting systems which have limited capacity and rely on Board updates.) Covid-19 related absence breaks down as follows:[1]

- 490 staff in the NHS are recorded as being off due to coronavirus;
- 26 have tested positive;
- 4,896 are currently absent due to self-isolating;
- this represents around 3.3% of the total workforce, of which the vast majority (91%) are self-isolating.

2. Changing measures over the last week have been accompanied by assessments that the position in Scotland is now 7-10 days behind Italy (with similar projected mortality rates), and around two weeks behind London. Our previous modelling suggested that absence rates would peak at 43.7%. This requires substantive revision as the number of cases increases demand on services and capacity.[2]

3. Our extant analysis suggested we needed to be deploying additional capacity into the workforce **by Monday 13 April**, to give the best chance of mitigating against staffing gaps in peak weeks (though there will still be significant gaps). This would help address concerns that we may be unable to staff critical care, much less community areas. The changing analytical picture suggests we need additional staff within the next week, or as soon after that as is possible.

4. The Cabinet Secretary has agreed the following proposal to urgently establish a new process to recruit medical, nursing and AHP students and a range of other people into the health and social care workforce. The system would be:

- for both returners and students being deployed on fixed term contracts;
- a temporary measure for time limited employment, subject to review of process;
- principally used to expedite the process of registering interests and subsequently employing returning staff; and would
- provide a measure of national oversight for deployment of this pool of resource.

[1] Data on social care staff absences is being sought via the Care Inspectorate

[2] There are allied concerns that all of our critical workers are not getting the same access to child care, which may be increasing absence rates. For example, in East Ayrshire only one parent needs to be a critical worker; but in South Ayrshire this applies to both parents before access is given.

Proposal summary

5. In these extraordinary circumstances, lead SG Directors have agreed that we should create a new single web based system (portal) that will enable details, screen registration and where people want to work.

6. Time is of the essence and we need a simple system. We want to have the process up and running this week, so people are being placed by the end of next week.

7. This new portal should apply to all those who want to come into the health and social care workforce: it needs to cover all those who want to work - whether in acute, primary or within wider health and social care settings.

8. All of these people should be contracted to NHS Education for Scotland (NES), with all associated issues in relation to payroll etc being administered through that Board. We will have to be prepared to innovate at pace.

NES role

9. NES is best positioned to deliver this for us in Health. NES already has the experience of working with NHS Boards in exactly this way – for example, in relation to the Doctors in Training Lead Employer model. This would ramp that up a step.

10. This also links to the digital infrastructure – again NES already have this in place for the Lead Employer model, and this could be developed very quickly to extend to other staff groups.

11. **Annex A** sets out a short delivery plan and specification for this work to progress.

Legal and practical issues eg registration

12. Using NES as a single point of recruitment etc, would rely on the general and broad power conferred on NES as a board under s. 2A NHS (Scotland) Act 1978.

13. There appears to be a legal basis in the 1978 Act for NES to deliver this role. Should there turn out to be legal impediments, then we may seek emergency legislation in this area to enable this as a matter of urgency.

14. In terms of the interaction between any emergency legislation and the UK Coronavirus Bill, the NMC cannot grant emergency registration until given legislative power to do so. (The GMC cannot undertake similar until s.18A Medical Act 1983 is triggered). The projected timescale for the UK Government Bill is Royal Assent by 31 March. Then the NMC register can be live within 24 hours of the legislation being passed.

15. This basically means we cannot employ medics/nurses/AHPs in a licensed capacity until the registers are open. However, this does not mean we cannot undertake the formal aspects of recruitment/induction/PVG etc. in anticipation of registration being granted.

16. It also does not preclude people being recruited to undertake non-licensed work in anticipation of, or in lieu of, registration being granted. For example:

- We can get people recruited as HCSWs and move ahead with induction until we get the registration sorted.
- We also need to recruit into HCSW posts to fulfil social care roles if they work for us: they can have vicarious liability and be supported by clinical workforce and can be deployed as needed care at home, hospital or care home.
- We also need to recruit porters, domestic staff, catering assistants, chefs and admin staff. Again we need to be able to place across the health and social care estate - e.g. if a chef goes off sick in a care home.

17. Both NMC and GMC will be taking the approach of automatically registering people and wrote out to that effect on Friday 20 March 2020. They will be providing lists of registered persons to the devolved administrations, and GMC were developing an information-sharing agreement for this (notwithstanding other measures on data sharing in the offing). Those lists can be shared with NES.

Deployment issues

PVG/Disclosure

18. The disclosure provisions in the UK Bill allow Scottish Ministers to issue a direction to dis-apply offences prohibiting employers from employing barred persons. They also enable Disclosure Scotland to essentially collapse their various disclosure regimes by allowing applications for a scheme record (or short scheme record) to be treated as a statement of scheme membership. As such, employers may make a PVG application and Disclosure Scotland is only obliged to provide a short scheme record by way of reply.

19. Views are needed from Disclosure Scotland as to how quickly it can process applications and how it will prioritise health service applications. There does not appear to be any change to provisions in how an application can be received.

20. The principal offer to students is employment in “non-licensed” roles on a fixed-term basis. This does not rely on UKG legislation. We therefore should be able to move swiftly. Students on placement should already be in possession of a PVG or Disclosure certificate – as such there is a need to ensure that we can rely on an existing certificate, without any fresh application. This should not be problematic as it is similar to the process followed for students on placement.

Induction and training

21. Once staff are in employment, there is then induction and training. A decision would have to be made around a minimal induction programme - normally up to five days - and on top of that would be the care of the respiratory patient that many staff may not have had recent experience of. For social care redeployment and volunteers, the SSSC, NES & COSLA have also been working on a minimum training package for

emergency volunteers, redeployees and new staff. They are aiming to get it published by the end of this week.

22. A proportionate risk-based approach will have to be taken on these issues - PVG as well as moving and handling, and resuscitation. As a matter of urgency we would require to agree what a minimal programme would be.

Geographical allocation, travel and occupational health

23. Clearly, operational decisions about deployment will need to be made with full engagement of NHS Boards and other health and social care employers. Boards will also need to determine allocation of new staff where they are on the border of Boards – while minimising travel. Similarly, they would require to make appropriate provision for occupational health and protection in the circumstances, in conjunction with Health Protection Scotland and other national agencies.

Social Care

24. These proposals need to cover primary and community workforce requirements too (including social care support). For social care, the biggest challenge will be mechanisms to get new recruits in quickly and to the areas of highest priority. There are lots of people without work who will be willing to work in care – the question is how quickly we can get them there. There are complex mechanisms to be managed if we are to accelerate recruitment of social care staff, and if we are to expect some health workers to be able to be deployed into social care: eg the more complex landscape of employment, with large numbers of providers in the independent and third sectors. Similarly, terms and conditions and differences in regulatory requirements would require careful discussion.

25. For social care staff, registration with the SSSC is not a barrier to rapid employment of social care staff or redeployment of staff into social care. People can start work in social care services <u>without</u> being on the SSSC register – currently they have 6 months to register after starting work. This period is being extended to 12 months by the UK Covid-19 Bill - they will need PVG checks, but as noted elsewhere in the submission, this is being simplified and accelerated. Only social workers must be registered with the SSSC before they start employment as a social worker.

26. The SSSC are already prioritising the registration of social workers and the UK Covid-19 Bill will allow Ministers to direct the SSSC to commence temporary registration of social workers who have left the register and final year students. Officials have discussed with COSLA the likely need to accelerate employment procedures to get additional social workers into post.

27. There is no reason why the NHS should not employ social work and social care staff, although some legal duties - for instance in relation to assessment of capacity and employment of Mental Health Officers - are the domain of local government alone. Consideration requires to be given to attracting social care workers from existing employers in pursuit of more favourable terms and conditions - particularly small third sector organisations whose staff have been experiencing job insecurity in recent times.

28. Advice from SG primary and social care colleagues, via COSLA, SSSC, Care Inspectorate and other relevant stakeholders as necessary will be required on the following (alongside other issues as the specification is confirmed):

- Interaction with UK Coronavirus bill on provisions covering GP practitioner lists etc – existing emergency provisions envisage recruitment at board level.
- Role specifications, scope of contract, pay, terms and conditions etc.
- Mechanisms for deployment across local authority and third sector partners etc.

Benefits

29. As piecemeal approaches to local issues become increasingly less effective, the situation now warrants a radical solution involving exceptional working practices. Moving quickly and decisively with NES to implement this recruitment mechanism will enable a strategic grip and line of sight over the workforce at this critical time.

30. This proposal will enable flexibility and matching, particularly so where people may be able to perform wider roles than the specific ones for which they have put themselves forward.

ANNEX A

Delivery plan – actions required to recruit in next 5 days

Outline

- Design and Implement web based system (portal) that will enable details, screen registration and where people want to work.
- Process up and running next week so people are placed by the end of next week.
- Portal applies to all those who want to come into the health and social care workforce – whether acute, primary, community or social care.
- All recruited through portal contracted to NHS Education for Scotland (NES), with all associated issues in relation to payroll etc being administered through NES.

Assumptions:

1. **This is a process to manage people who already have some experience & training in health and care into fixed term contract employment.** Regardless of how we define this, we will get members of the general public with no experience or training applying and we need to be able to manage this.

Specification

2. The aim is for NES to get a portal up and running very early next week. A technical specification is being worked on in relation to the practicalities of implementing the portal, covering a range of employment aspects.

3. The portal can be set up to collect all the basic information required for employment, including potentially photographs of passport/driving licences to facilitate Disclosure Scotland checks. It can also ask for preferences in terms of employment locations.

4. While NES should deal with payroll, it would require an allocation to cover this if we are to avoid instituting a potentially cumbersome recharging mechanism.

5. Careful thought is required about how this process would identify what Boards/Community/Social Care need – and how groups of incoming staff would be prioritised and allocated. The starting assumption here is that NES would allocate to Boards/PC/IJBs etc, which then make detailed deployment decisions.

6. Registrations would need to be checked for registered staff – perhaps manually against the registers to start with. We would require to work closely with regulators - GMC, NMC and HPC - on updating their existing registers to account for staff who are being re-registered.

7. The portal would require to put in place arrangements for vaccination, and induction.

8. Consideration is also required on arrangements for occupational health checks, and liaison with HPS and potentially other agencies about PPE equipment and clothing.

9. The process will be:

- Person logs their details on a web front end attached to the NHS Careers website.
- Needs to prominently advertise that this is only for who are registered, whose registration has lapsed, or who are enrolled on a healthcare profession qualification with a university or a college.
- Person enters personal information, details of qualification or university/college registration and preference as to geographical area (suggest by NHS Board)
- Person confirms if they already have PVG disclosure and reference
- No interviewing, longlisting or shortlisting.
- Pre-employment checks performed at a national level by NES
- At this stage we have staff ready to be on-boarded.

10. The allocation/matching process between available staff and where they are to be deployed will work as follows:

Options:

- NES allocates staff to Board areas (based on individual preference), makes information available, single points of contact in Boards to work with NHS and HSCPs to allocate to locations.
- Boards/HSCPs provide NES with details of their requirements and NES run matching process then inform Boards/HSCPs of outcomes.
- Once allocation/matching process complete, new member of staff issued with contract, location, start date and point of contact digitally.

11. A number of decisions and action points are being pursued, including the following:

- Do we want to simply employ everyone with training/experience, and allocate to Boards/HSCPs to fill gaps, or do we want to have a matching process in place?
- What are the essential Pre-employment checks – will need to check registration and enrolment status with universities/colleges; is there a need for references?.
- Need to identify extent of occupational health checks required. And those requiring EPP (Exposure Prone Procedures) – possibly best done at Board level?
- Need standard terms and conditions for each cohort. Where do we place on salary scale – if someone has recently retired and is returning do they get placed back where they were – how do we verify this quickly?
- What length of contract to be issued?
- What if the individual becomes sick – what are sick pay arrangements? Also need to consider pensions position (assume opt-out but what if an individual wants to opt-in)

- Is there on-line induction that can be done prior to starting work, to be started potentially as application is progressed?
- Will need close working across agencies – Disclosure Scotland, Regulators for regulation status and Universities and FE for enrolment status.
- NES already has in place an Employers Responsibility Agreement which sets out respective responsibilities of the Lead Employer and the Placement Board for Doctors in Training. Would need to be extended for all other groups.
- Need to clarify who picks up the payroll cost. Simplest for NES to get an allocation to cover and not have to recharge to individual placement Boards/HSCPs

12. NES Digital colleagues have already been working with the International Recruitment team in NHS GGC to build a Covid19 section to the Careers website to tackle the front end of this – and get the GG&C team a page that they can point enquiries to.

13. NES have also confirmed that they can link the front end web functionality into a back end process to automate contract issuing and on-boarding. Again we will want to confirm the specification of this.

14. Detailed conversations continue at pace between SG and NES colleagues.