

## **Appendix 2: Health and Care (Staffing) (Scotland) Bill: Financial Implications: A Summary**

### **Financial implications**

The Financial Memorandum highlights the Care Inspectorate's new duty to be established by the Bill and, noting that "there is currently no staffing tool validated for use in the social care sector", it suggests that "details of how the tool would operate and how it would be developed are uncertain".

The following extracts are taken directly from the Financial Memorandum.

For the purposes of providing an estimate of cost in this Financial Memorandum it has therefore been assumed that a tool would be developed in a similar way to those developed by the NMWWPP. It should be noted that there is not a requirement to develop a tool in this way, nor is there a requirement for the Care Inspectorate to develop specific tools for care homes if there is not a need or identified way to do so.

### Research

In order to assess the evidence of need for a tool in a specific type of care setting and possible benefits from use of a tool, it is possible that the Care Inspectorate would commission independent analysis from workload and workforce planning experts before commencing work. The anticipated cost for doing so would be circa £50,000. This cost is in line with initial requirements for academic and analytical support required by the NMWWPP when first developing tools for nurses and midwives. It will be important to ensure similar academic rigour is applied when developing tools in the care sector. It may also be possible for the Care Inspectorate and NMWWPP to collaborate to ensure existing experience is utilised to support this work. This work could be started in advance of commencement (expected to be 2019-20) of the Bill to ensure that there is clear evidence of whether a tool is required or not.

This research would likely determine what outcomes would indicate that a tool is improving staffing or care provision. Part of this research would assess what tools or processes are already in use and whether they should be included in a new tool or methodology. As the development of tools is explored, consideration will be given to whether existing dependency tools e.g. the Indicator of Relevant Need (IoRN) tool, or existing procedures such as personal plans, can be incorporated into tools and/or methodology for care homes. Some of the projections provided here may need to be revised in light of this research.

### Tool and method development

The intention is that care homes for older people would be the first setting in which the development of a tool and method is explored. Experience of timescales for developing a tool in health has been that the process for developing, testing and validating a tool takes four to seven years. This is

dependent on the size and complexity of the service, availability of an evidence base and time taken to gain consensus from stakeholders. All costs provided here make the assumption that tool development would take four years.

Should work to develop a tool and methodology be commenced, the Care Inspectorate would be required to collaborate with relevant stakeholders in development of the tool. It is anticipated that the Care Inspectorate would require additional staff for this work. This is likely to include staff for stakeholder and programme management and a development lead. It should be noted that, as this work is to be coordinated by the Care Inspectorate but led by the sector, and the way in which a tool is developed will be informed by previous research, some of these costs may be spread across organisations other than the Care Inspectorate. However, an estimate of likely staff requirements is given in Table 7 assuming they would be employed by the Care Inspectorate.

The majority of tools developed for health settings have required observation studies to be carried out in a proportion of clinical areas as part of the tool development. This would be carried out by somebody with a knowledge of the tools and the clinical setting. It is likely that, if a tool is developed for care homes for older people, observation studies would be carried out by persons with knowledge of the tools and work settings. The Care Inspectorate is likely to be best placed to fulfil this role and the implementation leads identified in Table 7 would undertake this work.

Additional costs for the development of a tool, based on the process used by NMWWPP, are likely to include research and analysis, academic input and administrative support, and are outlined in Table 7.

| <b>Activity</b>  | <b>Resource</b>       | <b>2020-21<br/>Year 1</b> | <b>2021-22<br/>Year 2</b> | <b>2022-23 Year 3</b> | <b>2023-24<br/>Year 4</b> |
|--|-----------------------|---------------------------|---------------------------|-----------------------|---------------------------|
| Stakeholder manager for programme and reference partners                 | 1 WTE Grade 8         | £65,000                   | £66,000                   | £67,000               | £69,000                   |
| Development lead   | 1 WTE Grade 7         | £58,000                   | £59,000                   | £0                    | £0                        |
| Implementation leads to work with partners, care services and inspectors | 2 WTE Grade 6         | £0                        | £102,000                  | £104,000              | £0                        |
| Literature review, research, data gathering, processing, analysis        | 1 WTE Analyst Grade 5 | £44,000                   | £45,000                   | £46,000               | £0                        |
| Administrative support   | 1 WTE Admin Officer   | £31,000                   | £32,000                   | £33,000               | £0                        |
| Travel, meetings and consultation costs                                  |                       | £20,000                   | £20,000                   | £15,000               | £0                        |
| Academic engagement  |                       | £10,000                   | £10,000                   | £10,000               | £0                        |
| <b>Total</b>   |                       | <b>£228,000</b>           | <b>£334,000</b>           | <b>£275,000</b>       | <b>£69,000</b>            |

## Provision of training

Once a tool and method has been developed it is anticipated that training could be offered to providers to ensure proper use of the tools. Unlike in health, there is no standard programme of training for those who would be responsible for running the tools. It is proposed that training would be delivered to service providers through a series of events run by the Care Inspectorate. Online tool resources would be created and hosted by the Care Inspectorate. An estimate of associated costs is provided in Table 8.

| Activity                                       | Resource                     | 2020-21<br>Year 1 | 2021-22<br>Year 2 | 2022-23<br>Year 3 | 2023-24<br>Year 4 |
|--|------------------------------|-------------------|-------------------|-------------------|-------------------|
| Knowledge spread and comms production of tools | 0.2 WTE<br>Comms<br>Resource | £7,000            | £7,000            | £7,000            | £0                |
| Online tool resource                           |                              | £0                | £13,000           | £13,000           | £0                |
| ICT Equipment and Miscellaneous                |                              | £25,000           | £28,000           | £10,000           | £3,000            |
| <b>Total</b>                                   |                              | <b>£32,000</b>    | <b>£48,000</b>    | <b>£30,000</b>    | <b>£3,000</b>     |

## Oversight

While Care Inspectorate inspectors already consider staffing as part of inspection, it may be the case that additional training for inspectors is required to ensure that they can adequately assess the use of any tool and methodology developed and the evidence provided for staffing decisions, and provide support where required. It is estimated that, to train all inspectors of care homes, would require approximately 700 hours of training time across two years in advance of implementation of the tool and method. Estimated costs for this are £28,000 and £29,000 in years 2 and 3 after commencement.

In advance of implementation of any tool, inspectors may work with care service providers to ensure they are prepared for use of the tool and method and are supported in doing so. Estimated costs for this are £96,000 and £98,000 in years 2 and 3.

As a tool and method has not been developed, it is not possible to accurately predict how much, if any, additional time inspectors might require to scrutinise service provider reports of staffing considerations using the tool and method. Scrutiny of staffing considerations following tool use may not take any more time than is currently dedicated to scrutiny of existing staffing requirements. If more in-depth analysis of reporting is required across all 856 care homes for older people this may require an additional time for inspectors. The Care Inspectorate estimates this could be up to the equivalent of one WTE at a cost of £53,000 per annum starting from implementation of the tool i.e. year 4 post commencement. Estimated costs associated with inspection of the use of a tool and methodology are given in Table 9.

| <b>Activity</b>                             | <b>Resource</b>                           | <b>2020-21<br/>Year 1</b> | <b>2021-22<br/>Year 2</b> | <b>2022-23<br/>Year 3</b> | <b>2023-24<br/>Year 4</b> |
|---|---|---------------------------|---------------------------|---------------------------|---------------------------|
| Inspector training and development          | Backfill for 700 hours                    | £0                        | £28,000                   | £29,000                   | £0                        |
| Professional discussions in 1200 care homes | Backfill for 2400 hours of inspector time | £0                        | £96,000                   | £98,000                   | £0                        |
| Building scrutiny into CI inspections       | Equates to 1 WTE Inspector                | £0                        | £0                        | £0                        | £53,000                   |
| <b>Total</b>                                |   | <b>£0</b>                 | <b>£124,000</b>           | <b>£127,000</b>           | <b>£53,000</b>            |

### Reporting on use of tool

Use of a tool and methodology would be reported to the Care Inspectorate as part of the annual reporting already required of all care service providers. It is anticipated that reporting will carry no significant additional financial implications for service providers as a result of this legislation.

### Cost to local authorities and integration authorities

The Care Inspectorate will ensure care providers are compliant with the relevant duties and therefore this will provide assurance to local authorities and integration authorities that care service providers are meeting the relevant duties placed on them. This duty is therefore likely to have minimal financial impact.