# NHS Golden Jubilee

### **Meeting: NHS Golden Jubilee Board**

### **Meeting date: 28 August 2025**

### **Title: Health and Care Staffing Programme Q1 Report**

### **Responsible Executive/Non-Executive: Anne Marie Cavanagh, Executive Nurse Director**

### **Report Author: Brenda Wilson, Safe Staffing Nurse Lead**

## 1 Purpose

This is presented to NHS Golden Jubilee Board for:

### Approval

### This report relates to a:

* Government policy/directive
* Legal requirement

### This aligns to the following NHSScotland quality ambition(s):

* Safe
* Person Centred

**This aligns to the following NHSGJ Corporate Objectives:**

* High Performing Organisation
* Optimal Workforce

## 2 Report summary

## 2.1 Situation

# This paper provides a Quarter 1 (25/26) summary of NHS Golden Jubilee (NHSGJ) progress in meeting the duties of the Health and Care (Staffing) (Scotland) legislation including the duty to provide an internal quarterly report.

The Health and Care (Staffing) (Scotland) Act was enacted on 1st April 2024.The Act is applicable to all clinical professional groups, and places specific duties on Health Boards, care service providers, Healthcare Improvement Scotland (HIS), the Care Inspectorate and Scottish Ministers.

Since commencement several reporting requirements are in place with which Heath Boards must comply:

1. High-Cost Agency Use– Boards must submit quarterly reports to Scottish Government. This is signed off by both Executive Nurse and Medical Directors.
2. The Executive Nurse and Medical Directors require to report to the NHSGJ Board governance groups on a quarterly basis.
3. Health Boards are required to submit annual reports to Scottish Ministers which detail compliance with the Act, high-cost agency use and any identified severe and recurrent risks, at the end of each fiscal year. The first such report was submitted on time to the Scottish government on **30 April 2025**.

## 2.2 Background

**Local reporting**

The previously agreed methodology and schedule for internal reporting, is now a business-as-usual process.

The process requires each clinical lead to provide an assurance report which are then aggregated to provide the overall percentage achievement, creating the Board wide quarterly report. The reports include the relevant duties within the Act for each profession with the aim of providing detail of the Board’s progress with and achievement of compliance with the Act.

The Q1 report provides a summary of the Board’s position at the end of Q1 2025/26, against the legislative duties. Appendix 1. Provides a summary of overall compliance.

## 2.3 Assessment

**Current position against the required duties:**

A summary of the combined clinical profession’s position is provided through the following sections together with an overall grid of the level of assurance against each duty (Appendix 1). There are 13 clinical professional groups within NHS Golden Jubilee to which the legislation is applicable, and all have reported for Q1 therefore the assurance status presented within this report is based on all 13 received.

**12IA - Duty to ensure appropriate staffing**

The NHSGJ position with this duty is **substantial (100%)**. This overarching duty seeks assurance that effective processes are in place to ensure the right workforce is in place to support the delivery of safe, effective, high-quality care. Workforce planning in NHSGJ takes place at professional, multi-disciplinary and operational service level. There is a Workforce Planning Strategy in place for the Board. Teams are working through the implications of the reduced working week planned for 1 April 2026 and this will be collated and reviewed by the Human Resources team and Executive Directors to ensure robust plans in place for ongoing safe and appropriate staffing.

Where it is identified that there is a gap, clinical managers highlight issues at the twice daily site wide safety huddle where associated mitigation and solutions are identified and recorded.

**12IB - Duty to ensure appropriate staffing: agency workers**

Each profession has a process in place to ensure governance around the use of agency staff. High-cost agency use i.e. exceeding 150% of a substantive post holder, continues to be reported to Scottish Government, with the first report of 2025/26 due for submission in July 2025.

**12IC - Duty to have real-time staffing assessment in place**

The NHSGJ position with this duty remains **substantial (100 %)**. The roll out of the application of e-rostering will support compliance with the legislative requirement of this duty. There is a plan in place for the roll out of eRoster over 2025/26. Safe Care® has not yet been fully deployed, and until there is wider use of eRoster across NHSGJ, the interim processes remain in place. In the interim, local processes/systems continue to be used (including Medirota®).

**12ID - Duty to have risk escalation process`s in place**

The NHSGJ position with this duty remains at **substantial (100%)**. There are structures and processes in place to support compliance with this duty to ensure real-time risks are escalated appropriately. These continue, in the main, as locally developed escalation protocols for teams. The internally developed decision support escalation tool facilitates this process and provides a means of recording the same. Critical Care areas continue to utilise the Generic Real Time Staffing tool.

The site wide safety huddles are inclusive of all clinical professions and whilst nursing department leaders use the huddle to ensure safe allocation of workload this is an opportunity for clinical professions to share/ escalate any staffing concerns that may impact clinical care delivery. This activity is well embedded and provides a useful vehicle for escalation and local mitigations that have been deployed to communicate with the wider teams.

**12IE - Duty to have arrangements to address severe and recurrent risks**

The NHSGJ position with this duty is substantial (**100%).** The various governance structures and assurance processes in place across the organisation support compliance with this duty. Professional leadership structures are in place across NHSGJ to help to support compliance with this duty.

Confirm and challenge monthly meetings are held by the Executive Director of Operations and divisional teams to review and address ongoing risks to the planned and actual clinical activity. This may include reviewing risks identified and associated mitigations. The meetings are attended by Lead clinicians from the triumvirate, performance team and other executive directors including Medical and Nurse Directors.

**12IF Seek clinical advice on staffing**

The NHSGJ position for this this duty is **reasonable 92%**. There is continued support for teams to review the systems and processes that they already have in place to ensure they meet the requirements of this duty. Once Safecare is deployed this will support a more robust position across the Board.

**12IH - Duty to ensure adequate time given to clinical leaders**

The NHS Golden Jubilee position for this this duty is **reasonable 62%.** There are ongoing challenges noted with allocating time for all clinical leaders. Clinical leaders are now more aware of this duty and describe monitoring this more closely. Job planning exercises and PDP discussions help to support this process. Improvement in the percentage compliance of this duty is a priority during 2025/26.

**12II - Duty to ensure appropriate staffing: training of staff**

The NHSGJ position for this this duty remains **reasonable at 92%**. Systems remain in place to support compliance with this duty including use of TURAS for personal development reviews, clinical education calendar, L&OD training calendar, and monthly Clinical Medical Education days (CME) together with staff development opportunities through access to the Board wide further education training fund.

Training compliance data is shared locally through the staff governance group.

**12IM - Reporting on staffing**

As described earlier in this paper, NHSGJ is aware of the reporting requirements and has developed a template for each profession to provide the detail for the NHS Golden Jubilee Health and Care Staffing Programme Board. Clinical leads are asked to complete the template as per the timetable agreed at the Programme Board. The completed templates are stored in a secure Team’s file.

**12IJ - Duty to follow common staffing method**

The NHSGJ position for this this duty is **100%** - **substantial**, in NHSGJ this duty is only applicable to the Nursing profession. The schedule of staffing level tool runs is twice per annum May and November. Due to the timing of the public holidays in May 2025, the first tool run of 2025 was 2nd- 14th June 2025.

A reporting template has been developed and used to collate workforce data and quality of care metrics for reporting through the nursing workforce group in autumn 2025. A digital version of this template, which will provide analytics for discussion with teams and for workforce planning is in development with Quality Improvement colleagues and this will be tested following the June 2025 Staffing Level Tool run.

### 2.3.1 Quality/ Patient Care

Implementation of Safe Staffing legislation ensures that we have robust systems and processes in place for monitoring and escalation for clinical staff. This will be further supported with implementation of Safe Care® once eRoster is fully embedded.

### 2.3.2 Workforce

Compliance with the duties of the Health and Care (Staffing) (Scotland) legislation will enable NHS Golden Jubilee to assess the extent to which the current workforce provides the delivery of safe, high-quality care, and to identify associated severe or recurring workforce risks. The legislation also ensures that there are routes available for staff to raise concerns pertaining to staffing levels or quality of care, and that there is a clear process for staff who raises a risk to be informed regarding any action or decision taken as a result.

### 2.3.3 Financial

Currently NHS Golden Jubilee is in receipt of non-recurring funding from the Scottish Government to resource a Lead role to support readiness for implementation of the Health and Care (Scotland) (Staffing) legislation.

### 2.3.4 Risk Assessment/Management

There continues to be a level of variance of achievement of the legislative duties across the professional groups. There is ongoing support to clinical professions for implementation of the duties.

### 2.3.5 Equality and Diversity, including health inequalities

There are no equality and diversity issues relevant to implementation of the Health and Care Staffing (Scotland) Act (2019).

### 2.3.6 Climate Emergency and Sustainability

N/A

### Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

State how his has been carried out and note any meetings that have taken place.

* HIS / NHSGJ Engagement calls Apr – Jun 25.

### Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

* Health Care Staffing Group members, June 25.
* Clinical Governance Risk Management Group, 22 July 25
* Staff Governance and Person Centred Committee, 12 August 2025
* Clinical Governance Committee, 14 August 2025

## 2.4 Recommendation

* **Awareness** – For Members’ information only.

## List of appendices

The following appendices are included with this report:

* Appendix 1. HCS Q1 Compliance