# NHS Golden Jubilee

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

### **Meeting** **date:** **27 November 2025**

### **Title:** **Health and Care Staffing Quarter 2 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 GJ 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 the most up to date position of the Quarter 2 (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 Q2 report provides a summary of the Board’s position at the end of Q2 2025/26, against the legislative duties. Appendix 1. Provides a summary of overall assurance levels and Appendix 2. Rolling compliance.

Changes from Q1 report are described below;

12IA: Pharmacy have allocated x 2 senior staff (8A) to manage the monthly rotas and to review daily.

12IC: Nursing records any escalations and safety issues via the twice daily Huddle. There is a scheduled plan for implementation of eroster and Safecare which will facilitate increased confidence and assurance in Real Time Staffing.

Pharmacy has a process to log any issues which is managed by the senior staff who manage the rotas and daily staffing review

12ID: Cardiac surgical Care Practitioners (SCP’s) have established a new system for recording escalation of risks, and this is recorded on the SCP Drive

Pharmacy now has a risk escalation document operational

12IE Pharmacy have a traffic light system in place to record Severe and Recurrent risks. The allocation of a rating is discussed with the team

12IF: Cardiac SCP’s - Clinical advice recorded on SCP Drive

12IH: Pharmacy have introduced 0.2WTE protected time for all lead pharmacists. Any exceptions are recorded

12II: Cardiac SCP’s and the Perfusion service are developing and implementing an etraining file

12IJ: CSM – Nursing only – digital tool tested post June 2025 run, second PDSA with refinements will be tested following the November tool runs. The new Professional Judgement Tool (PJT) will be live on SSTS on 30th October 2025 and will therefore be utilised during the November tool run.

## 2.3 Assessment

**Current position against the required duties:**

A summary of the combined clinical profession’s position is provided through the sections of each duty 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, we may not see change for every group for every quarter and therefore the assurance status presented reflects the most up to date status.

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

The NHSGJ position with this duty is **substantial (100%)**.

**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. The 2025/26 Q1 Report which was submitted in July 2025, demonstrated use of high-cost agency in theatre scrub, cardiac surgical care practitioners, radiology, and intensive care nursing. These areas advised the use of such agency was due to long-term sick leave, vacancies, and increased activity to support waiting times improvement across NHSGJ and other Boards. On this occasion, there was no requirement to report on medical staffing via this route.

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

The NHSGJ position with this duty remains **substantial (100 %)**.

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

The NHSGJ position with this duty remains at **substantial (100%)**.

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

The NHSGJ position with this duty is substantial (**100%).**

**12IF Seek clinical advice on staffing**

The NHSGJ position for this this duty is **reasonable 92%**.

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

The NHS Golden Jubilee position for this this duty is **reasonable 70%.**

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

The NHSGJ position for this this duty remains **reasonable at 92%**.

**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.**

### 2.3.1 Quality/ Patient Care

Implementation of Safe Staffing legislation helps to ensure 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 as per the schedule of implementation over 2025/26.

### 2.3.2 Workforce

Compliance with the duties of the Health and Care (Staffing) (Scotland) legislation enables NHS Golden Jubilee to assess the extent to which the current workforce provides the delivery of safe, high-quality care, and to identify and mitigate where possible, 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 raise a risk to be informed regarding any action or decision taken as a result.

### 2.3.3 Financial

To ensure continuity of application of the duties of the act, provide support to teams and deliver the required reporting, NHS Golden Jubilee has continued to employ a lead for safe staffing on a temporary basis.

### 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 this has been carried out and note any meetings that have taken place.

* HIS / NHSGJ Engagement calls Apr – Jun 25, further call planned October 25.
* The first annual report is now available on the NHSGJ Website for public access [Health and Care (Staffing) (Scotland) Act 2019 Annual Board Report :: NHS Golden Jubilee](https://www.nhsgoldenjubilee.co.uk/publications/reports/health-and-care-staffing-scotland-scotland-act-2019-act-2019-annual-board-report-quarter-1-2-and-3-2024-2025)
* The Safe Staffing Lead Nurse continues to participate in membership of the national workforce collaborative group. This group has representation from all relevant health boards and meets with Healthcare Improvement Scotland and Scottish Government regularly. The SSLN also sits on relevant HIS groups e.g. review of CSM, Staffing Level tools

### 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, September 25
* Clinical Governance Risk Management Group
* Staff Governance Group, 13 October 2025
* Partnership Forum, 17 October 2025
* Staff Governance and Person Centred Committee, 6 November 2025

## 2.4 Recommendation

* **Decision** – For Members’ approval.

## List of appendices

The following appendices are included with this report:

* Appendix 1. HCS Q2 Assurance Levels
* Appendix 2. HCS Q2 Rolling Compliance