

Health and Care (Staffing) (Scotland) Act 2019

Quarterly Board Compliance Report

01 July 2025 – 30th September 2025 (Quarter 2)

Appendix 1 & 2

**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, we may not see change from every group every quarter and therefore *the assurance status presented reflects the most up to date position.*

**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. There remains opportunity for continuous improvement two examples of recent change are from the cardiac surgical practitioner service with the development of a new system to record escalation of risks and pharmacy services who now have a risk escalation document operational.

**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 continue with 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. Pharmacy now has a traffic light system in place to record Severe and Recurrent risks. The allocation of a rating is discussed with the team.

**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. There is a schedule of go live dates for the professional services over 2025/26. A new development in the Cardiac SCP service is the recording of clinical advice obtained on SCP Drive

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

The NHS Golden Jubilee position for this this duty has increased to **70 %** however remaining **reasonable** withthe advent of Pharmacy introducing 0.2WTE protected time for all lead pharmacists with any exceptions recorded. 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. An example of development in terms of tracking and planning training is the development and implementing of an eTraining file in Cardiac SCPS and the Perfusion service.

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 with the next tool run commencing 3rd November 2025.

The reporting template which was developed to collate workforce data and quality of care metrics was converted to a MS Form to provide analytics for discussion with teams and for workforce planning was developed with Quality Improvement colleagues. This digital format was tested following the June 2025 Staffing Level Tool run. The second PDSA of this tool, with refinements based on PDSA 1 feedback , will be tested following the November tool runs. A national review of the CSM led by HIS will commence on the 28th October 2025 which may inform further changes to the document. The new Professional Judgement Tool will be live on SSTS on 30th October 2025 and will therefore be utilised during the November tool run.

**Appendix 1:**  **NHS Golden Jubilee reported level of assurance with each duty - Q2**

*13 clinical professions at NHS Golden Jubilee that Safe Staffing legislation is relevant to. Returns on progress received from**11**clinical professions.*

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| duty | topic | Comp % (Q1 24/5 | Comp%  (Q2 24/5) | Comp % (Q3 24/5) | Comp % (Q4 24/5) | Comp Q1 25/6 | Comp Q2 25/26 | Assurance Level | Evidence |
| 12IA/B | Ensure appropriate staffing | 100 | 100 | 100 | 100 | 100 | 100 | Substantial | * Workforce planning/ development; * Recruitment/ retention initiatives; * Real time staffing (RTS) * Escalation processes * Quality/safety metrics * Patient/staff feedback * Effective roster management/ job planning. * Dynamic oversight from clinical managers and inclusion of all relevant professions at the x 2 daily Huddle * Pharmacy allocation of senior staff to manage rotas |
| 12IC | Real time staffing in place | 100 | 100 | 100 | 92 | 100 | 100 | Substantial | * Identify/communicate risks in relation to staffing * Mitigation/escalation - huddle/decision support/processes * Route for risks that cannot be mitigated – Datix/escalation processes * Generic RTS – CC areas * Severe and / or recurrent risks via Datix at present * Adverse event reporting/review * Escalation document and actions (nursing) |
| 12ID | Risk escalation process in place | 88 | 100 | 92 | 92 | 100 | 100 | Substantial | * Clinical advice currently recorded on escalation document when used (used by exception) * Escalation doc can record feedback to individuals re decisions made/space to record disagreement |
| 12IE | Arrangements to address severe and recurrent risks | 77 | 82 | 92 | 92 | 100 | 100 | Substantial | * Severe and / or recurrent risks via Datix. And review (triumvirate) * RTS and adverse event process * Pharmacy have a traffic light system to record these risks |
| 12IF | Seek clinical advice on staffing | 83 | 72 | 67 | 69 | 92 | 92 | Reasonable | * Clear communication re who can give clinical advice (clinical structures) * Escalation processes – record – escalation doc * Record of any conflict - escalation doc * Mitigation of risk * Quarterly internal reports – submitted by lead professionals, submitted to the Board * Clearer tracking will be available with Safecare * SCPs record advice on the SCP drive |
| 12IH | Adequate time given to clinical leaders | 50 | 45 | 50 | 61 | 62 | 70 | Reasonable | * Lead clinical professional responsibility; * how is sufficient time determined via job planning/PDP * Identify any potential risks e.g. SCN taking case load – frequency of same * Review of time/resource - annual job plan/PDP * Pharmacy now has a process in place to ensure protected leadership time |
| 12II | Appropriate training of staff | 100 | 100 | 92 | 92 | 92 | 92 | Reasonable | * Training strategy/ governance re those professions within the scope of the Act; * Monitoring cancellation / postponement of training (escalation doc, staffing level tool run) * Assurance re mandatory / essential training – L&OD * PDPs * Record of training activity. * Cardiac SPs and the Perfusion team are in the process of implementing an etraining record |
| 12IJ | Follow common staffing method (nursing only) | 100 | 100 | 100 | 100 | 100 | 100 | Substantial | * Draft SOP for CSM under review - LN for SS on national review group for CSM. GJ review group established * Digital process testing July 2025 – 2nd PDSA will follow November tool runs. * Governance via NWAG * Risk/mitigation/ escalation re Staffing requirements after CSM –draft SOP * Arrangements for seeking staff views/ feeding back to staff – SOP * Time/training to apply the CSM (sessions commence 03/07/25) |

**Appendix 2**

**Q2 2025/26 Rolling Compliance Percentages**

