



NHS Golden Jubilee

Meeting:	NHS Golden Jubilee Board
Meeting date:	26 February 2026
Title:	Health and Care Staffing Programme Q3 Report
Responsible Executive/Non-Executive:	Anne Marie Cavanagh, Executive Nurse Director
Report Author:	Eleanor Lang Associate Nurse Director (Corporate) Brenda Wilson, Healthcare Staffing Programme Lead Nurse

1 Purpose

This is presented to 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 3 (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 remain in place with which Health 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. This data is published by Scottish government.
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 to the Scottish Government on 30 April 2025. This has subsequently been published both on NHSGJ website and Scottish Government website.

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 Q3 report provides a summary of the Board's position at the end of Q3 2025/26, against the legislative duties. Appendix 1. Provides a summary of overall assurance levels

Changes from Q2 report are described below:

12IA: Planned transfer to eroster is in place across hospital

12IC: Nursing records any escalations and safety issues via the twice daily Huddle. There is a scheduled plan for implementation of eroster and Safe Care which will facilitate increased confidence and assurance in Real Time Staffing. This roll out is on track. Planned transfer to Safe Care over 2026, starting in April.

Spiritual care are currently in discussions with a neighbouring Health Board to formalise cross cover for urgent calls and are working towards a chaplain on bank contract for flexible support to the small team.

12IF: SCN workload review within Nursing dept planned for Q4.

12II: Pharmacy dept are working towards facilitating protected learning time for all colleagues. They have scheduled protected time, and this will be monitored going forward
 12IJ: CSM – Nursing only – digital tool tested post June 2025 run, returned to paper documentation following the November tool runs which proved successful. The new Professional Judgement Tool (PJT) was utilised during the November tool run. Plan to use PJT with ANPs and CNSs in January 2026.

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 Q2 Report, which was submitted in October 2025, demonstrated use of high-cost agency in labs (haematology), ophthalmology consultant, radiology, and nursing.

These areas advised the use of such agency staff was due to long-term sick leave, vacancies, and increased activity to support waiting times improvement across NHSGJ and other territorial Health Boards, and to facilitate good patient and staff experience. Specialist roles remain challenging to develop staff internally.

Controls regarding deployment of agency staff remain in place and are continually monitored via escalation pathways for each clinical profession.

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 (75%)**.

Some smaller and/ or specialist professions (CSPD, Psychology and Spiritual Care) have not required to seek further clinical advice on staffing.

This is reflected on percentage compliance for transparency, resulting in a reduced percentage.

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

The NHS Golden Jubilee position for this this duty is **reasonable (67%)**.

Most clinical professions plan in protected time however if time cannot be honoured this is recorded and monitored.

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

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

There is ongoing monitoring of cancellation and postponement rates for staff attending training. Completion of mandatory training is monitored by line managers.

12IM - Reporting on staffing

NHSGJ is aware of the reporting requirements and has developed a template for each profession to provide the detail for the quarterly reporting requirements. Clinical leads are asked to complete the template as per the timetable agreed at the Programme Board for 2025/26. 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 **substantial (100%)**.

This is only applicable in the Nursing profession at present.

12IL- Training and Consultation of Staff

The NHSGJ position for this this duty remains **substantial 100%**.

This is only applicable in the Nursing profession at present.

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. Safe Care is planned for implementation in 2026.

2.3.2 Workforce

Compliance with the duties of the Health and Care (Staffing) (Scotland) legislation continues to enable 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 ensures that there are routes available for staff to raise concerns pertaining to staffing levels or quality of care.

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

2.3.7 Communication, involvement, engagement, and consultation

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

- HIS / NHSGJ Engagement call further call took place in October 25. We await the new schedule from HIS for 2026/27.
- 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](#)
- The Healthcare Staffing Programme Lead Nurse continues to participate in membership of the national workforce collaborative group.

2.3.8 Route to the Meeting

This is presented to the Board as part of its development and onwards governance.

- Staff Governance Group 22 January 2026
- Partnership Forum 30 January 2026
- Staff Governance and Person Centred Committee 10 February 2026
- Clinical Governance Committee, 12 February 2026

2.4 Recommendation

- **Approval**

3 List of appendices

The following appendices are included with this report:

- Appendix 1. HCS Q3 Assurance Levels