



Health and Care (Staffing) (Scotland) Act 2019  
Quarterly Board Compliance Report  
01 January 2026 – 31<sup>st</sup> March 2026 (Quarter 4)

**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 and based on the quarterly reports received.

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

The NHSGJ position with this duty remains 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. 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. We continue to report any agency workers shifts at NHSGJ to Scottish Government within the expected time frames outlined within the legislation

**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 and

2026/27. 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. 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. Rehabilitation team have developed a local Escalation Tool to formally record escalations. This has not been required yet however colleagues are aware of this and the ability to escalate as required.

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.

### 12IF Seek clinical advice on staffing

The NHSGJ position for this this duty is **reasonable 67%**. Some teams identify the need to formalise escalation documentation. Whilst there might not have been incidents that this has been required clinical leads are asked to ensure that they have a process in place. 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 67%. 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, and opportunities to escalate challenges within the divisions. Improvement in the percentage compliance of this duty is a priority during 2026/27. There is the availability of a Learning -activity for teams to access and improve understanding of this duty.

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

The NHSGJ position for this this duty is **substantial at 100%**. 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 each quarter (appendix 2). The completed templates are stored in a secure Team's file. It is noted that there are not always significant changes to report each quarter.

#### **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 25 May 2026.

Common Staffing Method documentation has been an instrumental part of recent workforce reviews that have been ongoing through Q4 and held with each speciality team. These reviews have provided an opportunity to review all aspects of the workforce data alongside quality-of-care metrics and other sources of information with frontline clinical Senior Charge Nurses and Clinical Nurse Managers.

#### **12IL- Training and consultation of staff (nursing)**

The NHSGJ position for this this duty is **100% - substantial**, in NHSGJ this duty is only applicable to the Nursing profession. There are set training opportunities available for staff each week for 8 weeks prior to the run of the Staffing Level Tools. Staff are invited to join and ensure that they are fully prepared for the implementation of the tools for the 2 week periods.