

Thank you for returning this template as per dates below to MS Team/ safe staffing/ general/ quarterly reports 26/27

Quarter	Months covering	Submission dates
1	April, May, June	
2	July, August, September	
3	October, November, December	
4	January, February, March	20 th March 2026

Guidance to support professional leads in team discussions for Quarterly returns. (Evidence planned actions for progress towards a substantive status, facilitate collaborative approach to collate information and evidence of compliance with the HCSA (Staffing) (Scotland) 2019

Clinical service:

Year: 2026 Quarter: 4

Professional Lead Completing:

Changes noted / no changes noted (please add updates in red)

Duty	Evidence	Yes	No	N/A	Planned Action to Progress
12IA Duty to ensure appropriate staffing	Do you have in place a process to ensure that you always have suitably qualified and competent staff for workload forecast?				
	Are there Standard Operating Procedures in place to ensure that any concerns with staffing requirements are escalated and recorded?				
	Are you monitoring quality of care / service given and how are you recording this?				
12IC Duty to have real-time staffing assessment in place	Do you have documentation of your <u>actual</u> staffing headcount on duty per band, at least once per day? (exclude planned study leave, annual leave etc, only staff available for the service)				
	Do you have documented evidence of the required staffing headcount (Professional Judgement or equivalent) for the same time per band/per day?				
	Is there a direct correlation between your service workload and the patient acuity / complexity of your interventions?				

	If yes to above, do you record this daily to indicate the impact staffing has on your ability to provide a safe, quality standard of service?				
	When considering your workload, demands on service and outcomes, do you document any mitigating actions applied and if yes where are these recorded?				
	Do you document supplementary staffing you have used and the source (Bank, Extra hrs etc.) each day? Where is this escalated to?				
12ID Duty to have risk escalation process in place	Do you have a process in place and documentation to record any risk in relation to your real time staffing assessment above? (E.g. missed/delayed care/omitted tasks due to insufficient staffing/incorrect skill mix? Where is this documented/ where would this be documented? (if occurred)				
	Does your process and documentation note who you would escalate that risk to, and to whom you would escalate. What further mitigations would be applied if any following that escalation? If yes, where do you document this?				

	Do you have a process in place and documentation to record the outcomes of risk escalation and to record that feedback, where appropriate has been given to the person reporting the risk (the person whom may have highlighted the initial concern)? If yes, where do you document this (ie do you use Datix for this)?				
12IE Duty to have arrangements to address severe and recurrent risks	Do you have documentation in place that allows you to record the severity and impact on the service that risks have triggered? If yes, where is this documented?				
	Are there arrangements in place to monitor documented trends evidencing severe recurring risks? Are the arrangements in place to address them along with the outcomes? If yes, where is this documented?				
12IF Duty to seek clinical advice on staffing	Do you have a process in place for escalating a risk and seeking clinical advice if in relation to staffing concerns?				<i>(notes: if there is not a process/ documentation in place this needs to be developed at local level)</i>
	If yes, does your process ensure that you recorded/				<i>(notes: if there is not a process/</i>

	documented the advice, and ensured that the person who raised the initial concern was informed of the outcome? If yes, where is this documented eg internal escalation document or SafeCare?				<i>documentation in place this needs to be developed at local level)</i>
12IH Duty to ensure adequate time given to clinical leaders	Do you have a system in place for recording protected time for clinical leaders to facilitate non-clinical time without a caseload, where appropriate?				
	Do clinical leaders have protected time rostered regularly for leadership roles and responsibilities (including line management roles, PDPs, quality of care/ service, meetings, coaching etc).				
	If no, where is this escalated to, what mitigations have been developed?				
12II Duty to ensure appropriate staffing:	Do you keep an accurate record of training for all staff which is appropriate and relevant for the purposes for the role you are asking them to perform? Where is this recorded?				

training of staff	Do you record such time and resources with the consideration of giving them adequate time to undertake such training? Do you also record if this time cannot be achieved and why?	YES			
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Nursing department only

12IJ Duty to follow common staffing method (nursing staff only)	<i>Where there is a speciality specific staffing level tool, these are mandated to be run once per annum. NHSGJ runs theses twice per annum in May and November. Currently Common Staffing Method (CSM) is only applicable to NMAHPs & Medics in ED therefore only nursing department at GJ)</i>				
		Yes	No	N/A	
	If your service lies within scope, do you have a reliable tracking system for running the workload tools/recording outcomes/ addressing/recording all the parts of the CSM?				

12IL Training and consultation of staff (nursing only)	Do you have a process whereby staff can give views on staffing arrangements? If yes, where is this recorded?				
	Do you consider these views and use them to identify best practice, and areas for improvement, in relation to such staffing arrangements. How is this evidenced?				
	Do you provide training for staff on the Act and the the common staffing method, where required ie Nursing. Where is this recorded?				
	Do you ensure staff have adequate time to use the common staffing method, and are they given information about use of the common staffing method, including. How is this achieved and where is this recorded?				