



**Health and Care (Staffing)  
(Scotland) Act 2019  
Annual Report**

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**1 January – 31 December 2025**

# Introduction

Welcome to the HCSA Annual Report 2025. This report covers the period Q4 (2024/2025) and Q1, Q2 and Q3 (2025/2026).

This paper provides a high level summary of NHS Golden Jubilee's progress against the duties of the Health and Care (Staffing) (Scotland) legislation in line with statutory requirements for reporting.

The Health and Care (Staffing) (Scotland) Act came into effect on 1 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 this commenced, Health Boards must now comply with several reporting requirements, which are detailed below.

1. High-Cost Agency Use – Boards must submit quarterly reports to Scottish Government; containing:
  - Details of the number of occasions agency workers costing 150% or more than the cost of a substantive equivalent were required.
  - Percentage cost of such (above normal pay rate).
  - Rationale for use. This detail is required for every shift and must be signed off by both Executive Nurse and Medical Directors.
2. The Executive Nurse and Medical Directors are required to report to the Board governance groups on a quarterly basis to detail the level of compliance against the legislation for the range of clinical professional groups for which they have executive responsibility, and the progress in improving compliance. This paper is our Annual Report covering the full calendar year 2025.
3. Health Boards must submit annual reports to Scottish Ministers at the end of each fiscal year to detail compliance with the Act, high-cost agency use and any identified severe and recurrent risks.

This report will be submitted to Scottish Government within the expected timetable.

A separate detailed Template developed by Scottish Government must also be returned, this has been completed and will be submitted with this Annual Report.

See Appendix 1 for detailed compliance trend analysis chart.



# Local reporting

Through the NHS Golden Jubilee Health Care Staffing Programme Board, a local method and schedule for reporting was agreed for 2025.

Assurance reports are provided from clinical leads to the Healthcare Staffing Programme Lead Nurse and Associate Nurse Director (Corporate), and these are combined to develop the Board wide quarterly reports.

These reports cover all relevant health duties within the Act for each profession, providing assurance on the Board's progress and achievement of compliance with the Act and are presented to local Governance Committees (Clinical Governance Committee and Staff Governance Committee) prior to sending to Healthcare Improvement Scotland.

This report provides a summary of the Board's current position against the legislative duties over 2025.



# Current position against the required duties

As described, the legislative duties are applicable to all clinical professions, and these are listed within the legislation.

A summary position against each duty is provided through the following sections and a summary of level of assurance reported against each duty is included in Appendix 1.

There are 13 clinical professional groups identified within NHS Golden Jubilee to which the legislation is applicable.



## 12IA – Duty to ensure appropriate staffing

The NHS Golden Jubilee position with this duty is substantial. This overarching duty ensures that effective processes are in place to ensure the right workforce is on hand to support the delivery of safe, effective, high-quality, patient care.

Workforce planning in NHS Golden Jubilee takes place at professional, multi-disciplinary and operational level. There is a Workforce Planning Strategy in place for the Board.

Where a gap is identified, clinical managers can highlight this at the site wide safety huddle. Associated mitigation and solutions are identified.

Initiatives in place to support this duty include:

- Recruitment and retention initiatives.
- Real time staffing- dynamic oversight from clinical managers and inclusion of all relevant professions at the twice daily huddle.
- Quality and safety metrics.
- Patient and staff feedback through various routes.

## 12IB – Duty to ensure appropriate staffing: agency workers



The quarterly agency returns continue to identify agency usage in NHS Golden Jubilee for staff costing over 150%. Over 2025 this has been reported within Medicine (consultant ophthalmologist), Nursing (perioperative department and critical care), Allied Healthcare Professions (radiography) and Healthcare Sciences (perfusion and laboratories).

Each profession has a process in place to ensure there is good governance and approval for use of agency staff. There are robust systems and processes in place to support efficient reporting of agency staff usage within the Divisions.

We have met our statutory obligations to return these high cost agency reports quarterly to Scottish Government over 2025 within expected timeframes set out.



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

The NHS Golden Jubilee position with this duty is significant. The application of e-rostering will support compliance with this legislative requirement.

There is a plan in place for roll out of eRostering and this will continue in 2026, with more clinical areas adopting this system.

There is a plan in place for Safe Care®\* to be adopted and implemented throughout 2026 across identified areas in the Hospital.

Until there is full implementation of eRoster across NHS Golden Jubilee, we will continue with interim processes. Colleagues are utilising local processes (including Medirota®)\*\* and agreed escalation tools (the decision support escalation tool). As part of the reporting system colleagues are asked to describe and document current processes.

## 12ID – Duty to have risk escalation processes in place



The NHS Golden Jubilee position with this duty is substantial. The application of e-rostering will further support compliance with the legislative requirement of this duty. There is a plan in place for continued roll out of eRostering.

Safe Care®\* will be adopted and implemented throughout 2026, across identified areas within the Hospital. Until all relevant areas are on boarded, interim processes will be in place such as the use of Medirota®\*\* and local escalation tools (such as the decision support escalation tool).

All relevant areas and professions have provided detail of their current process, as part of the reporting system.

Initiatives in place to support this duty include:

- Recording of clinical advice sought and received using the Escalation/ Decision Support Document which is completed by exception.
- Recording of feedback to individuals who have escalated a concern re staffing regarding decisions made and any disagreement.



## 12IE – Duty to have arrangements to address severe and recurrent risks



The NHS Golden Jubilee position with this duty is substantial. The established governance structures and assurance processes in place across the organisation support compliance with this duty.

Professional leadership structures in place across the organisation also support this. The regular Confirm and Challenge Meetings are held by Executive Director of Operations and the divisional teams to review and address any identified ongoing risks to the planned and actual clinical activity.

This may include reviewing risks identified together with the associated mitigations that have been deployed. These meetings are attended by the lead clinicians from the triumvirate, the performance team and other executive directors including the Medical and Nurse Directors.

These are held monthly and minutes are recorded as part of the governance and quality process as well as provide transparency.

Initiatives in place to support this duty include:

- Severe and/or recurrent risks are currently recorded via Datix and continuously reviewed by the Triumvirate leadership team.
- The RTS and Adverse Events processes provide further governance and reporting to support learning and improvement.

## 12IF – Seek clinical advice on staffing



The NHS Golden Jubilee position for this this duty is reasonable. The clinical teams are encouraged to continually review the systems and processes that they have in place to facilitate this, and to meet the requirement.

Initiatives in place to support this duty include:

- The internal quarterly reports submitted by each Lead Professional identify the formal process in each area. It is noted that in small and/or specialist areas the process has not been required, and this has been recorded.



## 12IH – Duty to ensure adequate time given to clinical leaders



The NHS Golden Jubilee position for this this duty is reasonable.

Compliance with this duty has remained static and this has been highlighted and discussed with divisional operational teams.

The majority of professions have indicated that time is scheduled into Job Plans, however that protected time can be eroded to meet clinical needs and ensure safe, effective, person centred care is delivered.

Clinical leaders are continuing to monitor this closely to support opportunities for review and improvement.

Initiatives in place to support this duty include:

- Review of time allocated for clinical leadership with line manager at annual job planning and or PDP reviews.
- Recording and monitoring of clinical leadership time achieved or omitted with rationale.
- Review of SCN workload is planned during Q4 2025/2026.



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



The NHS Golden Jubilee position for this is reasonable.

The structures and processes in place to support compliance of this duty are reviewed and monitored. They include the use of TURAS for personal development reviews, clinical education calendar, the Learning and Organisational Development (L&OD) training calendar and the monthly Clinical Medical Education (CME) days.

Staff are able to apply for a range of staff development opportunities that can be accessed via Board wide further education training funds. Training compliance data is shared locally through staff governance group.

Initiatives in place to support this duty include:

- Monitoring of cancellation/postponement of scheduled training and education via escalation documentation, twice daily multi professional huddles, staffing level tool runs.
- Recording of training and education undertaken including statutory mandatory training.

## 12IJ – Duty to follow common staffing method



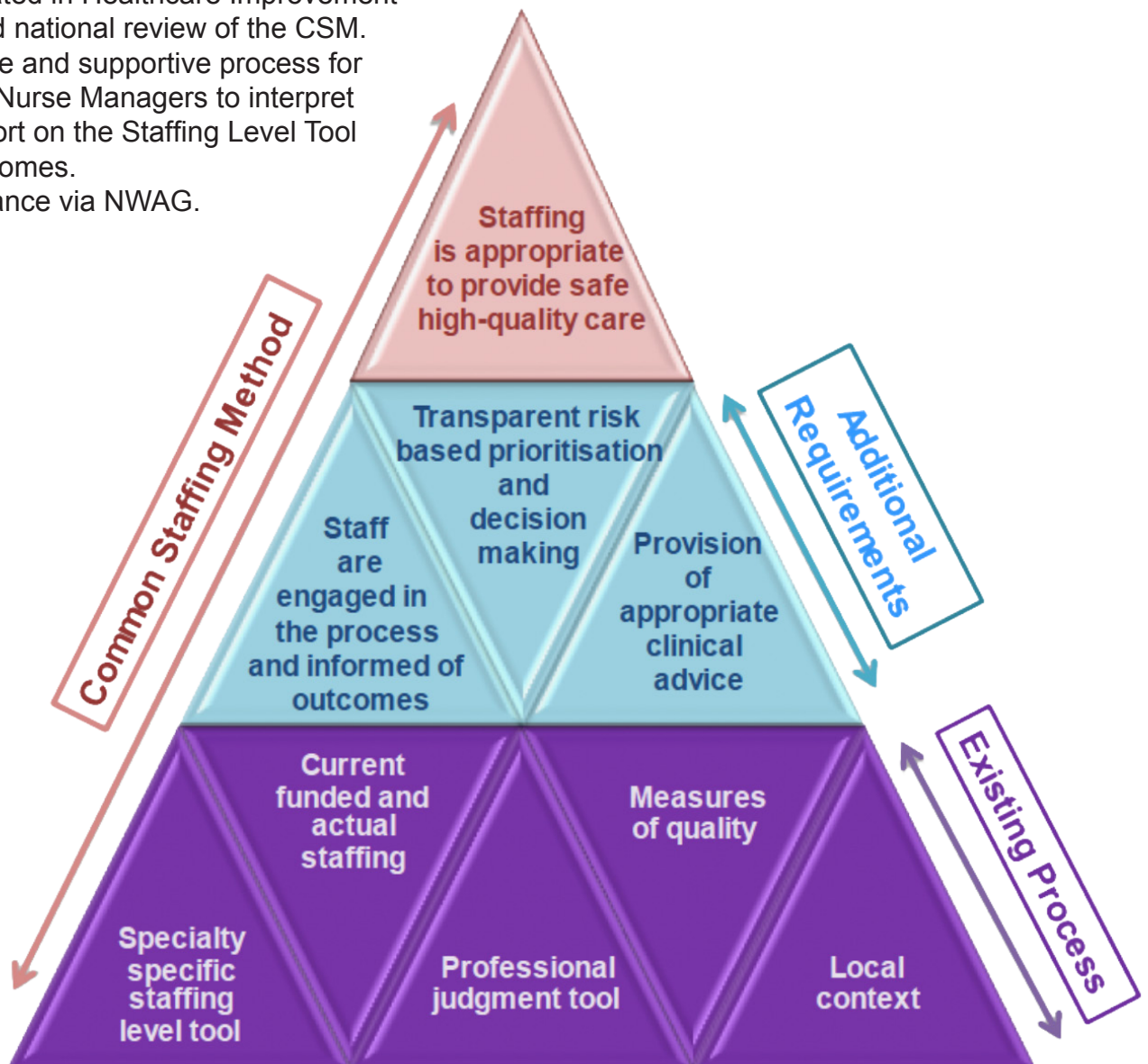
The NHS Golden Jubilee position for this duty is substantial. Currently this duty only applies to the Nursing profession.

Staffing level tools, where available, are mandated to be run a minimum of once a year. NHS Golden Jubilee schedules two staffing level tool runs per year in May and November. These took place as scheduled in 2025 (June and November).

The internal reporting template was used to collate workforce data and quality of care metrics together with the Business Objects XI (BOXI) reports, generated from the Staffing Level Tool run data entry on Scottish Standard Time System (SSTS) and for onward reporting via the Nursing Workforce and Governance Group (NWAG).

This information is being used to help inform the nursing workforce review which is currently in progress. Initiatives in place to support this duty include:

- SOP currently in development.
- Healthcare Staffing Program Lead Nurse participated in Healthcare Improvement Scotland national review of the CSM.
- Proactive and supportive process for Clinical Nurse Managers to interpret and report on the Staffing Level Tool run outcomes.
- Governance via NWAG.



## 12IL – Training and consultation of staff



The NHS Golden Jubilee position for this duty is substantial. Currently this duty only applies to the Nursing profession.

Prior to Staffing Level Tool runs there are planned facilitated preparation training sessions for nursing staff.

These sessions support staff for training on accurate data collection and use of the CSM documentation on completion of the tool either as refresher training or for colleagues new to using the tools.

We have expanded implementation of the Professional Judgment Tool to some clinical areas that had not participated before and this has proved successful, also enabling staff views to be recognised as part of CSM process.

Daily hospital huddles also identify the SLT running and ongoing support during the tool runs. On completion of SLTs there is an expectation for CSM documentation to be completed and returned within a specific time period.

This enables SCNs and CNMs to review their outputs and use triangulation in review of data collected alongside additional quality of care metrics.

## 12IM – Reporting on staffing



The NHS Golden Jubilee quarterly reporting template provides an easy to use process for each profession to provide the detail for the NHS Golden Jubilee Health and Care Staffing Quarterly and Annual Reports.

This reporting process also allows professional leads to track their service progress against each duty and plan accordingly for improvement in compliance where required. There is now a clear and well established reporting and governance schedule.



# Planning and securing services

NHSGJ has well established processes in place for managing service level agreements (SLAs) with health boards, including agreed reporting arrangements and monthly review meetings.

Alongside the requirements of the Act, any delivery and/or procurement of health care services from another Board takes into account costs, the scope of services, data protection, compliance with legal obligations, and other relevant clauses whenever an SLA or similar agreement is put in place.

NHSGJ provides services for patients from across Scotland, which includes supporting Boards by delivering some national services and planned procedures in relation to reducing elective wait times. Where applicable, we will enter into an SLA to treat patients on behalf of another Health Board.

This is monitored and reported as per business as usual as part of the overall board governance.



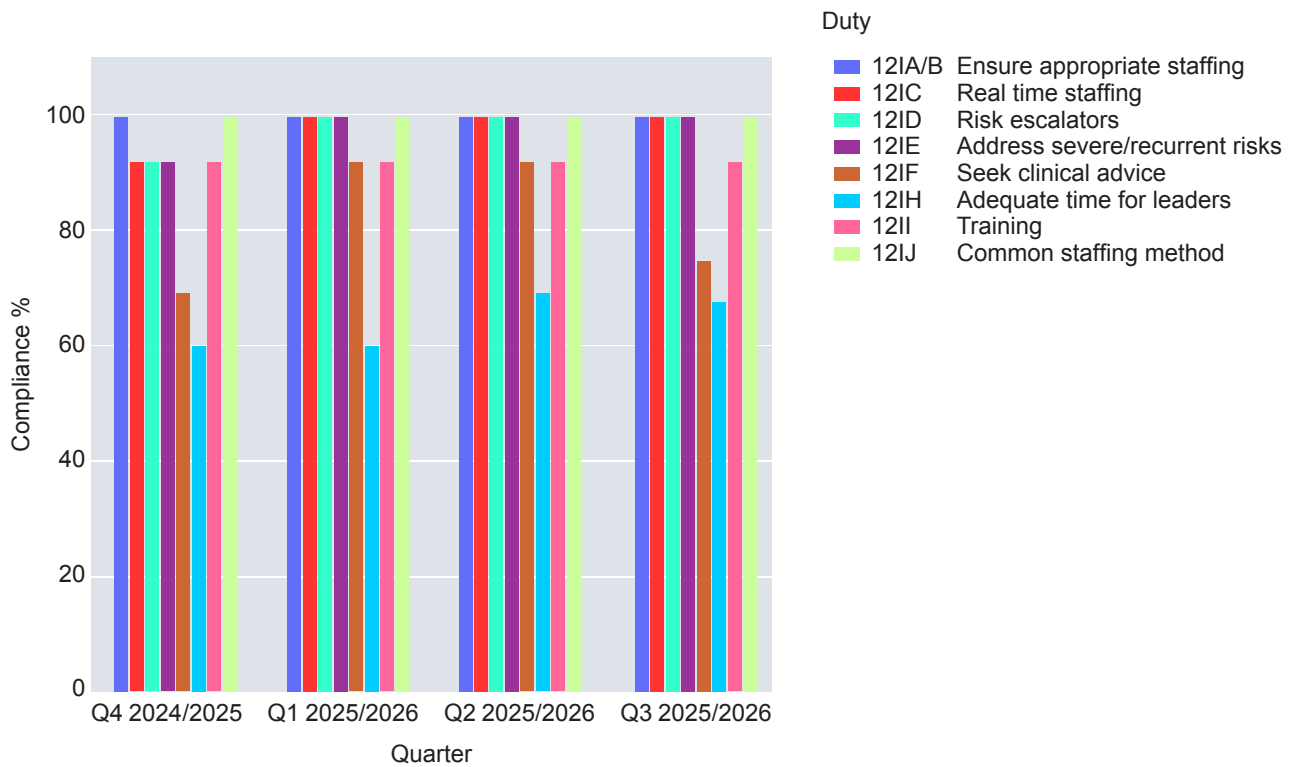
\*Safe Care® provides live visibility of staffing levels and by matching patient acuity.  
\*\*Medirota® is used to plan, operate and report on mixed role activity in a range of clinical services.

# Appendix 1

## Staffing Compliance

### Safe Staffing Compliance: Trend Analysis


Rolling Block Graph: Compliance by Duty (Q4 2024/2025 to Q3 2025/2026)





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