

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>11 February 2025</b>
<b>Title:</b>	<b>Health and Care Staffing Act Internal Compliance Report – Q3</b>
<b>Agenda reference:</b>	<b>Board Paper 2024/25/65</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Kathleen Carolan, Director of Nursing and Acute Services / Kirsty Brightwell, Medical Director</b>
<b>Report Author:</b>	<b>Edna Mary Watson, Chief Nurse (Corporate)/ Clinical Workforce Lead</b>

## 1 Purpose

This paper presents the third quarterly report on progress towards compliance with the duties of the Health and Care Staffing (Scotland) Act across NHS Shetland and Health services delivered within the Community Health and Social Care Partnership (CHSCP).

The Act was enacted as of 1 April 2024.

**This paper is being presented to the NHS Board for:**

- Awareness and Assurance

**This report relates to:**

- Clinical and Care Strategy 2021-2031;
- Shetland Health and Social Care Integrated Workforce Plan 1st April 2022 – 31st March 2025;
- NHS Shetland Annual Delivery Plan 2022-2023;
- Legal Requirement – Health and Care (Staffing) (Scotland) Act 2019;
- NHS Board Governance Procedures.

**This aligns to the following NHS SCOTLAND quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) (hereafter known as the “Act”) requires:

- Quarterly compliance reporting to the NHS Board by the individuals with lead clinical professional responsibility for a particular type of health care (known as “Board level clinicians”).

Within NHS Shetland to date those identified as Board Level Clinicians are the Medical and Nurse Directors. The Statutory Guidance notes advise that in some NHS Boards the Director of Public Health may also be included if they have responsibility for clinical professions. Further discussion will be held with the Director of Public Health as to the best way for this group of staff to be represented in the quarterly report going forward.

NHS Shetland established a Health and Care Staffing Programme Board (HCSPB) in March 2022 to provide guidance on the overall strategic direction of the Health & Care Staffing legislation for NHS Shetland.

The HCSPB also retains oversight of the implementation of the 10 specific duties placed on NHS Shetland through the Health & Care (Staffing) (Scotland) Act 2019.

Due to the key responsibilities of the HCSPB, progress to date has been reported to both the Clinical Governance Committee (CGC) and Staff Governance Committee (SGC).

Workforce is one of the strategic risks for NHS Shetland and therefore it is important that both standing committees have an understanding of the work of the Programme Board and ongoing progress towards implementation, and overall compliance, with the requirements of the Act.

This report pertains to services provided directly by the NHS Board and to NHS services delivered as part of the Community Health and Social Care Partnership (CHSCP).

This report outlines progress at end of Q3 with implementation of the requirements of the Act, as we work towards full compliance.

### 2.2 Background

The aim of the Act is to provide a statutory basis for the provision of appropriate staffing in health and care services and is applicable to staff across all clinical areas of practice in NHS Shetland.

While many of the Act requirements are not new concepts, they must now be applied consistently within all [Roles in Scope](#) with an intent to:

- Enable delivery of safe, high-quality care and improved outcomes for people;
- Support the health, well-being and safety of patients and the well-being of staff.

Underpinning all duties and responsibilities placed on NHS Shetland when considering staffing within health care is the application of the Guiding Principles.

The Guiding Principles, as specified in the Act, are:

To provide safe and high-quality services and to ensure the best health care or (as the case may be) care outcomes for service users - our patients.

This ensures that staffing for health care and care services is to be arranged while:

- Improving standards and outcomes for service users;
- Taking account of particular needs, abilities, characteristics and circumstances of service users;
- Respecting dignity and rights of individual service users;
- Taking account of the views of staff and service users;
- Ensuring wellbeing of staff;
- Being open with staff and service users about decisions on staffing;
- Make the best use of available individuals, facilities and resources – allocating staff efficiently and effectively;
- Promoting multi-disciplinary services as appropriate.

It is beneficial to note that no one factor is more important than another.

As well as introducing Guiding Principles, the Act outlines the following 10 duties which are now placed on NHS Boards, namely:

- 12IA - Duty to ensure appropriate staffing
- 12IB – Duty to ensure appropriate staffing: agency worker
- 12IC – Duty to have real-time staffing assessment in place
- 12ID – Duty to have risk escalation process in place
- 12IE – Duty to have arrangements to address severe and recurrent risks
- 12IF – Duty to seek clinical advice on staffing
- 12IH – Duty to ensure adequate time given to leaders
- 12II – Duty to ensure appropriate staffing: training of staff
- 12IJ – Duty to follow the common staffing method
- 12IL – Training and Consultation of Staff – Common Staffing Method
- 12IM – Reporting on Staffing

The Act applies to all Clinical Staff and Senior Leaders within all Healthcare Professions, ie Nursing & Midwifery, Allied Health Professionals, Medical, Dental, Pharmacy, Psychology, and Healthcare Scientists.

The Act's accompanying [Statutory Guidance](#) outlines the internal quarterly reporting requirements as:

- Reporting assessment of compliance against the duties;
- Steps taken to have regard to the guiding principles when arranging appropriate staffing;

- Steps taken to have regard to the guiding principles when planning and securing health care services from third parties;
- Views of employees on how, operationally, clinical advice is sought;
- Information on decisions taken which conflict with clinical advice, associated risks and mitigating actions; and
- Conclusions and recommendations following assessment and consideration of all areas detailed above.

The Act also outlines a number of duties for Healthcare Improvement Scotland. These are described fully within the HIS Healthcare Staffing: Operational Framework ([HIS-Healthcare-Staffing-Operational-Framework-June-2024.pdf](#)) and are summarised below:

- HIS: monitoring compliance with staffing duties;
- HIS: duty of Health Boards to assist staffing functions;
- HIS: power to require information.

To assist HIS in carrying out their functions, formal requests will be made for a copy of the Board's Quarterly Report. A quarterly Board engagement meeting will then be held between HIS and NHS Shetland representatives to review the quarterly report. HIS will also use other intelligence held by them in order to monitor performance of the NHS Board overall.

### 2.3.1 Assessment

#### **Reporting assessment of compliance against the duties;**

In order to report compliance with the duties across all services, Professional Leads were asked to complete a standardised template to report current compliance with the duties, within their areas of professional responsibility.

The Professional Leads are as follows:

Medicine – Dr Kirsty Brightwell, Medical Director

Nursing & Midwifery – Prof Kathleen Carolan, NMAHP Director

Allied Health Professionals – Cathrine Coutts, Exec Manager AHP

Dental – Antony Visocchi, Dental Director

Pharmacy – Tony McDavitt, Director of Pharmacy

Psychology – Consultant Clinical Psychologist currently on leave

Healthcare Scientists – no overall Professional Lead.

In order to inform the report information has also been sought from a range of individuals at Service Manager level. This has included Associate Medical Director (Acute), Chief Nurse (Acute & Specialist), Chief Nurse (Community & Mental Health), Chief Midwife, Head of Mental Health Services (in the absence of the Clinical Psychologist), Head of Medical Imaging (for Imaging and Audiology), Cardiac Physiologist and Laboratory Services Manager.

Professional Leads have been provided with a self-assessment template to support reporting progress towards compliance within their area of responsibility. To date, not all Professional Leads or required service areas have submitted their returns at the end of the respective Quarters and therefore an overview of current progress, as understood from the information provided in the self-assessment returns received, and from the

Clinical Workforce Lead's knowledge of service areas and systems progress is presented in this report for the update for Quarter 3.

The BAU team are actively supporting the implementation of Health Roster in Dental Services, Mental Health and part of the Primary Care services.

Plans are in place to support Psychological Therapies, Laboratory services and the remainder of the Allied Health Professionals to progress Safe care implementation in Quarter 4.

Where there have been ongoing challenges with engagement with this programme of work this has been brought to the attention of the relevant Executive Director.

In summary information received to date indicates that:

Systems for Realtime staffing are in place within both the Acute sector and Community Health and Social Care Partnership (CHSCP). All areas operate dynamic risk assessment either through their safety huddles or in response to unplanned absences/vacancies which impact on staffing levels.

Staff can voice concerns about staffing levels in real time directly to their line manager, who can then take action to mitigate any risk identified either by redeploying staff across areas, securing supplementary staff or by reprioritising work according to staffing levels available in the area.

Various different mechanisms are currently used across the different disciplines to record staffing level discussions, going forward we aim to use Safe Care organisation wide. The implementation of Safe Care across the organisation will provide the opportunity to create a standardised approach to the assessment and recording of staffing positions. This complies with the requirement of 12IC – Duty to have real-time staffing assessment in place.

### **Guiding principles when arranging appropriate staffing;**

Processes are in place to provide assurance that appropriate staffing is in place by utilising the nationally developed staffing level tools to support workforce planning, conducting real time staffing assessment and implementing escalation plans as required.

Within nursing and midwifery there are staffing level tools which are appropriate for use in particular clinical areas and these are conducted as a minimum for a 2 week period, on an annual basis, in line with the requirements of the Act. Other disciplines, without dedicated staffing level tools, undertake a review of their service demand and staffing levels as part of the annual cycle of service, workforce and financial planning with any subsequently identified need for additional resources submitted as Business cases for consideration by the Executive Management Team.

Staffing level tools are used as part of the Common Staffing Method approach to workforce planning. As part of this approach, consideration is given to a range of metrics which include patient/user feedback, national and locally identified quality measures eg excellence in care measures, other sources of feedback (from staff, external reports, best practice guidance) as well as taking into account the local context in which services are delivered. Training and support for staff in completing the staffing level tools and

in using the Common Staffing Method is available from the Clinical Workforce lead and is delivered prior to undertaking tool runs. In addition the wider Chief Nurse (Corporate) portfolio assists with securing staff access to information on the range of metrics required for consideration in the Common Staffing Method. The staffing level tools for all relevant staff groups locally will be run between January and March 2025 and reported on in the Q4 compliance report.

Realtime staffing assessment and dynamic risk assessment both enable consideration of the numbers of patients requiring the service, as well as the staffing level available to support delivery of the service. Consideration of patient acuity and staffing numbers allows for the identification, mitigation and escalation of any risk identified either in relation to staff welfare or patient safety.

The Board's Adverse Event and Risk Management system, Datix, can be used to record either a staffing risk or to report adverse events, whether an actual incident or a 'near miss'. The Datix system has open access which supports the reporting of any concern by any staff member.

Following the recording of patient acuity and staff numbers within Safe Care there is also the opportunity for staff to record the staffing levels they feel are necessary in their Professional Judgement in order to provide safe and high-quality services and to ensure the best health care or care outcomes for service users - our patients.

If Professional Judgement indicates that there is insufficient staffing then a Red Flag can be raised, noting concerns and the issue escalated within the management structure. The use of Safe Care will provide data on risk escalations, including mitigations put in place, which will enable more rigorous monitoring of any staffing challenges going forward.

Within Safe Care there is also a function which enables any patient or carers concerns regarding staffing and /or care provision to be recorded. These would be recorded as 'voiced care concerns' and can be reported on via the system.

Staff training is also key to delivery on the Guiding Principles. The Staff Governance Standards highlight that both Employers and staff have a responsibility to ensure that they adhere to regulatory standards and keep themselves up to date. All employees attend Corporate Induction and have a local departmental Induction when commencing employment with the NHS Board and CHSCP.

Organisationally there is a process in place to develop a Corporate Training Plan. Training requirements for all staff, based on professional or service needs, are identified at dept/service level and then fed into the overall Corporate Training Plan. Annual Appraisals are conducted across the organisation, however, monitoring data indicates that our appraisal and PDP completion rate is low. This is currently a focus for action across the organisation.

Staff time for training is challenging and resources are limited and therefore bids to alternative funding mechanisms, both locally and nationally, are made to supplement core funding for staff training and development. Where training needs are identified as Essential for role or service development these are generally funded through the training plan, if identified and agreed as part of the proposed service development.

Whilst there is a strong commitment to support staff training across the organisation, current service pressures means supporting staff to attend training is challenging. Full implementation of Safe Care will also support better recording and monitoring of time provided to support staff training and also support tracking of training opportunities cancelled as a result of clinical pressures impacting upon the ability to release staff to attend training.

All of the above support our compliance with the following duties:

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

12IJ – Duty to follow the common staffing method

12IL – Training and Consultation of Staff – Common Staffing Method

### **Guiding principles when planning and securing health care services from third parties;**

Having due regard to the Guiding Principles within the Act is a key requirement going forward both for NHS Board provided services and for any commissioned service. The expectation of confirmation of compliance with the requirements of the Act will be built into any future commissioning agreement. Work has commenced on ensuring that this is built into future commissioning agreements and it is anticipated to be in place prior to the end of March 2025.

It should be noted that there is no requirement to ensure that due regard to the Guiding Principles be specified within commissioning arrangements which were in place before 1 April 2024.

### **Clinical Advice**

Most health services delivered by NHS Shetland and through the CHSCP are professionally led and managed. Processes are in place to support the provision of clinical advice on a day to day basis via safety huddles and the use of a realtime staffing method with escalation as necessary within both the NHS Board and Community Health and Social Care Partnership.

In the out of hours periods, a 'Silver command' rota is in place in both areas of the service, some of the postholders on this rota can provide appropriate clinical advice. There is also a Gold Command rota in place at Executive Management Level, some of whom are the Professional Leads and therefore the need for clinical advice can be escalated to this level, if required.

As services in Shetland are small scale it is also recognised practice that if issues arising cannot wait until the next working day and specific professional advice was required that the relevant professional leader may be contacted in the out of hours period whether formally oncall or not.

Having regard to appropriate clinical advice is also one of the features of the Common Staffing Method. This is reflected in practice by the workload/ workforce reports from utilising the Common Staffing Method being shared with the appropriate Senior Clinical Leader for authorisation and escalation into the annual service and financial planning cycle.

The time needed for clinical leadership should also be considered whilst undertaking the Common Staffing Method. The output from staffing level tools will provide evidence on whether there is adequate leadership time available and if not the requirement for additional time should be discussed with the individual and built into future workforce planning.

Professional leads are currently ensuring that appropriate time to lead is built into all relevant Job Descriptions and that this is reviewed both on an annual basis at the time of Appraisal, and at other appropriate key times eg as part of service redesign.

The use of Safe Care will provide a mechanism for systematic monitoring across services the time given for leadership activities and any reasons for this being compromised eg if due to staffing capacity the clinical leader has to leave leadership duties to provide direct patient care.

Within acute services all Senior Charge Nurse/Midwife postholders are considered to be 100% supernumerary to the department staffing levels and therefore any deviation from this where they have had to assume direct care responsibilities can be recorded and monitored via Safe Care with due consideration being given to the frequency of this need when undertaking future workforce planning within the service.

Information available via the Risk and Incident management system, Datix, can also be used to inform whether or not there is adequate time and resources in place to implement the duty.

The activities noted above support our compliance with the following duties:

121F – Duty to seek clinical advice on staffing

121H – Duty to ensure adequate time given to leaders

### **Views of employees on how, operationally, clinical advice is sought;**

The management structure for services within NHS Shetland and the health services provided through the CHSCP has to date been professionally led and managed and therefore as noted clinical advice is readily available to staff at all levels of the organisation. The implementation of the silver and gold command rosters also supports access to clinical advice across the 24 hour period, on a 7 day a week basis.

As NHS Shetland is a small organisation with a relatively flat management structure, escalation can occur from front line services direct to the Board level clinicians relatively quickly and easily.

Within workforce planning in current services, the use of the Common Staffing Method requires consideration to be given to a range of measures, which includes data and staff concerns eg Adverse Event reports, iMatter, issues raised under whistleblowing which will help inform whether or not staff feel we are paying due regard to the guiding principles and specific duties in the Act.

Whilst no specific formal mechanism exists asking staff to give their views on section 121F, at an organisational level staff are encouraged to complete the questions in iMatter (annual staff survey) on how well they feel that their views are listened to and acted upon. The Board scored highly on the listened to question but less well on the acted upon which may reflect that we need to be better at providing feedback to staff

on ideas/suggestions put forward. This is a point to be considered when developing the mechanism by which staff can give their views on the provision of clinical advice within services.

Formal monitoring of compliance with this duty will be supported by the implementation of Safe Care where seeking and receiving clinical advice can be systematically recorded. Any non-compliance or concerns re potential non-compliance can be reported to the person with Lead Professional responsibility at any time. This will be formally documented as part of our processes to meet this duty.

The activities above support our compliance with the following duty:

121F – Duty to seek clinical advice on staffing

### **Decisions taken which conflict with clinical advice, associated risks and mitigating actions**

In Quarter 3 there have been no reports of decisions taken which conflict with clinical advice provided. Monitoring compliance with this duty and escalation, when required, is currently undertaken within clinical practice with escalation occurring within clearly defined management structures in both the NHS Board and CHSC Partnership.

Currently Datix Adverse event/Incident reports should be raised to record any conflict and any subsequent risks created by a decision made which is in conflict with clinical advice.

The implementation of Safecare will support the recording and evidencing of clinical advice having been sought and the subsequent outcome of that advice, including any disagreement with the advice provided. This will also support the provision of feedback to the person who escalated the risk.

### **Risks**

Work is in progress across the organisation to support teams to be using Health Roster / Optima effectively as a precursor to moving forward with implementation of Safe Care. Whilst the percentage level of implementation is variable across the services, as of the 17 January 2025, approx. 85% of the organisation overall, compared to 83% at the end of Q2 and 76% Q1 respectively, are now registered as live on the eRostering system. However, a more detailed review of the teams actively using the system shows that this is approx. 70% across the entire organisation, ranging from 91% in nursing and midwifery, 76% in AHPs, 72% in support services with lower levels in Bank/Agency and in the use of the Medics system, although considerable progress has been made in Q3 with 41% of medic rosters now live.

The eRostering team are actively supporting all teams who are already “live” on the system, but not consistently using it, to fully implement health roster in their service. Once this has been achieved, they will support the remainder of the teams who are either in the planning to “go live” or not commenced yet sections of the roll out plan.

Overall just over 18% of the organisation are now live on Safe Care, this is the same as at the end of Q2 but an increase from 10% at the end of Q1. This figure comprises usage at just under 30% in nursing and midwifery and 12.5% within the AHPs services currently.

Over the last quarter the Acute sector have been using the Safe care Sunburst to support the GBH site and Acute Silver command huddles, to inform the huddle discussion and to record any mitigation and/ or escalations required. We are currently exploring expanding this further to give generic access to the system for the night shift site co-ordinator to support them to be able to update the census data with any changes in staffing in order to ensure that the data is current across the 24hour period.

Full details of progress with implementation of health roster and Safe Care can be seen in Appendix 1.

As noted before, the Risk Management system, Datix, can be used to both record specific incidents / near misses in relation to staffing levels or to record a staffing risk for areas with a severe or recurrent risk due to staffing levels.

In order to enhance openness and transparency regarding compliance with the Health and Care Staffing Act and any issues arising organisationally, going forward it is proposed to provide reports from Safe Care on Red Flags raised complete with actions taken, along with Adverse Event reports and risks recorded relating to safer staffing to the NHS Board as part of this quarterly report.

Services across the NHS Board and CHSCP are currently under considerable pressure which is impacting upon services ability to deliver a clinical service. These pressures are also impacting upon staff and service capacity to participate fully in the implementation of this change programme.

The persistent nature of this pressure is resulting in delays in the roll out of health roster, and the subsequent move to Safe Care, which if continued, will impact on the Board's ability to achieve full compliance with the Act.

The capacity issues are presenting a challenge for moving forward with the roll out of both Health Roster/Optima and Safe Care to a strict roll out plan, and therefore, both systems are being progressed on an opportunistic basis with departments as their capacity allows. Progress made to date has been through the support provided by the eRostering Business As Usual team and positive feedback for the Team has been provided from various areas across the organisation. A draft organisational risk, reflecting this challenge, is being presented to the Risk Management Group for consideration at its meeting in March 2025.

The use of Safe Care and the Risk Management System, Datix, are supporting our compliance with the following duties:

12ID – Duty to have risk escalation process in place

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

### **Local Policy and Procedures**

The Clinical Workforce Lead is in the process of writing local policy and procedures to support the implementation of the duties of the Act in practice. These will be circulated for wider comment prior to being put forward for approval through the relevant governance routes.

Guidance to support the standardised use of Safecare across both inpatient and community/non-in-patient areas is currently going through the approval process.

### **Quarterly Reporting**

Prior to the date of enactment the Healthcare Act Implementation Team, Scottish Government asked NHS Boards to provide quarterly update reports on progress towards full implementation of the Act. The last of these reports was submitted on 30 April 2024.

Quarterly reports are now submitted to the NHS Board.

It should be noted that for the Annual Report, the previous national reporting template will be required to be completed. It is anticipated that there will be some further guidance and the provision of an exemplar template in the next few weeks. The national template asks for reporting to be made in relation to progress with all duties, across all professions, as we have variable levels of progress against all the duties, across the professions we have rated our overall level of assurance as 'reasonable'.

An overview of our self assessed levels of assurance is provided in Appendix 2

### **Reporting on Agency Spend in excess of 150%**

Section 121A requires NHS Boards to report on the Duty to ensure appropriate staffing: agency worker which relates to the cost of securing the services of an agency worker during a period which should not exceed 150% of the amount that would be paid to a full-time equivalent employee of the relevant organisation to fill the equivalent post for the same period.

For Q3, NHS Shetland has provided a "Nil" return for Agency staff who cost in excess of 150% of substantive staff costs. However, the Board provided commentary to advise that there was significant challenge in attributing travel and accommodation costs for some staff members and therefore these were omitted from the costs associated with individual postholders. This means that there is the potential for inaccuracy in the reported costs.

This report is in line with the commentary provided with the data on the Q1 and Q2 returns, we have not received any request to review our data submission and therefore will continue to report using the same approach, going forward.

Whilst the cost of Agency staff may cost more than 150% due to the travel and significant challenges associated with the availability and provision of accommodation locally, all Agency staff sourced have been from nationally contracted Agencies and therefore the cost has been aligned with the costs to other NHS Boards across Scotland

### **Healthcare Improvement Scotland (HIS) Monitoring & Compliance**

As of enactment on the 1 April 2024, Healthcare Improvement Scotland (HIS) have introduced their new monitoring and compliance role, as specified in the Act, and no longer provide support directly to the Workforce Leads and NHS Boards.

The second review meeting was held between representatives of HIS and the NHS Board on 20 December 2024. This meeting was led by the HIS Senior Programme Advisor, attached to our NHS Board area with the Director of Nursing and Acute

Services, HR Services Manager and the Clinical Workforce Lead representing NHS Shetland.

The Q2 compliance report was discussed, we were commended on the format of our report and no issues of concern were raised in relation to our progress. See Appendix 3 and Appendix 4 for the Flashcard report used to inform monitoring meeting and the subsequent associated high level note of the meeting provided by HIS.

The next monitoring meeting is scheduled for 10 March 2025 where this NHS Board compliance report for Quarter 3 will be discussed.

Development of our quarterly reports in combination with participation in these quarterly reviews, will support the process of building our annual report, which in turn supports our compliance with the following duty:

12IM – Reporting on Staffing.

### **Health and Care Programme Board meetings**

The Health and Care Programme Board has in place a schedule of quarterly meetings, which will continue throughout 2025/26.

## **2.3.2 Quality/ Patient Care**

The Health and Care Staffing Programme's mission is to support the delivery of safe and high quality care, by enabling Health Boards to deliver effective workload and workforce planning, so that the right people with the right skills are in the right place at the right time. This is in response to the Scottish Government enshrining safe staffing in law through the Health & Care (Staffing) (Scotland) Act 2019 (The Act).

This is supported by an evidence base which highlights that where supplementary staffing is in place, that a level of 15% or more supplementary staffing is linked with poor patient outcomes.

## **2.3.3 Workforce**

The HCSPB was established to provide oversight of the implementation of the Health and Care (Staffing) (Scotland) Act.

The purpose of the Act is to ensure *“that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for the health, wellbeing and safety of patients, the provision of safe and high-quality health care, and in so far as it affects either of those matters, the wellbeing of staff”*.

Implementation of the requirements of this Act should have a positive effect on the workforce both in terms of recognising and endeavouring to ensure safe staffing levels are in place but also in providing a requirement to undertake rigorous workload reviews through the application of nationally approved evidence based tools.

Ensuring there are sufficient staff to undertake workload demand should also have a benefit on overall staff welfare.

### **2.3.4 Financial**

There are no direct financial consequences of this paper. However, where staffing level tools indicate a requirement to increase staff capacity this will have a financial consequence to the organisation and will have to be considered in line with the other clinical priorities as part of the budget setting process.

The current financial position within NHS Shetland has the potential to impact upon the Board's progression to full compliance with the requirements of the Act.

### **2.3.5 Risk Assessment/Management**

Workforce is one of the biggest strategic risks for NHS Shetland.

Risk Assessment and Management is undertaken in line with Healthcare Improvement Scotland (HIS) Risk Management Framework which incorporates the NHS Scotland 5x5 Risk Assessment Matrix. This Risk Matrix will be included in the escalation plans from workforce / workload reviews.

### **2.3.6 Equality and Diversity, including health inequalities**

The Board is committed to managing exposure to risk and thereby protecting the health, safety and welfare of everyone - whatever their race, gender, disability, age, work pattern, sexual orientation, transgender, religion or beliefs - who provides or receives a service to/from NHS Shetland.

An impact assessment specifically for compliance with the Act has not been conducted as adherence to the Guiding Principles should ensure that due consideration has been given to equality and diversity issues.

### **2.3.7 Other impacts**

There are no other impacts to note.

### **2.3.7 Communication, involvement, engagement and consultation**

This paper provides an update on activities in progress to support implementation of the Health and Care (Staffing) (Scotland) Act 2019 and as such reports on activities being undertaken at both a national and local level to progress this agenda.

Regular communication and engagement with staff both locally and nationally has taken place to support these activities.

### **2.3.8 Route to the Meeting**

This paper provides a summary of the Professional Leads and Clinical Workforce Lead's assessment on progress towards compliance with the duties of the Act, including

details of some of the key activities being carried out to support implementation of the Act.

Due to the scheduled timing of the NHS Board and its respective Governance Committee's this report has not been considered by the members of the Staff Governance Committee nor Clinical Governance Committee prior to being submitted to the NHS Board meeting.

## 2.4 Recommendation

This is the third quarterly report to the NHS Board, the format of which has been developed to provide an overview of progress with implementation of the Act to date.

Board members are encouraged to reflect on the information provided and to provide guidance on any further information which they feel would be helpful to both provide assurance to the Board, and to support evidencing of compliance with the Act.

**This paper is being presented to the NHS Board for:**

- Awareness and Assurance

## 3 List of appendices

Appendix No 1 Roll out plan for Health Roster/Optima and Safe Care as of 17 January 2025

Appendix No 2 Overall Board Self Assessed levels of assurance against the 10 Duties

Appendix No 3 NHS Shetland Flashcard Report for Q2 report

Appendix No 4 HIS Board Engagement Call High level Report

**NHS Shetland Revised Roll out Allocate e-Rostering update – 17<sup>th</sup> January 2025:**

	<b>Nursing &amp; Midwifery</b>	<b>Allied Health Professionals</b>	<b>Support Services</b>	<b>Bank &amp; Agency</b>	<b>Medics</b>	<b>Organisationally</b>
<b>Number of rosters</b>	54	17	28	9	17	125
<b>Number of rosters live</b>	52	17	28	2	7	106
<b>Number of rosters being progressed</b>	2	0	0	1	0	3
<b>Number of rosters to be implemented</b>	0	0	0	6	10	16
<b>Percentage implemented</b>	94.44%	100%	100%	22.22%	41.17%	84.8%

84.8% of the organisation are using the eRostering system.

	Milestone 2	Milestone 3	Milestone 4	Milestone 5
	18/09/2023	18/09/2023	30/10/2023	30/10/2023
	4 x units/departments on health roster	4 x units using safe care	Pay run	50% of largest staff group implemented
Progress	COMPLETED	COMPLETED	COMPLETED 23/10/2023	COMPLETED 27/10/2023
<b>NHS Shetland Roll Out:</b>				
<b>KEY CONTACT IN BAU TEAM</b>	<b>Nursing &amp; Midwifery Emma Geddes &amp; Jessika Bartkowicz</b>	<b>AHP Emma Geddes &amp; Jessika Bartkowicz</b>	<b>Support Emma Geddes &amp; Jessika Bartkowicz</b>	<b>Medics Bibianna Wojtczak</b>
Rolled out	<ol style="list-style-type: none"> <li>1. Clinical Governance &amp; Risk Team</li> <li>2. Community ANPs</li> <li>3. Chief Nurse (Corporate)</li> <li>4. District Nurses Mainland</li> <li>5. District Nurses Isles</li> <li>6. Non Doctor Isles Nurses</li> <li>7. Infection Prevention &amp; Control</li> <li>8. CDU</li> <li>9. Air Ambulance OC</li> <li>10. Practice Nurses</li> <li>11. Intermediate Care Service</li> <li>12. Outpatients</li> <li>13. Practice Education</li> <li>14. Hospital Specialist Nurses</li> <li>15. Learning Disability Services</li> <li>16. Public Health Vaccination Team</li> <li>17. Cardiology</li> <li>18. Ward 3</li> <li>19. Unst Health Centre</li> <li>20. Oncology/Macmillan Team</li> <li>21. Brae Health Centre</li> <li>22. Public Health Team</li> <li>23. Public Health – On Call</li> <li>24. Health Improvement Team</li> <li>25. Bixter Health Centre</li> <li>26. Clinical Team Leaders</li> <li>27. Lerwick Health Centre</li> <li>28. Scalloway Health Centre</li> <li>29. Whalsay Health Centre</li> <li>30. Sexual Health Clinic</li> <li>31. Theatres</li> <li>32. Senior Charge Nurses</li> <li>33. Renal Unit</li> </ol>	<ol style="list-style-type: none"> <li>1. Podiatry &amp; Orthotics</li> <li>2. Pharmacy - Primary Care Team</li> <li>3. Physiotherapy</li> <li>4. Nutrition and Dietetics</li> <li>5. AHP Practice Education Lead</li> <li>6. Medical Imaging</li> <li>7. Medical Imaging On Call</li> <li>8. Hospital Pharmacy Team</li> <li>9. Pharmacy On Call</li> <li>10. CHSC Management</li> <li>11. Silver Command Community</li> <li>12. Audiology</li> <li>13. Laboratory Services</li> <li>14. Medical Physics</li> <li>15. Primary Care Admin</li> <li>16. Occupational Therapy</li> <li>17. Speech Therapy</li> </ol>	<ol style="list-style-type: none"> <li>1. Finance Team</li> <li>2. Procurement</li> <li>3. Patient Travel</li> <li>4. HR Team</li> <li>5. Staff Development Team</li> <li>6. Spiritual Care Team</li> <li>7. Information Governance Team</li> <li>8. Health &amp; Safety Team</li> <li>9. Digital Technology</li> <li>10. HR Heads of Department</li> <li>11. Estates</li> <li>12. Board Members</li> <li>13. Chair</li> <li>14. Chief Executive Office</li> <li>15. CEO - Chief Executive</li> <li>16. Corporate Services</li> <li>17. Community Nursing Admin</li> <li>18. Occupational Health</li> <li>19. Porters</li> <li>20. Domestic</li> <li>21. Laundry</li> <li>22. Catering</li> <li>23. Facilities – Management</li> <li>24. Patient Focused Booking</li> </ol>	<ol style="list-style-type: none"> <li>1. Community Dental Public Dental Service</li> <li>2. Dental Management</li> <li>3. Dentists</li> <li>4. General Dental Public Dental Service</li> <li>5. Dental Out of Hours</li> <li>6. 75 % of Health Centre GPs</li> <li>7. Junior Doctors</li> </ol>

	<ul style="list-style-type: none"> <li>34. CAMHS</li> <li>35. Yell Health Centre</li> <li>36. Psychological Therapies Service</li> <li>37. Child Protection</li> <li>38. Paediatric Nursing Staffing</li> <li>39. School Nursing Service</li> <li>40. Health Visiting Service</li> <li>41. ADP Support Team</li> <li>42. Ward 1</li> <li>43. HDU On Call</li> <li>44. Maternity</li> <li>45. Silver Command Acute – On Call</li> <li>46. Mental Health Admin</li> <li>47. Community Psychiatric Team</li> <li>48. Dementia Services</li> <li>49. Substance Misuse Recovery Service</li> <li>50. MAPA</li> <li>51. Forensics - On Call</li> <li>52. A&amp;E</li> </ul> <p><b>53. Community Nursing Bank</b> <b>54. Acute Nursing Bank</b></p>		<ul style="list-style-type: none"> <li>25. Main Reception GBH</li> <li>26. Medical Records</li> <li>27. Director of Nursing</li> <li>28. Planning, Performance and Projects Team</li> </ul>	
Plan to go live shortly	<ul style="list-style-type: none"> <li>1. Levenwick Health Centre</li> <li>2. Walls Health Centre</li> </ul> <p><b>3. Mental Health Bank</b></p>			<ul style="list-style-type: none"> <li>1. <b>GPs – Lerwick and Levenwick left to be completed</b></li> </ul>
			<ul style="list-style-type: none"> <li>1. <b>Admin Bank</b></li> <li>2. <b>Other Bank</b></li> </ul>	<ul style="list-style-type: none"> <li>1. GP Joy</li> <li>2. GP OOH</li> <li>3. Surgery</li> <li>4. Psychiatry</li> <li>5. Paediatrics</li> <li>6. Obs &amp; Gynae</li> <li>7. Medicine</li> <li>8. Anaesthetics</li> <li>9. Clinic Planner</li> <li>10. Theatre Planner</li> </ul> <p><b>1. Medical Bank</b> <b>2. Medical Agency</b> <b>3. IR35</b> <b>4. AFC Agency</b></p>

**NHS Shetland Roll out Allocate SafeCare update – 17<sup>th</sup> January 2025:**

	<b>Nursing &amp; Midwifery</b>	<b>Allied Health Professionals</b>	<b>Support Services</b>	<b>Medics</b>	<b>Organisationally</b>
<b>Number of rosters</b>	47	16	2	23	88
<b>Number of rosters live</b>	14	2	0	0	16
<b>Number of rosters being progressed</b>	6	8	0	0	7
<b>Number of rosters to be implemented</b>	27	6	2	23	66
<b>Percentage implemented</b>	29.78%	12.5%	0%	0%	18.18%

18.18% of the organisation are using SafeCare.

<b>NHS Shetland Proposed Roll Out:</b>				
<b>KEY CONTACT IN BAU TEAM</b>	<b>Nursing &amp; Midwifery Emma Geddes &amp; Jessika Bartkowicz</b>	<b>AHP Emma Geddes &amp; Jessika Bartkowicz</b>	<b>Support Emma Geddes &amp; Jessika Bartkowicz</b>	<b>Medics Bibianna Wojtczak</b>
Rolled out	<ol style="list-style-type: none"> <li>1. Clinical Governance &amp; Risk Team</li> <li>2. Hospital Specialist Nurses</li> <li>3. Ward 3</li> <li>4. Chief Nurse (Corporate)</li> <li>5. District Nurses Mainland</li> <li>6. District Nurses Isles</li> <li>7. Non Doctor Isles Nurses</li> <li>8. Outpatients</li> <li>9. Sexual Health Clinic</li> <li>10. Ward 1</li> <li>11. Maternity</li> <li>12. A&amp;E</li> <li>13. HDU On Call</li> <li>14. Theatres</li> </ol>	<ol style="list-style-type: none"> <li>1. Physiotherapy</li> <li>2. Medical Imaging</li> </ol>		
Plan to go live shortly	<ol style="list-style-type: none"> <li>15. Psychological Therapies Service</li> <li>16. Cardiology</li> <li>17. Paediatric Nursing Staffing</li> <li>18. Child Protection</li> <li>19. School Nursing Service</li> <li>20. Health Visiting Service</li> </ol>	<ol style="list-style-type: none"> <li>2. Occupational Therapy</li> <li>3. Speech Therapy</li> <li>4. Podiatry</li> <li>5. Nutrition and Dietetics</li> <li>6. Orthotics</li> <li>7. Laboratory Services</li> <li>8. Pharmacy - Primary Care Team</li> <li>9. Hospital Pharmacy Team</li> </ol>		
	<ol style="list-style-type: none"> <li>21. Levenwick Health Centre</li> <li>22. Forensics - On Call</li> <li>23. Community ANPs</li> <li>24. Infection Prevention &amp; Control</li> <li>25. CDU</li> <li>26. Air Ambulance OC</li> <li>27. Practice Nurses</li> <li>28. Intermediate Care Service</li> <li>29. Practice Education</li> <li>30. Learning Disability Services</li> <li>31. Public Health Vaccination Team</li> <li>32. Unst Health Centre</li> </ol>	<ol style="list-style-type: none"> <li>10. Medical Imaging On Call</li> <li>11. Pharmacy On Call</li> <li>12. CHSC Management</li> <li>13. Silver Command Community</li> <li>14. Audiology</li> <li>15. Medical Physics</li> </ol>	<ol style="list-style-type: none"> <li>1. Director of Nursing</li> <li>2. Occupational Health</li> </ol>	<ol style="list-style-type: none"> <li>1. GP Joy</li> <li>2. GP OOH</li> <li>3. Community Dental Public Dental Service</li> <li>4. Dental Management</li> <li>5. Dentists</li> <li>6. General Dental Public Dental Service</li> <li>7. Dental Out of Hours</li> <li>8. Unst Health Centre</li> <li>9. Whalsay Health Centre</li> </ol>

	<ul style="list-style-type: none"> <li>33. Oncology/Macmillan Team</li> <li>34. Brae Health Centre</li> <li>35. Whalsay Health Centre</li> <li>36. Public Health Team</li> <li>37. Public Health – On Call</li> <li>38. Health Improvement Team</li> <li>39. Senior Charge Nurses</li> <li>40. Renal Unit</li> <li>41. Silver Command Acute – On Call</li> <li>42. Mental Health Admin</li> <li>43. Community Psychiatric Team</li> <li>44. CAMHS</li> <li>45. Dementia Services</li> <li>46. Substance Misuse Recovery Service</li> <li>47. ADP Support Team</li> </ul>			<ul style="list-style-type: none"> <li>10. Scalloway Health Centre</li> <li>11. Yell Health Centre</li> <li>12. Brae Health Centre</li> <li>13. Bixter Health Centre</li> <li>14. Walls Health Centre</li> <li>15. Lerwick Health Centre</li> <li>16. Levenwick Heath Centre</li> <li>17. Junior Doctors</li> <li>18. Surgery</li> <li>19. Psychiatry</li> <li>20. Paediatrics</li> <li>21. Obs &amp; Gynae</li> <li>22. Medicine</li> <li>23. Anaesthetics</li> </ul>
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**NHS Shetland Revised Roll Allocate e-Rostering usage – 17<sup>th</sup> January 2025:**

	<b>Nursing &amp; Midwifery</b>	<b>Allied Health Professionals</b>	<b>Support Services</b>	<b>Bank &amp; Agency</b>	<b>Medics</b>	<b>Organisationally</b>
<b>Number of rosters</b>	54	17	28	9	17	125
<b>Number of rosters used</b>	45	12	22	2	5	86
<b>Number of rosters live not used</b>	7	5	6	0	2	20
<b>Number of rosters to be implemented</b>	2	0	0	7	10	19
<b>Percentage Used</b>	83.33%	70.58%	78.57%	22.22%	29.41%	68.8%

\*Roster is classified as being used if users have logged in and made any changes within the system within the last 4 weeks (not including leave approval) If no activity is recorded that means that at least one roster is out of date, therefore the roster is not being used.

<b>NHS Shetland Roll Out:</b>				
<b>KEY CONTACT IN BAU TEAM</b>	<b>Nursing &amp; Midwifery Emma Geddes &amp; Jessika Bartkowicz</b>	<b>AHP Emma Geddes &amp; Jessika Bartkowicz</b>	<b>Support Emma Geddes &amp; Jessika Bartkowicz</b>	<b>Medics Bibianna Wojtczak</b>
Live Used	<ol style="list-style-type: none"> <li>1. Clinical Governance &amp; Risk Team</li> <li>2. Community ANPs</li> <li>3. Chief Nurse (Corporate)</li> <li>4. District Nurses Mainland</li> <li>5. District Nurses Isles</li> <li>6. Non Doctor Isles Nurses</li> <li>7. Infection Prevention &amp; Control</li> <li>8. CDU</li> <li>9. Air Ambulance OC</li> <li>10. Practice Nurses</li> <li>11. Intermediate Care Service</li> <li>12. Outpatients</li> <li>13. Practice Education</li> <li>14. Hospital Specialist Nurses</li> <li>15. Public Health Vaccination Team</li> <li>16. Ward 3</li> <li>17. Unst Health Centre</li> <li>18. Oncology/Macmillan Team</li> <li>19. Brae Health Centre</li> <li>20. Public Health Team</li> <li>21. Public Health – On Call</li> <li>22. Health Improvement Team</li> <li>23. Clinical Team Leaders</li> <li>24. Lerwick Health Centre</li> <li>25. Scalloway Health Centre</li> <li>26. Whalsay Health Centre</li> <li>27. Sexual Health Clinic</li> <li>28. Theatres</li> <li>29. Renal Unit</li> <li>30. CAMHS</li> <li>31. Yell Health Centre</li> <li>32. Psychological Therapies Service</li> <li>33. Health Visiting Service</li> <li>34. Ward 1</li> <li>35. HDU On Call</li> <li>36. Maternity</li> <li>37. Silver Command Acute – On Call</li> <li>38. Mental Health Admin</li> <li>39. Community Psychiatric Team</li> </ol>	<ol style="list-style-type: none"> <li>1. Podiatry &amp; Orthotics</li> <li>2. Pharmacy - Primary Care Team</li> <li>3. Physiotherapy</li> <li>4. Nutrition and Dietetics</li> <li>5. Medical Imaging</li> <li>6. Medical Imaging On Call</li> <li>7. Hospital Pharmacy Team</li> <li>8. Pharmacy On Call</li> <li>9. CHSC Management</li> <li>10. Laboratory</li> <li>11. Medical Physics</li> <li>12. Audiology</li> </ol>	<ol style="list-style-type: none"> <li>1. Patient Travel</li> <li>2. HR Team</li> <li>3. Staff Development Team</li> <li>4. Information Governance Team</li> <li>5. Health &amp; Safety Team</li> <li>6. Digital Technology</li> <li>7. HR Heads of Department</li> <li>8. Estates</li> <li>9. Community Nursing Admin</li> <li>10. Porters</li> <li>11. Domestics</li> <li>12. Laundry</li> <li>13. Catering</li> <li>14. Facilities – Management</li> <li>15. Patient Focused Booking</li> <li>16. Main Reception GBH</li> <li>17. Director of Nursing</li> <li>18. CEO - Chief Executive</li> <li>19. Chief Executive Office</li> <li>20. Corporate Services</li> <li>21. Occupational Health</li> <li>22. Planning, Performance and Projects Team</li> </ol>	<ol style="list-style-type: none"> <li>1. 75 % of Health Centre GPs</li> <li>2. Junior Doctors</li> <li>3. General Dental Public Dental Service</li> <li>4. Dental Management</li> <li>5. Community Dental Public Dental Service</li> </ol>

	<ul style="list-style-type: none"> <li>40. Dementia Services</li> <li>41. Substance Misuse Recovery Service</li> <li>42. Forensics - On Call</li> <li>43. A&amp;E</li> <li>44. MAPA</li> <li>45. Child Protection</li> </ul> <p><b>46. Community Nursing Bank</b> <b>47. Acute Nursing Bank</b></p>			
Live Not Used	<ul style="list-style-type: none"> <li>49. Cardiology</li> <li>50. Senior Charge Nurses</li> <li>51. Learning Disability Services</li> <li>52. Bixter Health Centre</li> <li>53. Paediatric Nursing Staffing</li> <li>54. School Nursing Service</li> <li>55. ADP Support Team</li> </ul>	<ul style="list-style-type: none"> <li>14. Occupational Therapy</li> <li>15. Speech Therapy</li> <li>16. Primary Care Admin</li> <li>17. AHP Practice Education Lead</li> <li>18. Silver Command Community</li> </ul>	<ul style="list-style-type: none"> <li>22. Board Members</li> <li>23. Spiritual Care Team (no one on the roster currently)</li> <li>24. Procurement</li> <li>25. Finance Team</li> <li>26. Chair</li> <li>27. Medical Records</li> </ul>	<ul style="list-style-type: none"> <li>3. Dentists</li> <li>4. Dental Out of Hours</li> </ul>
Not Live	<ul style="list-style-type: none"> <li>52. Levenwick Health Centre</li> <li>53. Walls Health Centre – 4<sup>th</sup> November</li> </ul> <p><b>2. Mental Health Bank</b></p>		<p><b>3. Admin Bank</b> <b>4. Other Bank</b></p>	<ul style="list-style-type: none"> <li>8. GP Joy</li> <li>9. GP OOH</li> <li>10. Surgery</li> <li>11. Psychiatry</li> <li>12. Paediatrics</li> <li>13. Obs &amp; Gynae</li> <li>14. Medicine</li> <li>15. Anaesthetics</li> <li>16. Clinic Planner</li> <li>17. Theatre Planner</li> <li>18. <b>GPs – Lerwick and Levenwick left to be completed</b></li> </ul> <p><b>5. Medical Bank</b> <b>6. Medical Agency</b> <b>7. IR35</b> <b>8. AFC Agency</b></p>

**NHS Shetland Revised Roll out RosterPerform update – 19<sup>th</sup> December 2024:**

	<b>Nursing &amp; Midwifery</b>	<b>Allied Health Professionals</b>	<b>Support Services</b>	<b>Bank &amp; Agency</b>	<b>Medics</b>	<b>Organisationally</b>
<b>Number of rosters</b>	53	17	29	9	17	125
<b>Number of rosters live</b>	0	0	0	0	0	0
<b>Number of rosters being progressed</b>	0	0	0	0	0	0
<b>Number of rosters to be implemented</b>	53	17	29	9	17	125
<b>Percentage implemented</b>	0%	0%	0%	0%	0%	0%

0% of the organisation are using RosterPerform.

Roll out should start once Optima is embedded and used proactively rather than retrospectively. Decision needs to be made on whether this will be rolled out individually to each area or one directorate at a time etc.

**NHS Shetland Revised Roll out eJobPlan update – 19<sup>th</sup> December 2024:**

	<b>Number of Job Plans</b>	<b>Number of Signed Off Job Plans</b>	<b>Number of Job Plans Awaiting 1<sup>st</sup> Manager Sign Off</b>	<b>Number of Job Plans Awaiting 1<sup>st</sup> Clinician Sign Off</b>	<b>Number of Job Plans Awaiting 2<sup>nd</sup> Sign Off</b>	<b>Number of Job Plans In Discussion</b>	<b>Number of Unpublished Job Plans</b>	<b>Percentage implemented</b>
<b>Medics</b>	15	1	0	1	0	9	4	6.66%

6.66% of the Medics are using eJobPlan.

**Signed Off Job Plans – Signed off by a relevant consultant as well as Pauline Wilson and Kirsty Brightwell**

**Job Plans Awaiting 1<sup>st</sup> Manager Sign Off – Job Plans awaiting sign off by Pauline Wilson**

**Job Plans Awaiting 1<sup>st</sup> Clinician Sign Off - Job Plans awaiting sign off by the relevant consultant**

**Job Plans Awaiting 2<sup>nd</sup> Sign Off – Job Plans awaiting sign off by Kirsty Brightwell**

**Job Plans In Discussion - Consultants are reviewing the job plans and discussing any changes that are needed**

**Unpublished Job Plans – Job Plans on which we are awaiting guidance**

**NHS Shetland Revised Roll out eRota update – 19<sup>th</sup> December 2024:**

	<b>Number of Rotas</b>	<b>Number of Created Rotas</b>	<b>Number of Live Rotas</b>	<b>Number of Junior Doctors in eRota</b>	<b>Number of Monitoring Exercises carried out</b>	<b>Number of Rotas interfaced to Optima</b>	<b>Percentage implemented</b>
<b>Medics</b>	15	15	2	16	2	0	0%

0% of the Medics are using eRota.

**NHS Shetland Revised Roll out BankStaff update – 19<sup>th</sup> December 2024:**

	<b>Bank &amp; Agency</b>
<b>Number of rosters</b>	9
<b>Number of rosters live</b>	0
<b>Number of rosters being progressed</b>	0
<b>Number of rosters to be implemented</b>	9
<b>Percentage implemented</b>	0%

0% of the organisation are using BankStaff.

Decision needs to be made on whether the bank and agency units can be condensed. If not, a named person should be responsible for each of them as access to Bank Staff needs to be limited.

<b>Board Reporting Template Overview</b>	<b>Level of Assurance</b>
Summary	Reasonable
Chapter 12IA : Duty to ensure appropriate staffing	Reasonable
12IB – Duty to ensure appropriate staffing: agency worker	Reported separately
12IC – Duty to have real-time staffing assessment in place	Reasonable
12ID – Duty to have risk escalation process in place	Reasonable
12IE – Duty to have arrangements to address severe and recurrent risks	Reasonable
12IF – Duty to seek clinical advice on staffing	Limited
12IH – Duty to ensure adequate time given to leaders	Limited
12II – Duty to ensure appropriate staffing: training of staff	Reasonable
12IJ – Duty to follow the common staffing method	Reasonable
12IL – Training and Consultation of Staff – Common Staffing Method	Reasonable
12IM – Reporting on Staffing	Processes being established
Planning and Securing Services*	No Assurance

\*relates to healthcare provided by a private or 3<sup>rd</sup> sector provider, another Health Board or through a National agreement, where assurance of their compliance with the Guiding Principles and Duties of the Act will be sought from the providers, in most cases the local Exec Officers (Medical and Nurse Directors) will not be the accountable officer

#### Key

Green		Systems and processes are in place for, and used by, all NHS functions and all professional groups
Yellow		Systems and processes are in place for, and used by, 50% or above of NHS functions and professional groups, but not all of them
Amber		Systems and processes are in place for, and used by, under 50% of all NHS functions and professional groups
Red		No systems are in place for any NHS functions or professional groups

Level of assurance		System adequacy	Controls
Substantial assurance		<p>A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.</p>	<p>Controls are applied continuously or with only minor lapses.</p>
Reasonable assurance		<p>There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.</p>	<p>Controls are applied frequently but with evidence of non-compliance.</p>
Limited assurance		<p>Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.</p>	<p>Controls are applied but with some significant lapses.</p>
No assurance		<p>Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.</p>	<p>Significant breakdown in the application of controls.</p>

## HIS HSP/ NHS Shetland Engagement Session (Q2 report) – 20 December 2024

### Key areas of strength / good practice

- Realtime staffing in place – Acute / CHSCP
- eRostering (↑ 83%) / SafeCare (↑19% overall, 32% N&M, 12.5% AHP)
- Use of Safecare in hospital huddle
- BAU Team
- Schedule for staffing level tool runs
- Access to Clinical Advice - Professionally led & Managed services
- Utilising key core systems – Datix & Safecare
- Health & Care Staffing Programme Board in place 2024/25
- Sharing of Q2 Internal HCSA Report with Clinical and Staff governance committees prior to NHS Board
- 2<sup>nd</sup> Q with Nil Return on High Cost Agency 150%

### Opportunities for shared learning

- HCSA Workforce Lead(s) Collaborative
- Engagement and peer support - NHS Western Isles and Orkney

### Identified areas of risk and/or challenge

- Variable Organisational engagement
- Current Board financial position
- Infrastructure issues - future impact on services
- Capacity across team(s) / professional groups
- Training for Staff – capacity & resources

### Identification of areas of support

- e-Jobplan – external support sourced
- Junior Doctor roster in place – monitoring challenges – escalation at national level

<b>Present</b>
Lynne Riach (LR) Kathleen Carolan (KC) Lorraine Allison (LA) Edna Mary Watson (EW) Ceara Holden (CH) (Notes)
<b>Apologies</b>
None

**Item Topic**

**1. Welcome, Introductions and Apologies**

LR made a round of introductions and explained that CH was present to take a high-level note. No apologies given.

**2. Review TOR**

LR highlighted updates to TOR were and shared that comments are welcomed post meeting.

**3. Key areas of strength/ good practice**

- i. Some of these details includes Q1 data.
- ii. Making progress on using Safecare across the board, from 10% – 19% from Q1-Q2.
- iii. Governance structure in place for HCSA - Programme Board for 24/25.
- iv. Q2 report currently being shared internally.
- v. Business as usual team, working well and developing relationships.

**4. Opportunities for shared learning**

- i. Workforce Leads Collaborative group meeting ongoing, having discussions about continued meetings – may move to quarterly.
- ii. Engagement and peer support – links with NHS Western Isles and NHS Orkney. Set up an informal “Northern Isles” peer support network for this work.
- iii. Engagement calls with national team looking at agency cost and reducing reliance on high-cost agency usage.

**5a. Identified areas of risk and/or challenge**

**5b. Mitigations in place to address identified risk/ challenge – current/ planned**

- |  |   |
|--|---|
| i. Variable engagement across organisation.                                    | This is moving forward already, and looking at how this can be developed. |
| ii. Financial position of the Board challenging.                               | Dependent on outside sources.   |
| iii. Impact on services in the future due to infrastructure issues identified. | Redesign and ways of working.   |



Item	Topic
iv.	Capacity across teams to find time to implement these tools.
v.	Capacity and resources for overall staff training.
vi.	Reduced working week – implications of this on services. <span style="float: right;">Looking at ways of supporting.</span>
<b>6. Identification of areas of support</b>	
i.	e-Jobplan – external support obtained for help with this but currently no major progress on this. Current system has insufficient flexibility to support the working patterns for the services being delivered in the board.
ii.	Junior Doctors – as above, the current system does not meet needs for the board currently, and may not meet the monitoring requirements.
<b>7. Agree actions and next steps</b>	
i.	NHSS to share comments on ToR with Lynne before 1 <sup>st</sup> March 2025.
ii.	Lynne to notify Katy of agreed date for next meeting – 10 <sup>th</sup> March 14:00 – 15:00
iii.	Lynne to send out invite for agreed Pre-engagement meeting, 24 <sup>th</sup> Feb 2025 – 10:00

Next Meeting:

Monday, 10<sup>th</sup> March 2025, 14:00 – 15:00

MS Teams