NHS Shetland

Meeting:	**NHS Board**
Meeting date:	**29 April 2025**
Title:	**Health and Care Staffing Act Annual Report incorporating Internal Compliance Report –Q4**
Agenda reference:	
Responsible Executive/Non-Executive:	**Kathleen Carolan, Director of Nursing and Acute Services / Kirsty Brightwell, Medical Director**
Report Author:	**Edna Mary Watson, Chief Nurse (Corporate)/ Clinical Workforce Lead**

1 Purpose

This paper presents the first Annual 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). This report also forms the internal compliance report for Quarter 4.

The Act was enacted as of 1 April 2024.

This paper is being presented to the NHS Board for:

- Awareness and Assurance
- Decision – Approval to publish the Health and Care (Staffing) (Scotland) Act Annual Report 2025 in national template form as set out in Appendix 3.

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 reports 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 is the NHS Board's first Annual 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). This report also forms the internal compliance report for Quarter 4, 2024/25.

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;
Throughout 2024/25, 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 (returned from period of leave March 2025)
Healthcare Scientists – no overall Professional Lead.

In order to inform both the quarterly and Annual Reports, 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 a Clinical Psychologist), Head of Medical Imaging (for Imaging and Audiology), Cardiac Physiologist and Laboratory Services Manager.

Professional Leads were 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 each respective Quarter 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 has been presented in each of the quarterly reports and this information has also been used to inform the Annual Report.

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

In the last quarter, dedicated support has enabled both the Psychological Therapies and Laboratory services to implement Safe Care. Discussions have been held with the new Head of Podiatry services and plans are in place to revisit Safe Care implementation with the Dietetic, Occupational Therapy and Speech and Language Therapy Teams in the coming weeks.

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 plan to use Safe Care on an organisation wide basis to facilitate this. 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 were run between January and March 2025. Reports from areas are currently in the process of being finalised.

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 over the last 3 months 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. A working group is being set up to consider the contracts in scope for this duty, taking into account the specific features of local service provision which include that the NHS Board's Primary Healthcare service model is predominantly an NHS Board directly provided salaried service with only one of the 10 General Practices being an Independent Provider and that Contracts exist with a number of Special Health Boards where services are provided at a national level, as well as a range of shared care pathways are in place with other Boards eg via NECU arrangements.

Discussions will be held with the Director of Finance, as responsible Director for commissioning, to establish a process by which the Guiding Principles and the requirement to confirm that they have appropriate staffing arrangements in place is built into any procurement and/or commissioning process going forward.

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:
12IF – Duty to seek clinical advice on staffing
12IH – 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:
12IF – Duty to seek clinical advice on staffing

Decisions taken which conflict with clinical advice, associated risks and mitigating actions
During 2024/25 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 Safe Care 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 14 April 2025, approx. 86% of the organisation overall 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. 76% across the entire organisation, ranging from 91% in nursing and midwifery, 86% in support services, 76% in AHPs with lower levels in the use of the Medics system at 35% and 22% in Bank/Agency.

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 23% of the organisation are now live on Safe Care, this is an increase from 18% at the end of Q3 and continues to reflect what has been a small but steady increase in usage across the organisation, across all 4 quarters of the last year. This figure comprises usage at just under 38% in nursing and midwifery and 14% within the AHP services currently.

Over the last quarter the Acute sector have been using the Safe care Sunburst to support the Gilbert Bain Hospital 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 planned 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 the quarterly reports.

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 does have an impact on the pace at which the Board will be able to demonstrate full compliance with the Act.

The capacity issues have presented 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 have been 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. An organisational risk, reflecting this challenge, is in draft and will be considered via the Health and Care Staffing Programme Board prior to being presented to the Risk Management Group.

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 drafting 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 Safe Care 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.

The requirement for Quarterly reports to be submitted to the NHS Board has been built into the Board's Business Programme since April 2024, with the first quarterly report being presented to the Board at it's meeting in June 2024. Throughout 2024/25, reports have been presented to the Board at the end of each quarter, with this Annual Report incorporating the Quarter 4 report due to the timing of the NHS Board meetings.

Prior to the presentation to the NHS Board meeting, the quarterly reports are considered by the Clinical and Staff Governance Committees, both of which are Standing Committees of the NHS Board.

Annual Report

For the Health and Care Staffing Act Annual Report, a national reporting template is required to be completed. The template along with some additional guidance was received in February 2025. 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'.

Following receipt of the additional guidance and feedback received through the HIS Monitoring calls we have revised some of our self assessed assurance levels where it would appear that our progress was in accordance with that of other Boards in NHS Scotland.
An overview of our self assessed levels of assurance is provided in Appendix 2.

The full Annual Report template is provided in Appendix 3 and subject to approval at the NHS Board meeting this will be published on the NHS Board website and submitted to the Scottish Ministers as per the duty 12IM Report on Staffing.

Reporting on Agency Spend in excess of 150%

Section 12IB 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 all 4 quarters in 2024/25, 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 whilst there is the potential for inaccuracy in the reported costs, 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) 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.

During 2024/25 3 review meetings have been held between representatives of HIS and the NHS Board. These have taken place on 9 August 2024, 20 December 2024 and 10 March 2025. These meetings have been 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.

At each meeting our quarterly 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.

Development of our quarterly reports in combination with participation in these quarterly reviews, has supported 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 had in place a schedule of quarterly meetings throughout 2024/25, which will continue in 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 it's respective Governance Committee's this report has not been considered at a formal meeting of the Staff or Clinical Governance Committee but has been circulated to members of both Committee's for comment prior to being submitted to the NHS Board meeting. Comments received indicated that members felt this was an accurate summary of our position including challenges and achievements.

2.4 Recommendation

This paper presents the first Annual 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). This report also forms the internal compliance report for Quarter 4.

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
- Decision – Approval to publish the Health and Care (Staffing) (Scotland) Act Annual Report 2025 in national template form as set out in Appendix 3.

3 List of appendices

Appendix No 1	Roll out plan for Health Roster/Optima and Safe Care as of 14 April 2025
Appendix No 2	Overall Board Self Assessed levels of assurance against the 10 Duties
Appendix No 3	Full Annual Report on National Reporting Template

NHS Shetland Revised Roll out Allocate e-Rostering update – 14th April 2025:

	Nursing & Midwifery	Allied Health Professionals	Support Services	Bank & Agency	Medics	Organisationally
Number of rosters	55	17	28	9	17	126
Number of rosters live	54	17	28	2	7	108
Number of rosters being progressed	1	0	0	1	0	2
Number of rosters to be implemented	0	0	0	6	10	16
Percentage implemented	98.14%	100%	100%	22.22%	41.17%	85.6%

85.6% 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

NHS Shetland Roll Out:

KEY CONTACT IN BAU TEAM	Nursing & Midwifery Emma Geddes & Jessika Bartkowicz	AHP Emma Geddes & Jessika Bartkowicz	Support Emma Geddes & Jessika Bartkowicz	Medics Bibianna Wojtczak
Rolled out	1. Clinical Governance & Risk Team 2. Community ANPs 3. District Nurses Mainland 4. District Nurses Isles 5. Non Doctor Isles Nurses 6. Hospital at Home 7. Infection Prevention & Control 8. CDU 9. Air Ambulance OC 10. Practice Nurses 11. Intermediate Care Service 12. Outpatients 13. Practice Education 14. Hospital Specialist Nurses 15. Learning Disability Services 16. Public Health Vaccination Team 17. Cardiology 18. Ward 3 19. Unst Health Centre 20. Oncology/Macmillan Team 21. Brae Health Centre 22. Public Health Team 23. Public Health – On Call 24. Health Improvement Team 25. Bixter Health Centre 26. Clinical Team Leaders 27. Lerwick Health Centre 28. Scalloway Health Centre 29. Whalsay Health Centre 30. Sexual Health Clinic 31. Theatres 32. Senior Charge Nurses 33. Renal Unit	1. Podiatry & Orthotics 2. Pharmacy - Primary Care Team 3. Physiotherapy 4. Nutrition and Dietetics 5. AHP Practice Education Lead 6. Medical Imaging 7. Medical Imaging On Call 8. Hospital Pharmacy Team 9. Pharmacy On Call 10. CHSC Management 11. Silver Command Community 12. Audiology 13. Laboratory Services 14. Medical Physics 15. Primary Care Admin 16. Occupational Therapy 17. Speech Therapy	1. Finance Team 2. Procurement 3. Patient Travel 4. HR Team 5. Staff Development Team 6. Spiritual Care Team 7. Information Governance Team 8. Health & Safety Team 9. Digital Technology 10. HR Heads of Department 11. Estates 12. Board Members 13. Chair 14. Chief Executive Office 15. CEO - Chief Executive 16. Corporate Services 17. Community Nursing Admin 18. Occupational Health 19. Porters 20. Domestics 21. Laundry 22. Catering 23. Facilities – Management 24. Patient Focused Booking	1. Community Dental Public Dental Service 2. Dental Management 3. Dentists 4. General Dental Public Dental Service 5. Dental Out of Hours 6. 75 % of Health Centre GPs 7. Junior Doctors

	34. CAMHS 35. Yell Health Centre 36. Psychological Therapies Service 37. Child Protection 38. Paediatric Nursing Staffing 39. School Nursing Service 40. Health Visiting Service 41. ADP Support Team 42. Ward 1 43. HDU On Call 44. Maternity 45. Silver Command Acute – On Call 46. Mental Health Admin 47. Community Psychiatric Team 48. Dementia Servicesno 49. Substance Misuse Recovery Service 50. MAPA 51. Forensics - On Call 52. A&E 53. Walls Health Centre 54. Hospital at Home **55. Community Nursing Bank** **56. Acute Nursing Bank**		25. Main Reception GBH 26. Medical Records 27. Director of Nursing 28. Planning, Performance and Projects Team	
Plan to go live shortly	1. Levenwick Health Centre **2. Mental Health Bank**			1. **GPs – Lerwick and Levenwick left to be completed**
			1. Admin Bank **2. Other Bank**	1. GP Joy 2. GP OOH 3. Surgery 4. Psychiatry 5. Paediatrics 6. Obs & Gynae 7. Medicine 8. Anaesthetics 9. Clinic Planner 10. Theatre Planner **1. Medical Bank** **2. Medical Agency** **3. IR35**

				4. AFC Agency

NHS Shetland Roll out Allocate SafeCare update – 14th April 2025:

	Nursing & Midwifery	Allied Health Professionals	Support Services	Medics	Organisationally
Number of rosters	51	14	2	23	90
Number of rosters live	19	2	0	0	21
Number of rosters being progressed	5	8	0	0	13
Number of rosters to be implemented	27	4	2	23	56
Percentage implemented	37.25%	14.28%	0%	0%	23.33%

23.33% of the organisation are using SafeCare.

NHS Shetland Proposed Roll Out:				
KEY CONTACT IN BAU TEAM	**Nursing & Midwifery** **Emma Geddes & Jessika Bartkowicz**	**AHP** **Emma Geddes & Jessika Bartkowicz**	**Support** **Emma Geddes & Jessika Bartkowicz**	**Medics** **Bibianna Wojtczak**
Rolled out	1. Clinical Governance & Risk Team 2. Hospital Specialist Nurses 3. Ward 3 4. District Nurses Mainland 5. District Nurses Isles 6. Non Doctor Isles Nurses 7. Hospital at Home 8. Outpatients 9. Sexual Health Clinic 10. Ward 1 11. Maternity 12. A&E 13. HDU On Call 14. Theatres 15. Psychological Therapies Service 16. Public Health Vaccination Team 17. Community ANPs 18. Hospital at Home 19. Clinical Team Leaders	1. Physiotherapy 2. Medical Imaging		
Plan to go live shortly	20. Cardiology 21. Paediatric Nursing Staffing 22. School Nursing Service 23. Child Protection 24. Health Visiting Service	3. Occupational Therapy 4. Speech Therapy 5. Podiatry 6. Nutrition and Dietetics 7. Orthotics 8. Laboratory Services 9. Pharmacy - Primary Care Team 10. Hospital Pharmacy Team		
	25. Forensics - On Call 26. Infection Prevention & Control 27. CDU 28. Air Ambulance OC	11. Medical Imaging On Call 12. Pharmacy On Call	1. Director of Nursing 2 Occupational Health	1. GP Joy 2. GP OOH 3. Community Dental Public Dental Service

	29. Practice Nurses 30. Intermediate Care Service 31. Practice Education 32. Learning Disability Services 33. Oncology/Macmillan Team 34. Public Health Team 35. Public Health – On Call 36. Health Improvement Team 37. Renal Unit 38. Community Psychiatric Team 39. CAMHS 40. Dementia Services 41. Substance Misuse Recovery Service 42. ADP Support Team 43. Unst Health Centre 44. Whalsay Health Centre 45. Scalloway Health Centre 46. Yell Health Centre 47. Brae Health Centre 48. Bixter Health Centre 49. Walls Health Centre 50. Lerwick Health Centre 51. Levenwick Heath Centre	13. Audiology 14. Medical Physics		4. Dental Management 5. Dentists 6. General Dental Public Dental Service 7. Dental Out of Hours 8. Unst Health Centre 9. Whalsay Health Centre 10. Scalloway Health Centre 11. Yell Health Centre 12. Brae Health Centre 13. Bixter Health Centre 14. Walls Health Centre 15. Lerwick Health Centre 16. Levenwick Heath Centre 17. Junior Doctors 18. Surgery 19. Psychiatry 20. Paediatrics 21. Obs & Gynae 22. Medicine 23. Anaesthetics

NHS Shetland Revised Roll Allocate e-Rostering usage – 14th April 2025:

	Nursing & Midwifery	Allied Health Professionals	Support Services	Bank & Agency	Medics	Organisationally
Number of rosters	55	17	28	9	17	126
Number of rosters used	50	13	24	2	6	95
Number of rosters live not used	4	4	4	0	1	13
Number of rosters to be implemented	1	0	0	7	10	18
Percentage Used	90.90%	76.47%	85.71%	22.22%	35.29%	75.39%

*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.

NHS Shetland Roll Out:				
KEY CONTACT IN BAU TEAM	**Nursing & Midwifery** **Emma Geddes & Jessika Bartkowicz**	**AHP** **Emma Geddes & Jessika Bartkowicz**	**Support** **Emma Geddes & Jessika Bartkowicz**	**Medics** **Bibianna Wojtczak**
Live Used	1. Clinical Governance & Risk Team 2. Community ANPs 3. Hospital at Home 4. District Nurses Mainland 5. District Nurses Isles 6. Non Doctor Isles Nurses 7. Infection Prevention & Control 8. CDU 9. Air Ambulance OC 10. Practice Nurses 11. Intermediate Care Service 12. Outpatients 13. Practice Education 14. Hospital Specialist Nurses 15. Public Health Vaccination Team 16. Ward 3 17. Unst Health Centre 18. Oncology/Macmillan Team 19. Brae Health Centre 20. Public Health Team 21. Public Health – On Call 22. Health Improvement Team 23. Clinical Team Leaders 24. Lerwick Health Centre 25. Scalloway Health Centre 26. Whalsay Health Centre 27. Sexual Health Clinic 28. Theatres 29. Renal Unit 30. CAMHS 31. Yell Health Centre 32. Psychological Therapies Service 33. Health Visiting Service 34. Ward 1 35. HDU On Call 36. Maternity 37. Silver Command Acute – On Call 38. Mental Health Admin 39. Community Psychiatric Team	1. Podiatry & Orthotics 2. Pharmacy - Primary Care Team 3. Physiotherapy 4. Nutrition and Dietetics 5. Medical Imaging 6. Medical Imaging On Call 7. Hospital Pharmacy Team 8. Pharmacy On Call 9. CHSC Management 10. Laboratory 11. Medical Physics 12. Audiology 13. Primary Care Admin	1. Patient Travel 2. HR Team 3. Staff Development Team 4. Information Governance Team 5. Health & Safety Team 6. Digital Technology 7. HR Heads of Department 8. Estates 9. Community Nursing Admin 10. Porters 11. Domestics 12. Laundry 13. Catering 14. Facilities – Management 15. Patient Focused Booking 16. Main Reception GBH 17. Director of Nursing 18. CEO - Chief Executive 19. Chief Executive Office 20. Corporate Services 21. Occupational Health 22. Planning, Performance and Projects Team 23. Board Members 24. Procurement	1. 75 % of Health Centre GPs 2. Junior Doctors 3. General Dental Public Dental Service 4. Dental Management 5. Community Dental Public Dental Service 6. Dentists

	40. Dementia Services 41. Substance Misuse Recovery Service 42. Forensics - On Call 43. A&E 44. MAPA 45. Child Protection 46. Cardiology 47. Senior Charge Nurses 48. Walls Health Centre 49. Hospital at Home 50. ADP Support Team **51. Community Nursing Bank** **52. Acute Nursing Bank**			
Live Not Used	49. Learning Disability Services 50. Bixter Health Centre 51. Paediatric Nursing Staffing 52. School Nursing Service	14. Occupational Therapy 15. Speech Therapy 16. AHP Practice Education Lead 17. Silver Command Community	22. Spiritual Care Team (no one on the roster currently) 23. Finance Team 24. Chair 25. Medical Records	3. Dental Out of Hours
Not Live	52. Levenwick Health Centre **2. Mental Health Bank**		**3. Admin Bank** **4. Other Bank**	8. GP Joy 9. GP OOH 10. Surgery 11. Psychiatry 12. Paediatrics 13. Obs & Gynae 14. Medicine 15. Anaesthetics 16. Clinic Planner 17. Theatre Planner 18. **GPs – Lerwick and Levenwick left to be completed** **5. Medical Bank** **6. Medical Agency** **7. IR35** **8. AFC Agency**

NHS Shetland Revised Roll out RosterPerform update – 14th April 2025:

	Nursing & Midwifery	Allied Health Professionals	Support Services	Bank & Agency	Medics	Organisationally
Number of rosters	53	17	29	9	17	125
Number of rosters live	0	0	0	0	0	0
Number of rosters being progressed	0	0	0	0	0	0
Number of rosters to be implemented	53	17	29	9	17	125
Percentage implemented	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 – 14th April 2025:

	Number of Job Plans	Number of Signed Off Job Plans	Number of Job Plans Awaiting 1st Manager Sign Off	Number of Job Plans Awaiting 1st Clinician Sign Off	Number of Job Plans Awaiting 2nd Sign Off	Number of Job Plans In Discussion	Number of Unpublished Job Plans	Percentage implemented
Medics	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 1st Manager Sign Off – Job Plans awaiting sign off by Pauline Wilson

Job Plans Awaiting 1st Clinician Sign Off - Job Plans awaiting sign off by the relevant consultant

Job Plans Awaiting 2nd 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 – 14th April 2025:

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

0% of the Medics are using eRota.

NHS Shetland Revised Roll out BankStaff update – 14th April 2025:

	Bank & Agency
Number of rosters	9
Number of rosters live	0
Number of rosters being progressed	0
Number of rosters to be implemented	9
Percentage implemented	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 BankStaff needs to be limited.

Board Reporting Template Overview	**Level of Assurance**
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	Reasonable
12IH – Duty to ensure adequate time given to leaders	Reasonable
12II – Duty to ensure appropriate staffing: training of staff	Substantial
12IJ – Duty to follow the common staffing method	Substantial
12IL – Training and Consultation of Staff – Common Staffing Method	Substantial
12IM – Reporting on Staffing	Processes being established
Planning and Securing Services*	Limited

*relates to healthcare provided by a private or 3rd 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

Appendix 3

Level of assurance		System adequacy	Controls
Substantial assurance		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.	Controls are applied continuously or with only minor lapses.
Reasonable assurance		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.	Controls are applied frequently but with evidence of non- compliance.
Limited assurance		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.	Controls are applied but with some significant lapses.
No assurance		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.	Significant breakdown in the application of controls.