NHS Shetland

Meeting:	**Shetland NHS Board**
Meeting date:	**23 September 2025**
Title:	**Health and Care Staffing Act Internal Compliance Report – Q1**
Agenda reference:	**Board Paper 2025/26/41**
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 formally presents the Quarter 1 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). An update report was provided to the Staff Governance and Clinical Governance Committee's at their meetings held on 29 May and 10 June 2025 respectively, following the Annual Report which was presented to the NHS Board on 29 April 2025.

The Act was enacted as of 1 April 2024. Within the Act there is a requirement to make quarterly reports to the NHS Board and an Annual Report by 30 April each year, for submission to Ministers following approval by the NHS Board.

This paper is being presented to the Staff Governance Committee 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 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 report outlines progress at end of Q1 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. Over the last year, a quarterly Board engagement meeting was held between HIS and NHS Shetland representatives to review the quarterly report. Following review of this practice, the engagement calls have been reduced to 6 monthly in 2025/2026 with HIS using other intelligence held by them in order to monitor performance of the NHS Board overall. Where any gaps are noted, or further clarity sought, this can be requested at any point during the year.

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 was also sought from a range of individuals at Service Manager level. This 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.

Although 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 was also used to inform the Annual Report.

Discussion at the Healthcare Staffing Programme Board suggested that we trial a different approach to reporting into the Clinical Workforce Lead by ensuring that all Professional Leads have ongoing access to the reporting template, via the shared MS Teams channel, allowing for updates to be made at any time, with a formal reminder being issued to the Professional Leads when time is approaching for reporting at the end of the quarter so that any further update can be made in time for inclusion in the quarterly report. This approach was trialed to support the completion of the report for the end of Q1, however, it has had limited success and therefore this will be fedback, and be a key topic for discussion, at the next Health and Care Staffing Programme Board meeting, which is scheduled for 30 September 2025.

The BAU team have now supported the full implementation of Health Roster in almost all service areas across NHS Shetland and within health services in the Community Health and Social Care Partnership (CHSCP), with the exception of medical services. Some additional targeted support has been offered to Levenwick Health Centre in order to support them to be live in their use of Health Roster before the end of the next quarter.

In this quarter, dedicated support has enabled Podiatry services to move forward with the use of Safe Care, but unfortunately due to staffing challenges work to support Dietetics and the Speech and Language Therapy service has had to be paused but it is hoped that these areas will be able to move forward before the end of Quarter 2.

Dedicated support has also been provided to Occupational Therapy services and to Child Health, encompassing Health Visiting, School Nursing, Children's nursing and Public Protection services, both of these service areas have issues to resolve with the use of health roster prior to being able to move forward successfully with the implementation of Safe Care. The eRostering Lead and Clinical Workforce Lead will continue to support these services to address these issues.

In addition it is anticipated that following the successful implementation of Health Roster in Cardiac Physiology that they will progress on to Safe Care at the beginning of September.

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 at the time.

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 have historically been used across the different disciplines to record staffing level discussions. NHS Shetland decided that going forward we would use Safe Care on an organisation wide basis to standardise our approach. As noted before, work is actively being progressed across the Acute Sector and AHP services to complete the roll out of Health Roster and Safe Care to these areas and then the focus will be on services within Primary care.

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. The delay in getting the reports finalised this year has highlighted the need for having the tool runs spread over a wider timeframe in order that the entire process can be undertaken in a timely way which allows for the undertaking of the staffing level tool runs, review of the output alongside other relevant data and the drafting of the Common Staffing Method report, all in

preparation to support the annual strategic, workforce and financial planning cycle. Discussion on this is scheduled for the Strategic Nurse Meeting in September 2025.

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.

In this last Quarter the Maternity services have participated in the national trial of using Safe Care as the platform for the Maternity staffing level tool run. Whilst feedback is awaited on how well this worked from a national perspective, locally it appeared that the use of the tool within Safe Care was relatively easy for staff. If this has been successful from a national perspective it is anticipated that the Maternity Staffing Level tool will be available for use on Safe Care from April 2026. Achieving this will be an important step forward in the work being progressed to update the staffing level tools and to move them all from the current SSTS platform to Safe Care within the remaining time period prior to the shut down of SSTS in 2028.

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, service pressures since January 2025 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.

In 2023, 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. Unfortunately, over the last 3 years, whilst there has been a slight decrease in staff completing the iMatter survey this year with completion being by 56% of the workforce, in comparison to 60% of the workforce in 2024 and 2023, a downward trend can be seen in our results on both questions with a slightly greater decrease on the “confident that concerns will be followed up and responded to”.

These results will be considered in detail at the Whistleblowing Steering Group and due consideration given to actions which it may be possible to take which could help to improve these results. The Clinical Workforce Lead is a member of the Whistleblowing Steering Group and therefore can actively participate in the discussions.

Question	2025	2024	2023	Trend
I am confident that I can safely raise concerns about issues in my workplace	80	81	82	↓
I am confident that my concerns will be followed up and responded to.	73	75	76	↓

Formal monitoring of compliance with this duty will be supported by the organisational 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 2025/26 to date 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 has almost completed 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 23 July 2025, approx. 87% of the organisation overall are now registered as live on the eRostering system. This figure represents most of the organisation with the exception of medical staffing. A more detailed review of the teams actively using the system shows that this is approx. 87% across the entire organisation, ranging from 93% in nursing and midwifery, 96% in support services, 82% in AHPs with lower levels in the use of the Medics system at 40% and 25% in Bank/Agency.

These figures show further positive progress across all sectors since the last update provided to the Staff Governance and Clinical Governance Committee's in May/June 2025 where the active use was 76% across the entire organisation, ranging from 91% in nursing and midwifery, 86% in support services, 76% in AHPs with the 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, with day to day enquiries or issues as and when they arise. In addition they are actively supporting 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 31% of the organisation are now live on Safe Care, this is an increase from 26% at the end of May, 23% at the end of April and 18% at the end of Q3 and continues to reflect what has been a small but steady increase in usage across the organisation since implementation commenced last year. This figure comprises usage at just over 38% in nursing and midwifery and 45% within the AHP services currently.

The use of the Safe Care Sunburst is now embedded in 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. It is hoped that this will be able to be enabled in the coming weeks.

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 continue to be 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 has resulted 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. However, as evidenced in this report we have now achieved almost full compliance with the use of health roster across NHS acute and health services within the CHSCP and are making steady progress, if small percentage gains, on a monthly basis in the roll out and use of Safe Care within teams.

The capacity issues presented a challenge for moving forward with the roll out of both Health Roster 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. However, as noted above, we have undertaken some targeted work to assist specific areas and teams and have found this to have been beneficial in supporting completion and full implementation of health roster/ Safe Care in their area. We therefore plan to continue with a blended approach of providing general set up and training for teams, offering general access to the eRostering Lead and Clinical Workforce Lead as required and then a follow up targeted session with any area who do not appear to then be utilising the system regularly in order to provide early support and address any problems encountered.

Progress made to date has been through the good 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 some of the challenges faced, 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. All of 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 was considered at the last Healthcare Staffing Programme Board and following minor revision is now being issued across the services.

Within this guidance, there is information relating to the redeployment function within Safe Care. This function should be used when staff members are required to work in another area that is not their normal base location. This function can enable the recording of a redeployment of a staff member to a different area from a period of a few hours to an entire shift to assist with covering gaps in staffing or enhanced care needs in an area.

The Ministerial Scottish Nursing and Midwifery Taskforce Report, Delivering Together for a Stronger Nursing and Midwifery Workforce" (Feb 2025), Outcome 2 requires that "Employers are taking active steps to reduce the frequency of staff moves and where those take place that they are carried out ensuring staff are suitably supported to work within their knowledge, skills and experience and minimise impact on patient safety". Using the redeployment function within Safe Care will enable managers to have oversight of which staff members have been reallocated to work in other teams and can help with ensuring equity of redeployments as well as tracking the frequency and reason for these redeployments taking place. All of this information can support workforce planning as well as ensuring that the redeployment of staff is carried out on a fair and equitable basis, as and when required.

The use of the redeployment function will be considered at the Strategic Nurse Meeting on 30 September 2025 before being put into practice, monitored and formally reported on, on a quarterly basis.

Local Reporting

Now that Health Roster is implemented and being actively used in most teams across the organisation, attention will be turned to the development of workforce management information reports. Health Roster contains a module, Roster Perform, which enables the production of management information reports. As nursing is the largest part of the workforce and provides a 24/7 service, the eRostering Lead will demonstrate the functionality of this module at the next Strategic Nursing Meeting. Based on this demonstration, Proposals for future management reports, including specifically which reports, for which staff groups and the frequency of these will be put forward for consideration at the Health and Care Staffing Programme Board meeting in October where an Organisational decision on reporting across the Professional groups can be made.

With the introduction of regular management reports we will also look to provide regular reports on Staffing Adverse Events and/or Risks as recorded on Datix and for the teams active on Safe Care reports on mitigations and escalations in relation to Professional Judgement and details of Red Flags raised within teams. This information will also be reported to the NHS Board via these quarterly reports going forward.

Quarterly Reporting

From the date of enactment, 1 April 2024, the requirement for Quarterly reports to be submitted to the NHS Board has been built into the Board's Business Programme with the first quarterly report being presented to the Board at it's meeting in June 2024. Throughout 2024/25, reports were presented to the Board at the end of each quarter, with Q4 report being incorporated into the Annual 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. The Health and Care Staffing programme Board has agreed that this approach will continue throughout 2025/26.

Annual Report

For the Health and Care Staffing Act Annual Report, a national reporting template was required to be completed. The national template asked 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 rated our overall level of assurance for year ending 31 March 2025 as 'reasonable'.

The full Annual Report was presented to the NHS Board at it's meeting on 29 April 2025, and following approval was published on the NHS Board website and submitted to the Scottish Ministers as per the duty 12IM Report on Staffing.

Since the responsibility for the Health and Care Staffing Act Implementation team has moved to the Workforce Directorate at Scottish Government, activity has been undertaken to revise the annual reporting template. A draft template has been shared with workforce leads for consultation with the expectation that a new template, based on a MS word format, will be available for the Year 2 Annual Report which will be due for submission in April 2026.

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 Quarter 1 2025/26, NHS Shetland continues to provide a "Nil" return for Agency staff who cost in excess of 150% of substantive staff costs. However, during 2024/25 the Board provided commentary to Scottish Government 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 requests to review our data submission and therefore will continue to report using the same approach, going forward.

Whilst the cost of Agency staff may be greater 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.

Travel and accommodation costs are a significant cost pressure to NHS Shetland and this has been highlighted to Scottish Government as part of our Annual Operating Plan submission.

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 were held between representatives of HIS and the NHS Board. These took 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.

The review meeting for our Q4 /Annual Report took place on Monday 19 May 2025. A copy of the Flashcard report for this meeting, along with the feedback note received from HIS HSP is available in Appendices 2 and 3 respectively.

HIS have recently advised that the review meetings will reduce to 6 monthly in 2025/26 with calls being held in Q1 (April to June) and Q3 (October to December). It is recognised that these calls may no longer coincide with the timing at which NHS Board's may have quarterly internal compliance reports available.

In Q2 and Q4 HIS note their intention to review all data, evidence and intelligence that they hold on NHS Board's and may request the submission of additional information to support their monitoring role and function, where necessary.

Development of our quarterly reports in combination with participation in these quarterly reviews, supported the process of building our annual report for 2024/25, which in turn supported our compliance with the following duty:
12IM – Reporting on Staffing.

The same approach will be adopted throughout 2025/26 to support the development of this year's annual report.

Health and Care Programme Board meetings

The Health and Care Programme Board has a schedule of quarterly meetings in place for 2025/26, the first of which took place on 22 April 2025.

In addition to the Health and Care Programme Board, an operational management group, the Allocate Management Group, has now been set up, under the chairmanship of the Director of Finance, to support the ongoing development of eRostering within NHS Shetland. The group are in the early stages of set up but have the following role and remit proposed in their current Draft Terms of Reference:

The Allocate Management Group (AMG) is an operational management advisory group comprised of senior service users and representatives of the Allocate Business as Usual Team (BAU Team).

The Role and remit of the AMG is to:
• Progress the adoption and standardising of the Allocate systems as the electronic rostering systems for NHS Shetland;
• Identify opportunities for improvement and development of the use of the Allocate systems within NHS Shetland; and

• Make decisions and recommendations on efficient operational use of the Allocate systems within NHS Shetland.

During Quarter 1, this group considered a proposal to move the hosting of the oncall roster information for the organisation, which is held at Gilbert Bain Hospital main reception, from a paper based system relying on various oncall rotas to using the functionality within Health Roster to support having details of all staff on call on a daily basis, immediately available to the reception staff via one oncall roster. The group membership felt that this would have several organisational benefits in terms of ensuring both accuracy and ready availability of the information when required thus better supporting business processes at times when the organisation is under particular stress. The eRostering Lead agreed to follow up on the points noted prior to progressing formal roll out of this approach.

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 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.

2.4 Recommendation

This paper presents the Quarter 1 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).

An update report was provided to the Staff Governance and Clinical Governance Committee's at their meetings held on 29 May and 10 June 2025 respectively, following the Annual Report which was presented to the NHS Board on 29 April 2025.

This paper is being presented to the Clinical Governance Committee for:

- Awareness and Assurance

3 List of appendices

Appendix No 1	Roll out plan for Health Roster/Optima and Safe Care as of 23 July 2025
Appendix No 2	Flashcard Report used for HIS Health Care Staffing Programme Board Engagement Call – 19 May 2025
Appendix No 3	Feedback from HIS Health Care Staffing Programme Board Engagement Call – 19 May 2025

NHS Shetland Revised Roll out Allocate e-Rostering update –23rd July 2025:

	Nursing & Midwifery	Allied Health Professionals	Support Services	Bank & Agency	Medics	Organisationally
Number of rosters	54	16	28	8	20	126
Number of rosters live	53	16	28	2	11	110
Number of rosters being progressed	1	0	0	1	3	5
Number of rosters to be implemented	0	0	0	5	6	11
Percentage implemented	98.14%	100%	100%	22.22%	41.17%	87.30%

87.30% 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. Hospital Pharmacy Team 8. Pharmacy On Call 9. CHSC Management 10. Silver Command Community 11. Audiology 12. Laboratory Services 13. Medical Physics 14. Primary Care Admin 15. Occupational Therapy 16. 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. Dental Team 2. Junior Doctors 3. Unst Health Centre 4. Whalsay Health Centre 5. Scalloway Health Centre 6. Yell Health Centre 7. Brae Health Centre 8. Bixter Health Centre 9. Walls Health Centre 10. Lerwick Health Centre 11. Levenwick Health Centre

	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. Maternity 44. Silver Command Acute – On Call 45. Mental Health Admin 46. Community Psychiatric Team 47. Dementia Services 48. Substance Misuse Recovery Service 49. MAPA 50. Forensics - On Call 51. A&E 52. Walls Health Centre 53. Hospital at Home **54. Community Nursing Bank** **55. 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. Medicine 2. Psychiatry 3. GP OOH
			1. Admin Bank **2. Other Bank**	1. GP Joy 2. Surgery 3. Paediatrics 4. Obs & Gynae 5. Anaesthetics 6. Clinic Planner **7. Medical Bank** **8. Medical Agency** **9. IR35**

NHS Shetland Roll out Allocate SafeCare update – 23rd July 2025:

	Nursing & Midwifery	Allied Health Professionals	Support Services	Medics	Organisationally
Number of rosters	47	11	2	17	77
Number of rosters live	18	6	0	0	24
Number of rosters being progressed	5	3	0	0	8
Number of rosters to be implemented	24	2	2	17	45
Percentage implemented	38.29%	45.45%	0%	0%	29.87%

31.16% 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. Theatres 14. Psychological Therapies Service 15. Public Health Vaccination Team 16. Community ANPs 17. Hospital at Home 18. Clinical Team Leaders	1. Physiotherapy 2. Medical Imaging 3. Laboratory 4. Podiatry & Orthotics 5. Hospital Pharmacy Team 6. Occupational Therapy		
Plan to go live shortly	19. Cardiology 20. Paediatric Nursing Staffing 21. School Nursing Service 22. Child Protection 23. Health Visiting Service	4. Speech Therapy 5. Nutrition and Dietetics 6. Pharmacy - Primary Care Team		
	24. Infection Prevention & Control 25. CDU 26. Practice Nurses 27. Intermediate Care Service 28. Practice Education 29. Learning Disability Services 30. Oncology/Macmillan Team 31. Public Health Team 32. Health Improvement Team 33. Renal Unit 34. Community Psychiatric Team	7. Audiology 8. Medical Physics	1. Director of Nursing 2 Occupational Health	1. Dental Team 2. Unst Health Centre 3. Whalsay Health Centre 4. Scalloway Health Centre 5. Yell Health Centre 6. Brae Health Centre 7. Bixter Health Centre 8. Walls Health Centre 9. Lerwick Health Centre

	35. CAMHS 36. Dementia Services 37. Substance Misuse Recovery Service 38. ADP Support Team 39. Unst Health Centre 40. Whalsay Health Centre 41. Scalloway Health Centre 42. Yell Health Centre 43. Brae Health Centre 44. Bixter Health Centre 45. Walls Health Centre 46. Lerwick Health Centre 47. Levenwick Heath Centre			10. Levenwick Heath Centre 11. Junior Doctors 12. Surgery 13. Psychiatry 14. Paediatrics 15. Obs & Gynae 16. Medicine 17. Anaesthetics

NHS Shetland Revised Roll Allocate e-Rostering usage – 23rd July 2025:

	Nursing & Midwifery	Allied Health Professionals	Support Services	Bank & Agency	Medics	Organisationally
Number of rosters	54	16	28	8	20	126
Number of rosters used	50	13	27	2	10	102
Number of rosters live not used	3	3	1	0	2	9
Number of rosters to be implemented	1	0	0	6	8	15
Percentage Used	92.59%	81.25%	96.42%	25%	40%	81.74%

*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. Maternity 36. Silver Command Acute – On Call 37. Mental Health Admin 38. Community Psychiatric Team 39. Dementia Services	1. Podiatry & Orthotics 2. Pharmacy - Primary Care Team 3. Physiotherapy 4. Nutrition and Dietetics 5. Medical Imaging 6. Hospital Pharmacy Team 7. Pharmacy On Call 8. CHSC Management 9. Laboratory 10. Medical Physics 11. Audiology 12. Primary Care Admin 13. Speech Therapy 14. Occupational Therapy 15. Silver Command Community	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 25. Spiritual Care Team 26. Medical Records 27. Chair	1. Brae Health Centre 2. Walls Health Centre 3. Whalsay Health Centre 4. Yell Health Centre 5. Scalloway Health Centre 6. Unst Health Centre 7. Junior Doctors 8. Dental Team 9. GP OOH 10. Levenwick Health Centre

	40. Substance Misuse Recovery Service 41. Forensics - On Call 42. A&E 43. MAPA 44. Child Protection 45. Cardiology 46. Senior Charge Nurses 47. Walls Health Centre 48. Hospital at Home 49. ADP Support Team 50. Learning Disability Services 51. Bixter Health Centre 52. Paediatric Nursing Staffing **53. Community Nursing Bank** **54. Acute Nursing Bank**			
Live Not Used	53. School Nursing Service	14. AHP Practice Education Lead	28. Finance Team	12. Bixter Health Centre 13. Lerwick Health Centre
Not Live	54. Levenwick Health Centre **2. Mental Health Bank**		**3. Admin Bank** **4. Other Bank**	10. GP Joy 11. Surgery 12. Psychiatry 13. Paediatrics 14. Obs & Gynae 15. Medicine 16. Anaesthetics 17. Clinic Planner **1. Medical Bank** **2. Medical Agency** **3. IR35**

NHS Shetland Revised Roll out RosterPerform update – 23rd July 2025:

	Nursing & Midwifery	Allied Health Professionals	Support Services	Bank & Agency	Medics	Organisationally
Number of rosters	53	16	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 – 23rd July 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 – 23rd July 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 – 23rd July 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.

HIS HSP/ NHS Shetland Engagement Session (Q4 report) – 19 May 2025

Key areas of strength / good practice

- Realtime staffing in place – Acute / CHSCP (mixed economy)
- eRostering (↑ 85%) / SafeCare (↑ 23% overall, 38% N&M, 14% AHP)
- Use of Safecare in hospital huddle
- Maternity Tool testing in Safecare – AHP
- BAU Team
- Staffing level tool runs completed
- Access to Clinical Advice - Professionally led & Managed services – No reports of decisions contrary to CA
- Utilising key core systems – Datix & Safecare – AE & Risk reports & Red Flags
- Use of “redeployment” within Safecare – NM Taskforce
- Health & Care Staffing Programme Board in place 2024/25 - continue
- Policies/Procedures/Guidance
- Sharing of First 3Qs Internal HCSA Report with Clinical and Staff governance committees prior to NHS Board
- Annual Report – submitted to SG, positive comments locally, no Press interest
- Full year 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
- CGov Shared mailbox for comms from SG
- NHS Lothian & NHS GGC

HIS HSP/ NHS Shetland Engagement Session (Q4 report) – 19 May 2025

Identified areas of risk and/or challenge	Identification of areas of support
• Variable but Improvement in Organisational engagement • Targetted support – Health Roster – Dental, Mental Health & Primary Care, EMT • Safe care – Psychological Therapies, Lab services, AHPs • Schedule for staffing level tool runs - encourage spread • Planning & securing services • Board financial position • Infrastructure issues - future impact on services (2yrs) • Capacity across team(s) / professional groups – GBH continues over capacity since New Year • Training for Staff – capacity & resources	• e-Jobplan – external support sourced • Local Consultant –digital, trial 'basic' diary • Junior Doctor roster in place – monitoring challenges – escalation at national level <u>Future</u> HCSA meetings with SG HIS BE calls

Healthcare Improvement Scotland

HIS – NHS Shetland Board Engagement Call

Monday, 19th May 2025, 16:00 – 17:00

Note

Present
Lynne Riach, Senior Programme Advisor, Healthcare Improvement Scotland (LR) Kathleen Carolan, Director of Nursing, NHS Shetland (KC) Lorraine Allison, Head of HR, NHS Shetland (LA) Edna Mary Watson, Clinical Workforce Lead, NHS Shetland (EW) Kym Stewart, Project Officer, Healthcare Improvement Scotland (KS) - Notes
Apologies

Item Topic

1. Welcome, Introductions and Apologies

LR welcomed all to the meeting with introductions from the group.
No apologies noted.
LR and EW met last week to finalise agenda.

2. Key Areas of Strength / Good Practice

EW provided a presentation on annual report with the following points noted:

- eRostering use in service up to 85%
- SafeCare implementation increase by 23% overall. (38% in Nursing and Midwifery and 14% AHPs)
- Participation in the maternity tool testing will support and make it simpler for other disciplines to move on to SafeCare.
- Staffing level tool runs completed within financial year, full Common Staffing Method (CSM) has not been applied at this time, due to delay in tool run.
- Increased utilising of key core systems including Datix and great to see that staff are using this process to report concerns.
- Use of redeployment within SafeCare will be pushed forward in next quarter going forward and will be supporting colleagues in using this to record this information.
- Health and Care Staffing Programme Board continuing with dates scheduled for 2025/2026.
- Quarterly reports shared via internal governance processes, annual report did not fit within timelines however shared locally with positive comments received and submitted to Scottish Government.
- Full year with nil return on high costs agency

KC & LA confirmed no additions or further comments at this point.

3. Opportunities for Shared Learning

EW shared updates on opportunities for Shared Learning via slides with the following main points:

- More focus on the Health and Care (Staffing) (Scotland) Act 2019 (HCSA) Workforce Lead Collaborative going forward and continue to participate in these meetings
- Healthcare Staffing Programme (HSP) asked if NHS Shetland could provide a shared mailbox to communicate with the Board and this has been provided. The Clinical Governance Mailbox will be the central point for enquiries
- Engagement and peer support via other Boards (NHS Western Isles and NHS Orkney)
- Continued support from NHS Lothian and NHS Greater Glasgow & Clyde

Item	Topic

KC & LA confirmed no additions or further comments at this stage.

4. Identified areas of risk and/or challenge

EW shared updates on areas of risk or challenge via slides with the following main points:

- Variable but improvement in organisational engagement
- Since last met, there is a more targeted support approach to Health Roster
- Progress made with SafeCare. Occupational Therapy and Speech and Language Therapists are the only teams to have had their sessions however should see some progress shortly and all Allied Health Professionals (AHP)s will be online with SafeCare
- Communication in corporate bulletin to encourage use of Health Roster to colleagues that have been provided with training and then will move to target primary care.
- Schedule for staffing level tool runs with most of them carried out in March however next year aim is to encourage the spread of tool runs and will be focusing on improving the scheduling of this
- Infrastructure issues likely to be larger than initially thought with a 2-year impact on services
- Gilbert Bain Hospital continues to be at over capacity since New Year but have held a debrief and reviewed a range of actions to be better prepared going forward to support work.
- Training for staff has been difficult over tail end of last year due to capacity and resources

LR noted that when SG review reports, themes will likely come out from all the NHS Boards reports. The monitoring board compliance team within HSP will be looking at this on a wider scale and collating the common themes.

KC noted that she would like to re-emphasise the point regarding the infrastructure issues and future impact. KC advised only have 1 acute site and from summer until summer 2027 there will be significant displacement of services due to remedial works to fabric of buildings to support this. When the tool runs for maternity are carried out next year their model of care will be different and will still not have surge capacity on site. KC noted that they are starting to look at how to onboard some additional graduates to have a local workforce to provide care, in early stages but know that will have 1 or 2 winters where will have altered models of care which will play out in some of the risk mitigations that will need to be put in place and SafeCare data is integral in this.

LR noted it is good to have awareness how this will affect services going forward and take this into consideration when looking at tool runs in the future and added there will be conversations regarding local context going forward.

5. Identification of areas of support

EW shared updates on identification of area of support via slides with the following main points:

- Some challenges with e-Jobplan currently, however one of the rotational consultants is keen to see how this could be used and has had some time to build job planning for local consultants and will be taking this to local consultant group for review soon.
- Resident Docter roster in place and any challenges are being monitored and escalated at national level.
- EW asked if there were any updates on Health Care Staffing Act meetings with SG and the future of Board Engagement Calls

Item	Topic

- LR advised no updates currently. HSP Team meeting regularly with the Workforce Directorate and any further updates will be shared.
- LR also advised following feedback from Boards, the engagement calls will be reduced to one call in Q1 and second call between October and December (Q3). The Monitoring Board Compliance team will contact Boards directly in between this period should they have any queries or concerns. Quarterly reports will still need to be submitted.

The group agreed that it was useful to look back over the year and see improvements and achievements made. LR noted that it may be useful to have a log of what would be available if evidence is requested around the duties of the act.

6. Agree actions and next steps

- LR asked if EW could share slides with HSP and no further actions were noted.
  ACTION: EW to share presentation with HSP – his.hspmc@nhs.scot.
- LR thanked NHS Shetland colleagues for their efforts and collaboration.

Next Meeting:
TBC, Q3 25-26, MS Teams