

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>10 February 2026</b>
<b>Title:</b>	<b>Health and Care Staffing Act: Internal Compliance Report – Q3</b>
<b>Agenda reference:</b>	<b>Board Paper 2025/26/62</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Kathleen Carolan, Director of Nursing and Acute Services / Kirsty Brightwell, Medical Director</b>
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## 1 Purpose

This paper formally presents the Quarter 3 report on progress towards compliance with the duties of the Health and Care Staffing (Scotland) Act across NHS Shetland and Health services delivered within the Community Health and Social Care Partnership (CHSCP).

The Act was enacted as of 1 April 2024. 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 NHS Board for:**

- Awareness and Assurance

**This report relates to:**

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

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

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

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

Within NHS Shetland to date those identified as Board Level Clinicians are the Medical and Nurse Directors. The Statutory Guidance notes advise that in some NHS Boards the Director of Public Health may also be included if they have responsibility for clinical professions. Further discussion will be held with the Director of Public Health as to the best way for this group of staff to be represented in the quarterly 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 Q3 with implementation of the requirements of the Act, as we work towards full compliance.

### 2.2 Background

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

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

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

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

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

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

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

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

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

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

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

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

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

- Reporting assessment of compliance against the duties;
- Steps taken to have regard to the guiding principles when arranging appropriate staffing;
- Steps taken to have regard to the guiding principles when planning and securing health care services from third parties;
- Views of employees on how, operationally, clinical advice is sought;
- Information on decisions taken which conflict with clinical advice, associated risks and mitigating actions; and

- Conclusions and recommendations following assessment and consideration of all areas detailed above.

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

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

To assist HIS in carrying out their functions, formal requests will be made for a copy of the Board's Quarterly Report. A quarterly Board engagement meeting 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. The Board engagement calls have been revised to Board review calls and a key lines of inquiry approach adopted since October 2025.

### 2.3.1 Assessment

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

Throughout 2025/26, 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

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 has also been 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 and Q2, however, it had limited success and therefore this was a key topic for discussion, at the Health and Care Staffing Programme Board meeting held in January. Programme Board members felt that the reporting template was the most easy and straight forward way for Professional leads to provide updates. Having gained commitment to this approach, the Clinical Workforce Lead agreed to continue to remind Professional leads as to when an update was required to coincide with the compliance reporting timeframes.

The challenges being experienced with engagement across the Professions was escalated to the Executive Management Team. A dedicated session on the requirements of the Act and our current position against these was held for Executive Management Team members on 14 January 2026. A range of areas were discussed and some management actions agreed. It is hoped that this will support increased understanding and participation across the organisation. Further regular communications will be issued via the monthly Corporate Newsletter.

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.

The challenges with staffing levels and overall engagement impacting on progressing the organizational roll out of Safe Care was also discussed at the EMT meeting, further information will be shared with the Directors to assist with progressing implementation in relevant services with support from the respective Executive Managers and Team Leaders.

Over the last quarter, dedicated support has been provided to Occupational Therapy services and to Child Health, encompassing Health Visiting, School Nursing, Children's nursing and Public Protection services, however, 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. An additional session for new staff within Community Nursing was held to assist with understanding and implementation of Safecare in their services. The eRostering Lead and Clinical Workforce Lead will continue to offer support directly to teams where issues with implementation have been identified.

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 within clinical services, 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. A session with key managers in Primary care, Community Nursing and Pharmacy was held on 4 December 2025, with agreement reached to progress work across these services over the period January to March 2026 with an aim of a 'go live' date for all services use of Safe Care and hence the ability to then benefit from the use of the Safe Care sunburst to support staffing discussions in morning huddles. It is anticipated that the sunburst will be able to both reflect staffing at individual Health Centre team level, as well as at Primary Care service level on a pan-Shetland basis.

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 last run between January and March 2025. Services are currently in the process of planning or conducting their tool runs for this year with support being provided by the Clinical Workforce Lead. All tool runs require to be completed by 31 March 2026 to comply with the requirements of the Act.

As noted last year it takes 6-8 weeks to conduct and complete a tool run and therefore there is a need to spread the tool runs throughout the year in order that the entire process can be undertaken in a timely way allowing for the undertaking of the staffing level tool run, 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.

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. The Corporate Training Plan has been trialled on a 3 year basis, with an annual update. A Training Plan for the next cycle covering a 2 year timeframe is currently in development. 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 remains 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, ongoing service pressures over the last 12 months means supporting staff to attend training is challenging. Currently information on cancelled training sessions is available on an adhoc basis from Learning and Organisational development or via individual trainers, however this may / may not always include the reason for why training has been cancelled.

A flexible approach is adopted to support staff to attend training eg attendance in work time, attendance in own time with time in lieu given and early rescheduling of any cancelled training is encouraged, although we recognise that this may not be possible depending upon whether the training is local or provided by an external source.

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. Where Safe Care is already in place, codes have been made available to enable teams to reflect staff training time given for both core mandatory training and profession specific training. Organisationally we will begin to formally report on this from April 2026.

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. The impact of the move to sub-national planning and service delivery, on the application of the guiding principles, will need to be considered 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:  
121F – Duty to seek clinical advice on staffing  
121H – Duty to ensure adequate time given to leaders

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

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

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

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

Whilst no specific formal mechanism exists asking staff to give their views on section 121F, at an organisational level staff are encouraged to complete the questions in iMatter (annual staff survey) on how well they feel that their views are listened to and acted upon.

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 are due to be considered in detail at the next 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 Allocate / 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 15 January 2026, approx. 92% 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 within the 92% implementation across the entire organisation, this ranges from 94% in nursing and midwifery, 90% in support services, 93% in AHPs with lower levels in the use of the Medics system at 55% and 75% in Bank/Agency.

However, these figures show further positive progress across all sectors since the last update provided to the Staff Governance and Clinical Governance Committee's in December 2025, where the active use was 87% across the entire organisation, ranging from 96% in nursing and midwifery, 96% in support services, 93% in AHPs with the lower levels in the use of the Medics system at 50% and 75% in Bank/Agency.

There are small incremental improvements occurring across most services, on a month by month basis, however, there are also areas where consistency is not being maintained for which additional management support has been requested. The importance of accurate consistent use of the system will be crucial ahead of the link being made to Payroll systems which we anticipate to be later this year. System reports will also start to be sent to managers to ensure effective oversight of individual teams progress and to highlight any areas where there may be need for additional support.

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 approx 30% of the organisation is now live on Safe Care, this is a slight decrease from the reported 31% at end of September, up to which time we had noted a positive incremental increase month on month since implementation commenced. Percentage usage within nursing and midwifery and AHP services has remained consistent at just over 38% in nursing and midwifery and 45% within AHP services. Having introduced formal reporting on Safe Care we have identified that there are some data quality issues in terms of accuracy and consistency in reporting and therefore additional support is being offered to address these points.

The process of using 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. Following discussions with the relevant teams we are now 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. Training has been provided for additional Accident & Emergency staff in order to support them in using the system.

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.

Discussions are scheduled with our Public Health & Planning / Informatics colleagues to explore being able to create a local dashboard which can triangulate data from the hospital occupancy levels, Safecare information – patient and staff numbers, acuity, professional judgement & red flags and Adverse event reports from Datix to give a whole system perspective on activity and safety on a shift by shift basis.

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 Allocate/Optima, 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 Allocate across NHS acute and health services within the CHSCP and are overall 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 experienced presented a challenge for moving forward with the roll out of both Allocate/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. 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 Allocate Optima/ Safe Care in their area. We intend 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. In addition we have provided details of areas of concern to Directors and the introduction of management reports will enable closer oversight and early supportive action for any teams who are not continuing to use the systems as intended.

Progress made to date has been through the good support provided by the eRostering Business As Usual team and positive feedback for the Team continues to be provided from various areas across the organisation. An organisational risk, reflecting some of the challenges faced, is in draft and has been considered at the Health and Care Staffing Programme Board prior to being presented to the Risk Management Group at its next meeting in March 2026.

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

121D – Duty to have risk escalation process in place

121E – 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 has now been 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 was considered at the Strategic Nurse Meeting on 30 September 2025 and additional training sessions were provided for staff before the official ‘go live’ date of 10 November 2025. This will be monitored and formally reported, on a quarterly basis, from April 2026.

### **Local Reporting**

Now that Allocate Optima is implemented and being actively used in most teams across the organisation, attention is being turned to the development of workforce management information reports. Allocate Optima contains a module, Roster Perform, which enables the production of management information reports. The eRostering Lead has demonstrated the functionality of this module at both the Strategic Nursing Meeting in September and the Health and Care Staffing Programme Board. Based on these demonstrations, some management reports are now being implemented from February 2026 across all the Professional Leads areas of responsibility.

Having trialled the use of Roster Perform reports within nursing and midwifery, we have identified some data quality issues with the entries being made by staff. This is being followed up via the line management route, with support from the eRostering and Clinical Workforce Lead as necessary. Additional sessions have been held with the Band 8 Nursing managers in order to support their interpretation and understanding of these standard reports. At individual service level, it is possible for the line manager of the area to be able to retrieve workforce reports directly from within Safecare, support on how to do this is available from the eRostering Lead and BAU Team.

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. Due to the timing of this NHS Board meeting this report has not been considered at the Staff Governance and Clinical Governance Committee's prior to the presentation to the NHS Board but is scheduled to be considered at the next meeting of each of the Committee's due to be held on 17 February and 17 March respectively. Any issues raised by either Committee will be reported on or addressed as part of the Annual Report to the NHS Board at the end of April 2026.

### **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 its 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. Following consultation, a new template has been shared with workforce leads for use for the Year 2 Annual Report which will be due for submission in April 2026. The template is based on an MS Word format, as opposed to Excel, and therefore should be both more easily completed and inherently more readable for the public. The new template report can be seen in Appendix 2.

### **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 3 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 meetings were 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.

HIS revised the schedule of review meetings, reducing these 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.

Our Q1 call was held in May with the Q2 call held on 30 October 2025. HIS have introduced a 'guided line of enquiry' format for these meetings and this was used for the review in October. This requires a significant level of detailed reporting, as feedback was invited we requested that notification of the lines of enquiry be issued 2-3 weeks ahead of the scheduled meeting in order to allow time for appropriate preparation. The slides used for the Board Review call and the post meeting note issued by HIS were included in the Q2 report to the NHS Board at the meeting in December 2025.

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. Arrangements for 2026/2027 Board Review calls have not yet been confirmed.

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.

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.

This group is meeting on a monthly basis and is providing an opportunity for operational managers to gain support in the adoption and standardising of the Allocate system across NHS Shetland, identifying opportunities for improvement and development of the system thus supporting making organisational decisions and recommendations on the efficient operational use of the system within NHS Shetland.

### **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 2 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 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 15 Jan 2026

Appendix No 2: New Annual Report Template for Year 2 – April 2026 submission

**NHS Shetland Revised Roll out Allocate e-Rostering update – 15<sup>th</sup> January 2026:**

	<b>Nursing &amp; Midwifery</b>	<b>Allied Health Professionals</b>	<b>Support Services</b>	<b>Bank &amp; Agency</b>	<b>Medics</b>	<b>Organisationally</b>
<b>Number of rosters</b>	52	16	30	8	20	126
<b>Number of rosters live</b>	51	16	30	6	13	116
<b>Number of rosters being progressed</b>	1	0	0	1	2	4
<b>Number of rosters to be implemented</b>	0	0	0	1	5	6
<b>Percentage implemented</b>	98.14%	100%	100%	75%	65%	92.06%

Optima has been implemented to 92.06% of the organisation

KEY CONTACT IN BAU TEAM	Nursing & Midwifery <b>Emma Geddes &amp; Jessika Bartkowicz</b>	AHP <b>Emma Geddes &amp; Jessika Bartkowicz</b>	Support <b>Emma Geddes &amp; Jessika Bartkowicz</b>	Medics <b>Nikola Gatherer</b>
Rolled out	<ol style="list-style-type: none"> <li>1. Clinical Governance &amp; Risk Team</li> <li>2. Community ANPs</li> <li>3. District Nurses Mainland</li> <li>4. District Nurses Isles</li> <li>5. Non Doctor Isles Nurses</li> <li>6. Hospital at Home</li> <li>7. Infection Prevention &amp; Control</li> <li>8. CDU</li> <li>9. Air Ambulance OC</li> <li>10. Practice Nurses</li> <li>11. Intermediate Care Service</li> <li>12. Outpatients</li> <li>13. Practice Education</li> <li>14. Hospital Specialist Nurses</li> <li>15. Learning Disability Services</li> <li>16. Public Health Vaccination Team</li> <li>17. Cardiology</li> <li>18. Ward 3</li> <li>19. Unst Health Centre</li> <li>20. Oncology/Macmillan Team</li> <li>21. Brae Health Centre</li> <li>22. Public Health Team</li> <li>23. Public Health – On Call</li> <li>24. Health Improvement Team</li> <li>25. Bixter Health Centre</li> <li>26. Clinical Team Leaders</li> <li>27. Lerwick Health Centre</li> <li>28. Scalloway Health Centre</li> <li>29. Whalsay Health Centre</li> <li>30. Sexual Health Clinic</li> <li>31. Theatres</li> <li>32. Senior Charge Nurses</li> <li>33. Renal Unit</li> <li>34. CAMHS</li> <li>35. Yell Health Centre</li> <li>36. Psychological Therapies Service</li> <li>37. Child Protection</li> <li>38. Paediatric Nursing Staffing</li> <li>39. School Nursing Service</li> <li>40. Health Visiting Service</li> </ol>	<ol style="list-style-type: none"> <li>1. Podiatry &amp; Orthotics</li> <li>2. Pharmacy - Primary Care Team</li> <li>3. Physiotherapy</li> <li>4. Nutrition and Dietetics</li> <li>5. AHP Practice Education Lead</li> <li>6. Medical Imaging</li> <li>7. Hospital Pharmacy Team</li> <li>8. Pharmacy On Call</li> <li>9. CHSC Management</li> <li>10. Silver Command Community</li> <li>11. Audiology</li> <li>12. Laboratory Services</li> <li>13. Medical Physics</li> <li>14. Primary Care Admin</li> <li>15. Occupational Therapy</li> <li>16. Speech Therapy</li> </ol>	<ol style="list-style-type: none"> <li>1. Finance Team</li> <li>2. Finance Heads of Departments</li> <li>3. Procurement</li> <li>4. Patient Travel</li> <li>5. HR Team</li> <li>6. Staff Development Team</li> <li>7. Spiritual Care Team</li> <li>8. Information Governance Team</li> <li>9. Health &amp; Safety Team</li> <li>10. Digital Technology</li> <li>11. HR Heads of Department</li> <li>12. Estates</li> <li>13. Board Members</li> <li>14. Chair</li> <li>15. Chief Executive Office</li> <li>16. CEO - Chief Executive</li> <li>17. Corporate Services</li> <li>18. Community Nursing Admin</li> <li>19. Occupational Health</li> <li>20. Porters</li> <li>21. Domestic</li> <li>22. Laundry</li> <li>23. Catering</li> <li>24. Facilities – Management</li> <li>25. Patient Focused Booking</li> <li>26. Main Reception GBH</li> <li>27. Medical Records</li> <li>28. Director of Nursing</li> </ol>	<ol style="list-style-type: none"> <li>1. Dental Team</li> <li>2. Junior Doctors</li> <li>3. Unst Health Centre</li> <li>4. Whalsay Health Centre</li> <li>5. Scalloway Health Centre</li> <li>6. Yell Health Centre</li> <li>7. Brae Health Centre</li> <li>8. Bixter Health Centre</li> <li>9. Walls Health Centre</li> <li>10. Lerwick Health Centre</li> <li>11. Levenwick Health Centre</li> <li>12. Psychiatry</li> <li>13. GP OOH</li> <li><b>14. Medical Bank</b></li> <li><b>15. Medical Agency</b></li> </ol>

	<ul style="list-style-type: none"> <li>41. ADP Support Team</li> <li>42. Ward 1</li> <li>43. Maternity</li> <li>44. Silver Command Acute – On Call</li> <li>45. Community Psychiatric Team</li> <li>46. Dementia Services</li> <li>47. Substance Misuse Recovery Service</li> <li>48. MAPA</li> <li>49. Forensics - On Call</li> <li>50. A&amp;E</li> <li>51. Walls Health Centre</li> </ul> <p>52. <b>Community Nursing Bank</b> 53. <b>Acute Nursing Bank</b></p>		<ul style="list-style-type: none"> <li>29. Planning, Performance and Projects Team</li> <li>30. Mental Health Admin</li> </ul> <p>31. <b>Admin Bank</b> 32. <b>Other Bank</b></p>	
Plan to go live shortly	<ul style="list-style-type: none"> <li>1. Levenwick Health Centre</li> <li>2. <b>Mental Health Bank</b></li> </ul>			<ul style="list-style-type: none"> <li>1. Medicine</li> <li>2. Surgery</li> </ul>
				<ul style="list-style-type: none"> <li>1. GP Joy</li> <li>2. Paediatrics</li> <li>3. Obs &amp; Gynae</li> <li>4. Anaesthetics</li> <li>5. Clinic Planner</li> <li>6. <b>IR35</b></li> </ul>

**NHS Shetland Roll out Allocate SafeCare update – 15<sup>th</sup> January 2026:**

	<b>Nursing &amp; Midwifery</b>	<b>Allied Health Professionals</b>	<b>Support Services</b>	<b>Medics</b>	<b>Organisationally</b>
<b>Number of rosters</b>	46	11	2	17	76
<b>Number of rosters implemented</b>	19	8	0	0	27
<b>Number of rosters being progressed</b>	7	1	1	0	9
<b>Number of rosters to be implemented</b>	20	2	1	17	40
<b>Percentage implemented</b>	41.30%	72.72%	0%	0%	35.52%

35.52% of the organisation have implemented SafeCare.

<b>NHS Shetland Proposed Roll Out:</b>				
<b>KEY CONTACT IN BAU TEAM</b>	<b>Nursing &amp; Midwifery Emma Geddes &amp; Jessika Bartkowicz</b>	<b>AHP Emma Geddes &amp; Jessika Bartkowicz</b>	<b>Support Emma Geddes &amp; Jessika Bartkowicz</b>	<b>Medics Nikola Gatherer</b>
Rolled out	<ol style="list-style-type: none"> <li>1. Clinical Governance &amp; Risk Team</li> <li>2. Hospital Specialist Nurses</li> <li>3. Ward 3</li> <li>4. District Nurses Mainland</li> <li>5. District Nurses Isles</li> <li>6. Non Doctor Isles Nurses</li> <li>7. Hospital at Home</li> <li>8. Outpatients</li> <li>9. Sexual Health Clinic</li> <li>10. Ward 1</li> <li>11. Maternity</li> <li>12. A&amp;E</li> <li>13. Theatres</li> <li>14. Psychological Therapies Service</li> <li>15. Public Health Vaccination Team</li> <li>16. Community ANPs</li> <li>17. Clinical Team Leaders</li> <li>18. Health Visiting Service</li> <li>19. Cardiology</li> </ol>	<ol style="list-style-type: none"> <li>1. Physiotherapy</li> <li>2. Medical Imaging</li> <li>3. Laboratory</li> <li>4. Podiatry &amp; Orthotics</li> <li>5. Hospital Pharmacy Team</li> <li>6. Occupational Therapy</li> <li>7. Nutrition and Dietetics</li> <li>8. Speech Therapy</li> </ol>		
Work/Training required to implement	<ol style="list-style-type: none"> <li>20. Paediatric Nursing Staffing</li> <li>21. School Nursing Service</li> <li>22. Child Protection</li> <li>23. Dementia Services</li> <li>24. Substance Misuse Recovery Service</li> <li>25. Community Psychiatric Team</li> <li>26. Learning Disability Services</li> </ol>	<ol style="list-style-type: none"> <li>9. Pharmacy - Primary Care Team</li> </ol>	<ol style="list-style-type: none"> <li>1. Occupational Health</li> </ol>	
No implementation attempt made so far	<ol style="list-style-type: none"> <li>27. Infection Prevention &amp; Control</li> <li>28. CDU</li> <li>29. Practice Nurses</li> <li>30. Intermediate Care Service</li> <li>31. Practice Education</li> </ol>	<ol style="list-style-type: none"> <li>10. Audiology</li> <li>11. Medical Physics</li> </ol>	<ol style="list-style-type: none"> <li>2. Director of Nursing</li> </ol>	<ol style="list-style-type: none"> <li>1. Dental Team</li> <li>2. Unst Health Centre</li> <li>3. Whalsay Health Centre</li> </ol>

	<ul style="list-style-type: none"> <li>32. Oncology/Macmillan Team</li> <li>33. Public Health Team</li> <li>34. Health Improvement Team</li> <li>35. Renal Unit</li> <li>36. CAMHS</li> <li>37. ADP Support Team</li> <li>38. Unst Health Centre</li> <li>39. Whalsay Health Centre</li> <li>40. Scalloway Health Centre</li> <li>41. Yell Health Centre</li> <li>42. Brae Health Centre</li> <li>43. Bixter Health Centre</li> <li>44. Walls Health Centre</li> <li>45. Lerwick Health Centre</li> <li>46. Levenwick Heath Centre</li> </ul>			<ul style="list-style-type: none"> <li>4. Scalloway Health Centre</li> <li>5. Yell Health Centre</li> <li>6. Brae Health Centre</li> <li>7. Bixter Health Centre</li> <li>8. Walls Health Centre</li> <li>9. Lerwick Health Centre</li> <li>10. Levenwick Heath Centre</li> <li>11. Junior Doctors</li> <li>12. Surgery</li> <li>13. Psychiatry</li> <li>14. Paediatrics</li> <li>15. Obs &amp; Gynae</li> <li>16. Medicine</li> <li>17. Anaesthetics</li> </ul>
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**NHS Shetland Roll out Allocate SafeCare December usage update – 15<sup>th</sup> January 2026:**

	<b>Nursing &amp; Midwifery</b>	<b>Allied Health Professionals</b>	<b>Support Services</b>	<b>Medics</b>	<b>Organisationally</b>
<b>Number of rosters</b>	46	11	2	17	76
<b>Number of rosters live</b>	6	3	0	0	9
<b>Number of rosters not live</b>	17	5	0	0	22
<b>Number of rosters to be implemented</b>	23	3	2	17	45
<b>Percentage implemented</b>	13.04%	27.27%	0%	0%	32.46%

11.84% of the organisation are actively and consistently using SafeCare.

<b>NHS Shetland Proposed Roll Out:</b>				
<b>KEY CONTACT IN BAU TEAM</b>	<b>Nursing &amp; Midwifery Emma Geddes &amp; Jessika Bartkowicz</b>	<b>AHP Emma Geddes &amp; Jessika Bartkowicz</b>	<b>Support Emma Geddes &amp; Jessika Bartkowicz</b>	<b>Medics Nikola Gatherer</b>
Consistently Using	<ol style="list-style-type: none"> <li>1. Ward 3</li> <li>2. Outpatients</li> <li>3. Ward 1</li> <li>4. Maternity</li> <li>5. A&amp;E</li> <li>6. Psychological Therapies Service</li> </ol>	<ol style="list-style-type: none"> <li>1. Physiotherapy</li> <li>2. Medical Imaging</li> <li>3. Hospital Pharmacy Team</li> </ol>		
No usage/inconsistent usage	<ol style="list-style-type: none"> <li>7. Public Health Vaccination Team</li> <li>8. Community ANPs</li> <li>9. Hospital at Home</li> <li>10. Clinical Team Leaders</li> <li>11. Health Visiting Service</li> <li>12. Theatres</li> <li>13. Sexual Health Clinic</li> <li>14. District Nurses Mainland</li> <li>15. District Nurses Isles</li> <li>16. Non Doctor Isles Nurses</li> <li>17. Hospital Specialist Nurses</li> <li>18. Clinical Governance</li> <li>19. Cardiology</li> <li>20. Paediatric Nursing Staffing</li> <li>21. School Nursing Service</li> <li>22. Child Protection</li> <li>23. CAMHS</li> </ol>	<ol style="list-style-type: none"> <li>4. Laboratory</li> <li>5. Podiatry &amp; Orthotics</li> <li>6. Occupational Therapy</li> <li>7. Speech Therapy</li> <li>8. Nutrition and Dietetics</li> </ol>		
	<ol style="list-style-type: none"> <li>24. Dementia Services</li> <li>25. Substance Misuse Recovery Service</li> <li>26. Community Psychiatric Team</li> <li>27. Learning Disability Services</li> <li>28. Infection Prevention &amp; Control</li> <li>29. CDU</li> <li>30. Practice Nurses</li> <li>31. Intermediate Care Service</li> <li>32. Practice Education</li> <li>33. Oncology/Macmillan Team</li> </ol>	<ol style="list-style-type: none"> <li>7. Audiology</li> <li>8. Medical Physics</li> <li>9. Pharmacy - Primary Care Team</li> </ol>	<ol style="list-style-type: none"> <li>1. Director of Nursing</li> <li>2. Occupational Health</li> </ol>	<ol style="list-style-type: none"> <li>1. Dental Team</li> <li>2. Unst Health Centre</li> <li>3. Whalsay Health Centre</li> <li>4. Scalloway Health Centre</li> <li>5. Yell Health Centre</li> <li>6. Brae Health Centre</li> <li>7. Bixter Health Centre</li> <li>8. Walls Health Centre</li> <li>9. Lerwick Health Centre</li> </ol>

	<ul style="list-style-type: none"><li>34. Public Health Team</li><li>35. Health Improvement Team</li><li>36. Renal Unit</li><li>37. ADP Support Team</li><li>38. Unst Health Centre</li><li>39. Whalsay Health Centre</li><li>40. Scalloway Health Centre</li><li>41. Yell Health Centre</li><li>42. Brae Health Centre</li><li>43. Bixter Health Centre</li><li>44. Walls Health Centre</li><li>45. Lerwick Health Centre</li><li>46. Levenwick Heath Centre</li></ul>			<ul style="list-style-type: none"><li>10. Levenwick Heath Centre</li><li>11. Junior Doctors</li><li>12. Surgery</li><li>13. Psychiatry</li><li>14. Paediatrics</li><li>15. Obs &amp; Gynae</li><li>16. Medicine</li><li>17. Anaesthetics</li></ul>
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**NHS Shetland Revised Roll Allocate e-Rostering usage – 15<sup>th</sup> January 2026:**

	<b>Nursing &amp; Midwifery</b>	<b>Allied Health Professionals</b>	<b>Support Services</b>	<b>Bank &amp; Agency</b>	<b>Medics</b>	<b>Organisationally</b>
<b>Number of rosters</b>	52	16	30	8	20	126
<b>Number of rosters used</b>	49	15	27	6	11	108
<b>Number of rosters live not used</b>	2	1	3	0	1	7
<b>Number of rosters to be implemented</b>	1	0	0	2	8	11
<b>Percentage Used</b>	94.23%	93.75%	90%	75%	55%	85.71%

\*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 Nikola Gatherer
Live Used	<ol style="list-style-type: none"> <li>1. Clinical Governance &amp; Risk Team</li> <li>2. Community ANPs</li> <li>3. Hospital at Home</li> <li>4. District Nurses Mainland</li> <li>5. District Nurses Isles</li> <li>6. Non Doctor Isles Nurses</li> <li>7. Infection Prevention &amp; Control</li> <li>8. CDU</li> <li>9. Air Ambulance OC</li> <li>10. Practice Nurses</li> <li>11. Intermediate Care Service</li> <li>12. Outpatients</li> <li>13. Practice Education</li> <li>14. Hospital Specialist Nurses</li> <li>15. Public Health Vaccination Team</li> <li>16. Ward 3</li> <li>17. Unst Health Centre</li> <li>18. Oncology/Macmillan Team</li> <li>19. Brae Health Centre</li> <li>20. Public Health Team</li> <li>21. Public Health – On Call</li> <li>22. Health Improvement Team</li> <li>23. Clinical Team Leaders</li> <li>24. Scalloway Health Centre</li> <li>25. Whalsay Health Centre</li> <li>26. Sexual Health Clinic</li> <li>27. Renal Unit</li> <li>28. CAMHS</li> <li>29. Yell Health Centre</li> <li>30. Psychological Therapies Service</li> <li>31. Health Visiting Service</li> <li>32. Ward 1</li> <li>33. Maternity</li> <li>34. Silver Command Acute – On Call</li> <li>35. Community Psychiatric Team</li> <li>36. Dementia Services</li> <li>37. Substance Misuse Recovery Service</li> <li>38. Forensics - On Call</li> </ol>	<ol style="list-style-type: none"> <li>1. Podiatry &amp; Orthotics</li> <li>2. Pharmacy - Primary Care Team</li> <li>3. Physiotherapy</li> <li>4. Nutrition and Dietetics</li> <li>5. Medical Imaging</li> <li>6. Hospital Pharmacy Team</li> <li>7. Pharmacy On Call</li> <li>8. Laboratory</li> <li>9. Medical Physics</li> <li>10. Audiology</li> <li>11. Primary Care Admin</li> <li>12. Speech Therapy</li> <li>13. Occupational Therapy</li> <li>14. CHSC Management</li> <li>15. Silver Command Community</li> </ol>	<ol style="list-style-type: none"> <li>1. Patient Travel</li> <li>2. HR Team</li> <li>3. Staff Development Team</li> <li>4. Information Governance Team</li> <li>5. Health &amp; Safety Team</li> <li>6. Digital Technology</li> <li>7. HR Heads of Department</li> <li>8. Estates</li> <li>9. Community Nursing Admin</li> <li>10. Porters</li> <li>11. Domestic</li> <li>12. Laundry</li> <li>13. Catering</li> <li>14. Facilities – Management</li> <li>15. Patient Focused Booking</li> <li>16. Main Reception GBH</li> <li>17. Director of Nursing</li> <li>18. CEO - Chief Executive</li> <li>19. Chief Executive Office</li> <li>20. Corporate Services</li> <li>21. Occupational Health</li> <li>22. Planning, Performance and Projects Team</li> <li>23. Board Members</li> <li>24. Procurement</li> <li>25. Spiritual Care Team</li> <li>26. Medical Records</li> <li>27. Chair</li> </ol>	<ol style="list-style-type: none"> <li>1. Brae Health Centre</li> <li>2. Walls Health Centre</li> <li>3. Whalsay Health Centre</li> <li>4. Yell Health Centre</li> <li>5. Scalloway Health Centre</li> <li>6. Unst Health Centre</li> <li>7. Junior Doctors</li> <li>8. Dental Team</li> <li>9. GP OOH</li> <li>10. Levenwick Health Centre</li> <li>11. Bixter Health Centre</li> <li><b>12. Medical Bank</b></li> <li><b>13. Medical Agency</b></li> </ol>

	<ul style="list-style-type: none"> <li>39. A&amp;E</li> <li>40. MAPA</li> <li>41. Child Protection</li> <li>42. Cardiology</li> <li>43. Senior Charge Nurses</li> <li>44. Walls Health Centre</li> <li>45. ADP Support Team</li> <li>46. Learning Disability Services</li> <li>47. Bixter Health Centre</li> <li>48. Paediatric Nursing Staffing</li> <li>49. School Nursing Service</li> </ul> <p>50. <b>Community Nursing Bank</b> 51. <b>Acute Nursing Bank</b></p>		<ul style="list-style-type: none"> <li>28. <b>Admin Bank</b></li> <li>29. <b>Other Bank</b></li> </ul>	
Live Not Used	<ul style="list-style-type: none"> <li>50. Theatres</li> <li>51. Lerwick Health Centre</li> </ul>	<ul style="list-style-type: none"> <li>16. AHP Practice Education Lead</li> </ul>	<ul style="list-style-type: none"> <li>28. Finance Team</li> <li>29. Finance Heads of Departments</li> <li>30. Mental Health Admin</li> </ul>	<ul style="list-style-type: none"> <li>12. Lerwick Health Centre</li> </ul>
Not Live	<ul style="list-style-type: none"> <li>52. Levenwick Health Centre</li> </ul> <p>2. <b>Mental Health Bank</b></p>			<ul style="list-style-type: none"> <li>13. GP Joy</li> <li>14. Surgery</li> <li>15. Psychiatry</li> <li>16. Paediatrics</li> <li>17. Obs &amp; Gynae</li> <li>18. Medicine</li> <li>19. Anaesthetics</li> <li>20. Clinic Planner</li> </ul> <p>1. <b>IR35</b></p>

**NHS Shetland Revised Roll out RosterPerform update – 15<sup>th</sup> January 2026:**

	<b>Nursing &amp; Midwifery</b>	<b>Allied Health Professionals</b>	<b>Support Services</b>	<b>Bank &amp; Agency</b>	<b>Medics</b>	<b>Organisationally</b>
<b>Number of rosters</b>	52	16	29	9	20	126
<b>Number of rosters live</b>	33	0	3	0	0	36
<b>Number of rosters being progressed</b>	0	0	0	0	0	0
<b>Number of rosters to be implemented</b>	20	16	26	9	20	91
<b>Percentage implemented</b>	63.46%	0%	10.34%	0%	0%	28.57%

28.57% of the organisation are using RosterPerform.

**NHS Shetland Revised Roll out eJobPlan update – 15<sup>th</sup> January 2026:**

	<b>Number of Job Plans</b>	<b>Number of Signed Off Job Plans</b>	<b>Number of Job Plans Awaiting 1<sup>st</sup> Manager Sign Off</b>	<b>Number of Job Plans Awaiting 1<sup>st</sup> Clinician Sign Off</b>	<b>Number of Job Plans Awaiting 2<sup>nd</sup> Sign Off</b>	<b>Number of Job Plans In Discussion</b>	<b>Number of Unpublished Job Plans</b>	<b>Percentage implemented</b>
<b>Medics</b>	17	1	0	1	1	11	3	5.88%

5.88% of the Medics have a signed off eJobPlan.

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

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

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

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

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

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

**NHS Shetland Revised Roll out eRota update – 15<sup>th</sup> January 2026:**

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

0% of the Medics are using eRota.

**NHS Shetland Revised Roll out BankStaff update – 15<sup>th</sup> January 2026:**

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

0% of the organisation are using BankStaff.

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

## HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 – [Insert Health Board] ANNUAL REPORT [Insert Year]

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### Report approval

1. The box below should be completed by the person signing off the report. An electronic signature is acceptable.
2. The Act requires the annual reports to be published by relevant organisations. Please enter a hyperlink to the webpage where the report can be found in the boxes below.

<b>Name of organisation:</b>	<i>Health Board</i>
<b>Report authorised by:</b>	<i>Name</i>
	<i>Designation</i>
	<i>Date</i>
<b>Location where report is published:</b>	<i>[ hyperlink]</i>

## **GUIDANCE ON USING THIS TEMPLATE**

### **Purpose**

This guidance has been developed to support relevant organisations in the completion of the below template which will form their annual report detailing compliance with the requirements of the [Health and Care \(Staffing\) \(Scotland\) Act 2019 \(the Act\)](#). Completed reports must be returned to [hcsa@gov.scot](mailto:hcsa@gov.scot) by 30 April 2026.

Additional resources can be accessed here: [Health and Care \(Staffing\) \(Scotland\) Act 2019: statutory guidance - gov.scot](#)

If you require further assistance or have any queries, please contact [hcsa@gov.scot](mailto:hcsa@gov.scot).

### **Summary Section**

3. The summary asks for an overview of how the relevant organisation has carried out all of the duties and requirements of the Act. This should include all NHS functions provided by all professional disciplines covered under the Act. You will be asked to provide an assurance level in respect of your overall compliance with the Act. Definitions for these assurance levels can be found at point seven.
4. Following receipt, the Scottish Ministers must collate reports from relevant organisations and lay a combined report before Parliament, along with an accompanying statement setting out how the information will be taken into account in policies for staffing of the health service. To enable this process, the information provided by relevant organisations should be comprehensive and pertinent to the staffing of the health service. To enable this, please complete the questions contained in the reporting template in sufficient detail, setting out the key achievements, outcomes, learning and risks and how this information has been used to inform workforce planning at the local level.

### **Individual duties / requirements**

5. Following the summary section, the template seeks detail on individual duties/requirements of the Act in turn, asking relevant organisations to provide an assessment of compliance, and to provide details. Again, this should include all NHS functions, provided by all professional disciplines covered under the Act. Relevant organisations should provide detail to explain the assurance level in respect of the Duty, detailing evidence of compliance where appropriate, or gaps and areas of ongoing focus.

Evidence could, for example, include details of the organisational structures, systems and/or processes being used.

6. The duty description contains the legislative wording of the Act, outlining the duty requirements.

7. As outlined at paragraph 3, the template requests an overall level of assurance with regard to the relevant organisation's compliance with the Act/Duties, using the assurance categories as detailed below:

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.

8. The relevant organisation is asked to provide details of areas of success, achievement and learning associated with the particular duty or requirement, along with indicating how this could be used in the future. Again, in order to provide meaningful information that can inform healthcare staffing policy, relevant organisations are asked to complete this with an appropriate level of detail.

9. The relevant organisation is then asked to provide details of any areas of risk where they have been unable to achieve or maintain compliance with the particular duty or requirement, or where they have faced any challenges or risks in carrying out their duties or requirements. In this section, relevant organisations are also asked what actions have been or are being taken to address this. Again, in

order to provide meaningful information that can inform healthcare staffing policy, relevant organisations are asked to provide an appropriate level of detail.

## ANNUAL REPORTING TEMPLATE

### Summary

Please answer the following questions, to provide an overall assessment of how the organisation has carried out its duties under sections 12IA, 12IC, 12ID, 12IE, 12IF, 12IH, 12II, 12IJ and 12IL of the National Health Service (Scotland) Act 1978 (inserted by section 4 of the Act), and in line with Sections 1 and 2 of the Act : [Guiding principles for health and care staffing and Guiding principles etc. in health and care staffing and planning.](#)

#### **Please advise how the information provided in this report has been used or will be used to inform workforce plans.**

Summary on how the information within this report has/or will inform future workforce plans/planning.

Examples include - but not limited to:

- Impacts and outcomes of real -time staffing assessment on workforce/workload planning
- How the outputs of the Staffing Level Tools and the application of the CSM have informed you workforce planning activity.
- Impact of the Health and Care Staffing Act has led to safe and efficient staffing.

#### **Please provide information on how your compliance to the Health and Care Staffing Act has led to improved outcomes for service users and workforce**

As set out in the legislation, compliance with the Act should support the outcomes from the Health and Care Standards. Therefore, you should demonstrate/consider how implementation of the Act contributes to achieving these Standards

This should include - but not be limited to - information in relation to patient safety and quality of care measures and outcomes, patient feedback, staff wellbeing measures, and adverse event reporting; what this information has shown and any trends; and any actions taken as a result.

### Health and Care Staffing Act Health Board Duty Compliance Assurance Levels

Please complete the table below with your Health Boards compliance assurance level for each duty.

DUTY	COMPLIANCE ASSURANCE LEVEL
Duty 12IA: Duty To Ensure Appropriate Staffing	Choose an item.
Duty 12IC: Duty To Have Real-Time Staffing Assessment In Place.	Choose an item.
Duty 12ID: Duty To Have Risk Escalation Process In Place.	Choose an item.
Duty 12IE: Duty To Have Arrangements To Address Severe And Recurrent Risks.	Choose an item.
Duty 12IF: Duty To Seek Clinical Advice On Staffing.	Choose an item.
Duty 12II: Duty To Ensure Appropriate Staffing: Training Of Staff	Choose an item.
Duty 12IH: Duty To Ensure Adequate Time Given To Clinical Leaders.	Choose an item.
Duty 12IJ: Duty To Follow The Common Staffing Method (CSM)	Choose an item.
Duty 12IL: Training And Consultation Of Staff	Choose an item.
Planning And Securing Services	Choose an item.
<b>PLEASE INDICATE THE OVERALL LEVEL OF ASSURANCE OF THE ORGANISATION'S COMPLIANCE</b>	
Choose an item.	

Duty 12IA: Duty to ensure appropriate staffing

<b>Duty Description</b>	<p><b>2 Guiding principles etc. in health care staffing and planning</b></p> <p>(1) In carrying out the duty relating to staffing imposed by section 12IA of the National Health Service (Scotland) Act 1978, every Health Board and the Common Services Agency for the Scottish Health Service must have regard to the guiding principles for health and care staffing.</p> <p><b>Duty 12IA: Duty to ensure appropriate staffing.</b></p> <p><b>(1) It is the duty of every Health Board and the Agency 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—</b></p> <ul style="list-style-type: none"> <li>(a) the health, wellbeing, and safety of patients,</li> <li>(b) the provision of safe and high-quality health care, and</li> <li>(c) in so far as it affects either of those matters, the wellbeing of staff.</li> </ul> <p><b>(2) In determining what, in a particular kind of health care provision, constitutes appropriate numbers for the purposes of subsection (1), regard is to be had to—</b></p> <ul style="list-style-type: none"> <li>(a) the nature of the particular kind of health care provision,</li> <li>(b) the local context in which it is being provided,</li> <li>(c) the number of patients being provided it,</li> <li>(d) the needs of patients being provided it, and</li> <li>(e) appropriate clinical advice.</li> </ul>
<b>Please provide information on the steps taken to comply with Duty 12IA.</b>	
Please provide information to demonstrate compliance.	
Information submitted here should outline how systems & processes take account <b><u>of all of the points</u></b> detailed in the duty description above by providing detail for each consideration.	
<b>Please provide information on your methods of monitoring compliance with Duty 12IA</b>	
This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.	

**Areas of success, achievement, or learning**

Area of success / achievement / learning	Details	Further action
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<p>This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.</p>	<p>This should describe the situation: what is the success, achievement, or learning? For example, application of eRostering has allowed senior personnel to be able to see staffing in real-time across all areas, allowing staff to be reallocated as required to reduce level of risk.</p>	<p>This should describe how the success, achievement or learning could be used in the future. For example, continue the roll out of eRostering across the organisation, using learning from areas that have already implemented.</p>
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**Areas of escalation, challenges, or risks**

<b>Area of escalation / Challenge / Risk</b>	<b>Details</b>	<b>Further action</b>
<p>This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.</p>	<p>This should describe the situation: what is the challenge or risk identified? For example, there may be difficulty with recruiting a particular staff speciality or recruitment in a remote / rural location.</p>	<p>This should describe what actions have been / are being / will be taken to address the situation. For example, if there is difficulty in recruiting in a particular speciality or remote / rural location, the relevant organisation may have investigated retire and return schemes or upskilling and career development for existing staff. It may also have looked at how the service could be redesigned.</p>

<b>COMPLIANCE ASSURANCE LEVEL</b>
Choose an item.

**Duty 12IC: Duty to have real-time staffing assessment in place.**

<b>Duty Summary</b>	<p><b>(1) It is the duty of every Health Board and the Agency to put and keep in place arrangements for the real-time assessment of its compliance with the duty imposed by section 12IA.</b></p> <p><b>(2) The arrangements under subsection (1) must, in particular, include—</b></p> <ul style="list-style-type: none"><li>(a) a procedure for the identification, by any member of staff, of any risks caused by staffing levels to—<ul style="list-style-type: none"><li>(i) the health, wellbeing, and safety of patients,</li><li>(ii) the provision of safe and high-quality health care, or</li><li>(iii) in so far as it affects either of those matters, the wellbeing of staff,</li></ul></li><li>(b) a procedure for the notification of any such risk to an individual with lead professional responsibility (whether clinical or non-clinical) in the area where the risk was identified,</li><li>(c) a procedure for the mitigation of any such risks, so far as possible, by such an individual, and a requirement for that individual to seek and have regard to appropriate clinical advice, as necessary, in carrying out such mitigation,</li><li>(d) raising awareness among staff about the procedures described in paragraphs (a) (b) and (c),</li><li>(e) encouraging and enabling staff to use the procedures described in paragraphs (a) and (b),</li><li>(f) training individuals with lead professional responsibility (whether clinical or non-clinical) for particular types of health care in how to implement the arrangements put in place under paragraphs (a) to (e), and</li><li>(g) ensuring that such individuals receive adequate time and resources to implement those arrangements.</li></ul>
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**Please provide information on the steps taken to comply with Duty 12IC.**

Please provide information to demonstrate compliance.

Information submitted here should outline how systems & processes take account **of all of the points** detailed in the duty description above by providing detail for each consideration.

**Please provide information on your methods of monitoring compliance with Duty 12IC**

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

**Areas of success, achievement, or learning**

Area of success / achievement / learning	Details	Further action
<p>This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.</p>	<p>This should describe the situation: what is the success, achievement, or learning?            For example, areas that have implemented and are using SafeCare are able to accurately record risks that are identified and the mitigation measures implemented, and clinical advice received. Reports extracted from the system are demonstrating an auditable trail of decision-making.</p>	<p>This should describe how the success, achievement or learning could be used in the future.            For example, this success is being used to demonstrate to other areas the benefits of using SafeCare and supporting its implementation.</p>

**Areas of escalation, challenges, or risks**

Area of escalation / Challenge / Risk	Details	Further action
<p>This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.</p>	<p>This should describe the situation: what is the challenge or risk identified?            For example, there may be difficulty with encouraging and enabling certain professional groups to use the systems and processes.</p>	<p>This should describe what actions have been / are being / will be taken to address the situation.            For example, if there is difficulty in engaging certain professional groups, what measures have been put in place with regard to increasing this such as using professional networks, staff representatives etc.?</p>

**COMPLIANCE ASSURANCE LEVEL**

Choose an item.

## Duty 12ID: Duty to Have Risk Escalation Process in Place.

### Duty Summary

**(1) It is the duty of every Health Board and the Agency to put and keep in place arrangements for the escalation of any risk.**

- (a) identified during the real-time assessment of its staffing levels in accordance with arrangements put in place under section 12IC, and
- (b) which it has not been possible to mitigate in accordance with the arrangements put in place under that section.

**(2) The arrangements under subsection (1) of this duty must include:**

- a) A procedure for the initial reporting of a risk as described in subsection (1), by an individual with lead professional responsibility (whether clinical or non-clinical) in the area where the risk was identified, to a more senior decision-maker,
- b) A requirement for any such decision-maker to seek and have regard to appropriate clinical advice, as necessary, in reaching a decision on the risk, including on how to mitigate it,
- c) A procedure for the onward reporting of the risk, as necessary, to a more senior decision-maker in turn, and a requirement for that decision-maker in turn to seek and have regard to appropriate clinical advice, as necessary, in reaching a decision on the risk, including on how to mitigate it,
- d) A requirement for the arrangements put in place under paragraph (c) to escalate further in order to reach a final decision on the risk, including in appropriate cases by the reporting of the risk to the members of the Health Board.
- e) A procedure for the notification of every decision made following the initial report, and the reasons for it, to:
  - (i) any individual who was involved in identifying the risk in accordance with the arrangements put in place under section 12IC(2)(a),
  - (ii) any individual who was involved in attempting to mitigate the risk in accordance with the arrangements put in place under section 12IC(2)(c),
  - (iii) any individual who was involved in reporting the risk in accordance with the arrangements put in place under paragraph (a), (c) or (d) of this subsection, and
  - (iv) any individual who gave clinical advice in accordance with the arrangements put in place under section 12IC(2)(c), or under paragraph (b), (c) or (d) of this subsection,
- f) A procedure for those individuals to record any disagreement with any decision made following the initial report,
- g) A procedure for those individuals to be able to request a review of the final decision on a risk (other than a final decision made by the members of the Health Board or the Agency) made in accordance with the arrangements put in place under section 12IC(2)(c) or, as the case may be, paragraphs (b), (c) or (d) of this subsection,
- h) Raising awareness among staff about the procedures described in paragraphs (a) to (f),
- i) Training individuals with lead professional responsibility (whether clinical or non-clinical) for particular types of healthcare, and other senior decision-makers, in how to implement the arrangements put in place under paragraphs (a) to (h), and

j) Ensuring that such individuals receive adequate time and resources to implement those arrangements.

**Please provide information on the steps taken to comply with Duty 12ID.**

Please provide information to demonstrate compliance.

Information submitted here should outline how systems & processes take account **of all of the points** detailed in the duty description above by providing detail for each consideration.

**Please provide information on your methods of monitoring compliance with Duty 12IC**

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

**Areas of success, achievement, or learning**

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement, or learning? For example, senior decision-makers in paediatric nursing were identified and a chain of escalation communicated to all personnel. Individuals are now much better aware of who to contact during any particular shift in the event that a risk needs to be escalated.	This should describe how the success, achievement or learning could be used in the future. For example, The procedures for identifying the chain of escalation that were used in paediatric nursing are now being trialled and rolled out across other areas.

**Areas of escalation, challenges, or risks**

Area of escalation / Challenge / Risk	Details	Further action
This should include details of the NHS function / professional group	This should describe the situation: what is the challenge or risk identified?	This should describe what actions have been / are being / will be taken to address the situation.

etc. that the area of escalation, challenge or risk relates to.	For example, there may be difficulty with ensuring relevant individuals involved in reporting, mitigating, escalating, or giving clinical advice on a risk are notified of decisions made and the reasons for them.	For example, if there is difficulty in notifying relevant individuals about decisions made and the reasons for them, what measures have been put in place to ensure this happens, such as providing training, increasing awareness and auditing to identify root causes?
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**COMPLIANCE ASSURANCE LEVEL**

Choose an item.

**Duty 12IE: Duty to have arrangements to address severe and recurrent risks.**

<b>Duty Summary</b>	<p><b>Duty to have arrangements to address severe and recurrent risks.</b></p> <p><b>(1) It is the duty of every Health Board and the Agency to put and keep in place arrangements to—</b></p> <p>(a) collate information relating to every risk escalated to such level as the Health Board or the Agency (as the case may be) consider appropriate in accordance with the arrangements put in place under section 12ID (2), and</p> <p>(b) identify and address those risks which are considered to be either or both—</p> <p>(i) severe,</p> <p>(ii) liable to materialise frequently.</p> <p><b>(2) The arrangements under subsection (1) must, in particular, include a procedure for—</b></p> <p>(a) the recording of a risk as described in subsection (1)(b),</p> <p>(b) the reporting of any such risk, as necessary, to a more senior decision-maker, including in appropriate cases to the members of the Health Board or the Agency (as the case may be),</p> <p>(c) the mitigation of the risk, so far as possible, and a requirement for appropriate clinical advice to be sought and had regard to in carrying out such mitigation, and</p> <p>(d) the identification of actions to prevent the future materialisation of the risk, so far as possible.</p>
<b>Please provide information on the steps taken to comply with Duty 12IE.</b>	
Please provide information to demonstrate compliance.	
Information submitted here should outline how systems & processes take account <b><u>of all of the points</u></b> detailed in the duty description above by providing detail for each consideration.	
<b>Please provide information on your methods of monitoring compliance with Duty 12IE</b>	
This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.	

**Areas of success, achievement, or learning**

Area of success / achievement / learning	Details	Further action
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<p>This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.</p>	<p>This should describe the situation: what is the success, achievement, or learning? For example, a recurrent risk was identified in the capacity of one laboratory, leading to a delay in testing samples and communicating sample results. Following investigation, the process for booking in samples was streamlined and an admin coordinator was appointed. This has improved performance, and the lab is now meeting its targets.</p>	<p>This should describe how the success, achievement or learning could be used in the future. For example, the organisation is now looking at whether the changes implemented in one lab could be applied to other labs, to improve wider performance.</p>
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### Areas of escalation, challenges, or risks

<b>Area of escalation / Challenge / Risk</b>	<b>Details</b>	<b>Further action</b>
<p>This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.</p>	<p>This should describe the situation: what is the challenge or risk identified? For example, collation of information in a particular NHS function has identified a risk that materialises frequently, however identification of actions to prevent future materialisation has not improved the situation.</p>	<p>This should describe what actions have been / are being / will be taken to address the situation. For example, if identification of initial actions to prevent a recurring risk has not improved the situation, further steps may include establishing a working group to investigate and make recommendations, observing practice in the area, interviewing staff, addressing the staff skills mix, allocating additional assistance, redesigning the service etc.</p>

## Duty 12IF: Duty to Seek Clinical Advice on Staffing.

<b>Duty Summary</b>	<p><b>Duty to Seek Clinical Advice on Staffing.</b></p> <p><b>(1) It is the duty of every Health Board and the Agency to put and keep in place arrangements for—</b></p> <ul style="list-style-type: none"><li>(a) seeking and having regard to appropriate clinical advice in making decisions and putting in place arrangements in relation to staffing under sections 12IA to 12IE and 12IH to 12IL,</li><li>(b) recording and explaining decisions which conflict with that advice.</li></ul> <p><b>(2) The arrangements under subsection (1) must, in particular, include—</b></p> <ul style="list-style-type: none"><li>(a) where a Health Board or the Agency (as the case may be) reaches a decision on a matter which conflicts with the clinical advice it has received—<ul style="list-style-type: none"><li>(i) a procedure for the identification of any risks caused by that decision,</li><li>(ii) a procedure for the mitigation of any such risks, so far as possible,</li><li>(iii) a procedure for the notification of any such decision, and the reasons for it, to any individual who gave clinical advice on the matter,</li><li>(iv) a procedure for any such individual to record any disagreement with the decision made on the matter,</li></ul></li><li>(b) a procedure for individuals with lead clinical professional responsibility for a particular type of health care to report to the members of the Health Board or the Agency (as the case may be), on at least a quarterly basis, about the extent to which that individual considers that it is complying with the duties imposed by—<ul style="list-style-type: none"><li>(i) this section, and</li><li>(ii) sections 12IA to 12IE and 12IH to 12IL,</li></ul></li><li>(c) a procedure for such individuals to—<ul style="list-style-type: none"><li>(i) enable and encourage other employees to give views on the operation of this section, and</li><li>(ii) record such views in reports made in accordance with the arrangements put in place under paragraph (b),</li></ul></li><li>(d) raising awareness among individuals with lead clinical professional responsibility for particular types of health care in how to implement the arrangements put in place under paragraphs (a) to (c), and</li><li>(e) ensuring that such individuals receive adequate time and resources to implement those arrangements.</li></ul> <p><b>(3) Every Health Board and the Agency must have regard to the reports received in accordance with the arrangements put in place under subsection (2)(b).</b></p>
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**Please provide information on the steps taken to comply with Duty 12IF.**

Please provide information to demonstrate compliance.

Information submitted here should outline how systems & processes take account **of all of the points** detailed in the duty description above by providing detail for each consideration.

**Please provide information on your methods of monitoring compliance with Duty 12IF**

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

**Areas of success, achievement, or learning**

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement, or learning? For example, the views of employees included in the reports prepared by individuals with lead clinical professional responsibility for a particular type of healthcare identified a potential improvement in working practices in one area.	This should describe how the success, achievement or learning could be used in the future. For example, the potential improvement is being trialled in the one area and if successful will be rolled out across other areas in the organisation.

**Areas of escalation, challenges, or risks**

Area of escalation / Challenge / Risk	Details	Further action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, in compiling reports made to the members of the Health Board, there are good mechanisms in place for the Medical Director to enable and encourage medical employees to give their views, but the mechanisms for seeking the views of other professional groups for which they are responsible, such as pharmacy employees, are not well established. Hence, the views of these	This should describe what actions have been / are being / will be taken to address the situation. For example, if the views of all professional groups are not being sought, what measures have been put in place to engage these groups and proactively seek out their opinions.

	employees are not being sought or incorporated into the reports.	
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**COMPLIANCE ASSURANCE LEVEL**

Choose an item.

**Duty 12IH: Duty to ensure adequate time given to clinical leaders.**

<b>Duty Summary</b>	<p><b>In complying with the duty imposed by section 12IA, every Health Board and the Agency must ensure that all individuals with lead clinical professional responsibility for a team of staff receive sufficient time and resources to discharge that responsibility and their other professional duties, including, in particular, time—</b></p> <p>(a) to supervise the meeting of the clinical needs of the patients in their care,          (b) to manage, and support the development of, the staff for whom they are responsible, and          (c) to lead the delivery of safe, high-quality, and person-centred health care.</p>
<b>Please provide information on the steps taken to comply with Duty 12IH.</b>	
<p>Please provide information to demonstrate compliance.</p> <p>Information submitted here should outline how systems &amp; processes take account <b><u>of all of the points</u></b> detailed in the duty description above by providing detail for each consideration.</p>	
<b>Please provide information on your methods of monitoring compliance with Duty 12IH</b>	
<p>This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.</p>	

**Areas of success, achievement, or learning**

<b>Area of success / achievement / learning</b>	<b>Details</b>	<b>Further action</b>
<p>This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.</p>	<p>This should describe the situation: what is the success, achievement, or learning?            For example, senior physiotherapists and team leaders convened a working group to determine what sufficient time and resources would look like for individuals with lead clinical professional responsibility for a team of staff. The outcome of the project was a determination of time and resources</p>	<p>This should describe how the success, achievement or learning could be used in the future.            For example, the positive outcome experienced as a result of the working group has led to this model being extended to other AHP areas and trialled to see applicability.</p>

	for different team leaders, and feedback so far has been positive.	
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**Areas of escalation, challenges, or risks**

<b>Area of escalation / Challenge / Risk</b>	<b>Details</b>	<b>Further action</b>
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, the process in place to identify the roles, and therefore individuals, with lead clinical professional responsibility for a team of staff does not consistently identify who these individuals are, and therefore sufficient time and resources for these individuals to discharge their responsibilities has not been considered.	This should describe what actions have been / are being / will be taken to address the situation. For example, if the process in place to identify the roles, and therefore individuals, does not consistently identify who those individuals are, what measures have been taken to address this? This could involve working with all staff groups, clinical areas, and teams to identify job titles / roles, utilising HR processes, and information and or utilising eRostering to identify team leaders etc.

<b>COMPLIANCE ASSURANCE LEVEL</b>	
Choose an item.	

**Duty 12II: Duty to ensure appropriate staffing: training of staff.**

<b>Duty Summary</b>	<p><b>In complying with the duty imposed by section 12IA, every Health Board and the Agency must ensure that its employees receive—</b></p> <p>(a) such training as it considers appropriate and relevant for the purposes set out in section 12IA(1)(a) and (b), and</p> <p>(b) such time and resources as it considers adequate to undertake such training.</p>
<b>Please provide information on the steps taken to comply with Duty 12II.</b>	
<p>Please provide information to demonstrate compliance.</p> <p>Information submitted here should outline how systems &amp; processes take account <b><u>of all of the points</u></b> detailed in the duty description above by providing detail for each consideration.</p>	
<b>Please provide information on your methods of monitoring compliance with Duty 12II</b>	
<p>This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.</p>	

**Areas of success, achievement, or learning**

Area of success / achievement / learning	Details	Further action
<p>This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.</p>	<p>This should describe the situation: what is the success, achievement, or learning?</p> <p>For example, the psychology department in conjunction with HR, has just completed a project to promote more accurate capturing of information relating to continued professional development for psychology colleagues. Feedback from employees is that they have found the new system much easier to use and are now recording relevant CPD.</p>	<p>This should describe how the success, achievement or learning could be used in the future.</p> <p>For example, AHP colleagues have now expressed interest in the new system and are undertaking a project to establish whether they could implement something similar.</p>

**Areas of escalation, challenges, or risks**

<b>Area of escalation / Challenge / Risk</b>	<b>Details</b>	<b>Further action</b>
<p>This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.</p>	<p>This should describe the situation: what is the challenge or risk identified?            For example, clearly defined processes and procedures exist for some groups of staff, e.g. nursing and midwifery, but do not exist for other groups of staff, e.g. healthcare scientists.</p>	<p>This should describe what actions have been / are being / will be taken to address the situation.            For example, if procedures and processes are not in place for healthcare scientists, please list the measures which need to be put in place to address this, such as working with HR and healthcare scientist representatives to define an appropriate training programme, assess training needs of employees and plan for required training to be undertaken.</p>

<b>COMPLIANCE ASSURANCE LEVEL</b>
Choose an item.

## Duty 12IJ: Duty to follow the common staffing method.

<b>Duty Summary</b>	<p><b>(1) In relation to health care of a type mentioned in section 12IK, a Health Board or the Agency (as the case may be) must, no less often than at the frequency specified in regulations by the Scottish Ministers, use the common staffing method set out in subsection (2).</b></p> <p><b>(2) The common staffing method means that a Health Board or the Agency (as the case may be)—</b></p> <ul style="list-style-type: none"><li>(a) uses the staffing level tool and the professional judgement tool as prescribed in regulations under subsection (3) and takes into account the results from those tools,</li><li>(b) takes into account, in so far as relevant, any measures for monitoring and improving the quality of health care which are published as standards and outcomes under section 10H (1) by the Scottish Ministers (including any measures developed as part of a national care assurance framework),</li><li>(c) takes into account—<ul style="list-style-type: none"><li>(i) its current staffing levels and any vacancies,</li><li>(ii) the different skills and levels of experience of its employees,</li><li>(iii) the role and professional duties, in particular, of any individual with lead clinical professional responsibility for the particular type of health care,</li><li>(iv) the effect that decisions about staffing and the use of resources taken for the particular type of health care may have on the provision of other types of health care including, in particular, those to which this section does not apply,</li><li>(v) the local context in which it provides health care,</li><li>(vi) patient needs,</li><li>(vii) appropriate clinical advice,</li><li>(viii) any assessment by HIS, and any relevant assessment by any other person, of the quality of health care which it provides,</li><li>(ix) experience gained from using the real-time assessment arrangements under section 12IC (1) and the risk escalation processes under sections 12ID and 12IE,</li><li>(x) comments by patients, and by individuals who have a personal interest in their health care (for example family members and carers within the meaning of section 1 of the Carers (Scotland) Act 2016), which relate to the duty imposed by section 12IA, and</li><li>(xi) comments by its employees which relate to the duty imposed by section 12IA,</li></ul></li><li>(d) identifies and takes all reasonable steps to mitigate any risks, and</li><li>(e) having followed the steps described in paragraphs (a) to (d), decides what changes (if any) are needed as a result to its staffing establishment, and to the way in which it provides health care.</li></ul>
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**Please provide information on the steps taken to comply with Duty 12IJ.**

Please provide information to demonstrate compliance.

Information submitted here should outline how systems & processes take account **of all of the points** detailed in the duty description above by providing detail for each consideration.

**Please provide information on your methods of monitoring compliance with Duty 12IJ**

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

**Areas of success, achievement, or learning**

Area of success / achievement / learning	Details	Further action
<p>This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.</p>	<p>This should describe the situation: what is the success, achievement, or learning?            For example, application of the common staffing method in adult inpatient provision identified some areas where the staffing establishment needed to be changed, and some areas with potential for service redesign. These changes are now in progress and will be trialled to monitor the outcomes.</p>	<p>This should describe how the success, achievement or learning could be used in the future.            For example, following completion of the trials regarding changes in staffing establishment and service redesign, decisions will be taken about their formal adoption. A summary of this exercise could then be used as case studies to inform training for staff about the use of the common staffing method.</p>

**Areas of escalation, challenges, or risks**

Area of escalation / Challenge / Risk	Details	Further action
<p>This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.</p>	<p>This should describe the situation: what is the challenge or risk identified?            For example, the common staffing method was followed at the required frequency in all areas</p>	<p>This should describe what actions have been / are being / will be taken to address the situation.            For example, if the common staffing method was not followed in emergency care provision and this</p>

	except emergency care provision with an explanation of why this was not completed, e.g. lack of knowledge / training of personnel.	was due to lack of knowledge / training, what measures were put in place to address this, e.g. identifying key personnel, provision of training, assistance from experienced personnel in other areas etc.
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**COMPLIANCE ASSURANCE LEVEL**

Choose an item.

## Duty 12IL: Training and consultation of staff

<b>Duty Summary</b>	<p><b>In complying with the duty imposed by section 12IJ, every Health Board and the Agency must—</b></p> <p>(a) encourage and support its employees to give views on its staffing arrangements for the types of health care described in section 12IK,</p> <p>(b) take into account and use any such views it receives to identify best practice, and areas for improvement, in relation to such staffing arrangements,</p> <p>(c) train employees (including, in particular, employees of a type mentioned in the third column of the table in section 12IK (1)) using the common staffing method on how to use it</p> <p>(d) ensure that those employees receive adequate time to use the common staffing method, and</p> <p>(e) provide information to employees engaged in the types of health care described in section 12IK about its use of the common staffing method, including about—</p> <p style="padding-left: 20px;">(i) the results from using the staffing level tool and the professional judgement tool under paragraph (a) of section 12IJ (2),</p> <p style="padding-left: 20px;">(ii) the steps taken under paragraphs (b), (c) and (d)] of that subsection, and</p> <p style="padding-left: 20px;">(iii) the results of its decision under paragraph (e) of that subsection.</p>
<b>Please provide information on the steps taken to comply with Duty 12IL.</b>	
Please provide information to demonstrate compliance.	
Information submitted here should outline how systems & processes take account <b><u>of all of the points</u></b> detailed in the duty description above by providing detail for each consideration.	
<b>Please provide information on your methods of monitoring compliance with Duty 12IL</b>	
This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.	

## Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement, or learning? For example, key personnel who were very experienced in using the common staffing method were engaged to train and mentor other personnel involved in the process.	This should describe how the success, achievement or learning could be used in the future. For example, those key personnel have now decided to meet regularly in a forum to discuss shared learning and to ensure the common

		staffing method is used consistently across all relevant areas in the organisation.
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**Areas of escalation, challenges, or risks**

Area of escalation / Challenge / Risk	Details	Further action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, issues were identified with a lack of training on the CSM for personnel in emergency care provision due to time constraints.	This should describe what actions have been / are being / will be taken to address the situation. For example, arranging and delivering training; the provision of mentoring from experienced personnel; or the adoption of job planning which ensures adequate time is available for designated personnel to undertake training on the common staffing method.

<b>COMPLIANCE ASSURANCE LEVEL</b>
Choose an item.

Planning and Securing Services

<b>Duty Summary</b>	<p><b>Guiding principles etc. in health care staffing and planning</b></p> <p>(1) In carrying out the duty relating to staffing imposed by section 12IA of the National Health Service (Scotland) Act 1978, every Health Board and the Common Services Agency for the Scottish Health Service must have regard to the guiding principles for health and care staffing.</p> <p>(2) In planning or securing the provision of health care from another person under a contract, agreement or arrangements made under or by virtue of the National Health Service (Scotland) Act 1978, every Health Board and the Common Services Agency for the Scottish Health Service must have regard to—</p> <ul style="list-style-type: none"> <li>(a) the guiding principles for health and care staffing, and</li> <li>(b) the need for the person from whom the provision of health care is to be secured to have appropriate staffing arrangements in place.</li> </ul>
<b>Please provide information on the steps taken to comply with section 2(2) of this Duty.</b>	
Please provide information to demonstrate compliance.	
Information submitted here should outline how systems & processes take account <b><u>of all of the points</u></b> detailed in the duty description above by providing detail for each consideration.	
<b>Please provide Information on your methods of monitoring compliance when planning and securing services</b>	
This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.	

**Areas of success, achievement, or learning**

Area of success / achievement / learning	Details	Further action
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<p>This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.</p>	<p>This should describe the situation: what is the success, achievement, or learning? For example, when procuring from private hospitals, the organisation has incorporated the requirements of the Act into the tender process.</p>	<p>This should describe how the success, achievement or learning could be used in the future. For example, the learning from tendering with private hospitals is now being used to implement arrangements in other types of procurement.</p>
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**Areas of escalation, challenges, or risks**

<b>Area of escalation / Challenge / Risk</b>	<b>Details</b>	<b>Further action</b>
<p>This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.</p>	<p>This should describe the situation: what is the challenge or risk identified? For example, there may have been difficulties in planning or securing services in a speciality area due to a lack of assurance around the appropriateness of staffing arrangements.</p>	<p>This should describe what actions have been / are being / will be taken to address the situation. For example, engaging with service providers to ensure that they understand what information and assurance is required, seeking alternative service providers etc.</p>

<b>COMPLIANCE ASSURANCE LEVEL</b>
Choose an item.