NHS Shetland

Meeting:	Board
Meeting date:	22 September 2026
Agenda reference:	Board Paper 2026/27/39
Title:	Health and Care Staffing Act Internal Compliance Report – Q1 2026/27
Responsible Executive/Non-Executive:	Kathleen Carolan, Director of Nursing and Acute & Specialist Services
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1 Purpose

This paper presents the Q1 2026/27 report on progress towards compliance with the duties of the Health and Care Staffing (Scotland) Act across NHS Shetland and Health services delivered within the Community Health and Social Care Partnership (CHSCP).

The Act was enacted as of 1 April 2024.

This paper is being presented to the NHS Board for:

- Awareness and Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Health and Care (Staffing) (Scotland) Act 2019 (hereafter known as the "Act") requires:

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

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

Due to the timing of Board Committee meetings in this quarter, this report has only been formally considered by the Staff Governance Committee prior to it's presentation to the NHS Board meeting. In order to ensure that the members of the Clinical Governance Committee had the opportunity to consider the report, it was circulated to the members inviting feedback, at the same time that it was submitted to the Staff Governance Committee. No points of note or feedback was received.

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 for 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.

The Board review calls will remain at a 6 monthly frequency in 2026/27.

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 (returned from period of leave March 2025)
Healthcare Scientists – no overall Professional Lead.

In order to inform both the quarterly and Annual Reports, information has also been sought from a range of individuals at Service Manager level.

This has included Associate Medical Director (Acute), Chief Nurse (Acute & Specialist), Chief Nurse (Community & Mental Health), Chief Midwife, Head of Mental Health Services (prior to the return of the Clinical Psychologist from a period of leave), 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 2026. 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. In addition, a regular feature in relation to the Act and it's duties is being issued via the monthly Corporate Newsletter.

The BAU team have now supported the full implementation of Allocate Optima 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 Allocate Optima. Follow up has also been progressed with the Primary Care Manager regarding a lack of consistent use of Optima in both Walls and Brae Health Centres. The importance of all teams being proficient in the use of Optima is key to obtaining useful data in Safecare which can then support the delivery of useful management information across services within the Primary Care setting.

Following discussion of the challenges with staffing levels, and the overall levels of engagement impacting on organisational roll out of SafeCare, at the EMT meeting, monthly reports on progress with implementation in relevant services are now sent to the respective Executive Managers and Team Leaders for the areas. This has resulted in some more positive engagement within specific areas.

Over the last quarter, dedicated support and further training sessions have been provided to Occupational Therapy services, Speech and Language Therapy and Dietetics. This has had a positive impact in Occupational Therapy but unfortunately no, to limited,

progress has been made with Speech and Language Therapy and Dietetics and therefore these are being formally escalated to the Exec Manager for AHPs and Depute Director & Director of Community Health and Social Care.

Follow up with some parts of the acute sector to better support consistency of use of Safecare across the 24/7 period is also being undertaken to support a comprehensive use across services, and across the shift patterns, within the 24 hour period. 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 in 2024/25 going forward to use SafeCare within clinical services, on an organisation wide basis, to standardise our approach.

As previously noted, work was intentionally being actively progressed across all of the Acute Sector and AHP services to complete the roll out of Allocate Optima and SafeCare to these areas with a view to then be able to focus on services within Primary care. A session with key managers in Primary care, Community Nursing and Pharmacy was held back in 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 of 1 April for all services use of SafeCare and hence the ability to then benefit from the use of the SafeCare 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.

Unfortunately as reported due to delays in implementation at Health Centre level, and the lack of consistent and accurate use of the system, we have not yet reached the point where the use of the SafeCare Sunburst can be used meaningfully in Primary Care huddles. We are aiming to have all Health Centres regularly using Optima by September in order that we can progress on with Safecare implementation after this. Con-currently we are also supporting services, such as Community Nursing to use SafeCare so that in Q3 we can see SafeCare in use at individual practice level and begin to aim for the pan Shetland overview of staffing and service provision.

The implementation of SafeCare 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 Chief Nurse (Corporate) / 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 2026. When undertaking the process of conducting last year's tool runs we experienced a number of problems which ranged from system access issues, challenges in retrieving the reports and overall timeliness with which teams were trying to undertake and complete the tool run prior to the end of March 2026. Some of these issues then subsequently impacted upon the results of our tool runs as displayed on the national Board Compliance dashboard. Relevant issues have been brought to the attention of the Health and Care Staffing Programme Team nationally and to the SSTS team in NHS Grampian who are responsible for SSTS and BOXI system access. Detailed review of our data on the Board Compliance Dashboard identified a number of issues in terms of system set up and data entry, these have been worked through between ourselves and the national team and remedial actions are being taken locally to address this prior to conducting the tool runs for 2026/2027.

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.
The challenges experienced last year with data retrieval has further highlighted the increased importance of undertaking the tool runs earlier in the financial year. This was discussed at the Strategic Nursing meeting in May 2026 and a more structured, time

bound approach to undertaking the tool runs has been put in place for this year with all Teams required to run their respective tool runs in the time period September to December 2026. These tool runs will be facilitated by the Clinical Workforce Lead supporting the review of staff access to the tools at individual dept level, delivering in person training sessions and supporting the SCN/Team Leader and/or Chief Nurses/Midwives with the write up of the Common Staffing Method report.

Realtime staffing assessment and dynamic risk assessment both enable consideration of the numbers of patients requiring the service, as well as the staffing level available to support delivery of the service.

Consideration of patient acuity and staffing numbers allows for the identification, mitigation and escalation of any risk identified either in relation to staff welfare or patient safety.

The Board's current 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.

During 2026/27 we will move forward with the implementation of Healthcare Guardian as our new Healthcare Governance system. Training and support will be provided to Staff to assist them to use this new system as part of the implementation phase as well as on an 'as required' basis going forward.

Following the recording of patient acuity and staff numbers within SafeCare 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 SafeCare will provide data on risk escalations, including mitigations put in place, which will enable more rigorous monitoring of any staffing challenges going forward. Within SafeCare there is also a function which enables any patient or carers concerns regarding staffing and /or care provision to be recorded. These would be recorded as 'voiced care concerns' and can be reported on via the system.

In Quarter 1 there have been 13 red flags raised across the services using SafeCare. These are as follows:

Red Flag Type*	**No of Red Flags**	**Issue**	**Mitigations**
Voiced Care Concern	1	No specific details recorded	
Staff Wellbeing	2	Insufficient staffing; Overall sustainability of service	Risk added to Risk Register; EMT service discussion; Presentation to Clinical Governance Committee
BCP	3	Staff shortage	Re-arranged workload;

			Amended shift pattern to cover full day x 2
High Risk to Future staffing	3	Patient acuity requiring 1 -1; Shortage of Registered nurses on shift x 2	No supplementary staff available, redistribution of staffing resources available across site
Decision Review	4	Availability of HDU facilities; Service provision; Unplanned workload	Review Treatment plan; Actions re Sustainability of service (noted above); Cancellation of leave/planned workload to support HIS Inspection data collection x 2

* All categories in the system have been agreed at a national level

All issues were raised appropriately and were addressed either at the time or with wider organisational actions currently being progressed.

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 being agreed. 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 SafeCare 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 SafeCare is already in place, codes have been made available to enable teams to reflect staff training time given for both core statutory and mandatory training and for profession specific training.

Whilst Teams are only beginning to record training in SafeCare, in the period 1 April to 30 June 2026, the following entries are logged in the system:

Training recorded	Number of Records	Staff Groups	Time recorded
Core Mandatory Training	27	Nursing & Midwifery; Health Improvement; Staff Development; Domestic services	Ranges from 30 mins to full working day (7/7.5 hrs) **Total - 98 hours**
Profession Specific Training	89	Nursing & Midwifery; Pharmacy; Health Improvement	Ranges from hours (2-3) to days up to 45 days **Total – 732 hours**

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. Due consideration needs to be given as to what a move to subnational planning and delivery means for this action.

Discussions will be held with the Director of Finance, as responsible Director for commissioning, and with relevant procurement team colleagues 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 also 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 provides evidence on whether there is adequate leadership time available and if not the requirement for additional time is being 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 SafeCare 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 SafeCare with due consideration being given to the frequency of this need when undertaking future workforce planning within the service.

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

The activities noted above support our compliance with the following duties:
12IF – Duty to seek clinical advice on staffing
12IH – Duty to ensure adequate time given to leaders

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

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

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

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

In 2023, the Board scored highly on the listened to question but less well on the acted upon which may have reflected that we needed to be better at providing feedback to staff on ideas/suggestions put forward. Between 2023 and 2025 there had been a slight decrease in staff completing the iMatter survey, however, this year we have seen an overall organisational response rate of 67%, which is an 11% increase from last year. All staff who completed the survey also completed the optional raising concerns questions

Whilst the results for 2026 show an increase of one percentage point both in terms of staff confidence in being able to safely raise concerns and being confident that these will be followed up on, these results still remain lower that in the initial results in 2023.

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

Question	2026	2025	2024	2023	Trend
I am confident that I can safely raise concerns about issues in my workplace	**81**	80	81	82	↑
I am confident that my concerns will be followed up and responded to.	**74**	73	75	76	↑

Formal monitoring of compliance with this duty will be supported by the organisational implementation of SafeCare 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 Q1 2026/27 there have been no reports of decisions taken which conflict with clinical advice provided. Monitoring compliance with this duty and escalation, when required, is currently undertaken within clinical practice with escalation occurring within clearly defined management structures in both the NHS Board and CHSC Partnership.

Currently Datix Adverse event/Incident reports should be raised to record any conflict and any subsequent risks created by a decision made which is in conflict with clinical advice. The implementation of SafeCare will support the recording and evidencing of clinical advice having been sought and the subsequent outcome of that advice, including any disagreement with the advice provided. This will also support the provision of feedback to the person who escalated the risk.

Risks

Work has almost completed across the organisation to support teams to be using Allocate Optima effectively as a precursor to moving forward with implementation of SafeCare. Whilst the percentage level of implementation is variable across the services, as of the 4 August 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 81% implementation across the entire organisation, this ranges from 94% in nursing and midwifery, 100% in support services, 81% in AHPs with lower levels in the use of the Medics system at 15% 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 in 2026.
System reports have been sent to Directors and Team managers from January 2026 to ensure effective oversight of individual teams progress and to highlight any areas where there may be a 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 43% of the organisation is now live on SafeCare, generally we note a positive incremental increase month on month since implementation first commenced. Percentage usage within nursing and midwifery and AHP services has now reached 51% in nursing and midwifery and 72% within AHP services. However, having introduced

formal reporting on SafeCare 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 SafeCare 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 SafeCare 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. This has been introduced from April 2026 and is reported on in this Q1 report.

In Quarter 1 there are 3 Adverse Event reports which highlight staffing issues, 2 of these relating to a shortage of cover within Maternity services (both relate to the same time period) and one for a shortage of clinical and admin staff within one of the Health Centres. There are no reports of patient harm associated with either of these.

There are a number of staffing related risks on the organisational Risk Register. These are as follows:

Strategic Risk SR08 Workforce risk

Organisational Risk 1667 Non-compliance with the Health and Care Staffing Act

Directorate Risk 1664 Unsafe Staffing levels – this has recently been developed as a Directorate Risk for the Acute sector recognising that the output from the recent CSM reports indicates a need for additional resources to support both staffing levels and protected learning time for staff. In recognition that this is not an issue which will impact on the acute sector only this risk is to be discussed at the next Audit and Risk Management Group meeting in September with a view to considering this to be added to the Risk Register as an Organisational risk.

Directorate Risk 1259 Medical staffing

Departmental Risks in relation to staffing are in place within Maternity services, Theatres (short-term staffing risk), Health Visiting and Day surgery/Ambulatory care.

Plans to discuss 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 had to be postponed due to service capacity issues. We plan to progress this later in 2026/27.

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 overall roll out of Allocate Optima, and the subsequent move to SafeCare, 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 Optima 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 SafeCare 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 and SafeCare 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, was considered at the Health and Care Staffing Programme Board prior to being considered at the Audit and Risk Management Group at its meeting in May 2026. This has now been formally added to the Organisational Risk Register and is reported through to Staff and Governance Committee via the quarterly Strategic Risk Register reports.

The use of Safe Care and the Risk Management System, Datix, are supporting our compliance with the following duties:
12ID – Duty to have risk escalation process in place
12IE – Duty to have arrangements to address severe and recurrent risks

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

Guidance to support the standardised use of SafeCare 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 SafeCare. 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 SafeCare 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 has been monitored since the 1 April 2026.

Redeployment statistics for Q1 show 16 episodes of staff redeployment, with 10 of those being to support the Day Surgery/Ambulatory care unit, 3 to support Ward 3, 2 for Medical Imaging and 1 for Maternity. This is reflective of the areas reporting staffing challenges via the red flags raised and/or risks recorded.

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 during 2025/26 at both the Strategic Nursing Meeting and the Health and Care Staffing Programme Board.
Based on these demonstrations, some management reports are now being implemented from January 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 aim to provide regular reports on Staffing Adverse Events and/or Risks as recorded on Datix, and for the teams active on SafeCare, 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 2025/26, 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. This report is the Q1 report for 2026/2027.

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 2026/27.

Due to the timing of Board Committee meetings in this quarter, this report will only be formally considered by the Staff Governance Committee prior to it's presentation at the NHS Board meeting on 22 September 2026.

In order to ensure that the members of the Clinical Governance Committee have the opportunity to consider the report, it will be circulated to the members inviting feedback at the time that it is submitted to the Staff Governance Committee. Any points of note or feedback received will be considered prior to presentation of the final report to the NHS Board.

Annual Report

For the Health and Care Staffing Act Annual Report, a national reporting template is 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 have rated our overall level of assurance for year ending 31 March 2026 as 'reasonable'.

A summary table outlining levels of Assurance across all the 10 Duties of the Act can be viewed at Appendix 2.

This year's Annual Report will be presented to the NHS Board at it's meeting in April 2027, and following approval will be published on the NHS Board website and submitted to the Scottish Ministers as per the duty 12IM Report on Staffing.

Reporting on Agency Spend in excess of 150%

Section 12IB requires NHS Boards to report on the Duty to ensure appropriate staffing: agency worker which relates to the cost of securing the services of an agency worker during a period which should not exceed 150% of the amount that would be paid to a full-time equivalent employee of the relevant organisation to fill the equivalent post for the same period.

For Q1 2026/27 NHS Shetland continues to provide a "Nil" return for Agency staff who cost in excess of 150% of substantive staff costs. This has been the case since reporting commenced in 2024/2025.

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 we continue to report using the same approach.

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 review meetings were held between representatives of HIS and the NHS Board on a quarterly basis. 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.

For 2025/26, HIS revised the schedule of review meetings, reducing these to 6 monthly 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 was held in July 2026, and followed the 'guided line of enquiry' format introduced by HIS in 2025/26. This requires a significant level of detailed reporting.
The slides used for the Board Review calls in Q1, along with the post meeting notes issued by HIS, have been included in the quarterly report for oversight and assurance purposes (see Appendix 3).

The development of our quarterly reports in combination with participation in these quarterly review calls, will support the process of building our annual report for 2026/27, which in turn supports our compliance with the following duty:
12IM – Reporting on Staffing.

Health and Care Programme Board meetings

The Health and Care Programme Board has had in place a schedule of quarterly meetings throughout 2025/26, which will continue in 2026/27. Unfortunately, although scheduled the Q1 Programme Board meeting was cancelled on the day due to the arrival of the HIS Acute and Maternity Inspection Teams requiring attendance and participation in the Inspection of many of the Programme Board members. The next meeting is scheduled for September 2026.

In addition to the Health and Care Programme Board, an operational management group, the Allocate Management Group, was established in 2025/26 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 Optima 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. A new Risk Management Matrix will be implemented in 2026/27 as part of the local adoption of the 'A national framework for reviewing and learning from adverse events in Scotland' (Healthcare Improvement Scotland, Feb 2025).

2.3.6 Equality and Diversity, including health inequalities

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

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

2.3.7 Other impacts

There are no other impacts to note.

2.3.7 Communication, involvement, engagement and consultation

This paper provides an update on activities in progress to support implementation of the Health and Care (Staffing) (Scotland) Act 2019 and as such reports on activities being undertaken at both a national and local level to progress this agenda.
Regular communication and engagement with staff both locally and nationally has taken place to support these activities.

2.3.8 Route to the Meeting

This paper provides a summary of the Professional Leads and Clinical Workforce Lead's assessment on progress towards compliance with the duties of the Act, including details of some of the key activities being carried out to support implementation of the Act.

Due to the scheduled timing of the NHS Board and it's respective Governance Committee's this report has not have been considered at a formal meeting of the Clinical Governance Committee before being presented to the NHS Board for awareness but has been circulated to the Clinical Governance Committee members by email in order to

provide an opportunity for review and questions to be raised and responded to prior to submission for the NHS Board meeting on 22 September 2026.

2.4 Recommendation

This paper presents the Q1 2026/27 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).

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

This paper is being presented to the Staff 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 4 August 2026
- Appendix No 2 Overall Board Self Assessed levels of assurance against the 10 Duties
- Appendix No 3 Presentation slides and HIS notes of Board Review call held 2 July 2026

NHS Shetland Revised Roll out Allocate e-Rostering update – 4th August 2026:

	Nursing & Midwifery	Allied Health Professionals	Support Services	Bank & Agency	Medics	Organisationally
Number of rosters	53	16	30	8	21	128
Number of rosters live	53	16	30	6	13	118
Number of rosters being progressed	0	0	0	1	3	5
Number of rosters to be implemented	0	0	0	1	5	6
Percentage implemented	100%	100%	100%	75%	61.90%	92.18%

Optima has been implemented to 92.18% of the organisation

KEY CONTACT IN BAU TEAM	Nursing & Midwifery Emma Geddes & Jessika Bartkowicz	AHP Emma Geddes & Jessika Bartkowicz	Support Emma Geddes & Jessika Bartkowicz	Medics Nikola Gatherer
Rolled out	1. Clinical Governance & Risk Team 2. Community ANPs 3. District Nurses Mainland 4. District Nurses Isles 5. Non Doctor Isles Nurses 6. Hospital at Home 7. Infection Prevention & Control 8. CDU 9. Air Ambulance OC 10. Practice Nurses 11. Intermediate Care Service 12. Outpatients 13. Practice Education 14. Hospital Specialist Nurses 15. Learning Disability Services 16. Public Health Vaccination Team 17. Cardiology 18. Ward 3 19. Unst Health Centre 20. Oncology/Macmillan Team 21. Brae Health Centre 22. Public Health Team 23. Public Health – On Call 24. Health Improvement Team 25. Bixter Health Centre 26. Clinical Team Leaders 27. Lerwick Health Centre 28. Scalloway Health Centre 29. Whalsay Health Centre 30. Sexual Health Clinic 31. Theatres 32. Senior Charge Nurses 33. Renal Unit 34. CAMHS 35. Yell Health Centre 36. Psychological Therapies Service 37. Child Protection 38. Paediatric Nursing Staffing 39. School Nursing Service 40. Health Visiting Service	1. Podiatry & Orthotics 2. Pharmacy - Primary Care Team 3. Physiotherapy 4. Nutrition and Dietetics 5. AHP Practice Education Lead 6. Medical Imaging 7. Hospital Pharmacy Team 8. Pharmacy On Call 9. CHSC Management 10. Silver Command Community 11. Audiology 12. Laboratory Services 13. Medical Physics 14. Primary Care Admin 15. Occupational Therapy 16. Speech Therapy	1. Finance Team 2. Finance Heads of Departments 3. Procurement 4. Patient Travel 5. HR Team 6. Staff Development Team 7. Spiritual Care Team 8. Information Governance Team 9. Health & Safety Team 10. Digital Technology 11. HR Heads of Department 12. Estates 13. Board Members 14. Chair 15. Chief Executive Office 16. CEO - Chief Executive 17. Corporate Services 18. Community Nursing Admin 19. Occupational Health 20. Porters 21. Domestics 22. Laundry 23. Catering 24. Facilities – Management 25. Patient Focused Booking 26. Main Reception GBH 27. Medical Records 28. Director of Nursing	1. Dental Team 2. Junior Doctors 3. Unst Health Centre 4. Whalsay Health Centre 5. Scalloway Health Centre 6. Yell Health Centre 7. Brae Health Centre 8. Bixter Health Centre 9. Walls Health Centre 10. Lerwick Health Centre 11. Levenwick Health Centre 12. Psychiatry 13. GP OOH **14. Medical Bank** **15. Medical Agency**

	41. ADP Support Team 42. Ward 1 43. Day Surgery 44. Maternity 45. Silver Command Acute – On Call 46. Community Psychiatric Team 47. Dementia Services 48. Substance Misuse Recovery Service 49. MAPA 50. Forensics - On Call 51. A&E 52. Walls Health Centre 53. Levenwick Health Centre **54. Community Nursing Bank** **55. Acute Nursing Bank**		29. Planning, Performance and Projects Team 30. Mental Health Admin 31. **Admin Bank** 32. **Other Bank**	
Plan to go live shortly	**1. Mental Health Bank**			1. Medicine 2. Surgery 3. Walk In Clinic
				1. GP Joy 2. Paediatrics 3. Obs & Gynae 4. Anaesthetics 5. Clinic Planner **6. IR35**

NHS Shetland Roll out Allocate SafeCare update – 4th August 2026:

	Nursing & Midwifery	Allied Health Professionals	Support Services	Medics	Organisationally
Number of rosters	47	11	3	18	79
Number of rosters implemented	24	8	2	0	34
Number of rosters being progressed	4	1	0	0	5
Number of rosters to be implemented	19	2	1	18	40
Percentage implemented	51.06%	72.72%	33.33%	0%	43.03%

43.03% of the organisation have implemented SafeCare.

NHS Shetland Proposed Roll Out:				
KEY CONTACT IN BAU TEAM	**Nursing & Midwifery** **Emma Geddes & Jessika Bartkowicz**	**AHP** **Emma Geddes & Jessika Bartkowicz**	**Support** **Emma Geddes & Jessika Bartkowicz**	**Medics** **Nikola Gatherer**
Rolled out	1. Clinical Governance & Risk Team 2. Hospital Specialist Nurses 3. Ward 3 4. District Nurses Mainland 5. District Nurses Isles 6. Non Doctor Isles Nurses 7. Hospital at Home 8. Outpatients 9. Sexual Health Clinic 10. Ward 1 11. Maternity 12. A&E 13. Theatres 14. Psychological Therapies Service 15. Public Health Vaccination Team 16. Community ANPs 17. Clinical Team Leaders 18. Health Visiting Service 19. Cardiology 20. Dementia Services 21. Substance Misuse Recovery Service 22. Community Psychiatric Team 23. Learning Disability Services 24. Day Surgery	1. Physiotherapy 2. Medical Imaging 3. Laboratory 4. Podiatry & Orthotics 5. Hospital Pharmacy Team 6. Occupational Therapy 7. Nutrition and Dietetics 8. Speech Therapy	1. Spiritual Care Team 2. Occupational Health	
Work/Training required to implement	25. Paediatric Nursing Staffing 26. School Nursing Service 27. Child Protection 28. Renal Unit	9. Pharmacy - Primary Care Team		
No implementation attempt made so far	29. Infection Prevention & Control 30. CDU 31. Practice Nurses 32. Intermediate Care Service 33. Practice Education	10. Audiology 11. Medical Physics	3. Director of Nursing	1. Dental Team 2. Unst Health Centre 3. Whalsay Health Centre

	34. Oncology/Macmillan Team 35. Public Health Team 36. Health Improvement Team 37. CAMHS 38. ADP Support Team 39. Unst Health Centre 40. Whalsay Health Centre 41. Scalloway Health Centre 42. Yell Health Centre 43. Brae Health Centre 44. Bixter Health Centre 45. Walls Health Centre 46. Lerwick Health Centre 47. Levenwick Heath Centre			4. Scalloway Health Centre 5. Yell Health Centre 6. Brae Health Centre 7. Bixter Health Centre 8. Walls Health Centre 9. Lerwick Health Centre 10. Levenwick Heath Centre 11. Junior Doctors 12. Surgery 13. Psychiatry 14. Paediatrics 15. Obs & Gynae 16. Medicine 17. Anaesthetics 18. Walk In Clinic

NHS Shetland Roll out Allocate SafeCare July usage update – 4th August 2026:

	Nursing & Midwifery	Allied Health Professionals	Support Services	Medics	Organisationally
Number of rosters	47	11	3	18	79
Number of rosters live	10	4	1	0	15
Number of rosters not live	18	4	0	0	22
Number of rosters to be implemented	19	3	2	18	42
Percentage implemented	21.27%	36.36%	33.33%	0%	18.98%

18.98% of the organisation are actively and consistently using SafeCare.

NHS Shetland Proposed Roll Out:				
KEY CONTACT IN BAU TEAM	**Nursing & Midwifery** **Emma Geddes & Jessika Bartkowicz**	**AHP** **Emma Geddes & Jessika Bartkowicz**	**Support** **Emma Geddes & Jessika Bartkowicz**	**Medics** **Nikola Gatherer**
Consistently Using	1. Ward 3 2. Outpatients 3. Ward 1 4. Maternity 5. A&E 6. Psychological Therapies Service 7. Theatres 8. Substance Misuse Recovery Service 9. Community Psychiatric Team 10. Dementia Services	1. Occupational Therapy 2. Hospital Pharmacy Team 3. Laboratory 4. Nutrition and Dietetics	1. Spiritual Care Team	
No usage/inconsistent usage	10. Community ANPs 11. Hospital at Home 12. Clinical Team Leaders 13. Health Visiting Service 14. Sexual Health Clinic 15. District Nurses Mainland 16. District Nurses Isles 17. Non Doctor Isles Nurses 18. Hospital Specialist Nurses 19. Clinical Governance 20. Cardiology 21. Paediatric Nursing Staffing 22. School Nursing Service 23. Child Protection 24. CAMHS 25. Learning Disability Services 26. Public Health Vaccination Team 27. Day Surgery	5. Physiotherapy 6. Speech Therapy 7. Medical Imaging 8. Podiatry & Orthotics		
	28. Infection Prevention & Control 29. CDU 30. Practice Nurses 31. Intermediate Care Service 32. Practice Education 33. Oncology/Macmillan Team 34. Public Health Team	7. Audiology 8. Medical Physics 9. Pharmacy - Primary Care Team	1. Director of Nursing 2 Occupational Health	1. Dental Team 2. Unst Health Centre 3. Whalsay Health Centre 4. Scalloway Health Centre 5. Yell Health Centre

	35. Health Improvement Team 36. Renal Unit 37. ADP Support Team 38. Unst Health Centre 39. Whalsay Health Centre 40. Scalloway Health Centre 41. Yell Health Centre 42. Brae Health Centre 43. Bixter Health Centre 44. Walls Health Centre 45. Lerwick Health Centre 46. Levenwick Heath Centre			6. Brae Health Centre 7. Bixter Health Centre 8. Walls Health Centre 9. Lerwick Health Centre 10. Levenwick Heath Centre 11. Junior Doctors 12. Surgery 13. Psychiatry 14. Paediatrics 15. Obs & Gynae 16. Medicine 17. Anaesthetics 18. Walk In Clinic

NHS Shetland Revised Roll Allocate e-Rostering usage – 4th August 2026:

	Nursing & Midwifery	Allied Health Professionals	Support Services	Bank & Agency	Medics	Organisationally
Number of rosters	53	16	30	8	21	128
Number of rosters used	50	15	30	6	3	104
Number of rosters live not used	3	1	0	0	9	13
Number of rosters to be implemented	0	0	0	2	9	11
Percentage Used	94.33%	81.25%	100%	75%	15%	81.25%

*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	1. Clinical Governance & Risk Team 2. Community ANPs 3. Hospital at Home 4. District Nurses Mainland 5. District Nurses Isles 6. Non Doctor Isles Nurses 7. Infection Prevention & Control 8. CDU 9. Air Ambulance OC 10. Practice Nurses 11. Intermediate Care Service 12. Outpatients 13. Practice Education 14. Hospital Specialist Nurses 15. Public Health Vaccination Team 16. Ward 3 17. Unst Health Centre 18. Oncology/Macmillan Team 19. Public Health Team 20. Public Health – On Call 21. Clinical Team Leaders 22. Scalloway Health Centre 23. Whalsay Health Centre 24. Sexual Health Clinic 25. Renal Unit 26. Yell Health Centre 27. Psychological Therapies Service 28. Health Visiting Service 29. Ward 1 30. Day Surgery 31. Maternity 32. Silver Command Acute – On Call 33. Community Psychiatric Team 34. Dementia Services 35. Substance Misuse Recovery Service 36. Forensics - On Call	1. Podiatry & Orthotics 2. Pharmacy - Primary Care Team 3. Physiotherapy 4. Nutrition and Dietetics 5. Medical Imaging 6. Hospital Pharmacy Team 7. Pharmacy On Call 8. Laboratory 9. Medical Physics 10. Audiology 11. Speech Therapy 12. Occupational Therapy 13. Silver Command Community 14. AHP Practice Education Lead 15. Primary Care Admin	1. Patient Travel 2. HR Team 3. Staff Development Team 4. Information Governance Team 5. Health & Safety Team 6. Digital Technology 7. HR Heads of Department 8. Estates 9. Community Nursing Admin 10. Porters 11. Domestics 12. Laundry 13. Catering 14. Facilities – Management 15. Patient Focused Booking 16. Main Reception GBH 17. Director of Nursing 18. CEO - Chief Executive 19. Chief Executive Office 20. Corporate Services 21. Occupational Health 22. Planning, Performance and Projects Team 23. Board Members 24. Procurement 25. Spiritual Care Team	1. Scalloway Health Centre 2. Junior Doctors 3. Dental Team **4. Medical Bank** **5. Medical Agency**

	37. A&E 38. MAPA 39. Child Protection 40. Cardiology 41. Senior Charge Nurses 42. ADP Support Team 43. Learning Disability Services 44. Bixter Health Centre 45. Paediatric Nursing Staffing 46. School Nursing Service 47. Lerwick Health Centre 48. CAMHS 49. Health Improvement Team 50. Levenwick Health Centre **51. Community Nursing Bank** **52. Acute Nursing Bank**		26. Medical Records 27. Chair 28. Finance Team 29. Finance Heads of Departments 30. Mental Health Admin 31. **Admin Bank** 32. **Other Bank**	
Live Not Used	50. Theatres 51. Brae Health Centre 52. Walls Health Centre	16. CHSC Management		4. Lerwick Health Centre 5. Yell Health Centre 6. Levenwick Health Centre 7. Bixter Health Centre 8. GP OOH 9. Unst Health Centre 10. Whalsay Health Centre 11. Walls Health Centre 12. Brae Health Centre
Not Live	**2. Mental Health Bank**			13. GP Joy 14. Surgery 15. Psychiatry 16. Paediatrics 17. Obs & Gynae 18. Medicine 19. Anaesthetics 20. Clinic Planner 21. Walk In Clinic **1. IR35**

NHS Shetland Revised Roll out RosterPerform update – 4th August 2026:

	Nursing & Midwifery	Allied Health Professionals	Support Services	Bank & Agency	Medics	Organisationally
Number of rosters	53	16	30	8	21	128
Number of rosters live	34	0	3	0	0	37
Number of rosters being progressed	0	0	0	0	0	0
Number of rosters to be implemented	20	16	27	8	21	92
Percentage implemented	63.46%	0%	10.34%	0%	0%	28.90%

28.90% of the organisation are using RosterPerform.

NHS Shetland Revised Roll out eJobPlan update – 4th August 2026:

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

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

Job Plans Awaiting 2nd Sign Off – Job Plans awaiting sign off by Kirsty Brightwell

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

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

NHS Shetland Revised Roll out eRota update – 4th August 2026:

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

0% of the Medics are using eRota.

NHS Shetland Revised Roll out BankStaff update – 4th August 2026:

	Bank & Agency
Number of rosters	8
Number of rosters live	0
Number of rosters being progressed	0
Number of rosters to be implemented	8
Percentage implemented	0%

0% of the organisation are using BankStaff.

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

Board Reporting Template Overview	**Level of Assurance**
Summary	Reasonable
Chapter 12IA : Duty to ensure appropriate staffing	Reasonable
12IB – Duty to ensure appropriate staffing: agency worker	Reported separately
12IC – Duty to have real-time staffing assessment in place	Reasonable
12ID – Duty to have risk escalation process in place	Reasonable
12IE – Duty to have arrangements to address severe and recurrent risks	Reasonable
12IF – Duty to seek clinical advice on staffing	Reasonable
12IH – Duty to ensure adequate time given to leaders	Reasonable
12II – Duty to ensure appropriate staffing: training of staff	Substantial
12IJ – Duty to follow the common staffing method	Substantial
12IL – Training and Consultation of Staff – Common Staffing Method	Substantial
Planning and Securing Services*	Limited

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

Key

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

Appendix 3

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

HIS HSP Board Review Call
2 July 2026

Edna Mary Watson

Chief Nurse (Corporate)/Clinical Workforce Lead

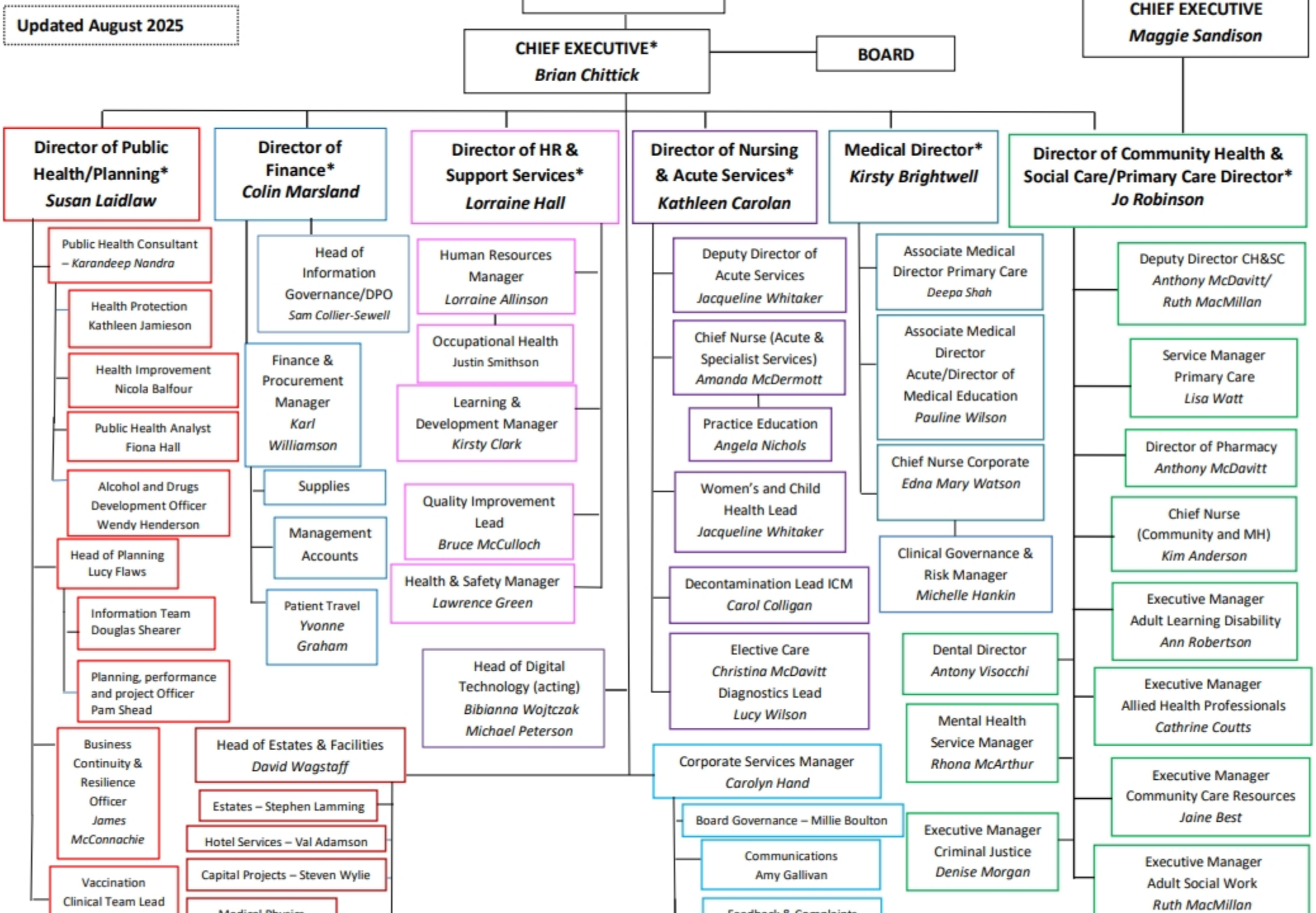
- **Duties 12IF and H - Seek clinical advice on staffing, ensure adequate time given to clinical leaders**

Duty 12IF Duty to seek Clinical Advice on Staffing

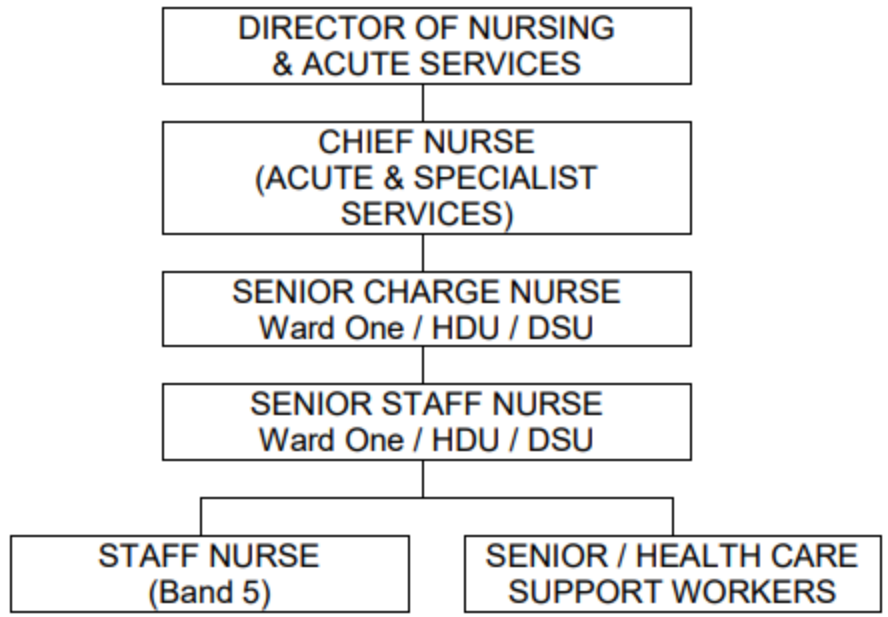
- Current mechanisms:
  - Organisationally - small, flat structure - supports easy escalation and access
  - Professionally led & managed structures
  - Silver and Gold command rotas (24/7 access) – Acute & HSCP
  - Escalation to Board-level clinicians (within 2 escalations)
  - Safe Staffing Escalation Plan – decisions in extremis

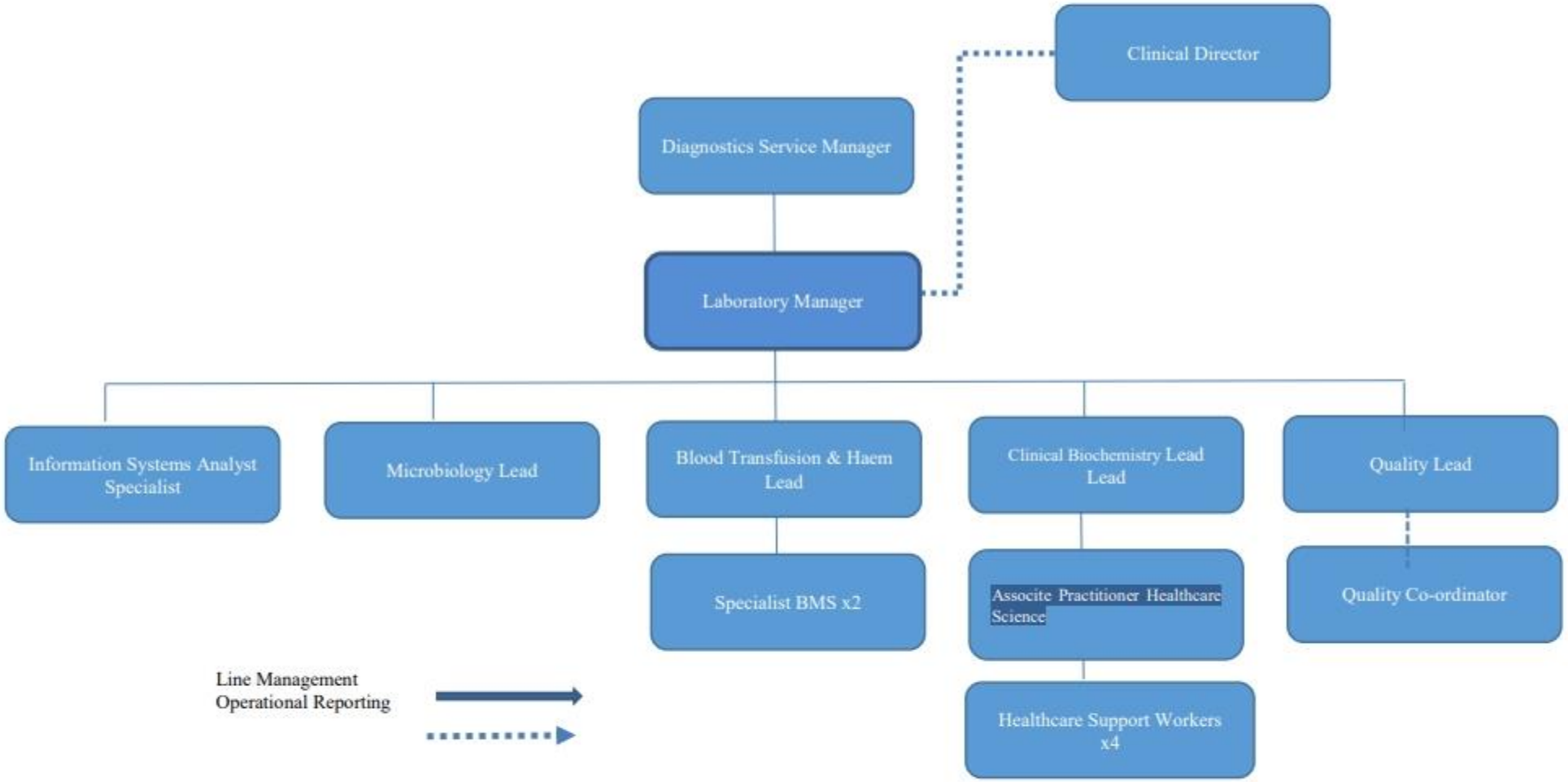
- Recording:
  - Currently variable - will be standardised through SafeCare
  - Exception reporting – via Datix (all) or Safecare
  - No reports of decisions contrary to clinical advice

- **Overall Position:** Access to clinical leadership is strong; **consistency of recording and formalisation is improving**


Updated August 2025
CHIEF EXECUTIVE*
Brian Chittick
BOARD
CHIEF EXECUTIVE
Maggie Sandison
Director of Public Health/Planning*
Susan Laidlaw
Director of Finance*
Colin Marsland
Director of HR & Support Services*
Lorraine Hall
Director of Nursing & Acute Services*
Kathleen Carolan
Medical Director*
Kirsty Brightwell
Director of Community Health & Social Care/Primary Care Director*
Jo Robinson
Public Health Consultant – Karandeep Nandra
Health Protection Kathleen Jamieson
Health Improvement Nicola Balfour
Public Health Analyst Fiona Hall
Alcohol and Drugs Development Officer Wendy Henderson
Head of Planning Lucy Flaws
Information Team Douglas Shearer
Planning, performance and project Officer Pam Shead
Business Continuity & Resilience Officer James McConnachie
Vaccination Clinical Team Lead
Head of Information Governance/DPO Sam Collier-Sewell
Finance & Procurement Manager Karl Williamson
Supplies
Management Accounts
Patient Travel Yvonne Graham
Head of Estates & Facilities David Wagstaff
Estates – Stephen Lamming
Hotel Services – Val Adamson
Capital Projects – Steven Wylie
Human Resources Manager Lorraine Allinson
Occupational Health Justin Smithson
Learning & Development Manager Kirsty Clark
Quality Improvement Lead Bruce McCulloch
Health & Safety Manager Lawrence Green
Head of Digital Technology (acting) Bibianna Wojtczak Michael Peterson
Deputy Director of Acute Services Jacqueline Whitaker
Chief Nurse (Acute & Specialist Services) Amanda McDermott
Practice Education Angela Nichols
Women's and Child Health Lead Jacqueline Whitaker
Decontamination Lead ICM Carol Colligan
Elective Care Christina McDavitt
Diagnostics Lead Lucy Wilson
Corporate Services Manager Carolyn Hand
Board Governance – Millie Boulton
Communications Amy Gallivan
Associate Medical Director Primary Care Deepa Shah
Associate Medical Director Acute/Director of Medical Education Pauline Wilson
Chief Nurse Corporate Edna Mary Watson
Clinical Governance & Risk Manager Michelle Hankin
Dental Director Antony Visocchi
Mental Health Service Manager Rhona McArthur
Executive Manager Criminal Justice Denise Morgan
Deputy Director CH&SC Anthony McDavitt/ Ruth MacMillan
Service Manager Primary Care Lisa Watt
Director of Pharmacy Anthony McDavitt
Chief Nurse (Community and MH) Kim Anderson
Executive Manager Adult Learning Disability Ann Robertson
Executive Manager Allied Health Professionals Cathrine Coutts
Executive Manager Community Care Resources Jaine Best
Executive Manager Adult Social Work Ruth MacMillan

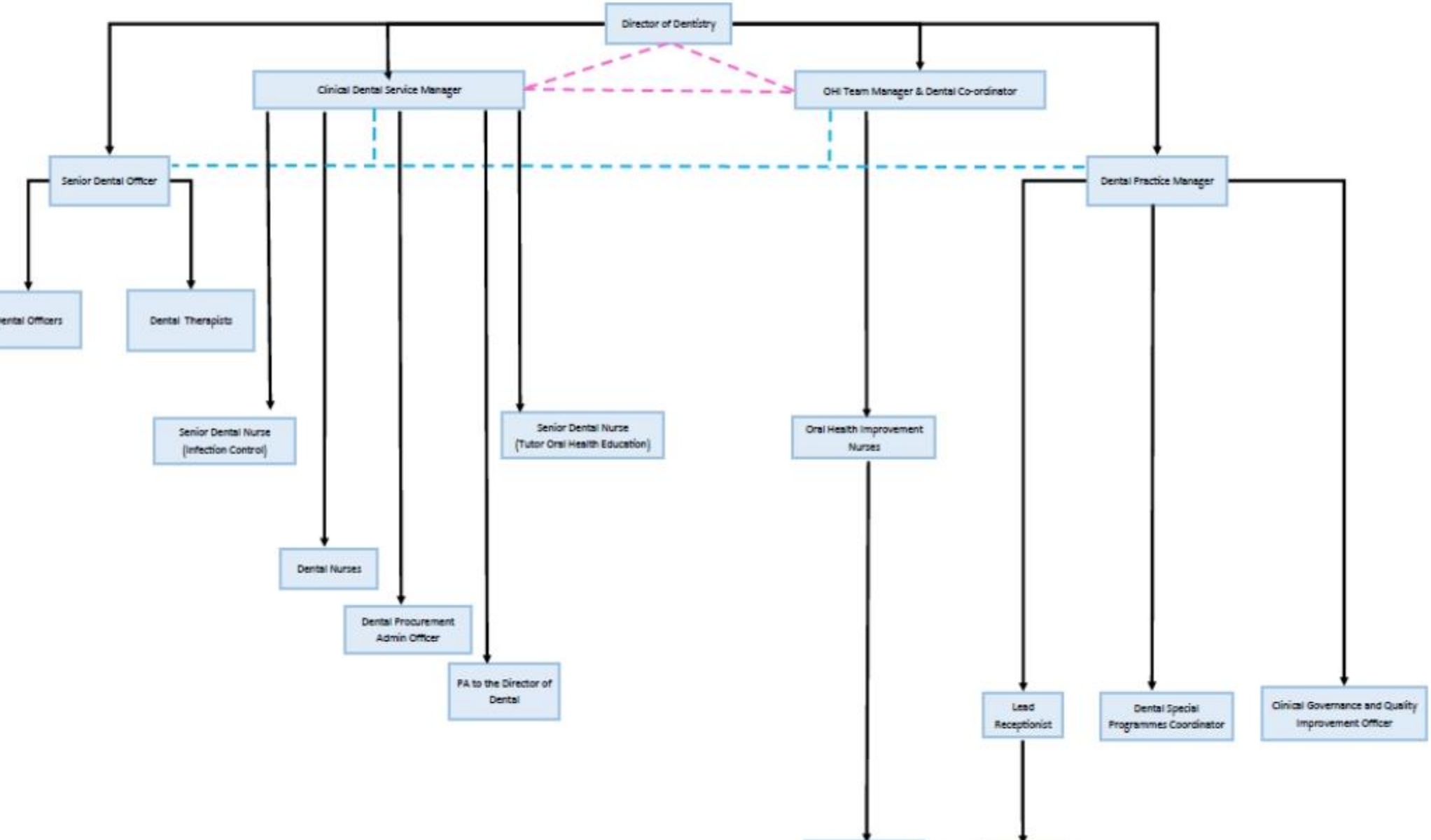
4. ORGANISATIONAL POSITION



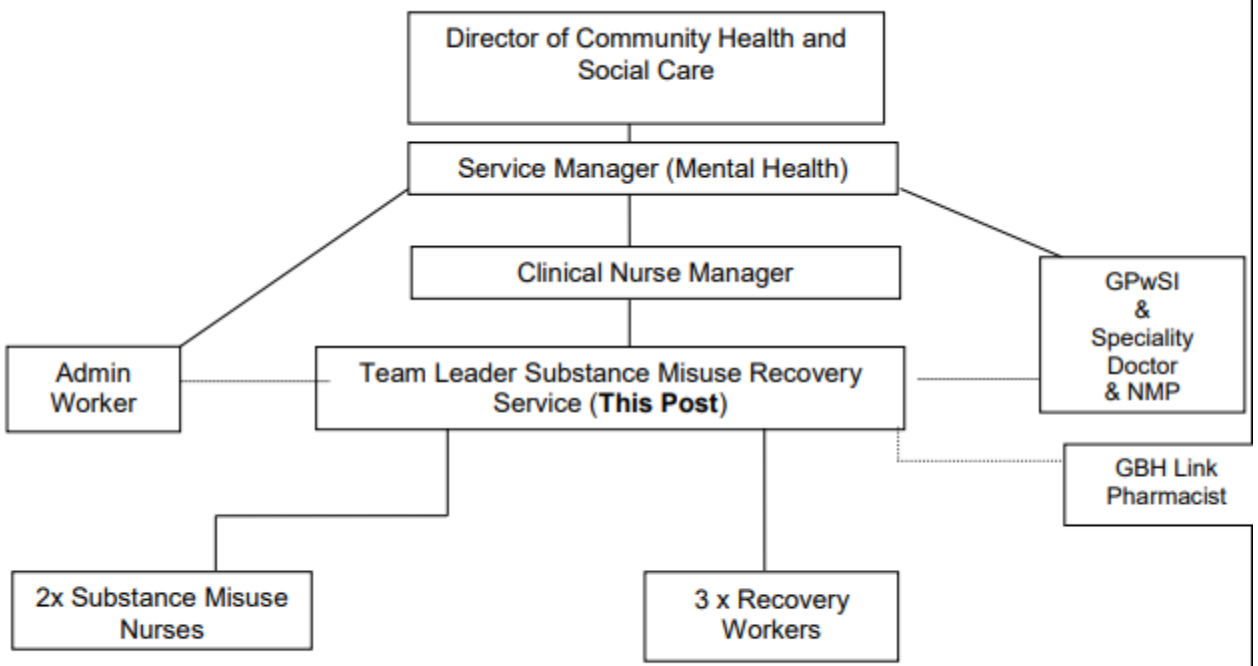

Clinical Director
Diagnostics Service Manager
Laboratory Manager
Information Systems Analyst Specialist
Microbiology Lead
Blood Transfusion & Haem Lead
Clinical Biochemistry Lead Lead
Quality Lead
Specialist BMS x2
Associte Practitioner Healthcare Science
Quality Co-ordinator
Healthcare Support Workers x4
Line Management
Operational Reporting

Dental (PDS) Organisational Chart (Jan 2022)

NHS Shetland



4. ORGANISATIONAL POSITION



(Various professions will have different professional lines of accountability)

Please scroll down for following weeks

Gold Command Rota w/c 22/06/2026

Mon 22 June 2026	Tue 23 June 2026	Wed 24 June 2026	Thu 25 June 2026	Fri 26 June 2026	Sat 27 June 2026	Sun 28 June 2026
Kathleen Carolan	Lorraine Hall	Kathleen Carolan	Lorraine Hall	Kathleen Carolan	Lorraine Hall	Kathleen Carolan

Silver Command Acute Rota w/c 22/06/2026

Mon 22 June 2026	Tue 23 June 2026	Wed 24 June 2026	Thu 25 June 2026	Fri 26 June 2026	Sat 27 June 2026	Sun 28 June 2026
Carol Colligan	Keri Ratter	Jacqueline Whitaker	Christina McDavitt	Jacqueline Whitaker	Amanda McDermott	Carol Colligan

Silver Command Community Health and Social Care Rota w/c 22/06/2026

Mon 22 June 2026	Tue 23 June 2026	Wed 24 June 2026	Thu 25 June 2026	Fri 26 June 2026	Sat 27 June 2026	Sun 28 June 2026
Lisa Watt	Kim Anderson	Anthony McDavitt	Anthony McDavitt	Cathrine Coutts	Cathrine Coutts	Cathrine Coutts

For urgent out-of-hours communications support, please call 0300 3657167.

For all other issues out-of-hours, pelase contact via Gilbert Bain Hospital switchboard on 01595 743000.

Updated 26/06/2026_v2

- **Duty 12IA – Duty to Ensure Appropriate Staffing: to support the guiding principles**

Duty 12IA – Duty to Ensure Appropriate Staffing: to support the guiding principles.

- Compliance - informed through Professional Lead self-assessment returns & organisational knowledge
- Returns – nursing & medicine, Health Care Scientists, AHPs, Pharmacy, Psychology & Dental, impacting full oversight – raised at HCSPB
- Actions taken:
  - Escalation to Executive Management Team (EMT) – January 2026.
  - Ongoing reminders and reporting templates on sharepoint site.
  - Regular communications via Corporate Newsletter to improve engagement.
  - Organisational Compliance Risk added to SRR
- CSM – used within N&M, being promoted organisationally as a framework to support workforce planning in other services
  - Safecare data + Staffing level tool output, Datix (AE & Risk), staff reports eg imatter
  - Standardised reporting template
- Persistent Workforce risks – supplementary staff – excess hrs, Bank, Agency
- Mitigation in reduction of Agency – rotational models,transfer to Bank contracts, Agency (if needed)

- Duties 12IC, D and E – Real Time Staffing (RTS) assessment, risk escalation process in place and arrangements to address severe and recurrent risk.

Duty 12IC Duty to have Real Time Staffing Assessment in Place

- No formal structured timetable for full SafeCare roll out – overall alignment with termination SSTS April 2028
- Current focus – enhancing data quality & consistency/frequency of recording - Acute & AHPs, then CHSCP
- Daily huddles in place across services, variable recording practices
- Huddles – report in Directorate structures – Acute site, CHSCP
- CHSCP locality huddles – supported by member of CHSCP mgmt. team
- Full Assurance – not possible until full implementation
- Recording in Safecare informing practice – red flags, redeployments

Duty 12ID Duty to have Risk Escalation Process in Place

- Escalations – supported by management structure
- Until standardised system (SafeCare) fully implemented – not possible to ensure comprehensive recording/ capture
- Feedback currently available via local, informal processes – verbal reports, handover - unless recorded in Safecare
- Unmitigated staffing risks – ‘under review’ by manager +/- escalation, reported on Datix, organisational reporting being enhanced in 26/27, includes reporting AE & staffing Risks
- Risks will be reported to Health & Care Staffing Programme Board, Audit and Risk Management Group and Standing Committees (CGC, SGC), NHS Board via quarterly report

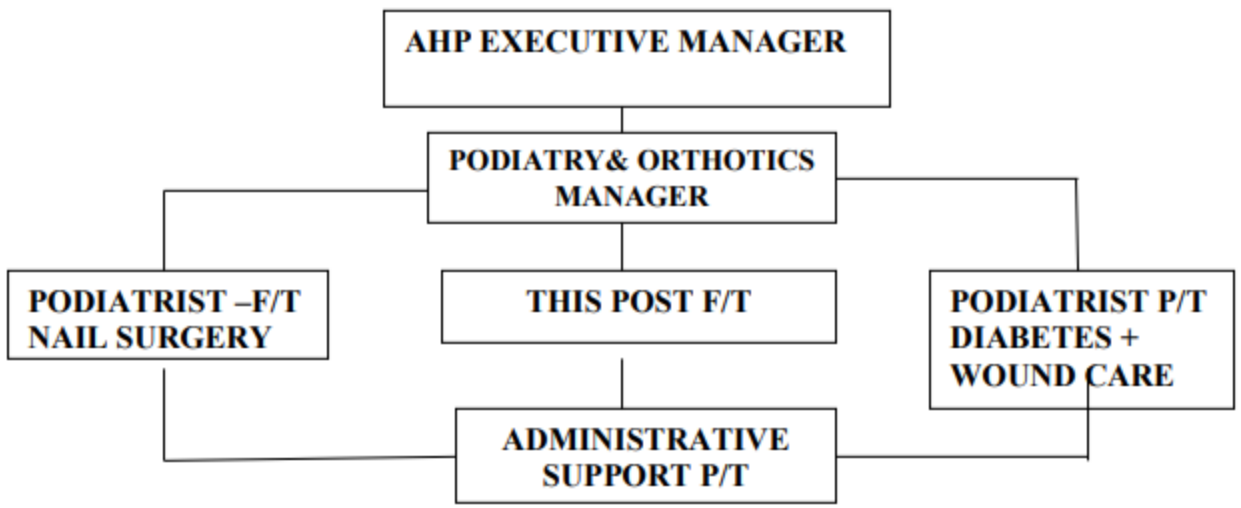
Duty 12lE Duty to have arrangements to address severe and recurrent risks

- Data triangulation via CSM process, oversight of red-flags, AE & Risk by Clinical Workforce Lead (via reports/portfolio responsibilities)

- Variability – Clinical Workforce Lead/ CG&R Team – governance groups, CPOG discussions inc workforce risk, escalation, risk registers

- Learning – Podiatry – integration of Orthotics, restructure of team

4. ORGANISATIONAL POSITION



121H Duty to ensure Adequate Time given to Clinical Leaders

- Monitoring – variable - no formal monitoring beyond discussion / escalation between manager and their Manager/Director vs Safecare recording of time lost:
- Formal review through job planning, appraisals, SafeCare (emerging).
- Impact – not formally monitored to date in structured manner, but review of overall quality measures could be undertaken eg complaints, staff training, SafeCare data
- Governance – report into governance groups – locally - Standing Committee (CGC) - NHS Board
- Inability to facilitate leadership time - SCN supernumerary, built in via CSM, but in practice need to take clinical workload occurs– episodes reported/ monitored as part of Safecare
- Mitigations to improve appraisals – covered in 121I

- **Overall Position:** Improvement data-driven monitoring via SafeCare,
  - ?discussion/consideration of organisational dept audits

Duty 121l ensure appropriate training of staff

- Low appraisal rate – Workforce reports, discussion SGC, organisational messaging – Corporate Newsletter, org briefing, Joint letter CE & ED, OD lead to develop action plan for improvement, management structure
- Training data – challenging, system issues & accuracy, no systematic reporting
- Impact on Q&S – no overall reported impact, AE reviews – issues, action plan & actions implemented (may inc training)
- Training – variable across disciplines, different requirements professionally & individually, diff funding sources, service pressure impact, Safecare recording – reporting, capacity highlighted in CSM outputs
- Reporting on Training issues - course leader feedback to managers, ?escalation in management structure, formal reports to SGC
- PLT – Core & Profession specific training, Time offered for training – flexible - paid time, own time – paid or TOIL, allocation of time / personal choice as to use
- Recording – variable systems – planner, paper based systems – SSTS/ Safecare (codes in place, recording est in SSTS, beginning in Safecare)
- Monitored in practice – informally management level, systematically via Safecare once full rollout – reports for areas “live”

- **Duties 12IJ and 12IL - Follow the Common Staffing Method, Training and consultation of staff**

Duty 12IJ Duty to follow Common Staffing Method

- CSM – N&M – expected, other professional groups – recommended
- Promoted via SLT process, Corporate Newsletter feature, Prof Lead discussion – standardised approach, equality of decision making
- CSM outputs – acute sector SBAR, EMT discussion, Emerging Risk on new procedures & Biologics – CGC
- BOXI/ Dashboard reporting – national support HSP team, SSTS team – NHS G, alignment of tools & rosters, ?visibility of Tool runs, Teams – roster, access issues (teams/NHSG)
- SOP – draft, promotion via Newsletter, Prof Lead disc, Website (dev), consistency – outputs shared with Clinical Workforce lead, ?manager training in use of CSM
- Staff Feedback – next slide

Duty 12lL – Training & consultation of Staff

- Training and Support processes – ‘confident’
  - single postholder providing in-person training – offered/uptake
  - good outcome in terms of tool run
- HIS HSP resources to all other teams
- Non-compliance – incomplete data entry, rosters, PJ & Quality tool
- Issues – Strategic Nurse Meeting June 26, tool run schedule, ?tool champions within teams
- Feedback from staff – informal team discussions, AE reports, Risks, iMatter
- Feedback to staff – recorded on CSM report – generally through dept/team meetings, dept/service governance group meetings, SGC, CGC, NHS Board
- Consistency – approach promoted, recorded on CSM, draft SOP
- Clinical Workforce Lead time – limited, 0.2 wte, no add organisational resources

HIS – NHS Shetland Q1 26-27 Board Review Call

Thursday 2 July 2026, 14:00 – 15:30

Note

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

Item	Topic

1. Welcome, Introductions and Apologies

- LR welcomed everyone to the call.
- Apologies noted as above.
- NHS Shetland agreed for transcript to be started during the call for purpose of note taking, Transcript will be deleted from Teams after the call.

2. Review and ratify previous call note

- Previous minutes from the meeting held on 30 October 2025 were reviewed. Group agreed that minutes were accurate and ratified at meeting on 2 July 2026.

3. Key lines of enquiry

- NHS Shetland shared a presentation on key lines of enquiry during the call.
- **Duty 12IA – Duty to Ensure Appropriate Staffing: to support the guiding principles**

NHS Shetland reports reasonable assurance, with appropriate staffing supported through aligned service, workforce and financial planning, use of Common Staffing Method (CSM), SafeCare, Datix, and staff/patient feedback. Strong narrative on recruitment, retention, agency reduction, and remote/rural mitigations, but limited quantified impact evidence. The Annual report describes the embedding of systems and processes with clear governance oversight structures.

- Is the Board able to provide details on the returns by professions and services regarding compliance with the Health and Care (Staffing) (Scotland) Act 2019 (HCSA) and detail what the process is for managing/escalating non-returns?
- How does the Board evidence that appropriate staffing decisions are consistently informed by triangulated workforce, quality and safety decisions?
- How are persistent workforce risks (e.g. consultant, Allied Health Professionals (AHPs), Health Care Support Worker (HCSW) vacancies) impacting services, and how is this monitored and mitigated in practice?
- What metrics will NHS Shetland use to demonstrate the data that they are collating and triangulating on quality and safety, and how this is being used to impact and improve services?
- Are NHS Shetland assured the reduction in locum and agency use has been sufficiently mitigated with their Bank strategy so that this is not impacting on service continuity?

Item	Topic

NHS Shetland reported:

- Compliance with HCSA is informed through Professional Lead self-assessment returns and organisational knowledge.
- Returns are submitted from Nursing and Medicine, Health Care Scientists, AHPs, Pharmacy, Psychology and Dental professions. Incomplete or inconsistent returns impact the ability to achieve full organisational oversight and have been escalated to the Health Care Staffing Programme Board (HCSPB).
- Actions taken:
    - Escalation to Executive Management Team (EMT) in January 2026.
    - Ongoing reminders and reporting templates available on SharePoint.
    - Regular communications by corporate newsletter to improve engagement.
    - Organisational Compliance Risk added to Strategic Risk Register.
- CSM used within nursing and midwifery is being promoted organisationally as a framework to support workforce planning in other services.
- Workforce risks are managed through a mix of substantive staff, bank staff, and some agency use where necessary.
- Workforce pressures continue across several services. Risks are mitigated through internal bank staff, agency staff where necessary and rotational medical workforce models.
- Rotational arrangements have reduced agency reliance while maintaining service quality and continuity.

- **Duties 12IC, D and E – Real Time Staffing (RTS) assessment, risk escalation process in place and arrangements to address severe and recurrent risk**

NHS Shetland reports reasonable level of assurance in relation to these duties. Highlighting implementation of eRostering and roll out of SafeCare is aiding consistency of approach and ability to demonstrate compliance, there is still variation in mechanisms in place that assess Real Time Staffing, and escalation processes.

Duty 12IC

- Are there confirmed dates for the SafeCare roll out to areas?
- Where rollout of SafeCare is not foreseen imminently or in the instance unforeseeable delays are NHS Shetland seeking to strengthen their assurance of the mechanisms that are currently in place?
- What assurance does NHS Shetland have that the processes in place are understood and effectively used?
- How does the Board assure consistent, reliable Real Time Staffing (RTS) practice across all services while SafeCare rollout remains incomplete?
- What evidence shows RTS intelligence is being used to inform decisions, not just recorded?

NHS Shetland reported:

Item	Topic

- No formal structured timetable for full SafeCare roll out. Overall alignment with termination of SSTS April 2028.
- SafeCare implementation is progressing but remains a key area for development.
- Around 42% of services are live on SafeCare, although only a smaller proportion are currently using it consistently and accurately.
- The decision has been taken to pause wider rollout and focus on improving data quality and staff understanding in existing areas first – Acute and AHPs then Community Health and Social care Partnership (CHSCP).
- Daily huddles in place across the services with variable recording practices.
- Huddles report into Directorate structures including Acute and CHSCP.
- CHSCP locality huddles are supported by a member of the CHSCP management team.
- Full assurance of RTS practice not possible until full implementation of SafeCare.
- Recording in SafeCare is informing practice with red flag monitoring/intelligence and staff redeployment actions.

Duty 12ID

- Given the current limitations identified by NHS Shetland due to implementation of SafeCare not being complete, are NHS Shetland confident in the current systems they have, to robustly capture and evidence all risk escalations, decisions and services across the services?
- How are decision notification and feedback loops being captured across shift patterns where the report has noted a current reliance on informal/verbal feedback?
- How does the board demonstrate that all unmitigated staffing risks are escalated, recorded and reviewed consistently across services?
- How is learning from risks aggregated and acted upon at an organisational level?

NHS Shetland reported:

- Risk escalations are supported by the management structure.
- It is not possible to ensure comprehensive recording or capture of risk escalations and decisions across the service until SafeCare is fully implemented.
- Feedback is usually shared through verbal updates and handovers, unless it has been formally recorded in SafeCare.
- Unmitigated staffing risks and escalation are reported on Datix. Organisational reporting is being improved in 2026 to 2027. This will include reporting adverse events and staffing risks.
- Risks are reported to the Health and Care Staffing Programme Board, Audit and Risk Management Group and Standing Committees (Clinical Governance Committee, Staff Governance Committee) and NHS Shetland Board by a quarterly report.

Duty 12IE

Item	Topic

- How is SafeCare red-flag intelligence and Datix risk data triangulated to identify enduring staffing risks and inform escalation decisions?
- Are NHS Shetland confident areas without SafeCare currently are capturing risk, escalating and included in organisational risk oversight?
- In what way has learning from severe or recurrent staffing risks been used to inform workforce planning or service redesign?

NHS Shetland reported:

- SafeCare red flag intelligence and Datix risk data is triangulated through the CSM process. Clinical Workforce Lead has oversight of red flag intelligence, adverse events and risk through reports and portfolio responsibilities.
- Working towards better triangulation of workforce, risk, quality, adverse event and SafeCare data to inform strategic workforce decisions.
- There is recognition that establishments may not fully reflect current service models and demands.
- In areas where SafeCare is not implemented, risks are identified and managed through a range of existing processes. These include input from the Clinical Workforce Lead, the Clinical Governance and Risk (CG&R) Team, governance groups, and Clinical and Professional Oversight Group (CPOG) discussions, with workforce risks recorded through escalation processes and risk registers.
- A redesign of the podiatry and orthotics service demonstrated how workforce data informed service redesign, improved recruitment, created career progression opportunities and strengthened sustainability.

- **Duties 12IF and H - Seek clinical advice on staffing, ensure adequate time given to clinical leaders**

NHS Shetland reports reasonable level of assurance in relation to these duties. From information provided in your self-assessment report, you have identified Staffing decisions are made within professionally led and managed structures, access to appropriate clinical advice is inherent in day-to-day practice. Clinical advice is accessible through in-hours professional leadership and out-of-hours Silver and Gold Command rotas, ensuring continuous availability. Time to lead explicitly built into job description. Leadership time and displacement by clinical activity monitored through a number of digital systems

Duty12IF

- Once the Standard Operating Procedure (SOP) has been developed can this be shared?

Item	Topic

- In the absence of an SOP how confident are NHS Shetland that all staff are currently aware of how to seek clinical advice, what are the current mechanisms in place to support their understanding of this duty?
- Whilst waiting for the full implementation of SafeCare what mitigations are in place to address the risk of inconsistency as identified by NHS Shetland in the Annual Report?
- Where gaps are identified in consistency what is the process to address these?
- How is the Board assured that clinical advice is consistently sought and recorded, particularly in high-pressure RTS decisions?
- Are the board assured staff currently understand clinical advice arrangements across services?

NHS Shetland reported:

- EW shared slides outlining NHS Shetland's organisational structure, highlighting the clinical professionals involved in providing clinical advice and supporting risk mitigation.
- Happy to share a copy of NHS Shetland organisational structure with Healthcare Improvement Scotland (HIS) Healthcare Staffing Programme (HSP).
- Strong clinical leadership and governance arrangements due to a small, professionally led organisation with a flat management structure.
- Silver and Gold operational command rotas with 24/7 access available within Acute and Health and Social Care Partnership (HSCP) services.
- Risks are escalated to Board-level clinicians after two escalation attempts.
- Well-established risk escalation processes, with staff using Datix, governance structures and management escalation routes.
- There is a Safe Staffing Escalation Plan for decisions in extreme circumstances.
- Clinical advice is currently variable and will be standardised through SafeCare.
- Exception reporting is done through Datix (all) or SafeCare.
- No reports or decisions contrary to clinical advice.

Duty 12IH

- In practice how is leadership time monitored, where SafeCare is not implemented? How is this escalated?
- Has the impact been measured when leadership time is displaced? How is this intelligence reviewed by governance processes?
- How has the inability to facilitate leadership time influenced workforce planning. Establishment decisions or service redesign?
- What mitigations are in place to improve the completion of appraisals?

Item	Topic

- Where clinical leaders are required to step into clinical roles and forego time to lead, is impact on leadership capacity, and safety, quality of care reviewed?

NHS Shetland reported:

- Monitoring is currently variable, ranging from informal discussions and escalation between managers and Directors to formal recording of time lost in SafeCare.
- Leadership time and intelligence is reviewed formally through job planning, appraisals, and the emerging use of SafeCare.
- Impact is not currently monitored through a formal, structured process. However, impact could be assessed through existing quality indicators such as complaints, staff training compliance, and SafeCare data.
- Governance is reported through established governance arrangements, including local governance groups, the Clinical Governance Committee, and the NHS Board.
- Mitigations to improve appraisals are covered through regular one-to-one meetings and ongoing performance management discussions.
- There is inability to facilitate leadership time. Senior Charge Nurse supernumerary is built in through the CSM. However, clinical pressures can require staff to take on direct clinical duties. These episodes are reported and monitored through SafeCare.
- Improvement in data-driven monitoring through SafeCare and considering the use of organisational and departmental audits.

- **Duty to ensure appropriate staffing training of staff 12II**

NHS Shetland have reported a substantial level of assurance for this duty.

- What actions are planned for 2026-2027 to improve appraisal and PDP completions rates?
- Has a correlation been identified between whether low completion rates have impacted patient quality of care and safety? How does training compliance data inform workforce planning or service risk management?
- How do NHS Shetland maintain assurance that training arrangements are consistent across professions and settings including areas experiencing service pressures and or staff shortages?
- Can NHS Shetland describe how learning from training and compliance gaps or cancellations is escalated and addressed at service and organisational level?
- How is Protected Learning Time being planned, recorded and monitored in practice?
- How does training compliance intelligence inform service risk management and workforce planning?

NHS Shetland reported:

Item	Topic

- Low appraisal rates performance is monitored through workforce reports and reviewed by the Staff Governance Committee. Improvement actions for 2026–2027 include targeted organisational communications through the corporate newsletter, organisational briefings, and a joint letter from the Chief Executive and Executive Director. In addition, the Organisational Development Lead is developing an action plan to improve appraisal rates, supported by management oversight and accountability arrangements.
- Training data is challenging due to system issues and accuracy. No systematic reporting back to managers.
- No overall impact reported on Quality and Safety. An Action plan and actions have been implemented for Adverse Event reviews. This might also include staff training.
- Training requirements vary across professional groups and individuals. Access can be affected by different funding arrangements and service pressures. Training time and related impacts are recorded and reported through SafeCare, with capacity issues highlighted in CSM reports.
- Reporting on training issues feedback is provided by course leaders to managers, with issues escalated through the management structure as required and reported formally to the Staff Governance Committee.
- Protected Learning Time includes both core and profession-specific training. Time for training is provided flexibly and may be undertaken during paid working hours, in personal time with payment or TOIL, depending on individual circumstances and choice.
- Additional work is underway to better capture leadership time lost, TOIL accrued and impact on service quality and workforce sustainability
- Recording arrangements for training vary across services and include electronic planners, paper-based systems, SSTS, and SafeCare. Recording is established within SSTS, with SafeCare recording now being introduced using agreed codes.
- Monitoring of training is currently undertaken informally at management level and will be supported by systematic SafeCare reporting once full implementation is complete. Reports are already available for services that are live on the system.

- **Duties 12IJ and 12IL - Follow the Common Staffing Method, Training and consultation of staff**

NHS Shetland have reported a substantial level of assurance for duty 12IJ and 12OL.

Duty 12IJ

- In areas where the CSM has not been completed, has consideration been made as to how this will impact future planning and how is this being mitigated?
- It what way have CSM outputs been utilised to inform workforce planning decisions such as establishment changes, service design or business cases, Is NHS Shetland able to share where CSM methodology has directly contributed to these?

Item	Topic

- What are the actions being taken to resolve the BOXI and Dashboard accuracy issues, in addition how assured are NHS Shetland with current CSM reporting?
- Can the publication of the SOP shared? What measures will be taken to ensure consistent application given the resource challenges described?
- Can NHS Shetland describe how staff engagement and feedback were incorporated into CSM decision making and how outcomes were communicated back to teams?

NHS Shetland reported:

- CSM is expected to be complete for nursing and midwifery staff and is being promoted across all professional groups.
- Promoting the CSM through the Staffing Level Tool (SLT), corporate newsletter, and discussions with Professional Leads to support a standardised and equitable approach to decision-making.
- Promoting use of the CSM beyond nursing and midwifery as a consistent framework for workforce planning across professions.
- CSM outputs have informed acute sector capacity requirements with Situation, Background, Assessment, Recommendation (SBARs), EMT discussions, and the escalation of emerging risks relating to new procedures and biologics through the Clinical Governance Committee.
- Accuracy issues with BOXI/dashboard reporting. Additional support is being sought from national support teams and HIS HSP to improve reporting and compliance monitoring.
- CSM SOP is still in draft. Staff training in applying the CSM will be provided. SOP will also be published on NHS Shetland website.
- Happy to share CSM SOP with HIS HSP when approved.

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- How confident are NHS Shetland of training and support processes given the number of non-compliant tool runs in 2025/2026? Is NHS Shetland assured of consistency of training?
- What mechanisms are in place to demonstrate to staff the impact their feedback has on improving quality and safety of patient services?
- Is there an update on the effectiveness of mitigation strategies for 2026/2027 due to capacity risks identified with Clinical Workforce Lead time?
- How has staff feedback influenced final staffing decisions and feedback to the teams?
- Are the Board assured this approach is consistent across all teams?
- Can any SOPs, guidance and templates be shared with HIS to support and provide evidence?

NHS Shetland reported:

- Confident with training and support processes. Single post holder providing in person training. Good outcome in terms of tool run.

Item	Topic

- HIS HSP resources shared with all other teams for consistency of training.
- Non-compliance – incomplete data entry, rosters, and use of the Professional Judgement and Quality tools. *This was picked up when HSP were reviewing tool run compliance and there were some inaccuracies in roster and tool run information, this has since been reviewed in board and updates have been made.*
- Capacity risks raised at Strategic Nurse Meeting on 26 June 2026. Tool run schedule in place with tool champions within teams.
- Feedback from staff is gathered through informal team discussions, Adverse Event reports, risk management processes, and iMatter feedback.
- Feedback to staff is recorded in CSM reports and is typically shared through department and team meetings, service governance groups, the Staff Governance Committee, the Clinical Governance Committee, and the NHS Board.
- A consistent approach is promoted, feedback recorded in the CSM and development of a draft CSM SOP.
- The Clinical Workforce Lead has limited capacity, with only 0.2 whole time equivalent (WTE) allocated and no additional organisational resource available.
- Happy to share SOPs and guidance on training and consultation of staff with HIS HSP.

4. Action Tracker

- All previous actions are complete.

5. Agree actions and next steps

- LR thanked NHS Shetland colleagues for their time, support and valuable contributions to the discussion.
- *ACTION:*
- Lynne to speak to Jay around issues with data reports for tool runs
- Lynne to speak to Erik around accuracy issues with dashboard reports
- NHS Shetland to share organisational structure with HIS HSP – **Action complete**
- NHS Shetland to share Common Staffing Method SOP with HIS HSP when approved
- NHS Shetland to share SOPs and guidance on training and consultation of staff with HIS HSP

Next Meeting:

Wednesday 25 November 2026, Q3 2026-2027
MS Teams