

HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 – NHS DUMFRIES AND GALLOWAY ANNUAL REPORT 2025-26

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Report approval

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

Name of organisation:	<i>NHS Dumfries and Galloway</i>
Report authorised by:	<i>Pamela Jamieson</i>
	<i>Workforce Director</i>
	<i>30 April 2026</i>
Location where report is published:	<i>https://www.nhsdg.co.uk/wp-content/uploads/2026/04/NHS-DG-Health-and-Care-Staffing-Annual-Report-2025-26-April-2026.pdf</i>

GUIDANCE ON USING THIS TEMPLATE

Purpose

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

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

If you require further assistance or have any queries, please contact hcsa@gov.scot.

Summary Section

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

Individual duties / requirements

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

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

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

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

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

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

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

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

ANNUAL REPORTING TEMPLATE

Summary

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

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

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

Examples include - but not limited to:

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

Below are several examples of how information provided within the report will inform future workforce plans / planning.

Colleagues across the Organisation have further enhanced their knowledge over the last 12 months on the application of the various chapters within the HCS legislation and applying it to our services, patients and our own staff.

This along with the annual application of the Workforce Tool run annually over a two-week period by those services with access to workload tools provides reports that have been compiled and signed off jointly by team leads and managers/senior decision makers to ensure appropriate governance and transparency around staffing requirements and risks. An example of using data captured within the application of the different chapters is in relation to our Emergency Department when the workload tools provided evidence of the requirement of additional staffing.

The roll out of SafeCare across parts of the organisation has provided useful reporting on evidence of compliance with the legislation but also provides the real time staffing assessments, application of professional judgement and raising of red flags allowing review of all risks, and enables services to react in the moment and have a more robust assessment of staffing across the whole site in areas where it is fully implemented. At times of significant service pressure this data has enabled a much more robust, visible and safe way of managing safe staffing and escalating risk when appropriate. The roll out of Safecare is an ongoing process and will take a further 18 months to roll out completely across the Organisation once the relevant post is recruited to.

Workforce plans use the information from Workload tools and data pertaining to compliance and non-compliance with Duties of the Act alongside other performance and governance measures as well as wider population requirements for healthcare, population and staff demographics, national and local recruitment challenges whilst aligning to budgetary constraint and value for money. Going forward as we recruit to our Workforce Planning lead; we will be reviewing our 2022-2025 Workforce Plan and data submitted to Scottish Government in 2025 along with the information that is available from Safecare /Turas/service data spreadsheets to ensure that we are capturing this valuable data.

Quarterly reports have been completed to evidence compliance with the legislation and has been approved via HCS Programme Board and the annual report will be approved via Board Management Team, HCS Programme Board and final approval from Staff Governance Committee members.

Ongoing compliance with the Act has been challenging over the last 12 months however recruitment to a post which will lead on Workforce Planning and the compliance of the HCS legislation should provide more robust reporting for the next year.

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

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

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

The following are various examples provided by professional leads of utilisation of the tools and the impact of the application of the tools:

- Real-Time Staffing Evidence – Community teams using real-time staffing tools provided concrete evidence to support decisions about admissions and staffing levels, which was more effective than relying on verbal communication alone. This approach facilitated the escalation process and ensured that staffing decisions were taken seriously and documented.
- Integration with Other Tools - Psychology use their safe staff real-time staffing tool (which was co-developed with Public Health Scotland) and is used alongside demand capacity and trajectory modelling tools. These are employed to demonstrate the impact of staff vacancies and absences on waiting times, supporting compliance with the Scottish Government Standards.

- Business Continuity - in small teams, the tools have encouraged staff to distinguish between critical and non-critical tasks, prompting the development of business continuity plans and more thoughtful escalation decisions, rather than defaulting to crisis mode when short-staffed.
- Resource Reallocation Based on Evidence - AHP's were able to share an example where evidence from their staffing tool justified reallocating a physio assistant from Learning Disability services to Midpark Hospital, supporting decisions with data rather than assumptions.
- Flexible Working and Resource Distribution: Mental Health have used real time staffing data to inform reviews of flexible working patterns, leading to more even distribution of resources throughout the week and supporting both staff needs and service coverage
- Patient Communication During Staff Absence: Psychology use clear escalation points for communicating with patients during long term staff absences in the department, offering patients options to wait for their usual staff member or transfer care, thereby supporting continuity and clarity in care delivery.
- Feedback Loops and Assurance – As part of the Workload tools engagements with staff before, during and following the workload tools run is essential to ensure that we can document how systems and processes address all points in the duty description, including patient feedback and adverse event reporting.
- Care Assurance reporting: Care assurance outputs are recorded and reported through Quality and Care Board and via Healthcare Governance. The information reported through Care Assurance processes sits alongside the workload tools outputs and professional judgement to provide evidence of how staffing decisions impact quality, safety, staff wellbeing and patient experience in practice. Going forward work will be undertaken to report this triangulation with the HCS legislation through the HCS Programme Board to enable organisational level view of compliance.

Health and Care Staffing Act Health Board Duty Compliance Assurance Levels

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

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

Duty 12IA: Duty to ensure appropriate staffing

Duty Description	<p>2 Guiding principles etc. in health care staffing and planning</p> <p>(1) In carrying out the duty relating to staffing imposed by section 12IA of the National Health Service (Scotland) Act 1978, every Health Board and the Common Services Agency for the Scottish Health Service must have regard to the guiding principles for health and care staffing.</p> <p>Duty 12IA: Duty to ensure appropriate staffing.</p> <p>(1) It is the duty of every Health Board and the Agency to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for—</p> <ul style="list-style-type: none">(a) the health, wellbeing, and safety of patients,(b) the provision of safe and high-quality health care, and(c) in so far as it affects either of those matters, the wellbeing of staff. <p>(2) In determining what, in a particular kind of health care provision, constitutes appropriate numbers for the purposes of subsection (1), regard is to be had to—</p> <ul style="list-style-type: none">(a) the nature of the particular kind of health care provision,(b) the local context in which it is being provided,(c) the number of patients being provided it,(d) the needs of patients being provided it, and(e) appropriate clinical advice.
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Please provide information on the steps taken to comply with Duty 12IA.

Please provide information to demonstrate compliance.

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

2 Guiding principles etc. in health care staffing and planning

- (1) In carrying out the duty relating to staffing imposed by section 12IA of the National Health Service (Scotland) Act 1978, every Health Board and the Common Services Agency for the Scottish Health Service must have regard to the guiding principles for health and care staffing.

NHS Dumfries & Galloway has a governance structure in place to ensure that the Board has regard to the guiding principles for health and care staffing this can be described as:

- Professional Leads complete quarterly returns providing assurance on compliance with each chapter highlighting areas of success, achievement, learning and areas of escalation, challenges, or risks. In addition, they provide a RAG status for each chapter for their professional area, and this is collated to provide overall RAG status for each chapter.
- Quarterly reports are produced and they are shared with Health & Care Staffing Operational Group, Health & Care Staffing Programme Board and then final approval is provided via Staff Governance Committee.
- Annual report is produced in collaboration with all professional leads and shared for approval with Health & Care Staffing Operational Group, Health & Care Staffing Programme Board, Board Management team and final approval is provided via Staff Governance Committee.

Duty 12IA: Duty to ensure appropriate staffing.

(1) It is the duty of every Health Board and the Agency to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for—

- (a) the health, wellbeing, and safety of patients,
- (b) the provision of safe and high-quality health care, and
- (c) in so far as it affects either of those matters, the wellbeing of staff.

(2) In determining what, in a particular kind of health care provision, constitutes appropriate numbers for the purposes of subsection (1), regard is to be had to—

- (a) the nature of the particular kind of health care provision,
- (b) the local context in which it is being provided,
- (c) the number of patients being provided it,
- (d) the needs of patients being provided it, and
- (e) appropriate clinical advice.

All areas across the Organisation, via reporting, have confirmed that systems and processes are in place to provide assurance as set out at (1) and (2) above. Example provided include the following:

- **Utilisation of Allocate and Safecare:** Where these have been implemented within the Board, they support all areas to have robust rotas in place for planning and Safecare for managing day to day demand and capacity requirements and acuity of patients. For those areas that have it so far, it enables real time staffing assessment and teams can accurately report on staffing levels taking into consideration the acuity of patients with professional judgement input. The system then produces dashboards and red flags to help capacity managers / hospital wide huddle assess the staffing needs of the whole system based on factual information. Not all areas have Safecare in place yet, however they use systems like Turas or their own locally developed systems to capture RTS as per examples below which all ensure that the acuity of patients, prioritisation of patients, waiting lists where appropriate and risk escalation

are all considered when reviewing staffing. The Safecare system is already providing clear evidence of how it ensures that this is done robustly and provides the system with strong assurance when decision making is taking place.

- **Community Staffing Allocation:** Community nursing uses templated staff and complexity tools to allocate work daily, rarely relying on bank staff, and adapting to peaks and troughs in demand.
- **Scrutiny Meetings:** These are held within operational directorates to address issues such as high bank staff usage, roster effectiveness and sharing learning across Directorates
- **Escalation protocols:** All areas have escalation protocols in place re when and how to seek clinical advice, and all teams can access clinical advice to inform decision making.
- **Remote Service Delivery Adjustments:** The use of remote clinics (NHS Near Me) as a quality care alternative when staff cannot travel, noting that while this maintains service delivery, patient feedback may vary regarding the acceptability of remote care.
- **Escalation and Prioritisation in Resource-Limited Settings:** Processes for prioritising caseloads and escalating risks when staff are unavailable, including cross-cover by other professionals and the use of capacity modelling tools prevent staff burnout and ensure safe service delivery.
- **Template Adjustments for Staff Wellbeing:** A recent move to six and twelve hour shift templates in community hospitals improved staff wellbeing and work-life balance and resulted in more efficient staffing and even the addition of a staff member due to better shift overlap.
- **Quality Rostering and Policy Review:** Quality rostering policies and e-roster systems ensure the right staff mix,
- **Workforce sustainability team:** In place to support recruitment to hard to fill roles which is essential in a Remote and Rural Board, this has supported implementation of international nurses, midwives and AHP recruitment as well as supporting hard to fill medical roles and replacing long term medical locums.
- **Workforce Planning:** Utilising 6 stage methodology for workforce planning 2022 – 2025 covered Health and Social Care Partnership. In addition, Service Reviews in place across number of areas as part of wider Organisational plans looking at sustainability of services and availability of staffing given recruitment challenges as a Remote and Rural Board. Our Workforce plan is due to be renewed, however a vacancy in this role has resulted in a delay however will be progressed on second half of 2026.

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

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

The following are examples of approaches provided by professional leads across the Organisation:

- **Daily Huddles and Risk Escalation:** Daily huddles are used to identify and escalate staffing concerns to huddles with information fed into monthly activity reports and shared with stakeholders, particularly in non-acute services.
- **Real Time Staffing and Escalation Forms:** Real time staffing tools and verbal escalation are used to address immediate issues with escalation response forms completed and feedback provided to relevant staff ensuring a closed communication loop
- **Risk Registers and Feedback Loops:** Departmental risk registers are used to escalate issues to senior management and the process of recording severe or recurrent risk on InPhase (organisational risk register), with feedback provided via huddles and management channels.
- **OPAL site and System Wide Assessment:** the OPAL site is used for daily RAG status assessments across community and acute settings with Home Team leads responsible for inputting data and sharing it at huddles to inform mitigation and escalation decisions.
- **Multidisciplinary Huddles and Cross Cover:** Weekly meetings within the AHP team with team leaders, daily huddles and escalation to senior management are needed with AHP's sometimes providing cover for AHP shortages in other locations in the Organisation where the need is acute and contributing to system wide pressure management.
- **Escalation protocols:** Outline how to escalate staffing concerns to seek clinical advice, senior input

All these different approaches are then monitored via quarterly returns, Health Care Staffing (HCS) Operational Group, HCS Programme Board and reporting into Staff Governance committee for annual report approval.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
<i>This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.</i>	<i>This should describe the situation: what is the success, achievement, or learning? For example, application of eRostering has allowed senior personnel to be able to see staffing in real-time across all areas, allowing staff to be reallocated as required to reduce level of risk.</i>	<i>This should describe how the success, achievement or learning could be used in the future. For example, continue the roll out of eRostering across the organisation, using learning from areas that have already implemented.</i>
Roster Scrutiny and KPI Alignment:	Roster scrutiny meetings in mental health directorate have improved compliance with rostering KPIs, ensuring appropriate staffing levels and more efficient use of staff.	Next stage is to roll out this approach to community nursing and Family and Support Services Directorate.

Safecare reporting	Daily huddles in Acute are able to use live reporting and red flags to enable capacity managers to make accurate and informed assessments of staffing levels.	As Safecare is rolled out utilise the same approach across other Directorates.
Multidisciplinary Team Collaboration	Mental Health advised of the positive impact of AHPs contributing to wider service huddles, facilitating boundary setting.	Share the learning form this approach to other professional leads re approach to using shared language, and a system-wide approach to managing pressures and prioritising cases.
Retire and Return Recruitment	Community Nursing leads were able to describe the use of retire and return or partial retirement schemes to address recruitment challenges, particularly in areas that are difficult to staff, and the adjustments made to shift templates to accommodate reduced hours.	This approach is being used across the Organisation as an approach to maintain skills and knowledge in the system.
Upskilling and Training Challenges	Community AHPs outlined the challenges of upskilling staff for hospital at home and specialist practitioner roles, including the need to release staff for training without backfill, and the creative use of bank staff and flexible hours to manage workload during training periods.	Continue to share knowledge across the HCS Operational group to make others aware of flexible approaches being trialled and adopted.
Pharmacy – strengthening arrangements for the identification and recording of risks caused by staffing levels.	Enhanced local arrangements to support real-time staffing assessment, including timely notification of staffing risks to individuals with lead professional responsibility and more consistent implementation of mitigation and escalation actions. Business continuity arrangements have been strengthened, including improved external communications, to support prompt decision-making and resolution, with	Further work will be undertaken across pharmacy teams to standardise the real-time staffing assessment approach and ensure consistent application of procedures for risk identification, notification, mitigation and escalation.

	appropriate clinical advice sought and taken into account where required.	
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Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
<p><i>This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.</i></p>	<p><i>This should describe the situation: what is the challenge or risk identified?</i></p> <p><i>For example, there may be difficulty with recruiting a particular staff speciality or recruitment in a remote / rural location.</i></p>	<p><i>This should describe what actions have been / are being / will be taken to address the situation.</i></p> <p><i>For example, if there is difficulty in recruiting in a particular speciality or remote / rural location, the relevant organisation may have investigated retire and return schemes or upskilling and career development for existing staff. It may also have looked at how the service could be redesigned.</i></p>
<p>Progress of roll out of Allocate and Safecare</p>	<p>Due to project team post holders securing other rolls (still however linked to these systems) it has meant that where NHS D&G was ahead in relation to roll out of Allocate and Safecare, delays have now resulted.</p>	<p>Allocate Project team have refined project plans to ensure delivery of the Allocate project by national deadlines and have adopted videos and self learn training modules to support the roll out and effective use of their time.</p>
<p>Impact of Reduced Working Week</p>	<p>The RWW has impacted across the Organisation with services having to manage in many areas with no reinstatement of hours. This has impacted on HCS and the Allocate implementation team having to use time to support the updating of rosters across the Organisation.</p>	<p>The next reduction of one hour will use lessons learnt from 2025 when it is implemented on 01st April 2026.</p> <p>Services have been through significant planning for the next one hour reduction however there are areas that again will not have the reduction in hours reinstated and we will need to monitor impact on HCS into 2026/27.</p>

Impact of Reduced Working Week	Concerns remain across teams that the implementation of RWW in areas where there has been no instatement of hours and those areas do not have workload tools and do not have establishment set, how will it be possible to measure and provide evidence of the the impact of the further one hour reduction as we move forward into 2026/27.	Ensure that teams are exploring ways to capture the impact of the RWW on application of the different chapters.
Vacancy control processes	All posts across the Organisation have been split into Flow 1 – generally roles that patient facing and part of set staffing establishments. Flow 2 roles are non clinical roles and some AHP roles. Flow 2 roles do not receive backfill for maternity leave although a case can be made to have it backfilled. Understanding this information and the impact across the Organisation is challenging as posts are filled at a Directorate level.	Professional leads to review how they provide this information as part of their quarterly returns.
Dumfries North and South; Hospital at Home; Machars	Investment in upskilling to strengthen clinical assessment and prescribing capacity, with short-term mitigation through bank staffing. Band 5 backfill was supported through Scottish Government funding to reduce risks caused by staffing levels.	Further work is required to ensure timely access to training and associated backfill, to support sustainable mitigation of staffing risks and maintain compliance with appropriate staffing requirements.
Specialist Prescribing District Nurses	Constraints on releasing Band 6 staff for protected training time due to a lack of backfill capacity, creating an ongoing risk to service resilience and sustainability.	Review workforce capacity to enable protected learning time, to strengthen future staffing sustainability and reduce recurrent staffing risks.
Recruitment challenges in the west of the region / remote and rural – Pharmacy/ Machars Physio team and Mental Health teams	Long-term sickness absence and ongoing staffing gaps, with mitigation through staff undertaking additional hours to maintain service delivery.	Ongoing review and prioritisation of patient need to ensure most appropriate use of available resource.

Specialist posts gaps (e.g., Dietitian) – limited availability of cover	Where locum cover is not available, vacancies are held unless there is a critical service need, resulting in residual risk to service capacity.	Risks are recorded and monitored via the corporate risk register (InPhase), with local mitigation through internal cover arrangements and active monitoring of workload and associated risk. Opportunities for cross-cover are explored across neighbouring services and internal directorates where feasible; use of Near Me is limited.
Significant recruitment challenges	Recruitment challenges across a range of roles (from newly qualified nurses to medical consultants), combined with financial constraints, have limited the ability to fill vacancies. This has resulted in reduced service capacity and, in some areas, service delivery impacts.	Workforce development approaches are being progressed locally ("grow our own"); however, for some roles (e.g., Physiology) there is no local training route, which limits recruitment and contributes to ongoing staffing risk.
Acute nursing workload tool limitations	The acute nursing workload tool does not fully account for the additional workload associated with single-room provision, which may affect the assessment of appropriate staffing levels (issue escalated to HIS).	Contribute nationally to discussions re workload tools and engage on pilot programmes to shape future development as we have done previously (Maternity and Mental Health)
Impact on staffing	When covering gaps and the need to move staff from one area to another can increase staff anxiety in moving to a new area.	Ensuring that staff are moved to areas that are line with their skills and competencies.

COMPLIANCE ASSURANCE LEVEL

Substantial Assurance

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

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

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

The following are examples provided to demonstrate that NHS Dumfries and Galloway has comprehensive arrangements in place to undertake real-time staffing assessment across community, acute, mental health, women and paediatric specialities,. The arrangements are

underpinned by standardised templates, MDT staffing huddles, professional judgement, structured escalation process all supported by governance and risk management processes.

- **Real-Time Staffing Assessment Processes:** Community Nursing services undertake annual reviews of staffing assessment templates to ensure they remain accurate and fit for purpose. These templates allow services to monitor staffing required on duty, identify staffing risks in real time, seek appropriate clinical advice and ensure responses are implemented on the day where required.
- **Risk Identification and Management:** Across all areas as outlined in future chapters, robust risk management processes are embedded within real-time staffing arrangements. Staffing risks are captured using agreed templates, escalated where required, and reflected within local and corporate risk registers. Systems are in place to manage individual staff needs, including Occupational Health adjustments, ensuring workforce wellbeing is considered within staffing assessments.
- **Multidisciplinary Staffing Huddles:** Multidisciplinary staffing huddles operate across services, including Community Mental Health and CAMHS. Standardised huddle templates are used to review staffing pressures, assess service demand and capture any need for escalation. This supports shared professional awareness of staffing risk and timely mitigation.
- **Professional Judgement and Acuity-Based Assessment:** Services using the SafeCare model apply defined levels of care to manage staffing shortfall safely. Patient acuity and professional judgement are applied on the day by clinical leaders to inform staffing decisions and ensure continuity of safe care.
- **Escalation and Staff Wellbeing:** A clear ladder of escalation supports real-time staffing assessment. Staff wellbeing intelligence, including iMatter feedback, is considered as part of staffing risk identification. These arrangements encourage staff to raise concerns and ensure that pressures are escalated and addressed appropriately.
- **Digital Enablement and Continuous Improvement:** While earlier real-time staffing processes relied on RTS spreadsheets, services have transitioned to Microsoft Forms-based systems. This has improved consistency, data quality and usability, demonstrating continued refinement of real-time staffing assessment arrangements.

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

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

- NHS Dumfries and Galloway demonstrate compliance with section 12IC through established, enabled and effective real-time staffing assessment arrangements. These arrangements operate across professional groups, support staff to identify and escalate staffing risk, and ensure prompt mitigation to protect patient safety and staff wellbeing.
- As with other sections, compliance is monitored via several reporting and governance routes
 - Directorate Governance and Performance meetings
 - Daily site huddles
 - Nurse Scrutiny meetings
 - Quality and Care Board
 - HCS Programme Board – quarterly reports
- Mechanisms for escalating are via outputs from Safecare which are escalated into Daily huddles and into clinical leads to ensure that RTS is being managed accordingly for the board.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
<p><i>This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.</i></p>	<p><i>This should describe the situation: what is the success, achievement, or learning? For example, areas that have implemented and are using SafeCare are able to accurately record risks that are identified and the mitigation measures implemented, and clinical advice received. Reports extracted from the system are demonstrating an auditable trail of decision-making.</i></p>	<p><i>This should describe how the success, achievement or learning could be used in the future. For example, this success is being used to demonstrate to other areas the benefits of using SafeCare and supporting its implementation.</i></p>
<p>Acute Nursing</p>	<p>Safecare was introduced within the Acue Directorate in 2025 and has been positively received by services. The Red Flags Report is routinely used within the three times daily huddle alongside live system data to provide real time visibility of staffing gaps, including identification of missing hours and pressure across areas</p>	<p>Ensure that as Safecare is adopted across the Organisation that this positive adoption is shared to ensure that all areas can benefit from its implementation.</p>

	<p>In addition, monthly nurse scrutiny meetings draw on Safecare reports to identify services which are consistently triggering red flags. This enables focused discussion to understand underlying causes, assess whether additional support or mitigation is required, and determine whether there are specific contextual factors contributing to sustained staffing pressures.</p>	
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Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
<p><i>This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.</i></p>	<p><i>This should describe the situation: what is the challenge or risk identified? For example, there may be difficulty with encouraging and enabling certain professional groups to use the systems and processes.</i></p>	<p><i>This should describe what actions have been / are being / will be taken to address the situation. For example, if there is difficulty in engaging certain professional groups, what measures have been put in place with regard to increasing this such as using professional networks, staff representatives etc.?</i></p>
<p>Community AHPs</p>	<p>Spreadsheets have had to be adapted to capture the RTS, and due to there be low staffing numbers the information collated does not change significantly although it is recognised that even the reduction of 1wte can impact on service provision.</p>	<p>n/a</p>
<p>Community Child Health including School Nursing / Health Visiting / CAHMS</p>	<p>Whilst the services do have daily huddles to manage RTS, the teams are small and there is no one extra to pull to provide cover. So whilst matters can be escalated it will normally revert to the team to prioritise patient need and service delivery.</p>	<p>Microsoft forms are being developed to capture weekly staffing data.</p>

COMPLIANCE ASSURANCE LEVEL

Substantial Assurance

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

Duty Summary

- (1) It is the duty of every Health Board and the Agency to put and keep in place arrangements for the escalation of any risk.**
- (a) identified during the real-time assessment of its staffing levels in accordance with arrangements put in place under section 12IC, and
 - (b) which it has not been possible to mitigate in accordance with the arrangements put in place under that section.
- (1) The arrangements under subsection (1) of this duty must include:**
- a) **A procedure for the initial reporting of a risk as described** in subsection (1), by an **individual with lead professional responsibility (whether clinical or non-clinical)** in the area where the risk was identified, to a more senior decision-maker,
 - b) A requirement for any such decision-maker **to seek and have regard to appropriate clinical advice**, as necessary, in reaching a decision on the risk, including on how to mitigate it,
 - c) A procedure **for the onward reporting of the risk, as necessary**, to a **more senior decision-maker** in turn, and a requirement for that decision-maker in turn to seek and have regard to appropriate clinical advice, as necessary, in **reaching a decision on the risk**, including on how to mitigate it,
 - d) A requirement for the arrangements put in place under paragraph (c) to **escalate further in order to reach a final decision on the risk, including in appropriate cases by the reporting of the risk to the members of the Health Board.**
 - e) A procedure **for the notification of every decision made following the initial report, and the reasons for it**, to:
 - (i) any individual who was involved in identifying the risk in accordance with the arrangements put in place under section 12IC(2)(a),
 - (ii) any individual who was involved in attempting to mitigate the risk in accordance with the arrangements put in place under section 12IC(2)(c),
 - (iii) any individual who was involved in reporting the risk in accordance with the arrangements put in place under paragraph (a), (c) or (d) of this subsection, and
 - (iv) any individual who gave clinical advice in accordance with the arrangements put in place under section 12IC(2)(c), or under paragraph (b), (c) or (d) of this subsection,
 - f) A procedure for those **individuals to record any disagreement** with any decision made following the initial report,
 - g) A procedure for those individuals to be able **to request a review of the final decision** on a risk (other than a final decision made by the members of the Health Board or the Agency) made in accordance with the arrangements put in place under section 12IC(2)(c) or, as the case may be, paragraphs (b), (c) or (d) of this subsection,
 - h) Raising awareness among staff **about the procedures described in paragraphs (a) to (f)**,
 - i) Training individuals with lead professional responsibility (whether clinical or non-clinical) for particular types of healthcare, and other senior decision-makers, in how to implement the arrangements put in place under paragraphs (a) to (h), and

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

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

Please provide information to demonstrate compliance.

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

Job families across the Organisation have throughout the year provided evidence of the steps that they take to comply with Duty 12ID. Below is an example of the some the different approaches being used:

- **Acute Nursing Escalation:** Acute nursing have a documented escalation process (SOP) in place, which involves three daily site huddles where staffing risks are discussed, red flags are raised in SafeCare, and escalation occurs to senior staff and, if necessary, to agency for supplementary staffing. Notifications and outcomes are recorded in SafeCare, and staff receive feedback on actions taken. The Red Flags provided in Safecare enable that clear visual on where the risk is sitting within the Acute Hospital and monthly reviews of all red flags enable robust management of risk escalation, management, mitigation and feedback to staff.
- **Therapies and AHP Staffing:** Therapies and AHP teams use spreadsheets for real-time staffing, with daily updates on team composition, risk assessments, and mitigation actions such as bank, agency, or overtime. Escalations to senior clinical decision maker are documented, and feedback is provided verbally during team meetings. Acute AHPs also escalate staffing into hospital wide huddle to ensure that full system understanding of staffing positions
- **Community and Public Health Nursing:** Public health nursing teams use Microsoft Forms for escalation, with information flowing from team members to team leaders and then to clinical nurse managers. Adaptive service delivery is implemented during long-term shortages, adjusting the level of service provided and considering what pathways need to be altered to maintain priority cases.
- **CAMHS –** Use a daily huddle where the whole multi-disciplinary team across nursing, AHP and medical and admin and this is led by team leader utilising huddle template to collate information on an ongoing basis and escalate up to risk register.
- **Pharmacy Approaches:** Pharmacy teams use daily spreadsheets managed by line managers, with escalation to leads for decisions on clinic cancellations or cover.

- **Psychology Approach** - Psychology use a bespoke safe staffing tool, capture daily logs, and monthly risk registers, with plans to strengthen feedback loops through regular meetings and SOPs. Monthly applied psychology advisory meetings review risks that have been captured and will review those to consider any other actions that need to be taken to manage or further mitigate the risk. A SOP covers this approach used by psychology and it also captures the feedback loop to staff who have escalated the risk in the first instance.
- **Mental Health and Other Services:** Detailed escalation in mental health and other services, involving daily huddles, escalation to managers, and use of process maps and recording of risks on InPhase. Mitigations are implemented to manage risk and this detail is captured for reporting. Feedback is typically verbal, and challenges include limited options for agency cover and the need for internal staff redeployment. Within the Inpatient service they utilise professional huddles and then contribute to the wider Hospital huddle. Whilst the community consumes and manages its own risks, the hospital staff can impact on waiting lists and therefore additional steps need to be considered.

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

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

All services through their quarterly reporting continue to confirm that robust risk management and escalation processes are in place. The protocols were developed in line with the legislation to ensure that it was providing compliance with the various sections of the chapter. Within this return we have provided examples of how this operates.

- Via the Boards HCS Programme Board, reports are received bi-monthly of Severe and Recurring risks with reports presented to demonstrate that risk is being managed within services and that it is being reviewed in line with the Boards Risk Management Policy.
- In addition, Directorates will raise staffing risks via the Boards Risk Oversight Group (ROG) where there will be discussions if needed. The Risk Manager will then present reports to the Boards Risk Executive Group (REG) on performance measures on all risks across the Organisation including staffing related risks. An example of the escalation process operating effectively is that during 2025/26 Neonatal staffing was escalated to a corporate Level 1 risk due to the extent of the risk to the Board and solutions / mitigations were presented to Board Management Team with updates provided as required.
- The Health and Care Staffing Programme Board also can escalate risks from their discussions into the Risk Executive group (attended by the Boards executive directors).

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
<p><i>This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.</i></p>	<p><i>This should describe the situation: what is the success, achievement, or learning? For example, senior decision-makers in paediatric nursing were identified and a chain of escalation communicated to all personnel. Individuals are now much better aware of who to contact during any particular shift in the event that a risk needs to be escalated.</i></p>	<p><i>This should describe how the success, achievement or learning could be used in the future. For example, The procedures for identifying the chain of escalation that were used in paediatric nursing are now being trialled and rolled out across other areas.</i></p>
<p>Acute Nursing</p>	<p>Safecare – During a peak of recent winter pressures the acute team were escalating risk through Safecare on regular basis, they had done as much as they could within staffing levels and therefore escalated to Deputy Nurse Director and Nurse Director for support. This resulted in Practise Education Facilitators being pulled from their roles and asked to work within Acute teams, this update was then shared back with the 3 times daily huddles so they knew what support had been put in place further to the staffing issue being escalated.</p>	<p>Ensure that they continue to share the feedback to staff so that they can see it is important to escalate staffing risks as further support can be provided and positively impacting on staff morale as recognition of the wider system and professional support.</p>
<p>Pharmacy – West of the Region</p>	<p>Wigtownshire is a small part of the region and the service ended up with several maternity leaves at the same time. A risk was captured due to the service impact.</p> <p>Steps were taken to try and recruit to the gaps however this proved unsuccessful. Conversations took place with the staff as well as senior decision makers as to options to mitigate the risk to staff from covering the gaps and patients from a service</p>	<p>Via the risk manager and sharing updates at ROG ensure that the mitigations and controls used are shared to help others learn from proactive approach.</p>

	availability perspective. Following these conversations, it was agreed to offer additional hours to team members over a fixed term period which resulted in sessions being picked up. In addition, the skill mix of the team was reviewed and a support worker was brought into the team which alleviated some of the pressure for staff.	
Acute AHP	Following ongoing vacancies within Speech and Language, and an inability to provide staffing levels to support flow through hospital, steps were taken to escalate through real time staffing, then to AHP Manager, and then to AHP Lead. The outcome was approval to bring in a locum which was then approved via the Acute General Manager and a locum was secured. This was then fed back to staff verbally via daily huddles.	Ensuring that they continue to escalate timeously to ensure that all appropriate steps are followed through and share learning via HCS Operational Group.
Mental Health AHP	The service was running with a dietician vacancy; this was impacting on patient experience and therefore was escalated using an SBAR to the General Manager and finance colleagues for approval including engagement with Director of AHP which was about ensuring that appropriate professional support would be available.	Share evidence of good practise within AHP leads.

Areas of escalation, challenges, or risks

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

<p><i>etc. that the area of escalation, challenge or risk relates to.</i></p>	<p><i>For example, there may be difficulty with ensuring relevant individuals involved in reporting, mitigating, escalating, or giving clinical advice on a risk are notified of decisions made and the reasons for them.</i></p>	<p><i>For example, if there is difficulty in notifying relevant individuals about decisions made and the reasons for them, what measures have been put in place to ensure this happens, such as providing training, increasing awareness and auditing to identify root causes?</i></p>
<p>Mental Health AHP and Pharmacy</p>	<p>Difficulties experienced in recruiting to posts (SALT / Pharmacist), especially in rural areas and for maternity leave cover which are short term contracts, resulted in service reductions / inability to fill all sessions. This has impacted on staff morale trying to cover vacant posts as well as their own and the need to prioritise high-risk patients as well as lead to longer waiting times.</p> <p>All steps were taken to escalate the risk but there remained limited options to further mitigate it without it impacting on staff wellbeing and patient access to services for example new referrals had to be stopped, service opening times were restricted.</p>	<p>Seek hard to fill recruitment solutions and explore ways to reduce service provision and prioritisation approaches.</p>
<p>Acute AHP</p>	<p>Had another SALT gap, team followed risk escalation and were given approval for a locum. Recognition that likelihood that may not be able to secure the locum due to low availability. Due to the impact on service the service introduced prioritisation mode and services paused. This was captured on the risk register following the appropriate routes of escalation so that Programme board was aware of risk.</p>	<p>Having the risk on the severe and recurring risk register demonstrates the ongoing challenges faced by the service. Working with Workforce sustainability team to identify solutions as well as exploring longer term service provision options.</p>

Mental Health Nursing	Staffing risks are discussed at Directorate Performance and Governance meetings, with escalation to risk oversight groups and programme boards, however there is recognition that it would be helpful to have improved discussion of healthcare staffing risks in mental health governance, aiming for greater transparency and oversight.	
Mental Health Nursing	<p>There have been examples of when staffing at Midpark (Acute Mental Health hospital) has reached crises levels. This has resulted in a Problem Assessment Group about staffing levels and this has been resolved by all professional leads working together to assess and identify where staff can be pulled from to support the immediate staffing problem.</p> <p>In addition, the MH Liaison service that covers DGRI has repeatedly had staffing issues however through having plans in place they know that they can continue to provide a level of service by reducing the hours of service 8-6pm/ 7 days to 8-4 5 days a week which whilst this is a last resort, it still ensures service provision.</p>	Sharing examples via ROG and HCS Operational Group of appropriate risk mitigation and involvement of senior clinical decision makers in managing staffing related risks.

COMPLIANCE ASSURANCE LEVEL

Substantial Assurance

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

Duty Summary	<p>Duty to have arrangements to address severe and recurrent risks.</p> <p>(1) It is the duty of every Health Board and the Agency to put and keep in place arrangements to—</p> <p>(a) collate information relating to every risk escalated to such level as the Health Board or the Agency (as the case may be) consider appropriate in accordance with the arrangements put in place under section 12ID (2), and</p> <p>(b) identify and address those risks which are considered to be either or both—</p> <p>(i) severe,</p> <p>(ii) liable to materialise frequently.</p> <p>(2) The arrangements under subsection (1) must, in particular, include a procedure for—</p> <p>(a) the recording of a risk as described in subsection (1)(b),</p> <p>(b) the reporting of any such risk, as necessary, to a more senior decision-maker, including in appropriate cases to the members of the Health Board or the Agency (as the case may be),</p> <p>(c) the mitigation of the risk, so far as possible, and a requirement for appropriate clinical advice to be sought and had regard to in carrying out such mitigation, and</p> <p>(d) the identification of actions to prevent the future materialisation of the risk, so far as possible.</p>
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Please provide information on the steps taken to comply with Duty 12IE.

Please provide information to demonstrate compliance.

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

The following is examples of how the Board is utilising systems and processes in the management, escalation and reporting of all severe and recurring risks:

- **Risk Register Management:** Staffing risks are recorded on directorate risk registers, regularly reviewed, and escalated to risk oversight groups or the executive team as needed. Nurse scrutiny meetings and monthly reports help identify persistent risks, with escalation decisions made collaboratively into Risk Oversight Group (ROG) and Risk Executive Group (REG) as needed. The Risk Manager has also

introduced a specific classification on InPhase that has been introduced recently to allow easier reporting of all severe and recurring risks in one report.

- **Training and Resources:** Training is provided to staff across the Organisation on the use of Allocate and Safecare via a variety of routes – Allocate team, HIS website, Turas modules and self-learning tools developed by the Allocate team and available nationally. In addition, the Risk Manager provides training on the new InPhase system and attends HCS Operational Group and Programme Board and shares learning as appropriate. New staff are made aware of their duties under the legislation and their duty to comply with the legislation.
- **Governance and Oversight:** Risks are discussed at directorate performance and governance meetings, with escalation to ROG, REG and HCS Programme Board.
- **Organisational Learning and Resource Development:** There are ongoing efforts to improve workforce planning and Health and Care Staffing support, including the introduction of a new post to provide organisational support for health and care staffing. There is a focus on ensuring that risk data is used effectively and not just as a compliance exercise.
- **Adverse Event Reporting and Data Utilisation:** The risk manager runs adverse event reports related to staffing to monitor what is being reported, and steps being taken to reduce the risk via mitigations and controls. Further steps are being taken to share that access with the Programme Board so that improved access to data could strengthen risk management.

Examples of directorates approaches:

Acute Directorate – Nursing. The Acute Directorate have nurse staffing in their risk register, it is constantly being reviewed as part of safe care via their Nurse Scrutiny meetings. There are areas that are recording Red Flags on the Safecare System on a regular basis and they are working with the Allocate Manager via the Nurse Scrutiny meeting. The Allocate manager is able to provide reports which demonstrate clearly the staffing challenges / red flags and enables the consistent discussion about what steps need to be taken to manage the risk, the need to review staffing templates and to use information from the Workload tools. This risk has been escalated to ROG and REG and is part of the Severe and Recurring Risk report which comes to the Programme Board.

Risk Manager – Risk manager will review all HCS risks prior to coming to the Programme Board and will work with any directorates that have not completed a review within the timescales or to ensure that all mitigations / controls / risk reduction steps are in place

Families and Support Services Directorate – Review all risks via their Governance and Performance Directorate Group and then escalate as required to ROG and HCS group as required.

Mental Health Directorate – As above, report risks into Quality and Safety Board with reporting papers going to the Quality and Safety Board. They are looking to review how they capture specifically discussions relating to HCS risks and how to further improve that.

Risk Oversight Board: Key Risk Leads for Directorates provide written highlight reports every 6 - 8 months highlighting action on all risks. In addition a verbal report to ROG every 2 months.

Dental Services: The Region faces significant challenges in recruiting to dentists, and this is captured on the Organisations Risk register and has been escalated via REG, HCS Programme Board and has been discussed at Board meetings. One of the mitigations that are currently in place is offering emergency and single-course treatments to unregistered patients. Advice has been escalated up to the Boards Lead Dental Officer and into Scottish Government to the Lead for Scotland therefore ensuring that crucial step of accessing senior clinical advice.

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

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

Compliance is monitored as follows:

- Compliance with this chapter is monitored via quarterly returns by professional leads across the organisation who provide information on how this is done, and this is collated as part of return to HIS. At this stage because overtime detail has provided it is generally updates that the processes continue to be applied.

The following stages are how severe and recurring risks are monitored within the Board:

- Recorded and managed at Operational level.
- Reviewed in line with the Board risk management policy with controls and mitigations recorded and able to be reviewed at more senior level
- Clinical advice is sought and recorded in relation to staffing risks
- Risk manager reviews all risks to ensure that they are being reviewed as per the policy and where this is not happening then follow up conversations take place with directorate leads eg may not have been reviewed within the appropriate time frame for the level of risk.
- Directorates escalate risks into the Board Risk Oversight Group for discussion and information
- Risk Oversight group escalates where relevant into the Board Risk Executive Group which is attended by the Executive Directors of the Board who are seeking assurance that all risks are being managed across the Board in line with the boards Risk Management Policy and have awareness of any particular risks that need their attention / action.
- The Risk manager produces a severe and recurring risk report into the Health and Care staffing Programme Board where assurance is sought that all these risks are being managed in line with the Boards risk management policy and can seek further information on the management of the risk if it deems it is needed. Where it is identified that risks are not being reviewed as required then the Programme Board can request the risk manager to pick this up with Directorate leads and to feedback.

- General Managers for each Operational Directorate have responsibility for all risks within their Directorate and must ensure that appropriate controls / mitigations are captured.
- Responsibility is captured within the Boards Risk Policy which sets out clearly the roles of different individuals across the Organisation so that there is clarity.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
<p><i>This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.</i></p>	<p><i>This should describe the situation: what is the success, achievement, or learning? For example, a recurrent risk was identified in the capacity of one laboratory, leading to a delay in testing samples and communicating sample results. Following investigation, the process for booking in samples was streamlined and an admin coordinator was appointed. This has improved performance, and the lab is now meeting its targets.</i></p>	<p><i>This should describe how the success, achievement or learning could be used in the future. For example, the organisation is now looking at whether the changes implemented in one lab could be applied to other labs, to improve wider performance.</i></p>
<p>Neonatal staffing</p>	<p>Due to significant staffing pressures in the neonatal service, a staffing risk was captured which resulted in it being escalated to REG / BMT. This ensured appropriate awareness at a Board level of the risk to the Board. Steps were put in place to provide staff with additional training which did take a period of time due to the qualifications needed, however has resulted in the risk being de-escalated back to a Directorate risk</p>	<p>Recognition of the need to further escalate severe and recurring risk when there is a significant staffing challenge / service provision risk.</p>
<p>Community AHP</p>	<p>Within our Homes Team Services there was a significant reduction in physiotherapy cover over two of the teams. This was escalated to the General manager with solutions proposed to move a</p>	<p>In identifying the risk, addressing what mitigations needed to be put in place, getting clinical engagement from senior AHP lead in Acute and Community, all teams were able to work together</p>

	<p>rotational member of staff from the Acute team into Community. In addition the team secured a locum and then considering the skills mix of the locum and the rest of the team, moved the locum into the MSK service and a staff member from the MSK team moved into the Home Teams.</p>	<p>supporting team morale whilst ensuring service provision for patients.</p>
<p>Drug and Alcohol Service</p>	<p>Due to staffing issues at a local drug and alcohol hub it was recognised that it was not possible to sustain the clinic from that location.</p> <p>The risk was captured and was managed via the presentation of a SBAR to senior colleagues that set out what the risks were in relation to maintaining service provision from that location and proposed that the hub needed to close. It set out that due to high sickness and various other approaches that had been taken that had not been successful, that there was the need to close the hub and deliver the services from another location locally. Ensuring that the risk was managed enabled the information to be presented setting out the impact if the risk was not managed.</p>	<p>Ensure that learning of this approach and documentation is shared with colleagues via ROG / REG and Programme Board.</p>

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
<p><i>This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.</i></p>	<p><i>This should describe the situation: what is the challenge or risk identified?</i></p> <p><i>For example, collation of information in a particular NHS function has identified a risk that materialises frequently, however identification of actions to</i></p>	<p><i>This should describe what actions have been / are being / will be taken to address the situation.</i></p> <p><i>For example, if identification of initial actions to prevent a recurring risk has not improved the situation, further steps may include establishing a</i></p>

	<i>prevent future materialisation has not improved the situation.</i>	<i>working group to investigate and make recommendations, observing practice in the area, interviewing staff, addressing the staff skills mix, allocating additional assistance, redesigning the service etc.</i>
Acute nursing	As outlined above Acute Nursing is captured on the risk register due to the constant staffing challenges. The risk does outline the various approaches that have been taken to date to mitigate the risk, what control measures are being used. This includes looking at staffing templates, the outputs from Workload tools, Safecare Report and using directorate nurse scrutiny meetings. .	Despite all of these measures this continues to be a challenge to the Directorate. Work is underway to explore the need to review staffing establishments given ongoing increased occupancy levels over a sustained period. The Deputy Nurse and the Nurse Director are both sighted on this issue and are provided professional input into this piece of work with the Nurse Director raising this at REG and Board Management Team
Eating Disorders Service	The specialist eating disorder service is a service that there are repeated challenges in being able to provide sustained services. Again the risk is captured on the Directorate Risk register and the Lead Nurse for the Directorate is involved in managing the risk recognising that this is a patient group who are at high risk of death.	Whilst this is normally a nurse lead service, the approach being developed in NHS D&G is that of a MDT approach. The risk to the patient group is recognised, however we are still delivering the service by ensuring that the patient is seen by the psychiatrist of locality that they live in, this is high risk and it does continue to be reviewed every 3 months, some of the control measures mitigate the risk slightly The risk has been escalated however the challenge remains for the Board.

COMPLIANCE ASSURANCE LEVEL

Substantial Assurance

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

Duty Summary

Duty to Seek Clinical Advice on Staffing.

(1) It is the duty of every Health Board and the Agency to put and keep in place arrangements for—

- (a) seeking and having regard to appropriate clinical advice in making decisions and putting in place arrangements in relation to staffing under sections 12IA to 12IE and 12IH to 12IL,
- (b) recording and explaining decisions which conflict with that advice.

(2) The arrangements under subsection (1) must, in particular, include—

(a) where a Health Board or the Agency (as the case may be) reaches a decision on a matter which conflicts with the clinical advice it has received—

- (i) a procedure for the identification of any risks caused by that decision,
- (ii) a procedure for the mitigation of any such risks, so far as possible,
- (iii) a procedure for the notification of any such decision, and the reasons for it, to any individual who gave clinical advice on the matter,
- (iv) a procedure for any such individual to record any disagreement with the decision made on the matter,

(b) a procedure for individuals with lead clinical professional responsibility for a particular type of health care to report to the members of the Health Board or the Agency (as the case may be), on at least a quarterly basis, about the extent to which that individual considers that it is complying with the duties imposed by—

- (i) this section, and
- (ii) sections 12IA to 12IE and 12IH to 12IL,

(c) a procedure for such individuals to—

- (i) enable and encourage other employees to give views on the operation of this section, and
- (ii) record such views in reports made in accordance with the arrangements put in place under paragraph (b),
- (d) raising awareness among individuals with lead clinical professional responsibility for particular types of health care in how to implement the arrangements put in place under paragraphs (a) to (c), and
- (e) ensuring that such individuals receive adequate time and resources to implement those arrangements.

(3) Every Health Board and the Agency must have regard to the reports received in accordance with the arrangements put in place under subsection (2)(b).

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

Please provide information to demonstrate compliance.

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

The following is examples provided by professional leads across the organisation of what methods they use to capture seeking clinical advice on staffing. Some of the information detailed above in previous chapters also provides evidence of steps to support evidence of compliance with this chapter.

All areas have escalation protocols in place to indicate how clinical advice can be obtained during both in and out of hours periods and staff across all professions have access to this. Examples of how this works in practise are captured below.

- Acute Nursing – Risks are captured on Safecare, they are reviewed by the clinical lead (Clinical Nurse Manager / Capacity Manager) and responses are captured and staff receive the feedback on the risk that they have captured. In this process there is a requirement to capture who it is that is providing the clinical advice, in Acute this tends to be the Capacity Manager as they are the Hospital Lead. If they cannot mitigate the risk, then it will be escalated to the Nurse Manager or the Lead Nurse.
- Community Nursing - Where SafeCare is not in use teams then they use the Turas module and this enables escalation for clinical advice and then feedback to staff, this approach is also used in Out of Hours Service. Staffing issues are escalated in the same way to Clinical Nurse Leaders, then Nurse Manager, then to Lead Nurse.
- Community based childrens health services generally run services which are 9-5, Monday to Friday and the service can confirm that Clinical Advice is always available and staff have processes to escalate to seek that when required.
- Family and support services run a is 24/7 maternity, childrens ward and neonatal unit and clinical advice OOH (but applies also in hours) with SCM B7 on 24/7 and consultant 24/7.
- Across all services, if the staff member disagrees with the clinical advice being provided, then it is captured on InPhase and that will then go to the Professional Lead for the Directorate to review. For example, staff have escalated that their area is short for the service to be provided, however the clinical advise provided is that the service can operate with the staffing levels in place. If staff remain unhappy with the response, then they are able to log this on Inphase, and it will be reviewed by a more senior colleague.

- It is vital that conversations take place when the advice is being sought to ensure that there is a full understanding of the issue at hand and to ensure that accurate recording can be captured.
- Professional leads i.e. Director of AHPs, Deputy Nurse Director etc all are members of the HCS Programme Board and have responsibility for communicating with their professional leads about the requirements of the legislation and this is routinely covered via regular communications and monthly meetings. They are also responsible for ensuring that their teams are trained and kept informed about the legislation and aware of their abilities under the legislation to escalate concerns / risks and receive feedback. This also takes place via the annual workload tools whereby we ensure that all staff are fully engaged in the fortnightly process and then receive feedback from team leads about what the outputs of the tools are.

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

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

- All professional leads complete a quarterly report providing evidence on their compliance with each of the chapters and providing a RAG status on where they are to achieving compliance. At this time this is not something that has been reported as there being issues around difference in opinion with the clinical advice sought and received.
- A report is then produced by the Executive Lead capturing the compliance and that is shared with the HCS Operational Group and Programme Board and then finally Staff Governance Committee, although reporting going forward will only see the annual report going to Staff Governance Committee.
- Organisation is in process of rolling out Safecare, it is expected that this will be in place across all services by within approximately 18 months. Whilst at this time different services are utilising different approaches to capturing clinical advice sought, this will then be much easier reporting for the whole system and the ability to look at information across the Organisation.
- Training within Turas and on the HCS website all provide supportive tools to be able to support individuals on implementing the HCS.
- Deputy Nurse Director completes Quality of Care walkrounds in clinical areas. Part of the walkround is discussion with staff their clarity on escalation processes at time when clinical advice is required.
- Care Assurance: Excellence in Care processes captures frontline professional judgement, leadership capacity and staff experience which provides Board assurance that staffing decisions are informed by clinical advice and support staff wellbeing. Reporting is then through the Quality and Care Board.

- Evidence in relation to time and resources is captured in the following chapter.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
<i>This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.</i>	<i>This should describe the situation: what is the success, achievement, or learning? For example, the views of employees included in the reports prepared by individuals with lead clinical professional responsibility for a particular type of healthcare identified a potential improvement in working practices in one area.</i>	<i>This should describe how the success, achievement or learning could be used in the future. For example, the potential improvement is being trialled in the one area and if successful will be rolled out across other areas in the organisation.</i>
Nursing	At a time of significant winter pressures staff continued to complete Safecare, this allowed, at a time of extreme pressure to have accurate reporting providing Capacity Managers with robust accurate information in relation staffing, risk capture and clinical decision making.	Promoting with other teams as they start to use Safecare the benefit of even at times of significant service pressures, that the information produced supports safe management of the service.

Areas of escalation, challenges, or risks

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

	<i>views of other professional groups for which they are responsible, such as pharmacy employees, are not well established. Hence, the views of these employees are not being sought or incorporated into the reports.</i>	
Community Nursing	Within community teams there are less clinical people readily accessible therefore there can be more pressure to make decisions without escalating for clinical advice. Recent situation whilst advice was sought, it was not from the Lead Nurse and a different decision was taken.	Ensuring escalation protocols provide clarity on when and who to escalate to at times of need of advice

COMPLIANCE ASSURANCE LEVEL

Substantial Assurance

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

Duty Summary	In complying with the duty imposed by section 12IA, every Health Board and the Agency must ensure that all individuals with lead clinical professional responsibility for a team of staff receive sufficient time and resources to discharge that responsibility and their other professional duties, including, in particular, time— (a) to supervise the meeting of the clinical needs of the patients in their care, (b) to manage, and support the development of, the staff for whom they are responsible, and (c) to lead the delivery of safe, high-quality, and person-centred health care.
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Please provide information on the steps taken to comply with Duty 12IH.

Please provide information to demonstrate compliance.

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

Below is some of the examples collated to demonstrate compliance

- Public Health Nursing – CAHMS – Clinical Team Leads are only doing this role and do not have a clinical case load therefore there is no risk of being pulled into patient facing work, other community based clinical teams within Families and Support Services have Directorate have job planning to highlight the percentage of time that they would have for clinical duties and what time they have for professional duties.
- Acute Directorate - Senior charge Nurses have received additional funding to provide them with 22.5hrs supervisory time. Whilst this is an improvement, there can continue to be challenges in having to cover gaps in their clinical areas. Steps are being taken to capture when this happens to enable evidence to be collated on the extent to which this is or is not a problem. to record that. We are also seeking to use the workload tools to understand this more clearly , triangulating this with KPI achievements, appraisal completion, general duties like absence management, clinical supervision, care assurance, MEG, staff adhering to standards, we will use the data to have conversations about capacity
- Community Hospitals, it is easier to facilitate this time for SCNs as there is less system pressures however workload tools do evidence that there remains times when their time is diverted.

- Psychology – individual job plans are in place and as the seniority of the role increases consideration is given to the amount of time that needs to be allocated to ensure that sufficient time is available as more time to clinical leadership is needed, detail is set out in the supervision policy re requirements.
- AHPs – AHP colleagues have built time into their job plans to ensure that there is sufficient time given over to delivery of professional duties. Since this has been put in place staff have identified an improvement in delivering this part of their role.

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

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

- Compliance is monitored via quarterly returns from professional leads who RAG status their compliance on this chapter.
- The Allocate team are also reviewing data that shows when SCNs and others have been allocated non clinical time but have had to undertake clinical duties.
- Information gathered by these processes is also encouraged to be captured and can be evidenced via application of the CSM and reporting of local context in those areas using staffing tools. RTS and Safecare also evidence time given to lead.
- Time to lead reviewed internally, and escalation processes in place via Directorate governance groups to review compliance with this duty. Clinical leaders bring concerns to 1:1s for escalation.
- Time to lead can be allocated within job plans for applicable professions eg AHP's, Medics and Pharmacy.
- Clinical Leads / team leads also utilise supervision to escalate repeated issues with not being able to secure time to lead.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
<p><i>This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.</i></p>	<p><i>This should describe the situation: what is the success, achievement, or learning? For example, senior physiotherapists and team leaders convened a working group to determine what sufficient time and resources would look like for individuals with lead clinical professional responsibility for a team of staff. The outcome of the project was a determination of time and resources for different team leaders, and feedback so far has been positive.</i></p>	<p><i>This should describe how the success, achievement or learning could be used in the future. For example, the positive outcome experienced as a result of the working group has led to this model being extended to other AHP areas and trialled to see applicability.</i></p>
<p>Midwifery</p>	<p>SCNs require to provide 24/7 cover. They are not supposed to carry a caseload as the staffing template should allow them not to be providing significant levels of clinical care however often, due to staffing challenges because of high levels of maternity leave at this time, means that if there is staffing issues or if patient acuity doesn't match then they need to take on clinical duties.</p>	<p>To support development of staff and allocation of time and resources there is annual days for all midwives and SCNs who are generic trainers are given time to support those days.</p>

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
<p><i>This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.</i></p>	<p><i>This should describe the situation: what is the challenge or risk identified? For example, the process in place to identify the roles, and therefore individuals, with lead clinical professional responsibility for a team of staff does</i></p>	<p><i>This should describe what actions have been / are being / will be taken to address the situation. For example, if the process in place to identify the roles, and therefore individuals, does not consistently identify who those individuals are,</i></p>

	<i>not consistently identify who these individuals are, and therefore sufficient time and resources for these individuals to discharge their responsibilities has not been considered.</i>	<i>what measures have been taken to address this? This could involve working with all staff groups, clinical areas, and teams to identify job titles / roles, utilising HR processes, and information and or utilising eRostering to identify team leaders etc .</i>
General issue	Capturing individuals accessing their time to lead is challenging especially where for example it is a SCN and they are working in their office on a Ward, it is too easy for staff to call on them to help with clinical issues on the Ward. Whilst it may be short periods of time, it is not yet possible to accurately capture what time is actually being accessed / what is not.	The Allocate team can produce a level of reporting but this needs to be further developed

COMPLIANCE ASSURANCE LEVEL

Reasonable Assurance

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

Duty Summary	In complying with the duty imposed by section 12IA, every Health Board and the Agency must ensure that its employees receive— (a) such training as it considers appropriate and relevant for the purposes set out in section 12IA(1)(a) and (b), and (b) such time and resources as it considers adequate to undertake such training.
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Please provide information on the steps taken to comply with Duty 12II.

Please provide information to demonstrate compliance.

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

Below is examples of steps taken to comply with training of staff:

- Training is promoted and supported across teams within the organisation. Mandatory training is prioritised where possible and is defined for each staff group. Processes to ensure compliance are in place and managed by service leads and their managers. and is captured via systems such as TURAS/learnpro.
- Mandatory training is monitored for compliance by the organisation via Staff Governance Committee.
- Work has been undertaken to identify all mandatory for role training required which will encompass requirement to comply with the legislation – this work will be finalised during 2026/27.
- Clinical education team are well established in organisation and provide practice development /educational support across many of the professional groups.
- As part of CSM all staff will receive training to ensure that they understand how to engage and complete information as part of the workload tool runs.
- Professional leads are responsible for ensuring competency frameworks are in place and applied where appropriate.
- Care Assurance asks if areas are trained in H&CS ie what is your understanding, know templates, clinical supervision, how to escalate concerns.

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

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

- Training is promoted and supported across teams within the organisation. Core Mandatory training is prioritised across the Organisation and Mandatory for role training is currently being reviewed for all staff groups following a piece of work to define it for each staff group, this form part of the Protected Learning Time.
- Processes to ensure compliance are in place and managed by service leads and their managers. and is captured via systems such as TURAS/learnpro. Compliance figures are then captured and reported through Area Partnership Forum and Staff Governance Committee.
- Managers receive monthly emails with a Scorecard for their area which outlines their Directorates compliance levels and this can be investigated to individual staff member level.
- Clinical education team are well established in organisation and provide practice development /educational support across many of the professional groups.
- Supervision – staff across some areas can access 121 Clinical Supervision where training compliance is reviewed.

Areas of success, achievement, or learning

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

n/a		
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Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
<p><i>This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.</i></p>	<p><i>This should describe the situation: what is the challenge or risk identified? For example, clearly defined processes and procedures exist for some groups of staff, e.g. nursing and midwifery, but do not exist for other groups of staff, e.g. healthcare scientists.</i></p>	<p><i>This should describe what actions have been / are being / will be taken to address the situation. For example, if procedures and processes are not in place for healthcare scientists, please list the measures which need to be put in place to address this, such as working with HR and healthcare scientist representatives to define an appropriate training programme, assess training needs of employees and plan for required training to be undertaken.</i></p>
<p>CAMHS / Paediatrics / Public Health Nursing</p>	<p>There has not been dedicated support available to provide training to staff on CSM and HCS.</p>	<p>Training will be available as part of new Effective Managers Programme which will make it more accessible and will ensure that new managers receive appropriate training. Post currently being recruited to which will have responsibility for Workforce Planning and HCS which will promote a stronger alignment between the two and will provide a subject matter expert within the Board.</p>
<p>All professions</p>	<p>Due to financial position of the Board, staff training is not as accessible.</p>	<p>Ensure that all avenues to provide staff with role specific training are explored so ensure no negative impact.</p>

COMPLIANCE ASSURANCE LEVEL

Reasonable Assurance

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

Duty Summary

(1) In relation to health care of a type mentioned in section 12IK, a Health Board or the Agency (as the case may be) must, no less often than at the frequency specified in regulations by the Scottish Ministers, use the common staffing method set out in subsection (2).

(2) The common staffing method means that a Health Board or the Agency (as the case may be)—

- (a) uses the staffing level tool and the professional judgement tool as prescribed in regulations under subsection (3) and takes into account the results from those tools,
- (b) takes into account, in so far as relevant, any measures for monitoring and improving the quality of health care which are published as standards and outcomes under section 10H (1) by the Scottish Ministers (including any measures developed as part of a national care assurance framework),
- (c) takes into account—
 - (i) its current staffing levels and any vacancies,
 - (ii) the different skills and levels of experience of its employees,
 - (iii) the role and professional duties, in particular, of any individual with lead clinical professional responsibility for the particular type of health care,
 - (iv) the effect that decisions about staffing and the use of resources taken for the particular type of health care may have on the provision of other types of health care including, in particular, those to which this section does not apply,
 - (v) the local context in which it provides health care,
 - (vi) patient needs,
 - (vii) appropriate clinical advice,
 - (viii) any assessment by HIS, and any relevant assessment by any other person, of the quality of health care which it provides,
 - (ix) experience gained from using the real-time assessment arrangements under section 12IC (1) and the risk escalation processes under sections 12ID and 12IE,
 - (x) comments by patients, and by individuals who have a personal interest in their health care (for example family members and carers within the meaning of section 1 of the Carers (Scotland) Act 2016), which relate to the duty imposed by section 12IA, and
 - (xi) comments by its employees which relate to the duty imposed by section 12IA,
- (d) identifies and takes all reasonable steps to mitigate any risks, and
- (e) having followed the steps described in paragraphs (a) to (d), decides what changes (if any) are needed as a result to its staffing establishment, and to the way in which it provides health care.

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

Please provide information to demonstrate compliance.

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

- All areas that have access to Staffing tools and Professional Judgement tools run them annually in line with the legislative requirement ie annually.
- These tools are well embedded across all teams and managers are confident in their use
- Via the regular tool runs, N&M teams are used to them, however it is vital to take steps to ensure that new staff fully understand what is required for a successful tool run and what they are required to do, this should be provided either by Board training or using Turas / HIS modules.
- The tool runs take into consideration all aspects of the legislation outlined above and reporting following completion of the runs also captures all aspects of the legislation outlined.
- Via discussions at Operational Group all areas confirm that they are complying with subsections 2(a) and (b) above are complied with. All areas plan their dates and arrange training of staff in advance of the tool runs to ensure that everyone is able to fully support the process, this includes ensuring that any updates to the process are shared.
- As part of running the workload tools, all services are required to ensure that they capture all the items from (i) to (xi) to ensure that it is a valid tool run, failure to follow any of the steps outlined below will mean that the output is not accurate.
- Outputs from the CSM have informed funded establishment decisions (ED) and will support workforce planning.

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

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

- Reports produced following the workload tool runs to demonstrate the outputs from the tools.
- Via quarterly HCS returns submitted by all professions
- Via discussions and engagement at HCS Operational Group and HCS Programme Board.
- Nursing teams will report the outputs of their workload tools via directorate Performance and Governance groups. These reports will share the output from the tool runs and will identify and escalate any items that require further discussion / action.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
<p><i>This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.</i></p>	<p><i>This should describe the situation: what is the success, achievement, or learning? For example, application of the common staffing method in adult inpatient provision identified some areas where the staffing establishment needed to be changed, and some areas with potential for service redesign. These changes are now in progress and will be trialled to monitor the outcomes.</i></p>	<p><i>This should describe how the success, achievement or learning could be used in the future. For example, following completion of the trials regarding changes in staffing establishment and service redesign, decisions will be taken about their formal adoption. A summary of this exercise could then be used as case studies to inform training for staff about the use of the common staffing method.</i></p>
<p>Emergency Department Staffing</p>	<p>By triangulating data including that of outputs from the Workload tool runs, management was able to submit a case for additional staffing within the ED. Using the MDT tool supported the increase as the more rounded tool more accurately reflected the working of the department.</p>	<p>Ensure that Workload tools are utilised to evidence / triangulation of data when developing business cases for changes to staffing levels.</p>
<p>Maternity and Mental Health Tool development</p>	<p>Colleagues in both teams agreed to be pilots in developing the revised Maternity and MH workload. A positive example of supporting national development and taking the time to influence nationally developed tools.</p>	<p>Continue to engage and be part of national tool development to support the shape of tools going forward to ensure that they are accurately reflecting reality of service provision and what is involved in capturing data whilst delivering front line services for our patients.</p>

Areas of escalation, challenges, or risks

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

<i>etc. that the area of escalation, challenge or risk relates to.</i>	<i>For example, the common staffing method was followed at the required frequency in all areas except emergency care provision with an explanation of why this was not completed, e.g. lack of knowledge / training of personnel.</i>	<i>For example, if the common staffing method was not followed in emergency care provision and this was due to lack of knowledge / training, what measures were put in place to address this, e.g. identifying key personnel, provision of training, assistance from experienced personnel in other areas etc.</i>
Health Visiting / School Nursing / Clinical Nurse Specialists	When running workload tools across all areas, issues that repeatedly raised is the inaccessibility around SSTS / Boxi with SCN's having to spend time every time a tool run is completed requesting new passwords (as access expires) and little support is provided nationally to make this an easier process. Other issues include there are staff that have shared SSTS locations, this makes it difficult to capture the data and it is difficult to access reports and triangulate with the different systems. In addition, teams have experienced failed tool runs due to the SSTS challenges.	SSTS is being replaced soon so should resolve the issue if a new platform is provided and the same password issues do not continue.
Variety of areas	There remains a high number of areas who do not have access to workload tools that can be utilised to help understand workload / staffing needs.	National requirement to deliver the tools, however, ensure that we engage and support development.
Acute Nursing	There are workload tools that are good for inpatient areas, however there are not tools that are effective for CNS or ANPs as there is nothing to record their information and as a result invariably need to stay back time to fill in data	The acute directorate have explored an app that would enable the CNS / ANPs to capture data in real time however this is still being reviewed.

COMPLIANCE ASSURANCE LEVEL

Substantial Assurance

Duty 12IL: Training and consultation of staff

Duty Summary	<p>In complying with the duty imposed by section 12IJ, every Health Board and the Agency must—</p> <ul style="list-style-type: none">(a) encourage and support its employees to give views on its staffing arrangements for the types of health care described in section 12IK,(b) take into account and use any such views it receives to identify best practice, and areas for improvement, in relation to such staffing arrangements,(c) train employees (including, in particular, employees of a type mentioned in the third column of the table in section 12IK (1)) using the common staffing method on how to use it(d) ensure that those employees receive adequate time to use the common staffing method, and(e) provide information to employees engaged in the types of health care described in section 12IK about its use of the common staffing method, including about—<ul style="list-style-type: none">(i) the results from using the staffing level tool and the professional judgement tool under paragraph (a) of section 12IJ (2),(ii) the steps taken under paragraphs (b), (c) and (d)] of that subsection, and(iii) the results of its decision under paragraph (e) of that subsection.
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Please provide information on the steps taken to comply with Duty 12IL.

Please provide information to demonstrate compliance.

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

All staff involved in the Common Staffing Method are offered training in the weeks immediately prior to tool runs to ensure that current staff can receive a refresher should they need it and new staff can learn about what is involved and what is required of them. Staff access and complete the relevant level of training within the framework of the learning resource on TURAS and via training from experts within their teams. This supports staff to gain the knowledge and skills required to successfully support the tool runs. The HCS platform are also used to access information. Going forward as part of Effective Managers Programme, modules of training will form part of the training programmes.

In undertaking the training provided staff are made aware of the requirement for the CSM to consider their views and thoughts on areas of best practise, areas for improvement linked to staffing arrangements. And again as part of the training and then the resulting process they are provided with feedback on the outcome of the tool run and what it means for their teams, it is recognised as a core part of the CSM to ensure that staff feedback is collated before, during and after the tool runs to ensure that the tool run is accurate and informed. Following the tool runs then feedback is provided via a variety of ways from 121. Team huddles and handovers.

Once the tool run is complete then reports a BOXI reports are extracted from SSTS and the outputs are used within the CSM reporting template which prompts team leads to look at current and future staffing requirements.

At this stage reports are reviewed within Directorates and information used to influence any changes to staffing templates, however going forward teams will be asked to escalate any areas of noncompliance so that this can be monitored and escalated further as needed.

Within the Acute Directorate they produced a video for training staff showing them how to engage in the tool run, how to complete the paperwork and how to raise / receive feedback.

Please provide Information on your methods of monitoring compliance with Duty 12IL

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

- Via the Health Care Staffing Operational Group all areas are required to confirm that tool runs are planned in for the year and then that they have been completed, plans are in place to capture this is one place for assurance purposes.
- All Lead Nurses have responsibility for monitoring compliance that all tool runs have been progressed for their areas ie Acute, Community Health and Social Care, Mental Health, Family and Support Services and Maternity. These Lead Nurses all have this accountability and need to provide assurance via reporting via Directorate Governance groups.

Areas of success, achievement, or learning

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

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
<p><i>This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.</i></p>	<p><i>This should describe the situation: what is the challenge or risk identified?</i> <i>For example, issues were identified with a lack of training on the CSM for personnel in emergency care provision due to time constraints.</i></p>	<p><i>This should describe what actions have been / are being / will be taken to address the situation.</i> <i>For example, arranging and delivering training; the provision of mentoring from experienced personnel; or the adoption of job planning which ensures adequate time is available for designated personnel to undertake training on the common staffing method.</i></p>
<p>Acute and Community School Nurse Tools:</p>	<p>There is a lack of workload tools available to address the different specialities across nursing eg current tool for acute nursing does not take into account the impact of single rooms.</p>	<p>Continue to support the development of tools nationally and offer to be pilot areas.</p>

COMPLIANCE ASSURANCE LEVEL

Substantial Assurance

Planning and Securing Services

Duty Summary	Guiding principles etc. in health care staffing and planning (1) In carrying out the duty relating to staffing imposed by section 12IA of the National Health Service (Scotland) Act 1978, every Health Board and the Common Services Agency for the Scottish Health Service must have regard to the guiding principles for health and care staffing. (2) In planning or securing the provision of health care from another person under a contract, agreement or arrangements made under or by virtue of the National Health Service (Scotland) Act 1978, every Health Board and the Common Services Agency for the Scottish Health Service must have regard to— (a) the guiding principles for health and care staffing, and (b) the need for the person from whom the provision of health care is to be secured to have appropriate staffing arrangements in place.
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Please provide information on the steps taken to comply with section 2(2) of this Duty.

Please provide information to demonstrate compliance.

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

- As part of Commissioning teams role, they ensure that all contracts clearly articulate the requirement for staffing implications are clearly considered at the point of planning or securing services
- Systems and processes utilised in the planning or securing the provision of health care from another person will be managed in line with national frameworks

Please provide information on your methods of monitoring compliance when planning and securing services

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

- All registered care services commissioned by the HSCP are compliant with legislation as this is commissioned via national frameworks.
- As contracts for non-registered third sector are renewed through formal procurement processes these will also become compliant.
- The current procurement plan states that all contracts will be compliant by end of December 2026.

- Contract monitoring enables compliance to be monitored whereby services are asked to confirm that appropriate staffing levels are utilised to deliver required services

Areas of success, achievement, or learning

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

Areas of escalation, challenges, or risks

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

COMPLIANCE ASSURANCE LEVEL

Reasonable Assurance

