HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 – NHSGGC 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:	*NHS Greater Glasgow and Clyde*
Report authorised by:	*Angela Wallace*
	Executive Nurse Director
	22/4/26
Location where report is published:	*HCSSA Annual Reporting - Health*

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.

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.* There is currently a HCSSA Transition Oversight Board, who provides oversight and where appropriate, directs NHSGGC's approach and monitoring agreed activities required to comply with the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA). This includes the provision of assurance that the statutory guidance, and any associated processes and procedures, are in place to enable health & care services to meet the requirements of the Act, including the provision of appropriate reporting to Scottish Government (SG) and ministers. During June2023 to March 2025, NHSGGC ran a HCSSA Programme which involved testing the effectiveness of the emerging SG guidance on implementing the Act, and delivery of an Implementation Action Plan across the Board and its Delivery Partners. In March 2025, the Corporate Management Team approved a transitional plan, to be delivered under the oversight of the HCSSA TOB. The delivery activities are supported by programmes, workstreams and subgroups who will take a leading role in championing and delivering all what is required to move to substantial compliance with the HCSSA. This is whole system across HSCP, Corporate and Acute operational delivery structures. 25-26 Transition Plan Objectives: • Contribute to the review of the SG Annual Reporting Template to simplify and make more accessible - Completed • Support HSCP/IJB/LA colleagues to deliver Care reporting to SG/CI with a consistent and standardised approach - Completed • Test, embed and review the recommended quarterly Internal Assurance Reporting process post programme, as a business-as-usual model and methodology, confirming resource and organisational responsibility. This includes due diligence on local compliance - Completed • Continue to assess corporately the overall compliance and assessment, reporting progress, challenges or issues via due diligence on assurance reporting for Annual Reporting to Ministers. - Ongoing • Support the Acute Services and HSCP senior management teams in assuring all required local processes to comply with the Act are developed and documented following Organisational Level SOP checklists. - Ongoing • Review the RTS & Risk Escalation Process, along with Severe and Recurrent Risks to ensure deployed and operationalised (part of the Assurance Reporting process). Ensure evidence of local compliance and process to ensure any gaps are being addressed, in conjunction with a Real Time Staffing resource (SafeCare) deployment. - Ongoing

- Oversee the progress of the planning of implementation and deployment of SafeCare as a Real-Time Staffing Tool and its subsequent reporting, updating Organisational Level SOP as required. - Ongoing
- Support national development and testing of Staffing Level Tools (SLT) in SafeCare as these move away from SSTS, that will be introduced in legislation 25-26. Reviewing training as required and SLT deployment plan. - Ongoing
- Contribute to the governance of and have oversight of the Workforce Business Systems (RLD) Programme (Optima eRostering, SafeCare, BankStaff, Loop, AllocateRota). - Ongoing
- Monitor emerging outcome(s) of the AFC Protected Learning Group, supporting any required changes to HCSSA SOPs, Internal Assurance and Annual reporting, or possible required system enhancements (aligned to WBS Programme). - Ongoing
- Monitor, review and update as required, processes related to Planning and Securing of Services, especially related to updated guidance due for Independent Contractors. - Ongoing

In our quarterly assessments we can see the progress of workforce plans regarding how outputs from the Common Staffing Methods (CSM) are contributing to planning and where any areas of concern in relation to staffing levels and related patient safety are used to evidence requirement, and change in current staffing levels or the way services are delivered. Most of the divisional / HSCP structures were refreshing there 3-year plans during 2025-26, many are being finalised through appropriate governance. All areas have a Workforce Action Plan which is regularly reviewed and updated on progress. In 2025-26, additional funding for appropriate resources was provided to Acute Emergency Departments, and for Maternity services with some of the additional resources are already in place, supporting a safe and quality service.

Across NHSGGC, substantial workforce expansion and leadership strengthening have been delivered to support emergency and unscheduled care. Medical staffing increased by 10 WTE, including new ED Consultants and Clinical Fellows, alongside enhanced medical leadership appointments. Nursing capacity grew by 26.55 WTE, with significant recruitment in all sectors and progress on real-time staffing SOPs and safer staffing reviews. Additional investment includes 8 WTE portering staff and expanded clinical educator and ANP roles. Sector-specific progress includes new consultant posts, ongoing nursing recruitment, extended Trauma Assessment Units operating hours, and improved portering support, collectively demonstrating sustained commitment to stabilising workforce resilience and improving patient flow across North, Clyde, and South sectors.

NHSGGC Maternity Services have delivered major workforce strengthening over the past three years, with a substantial midwifery staffing uplift of 36.5 WTE approved in 2025, targeted at triage (19 WTE), labour wards (15 WTE), and NIPE implementation (2.5 WTE), alongside expansion of Clinical Skills Midwives to 1.0 WTE per unit and key new specialist leadership posts. Recruitment has been successful in stabilising high-risk areas, with all 19 BSOTS triage midwives in post and labour ward recruitment underway, improving flow, safety, and staff wellbeing. This uplift, combined with Safe to Start real-time staffing, the Common Staffing Method, and ongoing service redesign, has strengthened resilience, reduced sickness absence, enhanced governance, while supporting safe, equitable care across a growing and increasingly complex maternity population.

The NHSGGC Workforce Plan 2025-28 was approved in May 2025 and details the approach to meeting the challenges of supply, training, development and service and is complemented by the NHSGGC Workforce Strategy 2025-30. The plan is aligned to the National Workforce Strategy. A Scottish Government return to nine workforce related questions was submitted in March 2025, which outlines much of the activity within the NHSGGC Workforce Plan 2025-28. An accompanying Action Plan was developed to monitor progress against the NHSGGC Workforce Plan 2025-28. This is progressed across all local areas and is monitored quarterly by the NHSGGC Workforce Planning Steering Group.

Workforce Strategy 2025-2030 - NHSGGC

Since the launch of the Workforce Strategy 2025-2030, NHSGGC has delivered meaningful progress across all four strategic pillars, strengthening the organisation's capacity to plan, develop and support a sustainable, skilled, and engaged workforce. Over the course of 2025/26, programmes of work have moved from initial design into active implementation, with early outcomes demonstrating improved consistency, stronger governance, and clearer workforce development pathways.

Under the Safety, Health and Wellbeing pillar, the organisation has embedded a more preventative approach to staff health, with Occupational Health and Spiritual Care enhancing significant-incident response pathways and bereavement support. The introduction of digital health checks - supported by the Staff Health Strategy Group - represents a major step forward in modernising preventative wellbeing support and using health insights to shape future priorities. The Safety, Health and Wellbeing (SHaW) performance framework has also been implemented systematically, with task calendar reporting embedded in governance structures to strengthen assurance and accountability.

Within Culture and Leadership, the organisation has strengthened inclusive leadership capability through targeted development, updated Once for Scotland policies, and active work to achieve Equally Safe at Work accreditation - expected early 2026. Equality, diversity and inclusion have been further supported by the ongoing delivery of the Anti-Racism Plan, including staff and trade union engagement workshops shaping the 2026–2029 action plan. Leadership accountability for recognition and appreciation has also been embedded within PDP&R conversations, reinforcing a culture where staff feel valued and supported.

Across Learning and Careers, NHSGGC has implemented flexible, future-ready learning models informed by staff feedback gathered through Collaborative Conversations. This has included the integration of the national Once for Scotland PDP&R Policy, strengthening clarity on expectations and supporting a consistent learning experience across staff groups. Work continues to modernise curricula, build digital literacy, and expand engagement with education partners to ensure alignment between learning provision, workforce planning priorities, and emerging service needs. Collaborative Conversations have also been embedded as an ongoing mechanism for staff insight and continuous improvement.

In Recruitment and Retention, widening access priorities have progressed through improved engagement mechanisms with young people, including development of a Youth Forum and expansion of the Apprenticeship Network. Programmes supporting recruitment into priority areas continue to evolve, supported by improved workforce intelligence and more consistent approaches to planning and monitoring workforce change. Work is also underway to embed equitable recruitment practices across the system, supported by equality impact assessments and targeted leadership development.

Overall, the first full year of delivery demonstrates a maturing and increasingly integrated approach to workforce planning, development, governance and experience. These foundations - spanning wellbeing, learning, leadership, equality and access - are already influencing how NHSGGC designs its workforce for the future and are directly supporting compliance with the Health and Care Staffing (Scotland) Act by strengthening capability, improving data-driven planning, and ensuring staff are equipped, supported and involved in shaping the services they deliver. These developments collectively strengthen NHSGGC's capability to meet the duties set out in the Health and Care Staffing (Scotland) Act by enhancing assurance, improving data-driven decision-making, and supporting sustained safe and effective staffing.

NHSGGC recognise that the workforce is a major driver in ensuring sustainability of services. All workforce related activity will be delivered in line with the NHSGGC Financial Plan and Sustainability and Value Programme, this will include exploring opportunities for sustainable workforce change linked to the Moving Forward Together clinical and infrastructure plans (now part of Transforming Together and NHSGGC

Way Forward). The Health and Care Staffing Scotland Act 2019 is also considered in Workforce strategy and planning for the appropriate professions.

In addition to the above, we have included reference to related activities and deliverables in our 2024 – 2027 Delivery Plan and will be constantly considering and reviewing progress.

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.

Much of the Act supports objectives or activities already embedded in business as usual within the Board and recognise that many of the duties identified in the Act are related to our own 4 Corporate Aims and Values of : -
Better Health – Improving the health & well-being of the population. Values of Care and Compassion.
Better Care – improving individual experience of care. Values of Dignity & Respect.
Better Value – reducing the cost of delivering healthcare. Values of Openness, Honesty and Responsibility
Better Workplace – creating a great place to work. Values of Quality and Teamwork.

Many aspects of the updates below are part of a range of published Strategies, Frameworks and Plans - NHSGGC

Better Care - Improving individual experience of care, the HCSSA Programme is linked in with our Patent Experience Team, and we have some highlights from feedback received over 2025/26 to date and we will monitor this, in line with the Act. Listening to our patients, their families and carers, and hearing about their experience of care is extremely important to NHSGGC. Care Opinion is one of the feedback mechanisms that helps us do this. The feedback we receive provides us with the opportunity to learn from people that use our services on what is working well and identify any areas of improvement. Some highlights are shown below, with staff being the most frequently used tag to describe what was good about our services. The key themes from the word cloud are our staff, with Nurses and Doctors the most mentioned staff groups, with the care and friendly professional treatment the most common themes shared.
961 pieces of feedback received about services between 1st October – 31st December 2025. 77% of all feedback was identified as positive.
831 stories were posted through Care Opinion from 1st October 2025 - 31st December 2025.
2892 pieces of feedback about services received between 1st April 2025 - 31st December 2025. 80% of all feedback was identified as positive.
2534 stories were posted through Care Opinion from 1st April 2025 - 31st December 2025.

This will continue to be an area of focus to bring together more closely patient quality and patient feedback and safety data , alongside staffing information. Through effective clinical governance structures there are established structures in place to review patient quality and safety information, and patient outcomes and feedback data.

NHSGGC report on a selection of the activities and interventions via the NHSGGC Clinical Governance Annual Report, NHSGGC aims to provide high quality care, which is person-centred, effective, and safe. This report outlines some of our key work and activity during the year in helping to meet this aim, as well as providing assurance that we are meeting our clinical governance obligations. Each year we highlight some of the improvement and good practice work that has taken place across the Board in the Spotlight and Innovation section, and this latest report features eighteen projects that show learning, improvement or good practice. Within the report we also look ahead to 2025-2026 to outline some of our key objectives and areas of focus for the year ahead. Adverse Event Review processes including (SAER) for specific severe events are well embedded in clinical and care governance arrangements. It is important that we learn from these events, share that learning, and make improvements, to minimise the risk of recurrence and improve the safety and quality of our services. Clinical Governance Annual Report 2024-2025 - NHSGGC

Under the NHSGGC Quality Strategy (NHSGGC Quality Strategy 2024 - 2029 Full Version - NHSGGC), we outline approach and priorities: - Delivering The Quality Strategy will address a number of these areas under the themes:
• Everyone Everywhere - Developing an approach that supports a culture of careful kindness, trust, respect and compassion. Leadership for quality at every level with a new structure and governance.
• Person Centred - Refresh and develop a new approach to person-centred, value-based care across the health and social care system
• Co-Production - Systematically involve people who use and work in our services to voice their views, needs, and wishes and to co-produce plans and proposals about our services
Connecting our system wide approach to listening and learning from people's experience.
• Safe, Effective & Efficient - Deliver improvements in safety through relevant Scottish Patient Safety Programmes
• Learning, Listening and Improving - Further develop Quality Improvement Capability across NHSGGC supported by an ambitious programme of training and development and an impactful QI Network. Develop a learning system to accelerate improvement and good practice to improve the quality of care for the people who use our services

The above approaches are part of the Strategy Priorities for Year 2 (June 2025 – May 2026) are focusing on the following deliverables:
1. Creating an enabling and supportive culture for quality by connecting people across the organisation and in our communities (infrastructure, equality, shared vision and purpose, whole system quality).
2. Fostering a movement of kindness centred on people, ensuring respect and compassion underpin safe and open communication (shared decision making, person-centred standard and measures, palliative care, communication programme).
3. Co-creating through partnership and shared experience, ensuring everyone's voice is heard (community of engagement, volunteers).
4. Listening to the voices of people everywhere, and use feedback to learn what matters, and to drive meaningful improvements (real-time feedback, values based reflective practice, evaluation).

5. Scaling up evidence-based improvement and values-based care, making care safer every day (learning system, infection prevention, and control strategy).

NHSGGC delivered a successful a mini accelerated design (ADE) event in November 2025 aimed at advancing the Quality Strategy through building a Quality Community. 202512 Quality Strategy Mini-ADE Insight Output - PDF Version.pdf By prioritising partnership working and collective ownership, the strategy was crafted to reflect the real-world experiences and aspirations of those delivering and receiving care within NHSGGC. This inclusive methodology not only enhances the relevance and practicality of the strategy but also lays the groundwork for a culture of continuous improvement and shared accountability throughout its implementation

The Board demonstrates an ongoing commitment to listening and learning from the experience of patients/ carers and service users and seeks feedback using a range of methods. The Patient Experience Public Involvement (PEPI) Team supports clinical teams and services to implement and manage Care Opinion at a local level, working in collaboration with the Care Opinion Team. Regular reports are provided to Sector and Directorate leads across NHSGGC on the nature of feedback received via Care Opinion, with emerging improvements focusing on stronger reporting on Care Opinion responsiveness KPIs. What we hear from patients and families and what changes and improvements services are making as a result are captured and reported through Quarterly Clinical Care and Governance reports. All professions strive to deliver person centred care. Care planning and taking patients' view into consideration requires review. Person Centred Care Team to review how professions find out what and who matters to develop care plans that are person centred. We will aim to further Improve and strengthen patient feedback process where these may be impacted by lack of staffing resource. This will include the use of this feedback to inform staffing decisions. Services to ensure appropriate patient feedback mechanisms are in place such as Care Opinion and can evidence its use and outcomes.

Better Workplace - Involvement in staffing model decisions, better informed staff and enhanced training opportunities for staff development. Delivery of good assurance of compliance to the Act is a foundation, better informed, trained & staff will deliver provide excellence in care and quality for our patients & service users.

The iMatter Staff Experience Continuous Improvement tool allows all teams, Directorates, Health and Social Care Partnerships (HSCPs), and the Board the opportunity to seek feedback on staff experience over the past 12 months, review this feedback to identify the areas of strength, along with opportunities or improvement to further support our staff going forward. iMatter response rate has increased by 1% from 2024, with over 27,000 staff responding, and since then, our action planning rate has reached 58%, which is a 2% increase on 2024. We have over 6,000 improvement actions being progressed by our teams, with some areas making huge increases in their action planning.
In 2025 we have had a higher response rate and sustained employee engagement index score of 76 (Strive and Celebrate rated), with an overall experience score of 7 (Whilst not a formal KPI within iMatter, this score is crucial to understanding the wider experience of staff and review this across NHSGGC to help inform further discussion and engagement with staff). The Weighted Index Value for all Staff Governance Standard Strands are in the green, Strive and Celebrate category. Notably, Well Informed sits highest at 79, Appropriately Trained and Developed 79%, which along with other ongoing action plans, the Acts aim and duties may have influenced this positively.

Staff are the most important resource that NHS Greater Glasgow and Clyde have. The Board has a long history of supporting and investing in Staff Wellbeing. As previously reported, the 2023-2025 Staff Health Strategy played an important role in this and demonstrated the Board's ongoing commitment to improving the working lives of our staff.

Staff Wellbeing however cannot be viewed in isolation and a decision was made in 2025 to incorporate staff wellbeing (strategic direction and actions) within the new Workforce Strategy (2025-2030). The Workforce Strategy outlines how the Board will continue to support, develop, and sustain our workforce until 2030. It sets out the Board's vision for a safe, healthy, and inclusive workplace and is built around four pillars: Safety, Health and Wellbeing; Culture and Leadership; Learning and Careers; and Recruitment and Retention.

Wellbeing actions in year 1 (2025/26) of the Workforce Strategy included: activity to support staff physical and mental wellbeing including assessment and treatment options available in Occupational Health; support following significant incidents with close working between OH and Spiritual Care; bereavement support; raising awareness of resources and pathways for crisis support; supporting health prevention activities; women's health and scoping options for a digital health check.

Moving forward, year 2 of the Workforce Strategy (2026/27) will contain actions related to staff wellbeing including: further support for Mental Health; suicide prevention; improving MSK wellbeing; women's health; and promoting attendance.

NHSGGC employ the NHS Scotland Attendance Management Policy and implementation is supplemented by the work of the NHS GGC Promoting Attendance Partnership Group which has developed a Board wide plan to promote attendance. This supports the Board to make the most of the employee attendance by reducing both short and long-term absence through promoting positive attitudes to work and effectively working in partnerships with all parties to reduce employee absence to the minimum levels as possible. This policy ensures that NHSGGC adopt a fair, consistent and supportive approach to staff with health problems, resolving long-term or on-going absences through the most appropriate means available and ensuring they provide a healthy and safe workplace. All areas of the organisation are supported with detailed reporting providing visibility of those with any periods of absence, absence reasons and volume of absences over agreed periods. This reporting is published on a daily, weekly and monthly basis, enhancing monitoring and supporting a reduction in absence.

Better Value - Reducing cost of delivering healthcare (minimal cost variation / use of PRA)has been ongoing since testing in 23-24 on High-Cost Agency Usage, coupled with the focus of the Boards Sustainability & Value Programme of work, have reduced and maintained low levels, evidenced by the quarterly High-Cost Agency reports submitted to Scottish Government as required in legislation. NHSGGC are committed to the further reduction of agency spending in Acute Services and HSCPs. The use of PRA resources was eliminated by NHSGGC at the end of 2023, again evidenced in our legislated quarterly reporting. The use of Standard Rate Agency resources is governed by an agreed set of monitoring and control measures, with specific documented approval processes in place for the use of any agency resource. Executive level sign off is required for all agency resource deployment. This usage is now at minimal levels for Nursing & Midwifery within NHSGGC. The level of prescription of one-to-one Mental Health care for patients within an acute setting has resulted in an ongoing resource pressure resulting in continued use of agency Registered Mental Health Nurses. This accounts for over 90% of all remaining Nursing & Midwifery agency use. High-cost agency Consultant use within NHSGGC has reduced each quarter, with the 25/26 Q3 figures of 392 instances more than half of the 833 instances in Q4 24/25. Challenges remain with hard to fill roles in Older People and Mental Health.

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	Reasonable Assurance
Duty 12IC: Duty To Have Real-Time Staffing Assessment In Place.	Reasonable Assurance
Duty 12ID: Duty To Have Risk Escalation Process In Place.	Reasonable Assurance
Duty 12IE: Duty To Have Arrangements To Address Severe And Recurrent Risks.	Reasonable Assurance
Duty 12IF: Duty To Seek Clinical Advice On Staffing.	Reasonable Assurance
Duty 12II: Duty To Ensure Appropriate Staffing: Training Of Staff	Substantial Assurance
Duty 12IH: Duty To Ensure Adequate Time Given To Clinical Leaders.	Reasonable Assurance
Duty 12IJ & K: 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	
Reasonable Assurance	

Duty 12IA: Duty to ensure appropriate staffing

Duty Description	**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. **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.

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.*

Information demonstrating compliance at a Board and delivery partner level has been provided in the above summary section. This evidences approach, compliance and improvement from 2024-2025 report.

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.

We continue with focused oversight via the HCSSA Transitional Oversight Board, a multidisciplinary whole system group.

Quarterly internal assessment and reporting considers at all duties that are encompassed by the act, which includes a checklist against all aspects of each duty, evidence where it has been assessed as complete, and action plan for where it may be partially complete. When

evidence is identified, due diligence is undertaken to review as compliant against the Act. A continual improvement approach is used in reviewing assessments submitted, and written feedback for future consideration and actions, as well as identifying areas of good practice for sharing is provided. As part of this we: -

- ✓ assess if workforce plans are up to date, including action plans and provide context and signpost to all elements of the duty they should consider and include.
- ✓ review evidence supplied on methods to gather feedback from patients and services users.
- ✓ review evidence supplied on methods and outcome of feedback from staff, the main approach via iMatters and Team action planning.
- ✓ review evidence that any agreements for third parties to provide any services have given consideration of the act in their specifications and delivery. This can be Board to Board, Third Sector to Board or Commercial. We also consider how establish methods of Independent Contractor provisions are established, with national frameworks or listing processes, or any localised service Level agreements.
- ✓ review evidence that all aspects of this duty are suitably monitored for compliance and there are escalation routes and visibility through management teams and or established governance and committees.

HSCPs, Directorates and Sectors continue to review Workforce Plans, with most recently or in the process of being updated for the next 3 years. Many of these are due for governance signoff and publication in the next 3 months. While workforce planning is nothing new to the organisation, the incorporation of aspects of the Act are evidenced in those recently refreshed. Such as relevant outcomes from the Common Staffing Method reporting (relevant professions) to impact of the reduced working week as well as other areas of focus, highlighted earlier in this report, all of which need to consider appropriate clinical advice has been considered. They follow the best practice of six step methodology and consider the services the workforce is there to service, the nature of the service and population health data, numbers of patients, needs of patients, local context, demographics. However, they also consider the workforce pipeline, availability of suitable training and education for the workforce of the future.

HSCPs, Directorates and Sectors continue to promote patient feedback and expand its use. There is clear evidence of patient feedback being brought into considerations of service delivery with many examples of positive patient feedback as well as acknowledging the feedback that requires learning and action.

HSCPs, Directorates and Sectors continue to promote staff feedback and promote its use. Utilising organisational wide iMatter annual surveys, reviews and action planning is key, also what matters to me events. There are additional mechanisms evidenced within services and professions for other ways for staff to provide feedback, from informal 1-1 and supervisions to those more formalised through Personal Development Plans and Reviews and Performance Appraisals.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	*This should describe the situation: what is the success, achievement, or learning?* *For example, 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.*	*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.*
Provision of clear information and resources to support understanding of the act, processes, procedures, exemplars and case studies, which are continually reviewed.	NHSGGC has developed a web site with a resource repository that provides a range of information regarding the Act, access to internal and signpost external resources to support staff for reference to support the Board meet the duties of the Act. Health & Care (Staffing) (Scotland) Act 2019 - NHSGGC This openly accessible and transparent resource (staff, patients, population) has been complimented on by Health Improvement Scotland	Regular review within multidiscipline informal planning and communications sessions. Review as part of oversight groups and in partnership. Continuous updates of new resources identified through quarterly assessment submissions.
Person- Centred care standard & planning (across professions	There is a person-centred care standard being developed across the board and currently covers the 5 largest professions with ambition to expand further. It is applicable to all registrants and HCSWs. This is part of the Excellence in Care approach, and the standard is a deliverable of the Quality Strategy. The Nursing & Midwifery Strategy also incorporating the person-centred care plan was codesigned with staff and people with lived experience and continues to engage through the Big Conversation campaigns.	Single standard to assist with consistency across services. The Person-Centred Standard is also being benchmarked with the National work to develop a core set of person-centred measures
Staff Wellbeing Strategy In place	The Staff Health Strategy 2023-2025 has been fundamental in delivering support to help maintain and improve staff health. Importantly it also reflects what support staff tell us they need. A good example of this is in relation to menopause support for staff.	Contributing to and influencing Once for Scotland policy regarding Staff wellbeing, and where appropriate progressing process or policy that are not part of Once for Scotland delivery but identified as required by our extensive staffing cohort.

	Menopausal Women are the fastest growing demographic in the workplace with 79% of NHS GGC employees women. We know from the 2022 Staff Health Survey that menopause is a concern to a significant number of our staff. In response as part of the Staff Health Strategy we have been able to offer Virtual Engagement Events (over 700 staff attended) as well as monthly Group Consultations relating to menopause and supported by the NHS GGC Menopause specialist. Feedback has been excellent on both these initiatives.	
iMatter, Staff experience, Employee Engagement & Communication	Celebrating the ongoing engagement with iMatter at each stage. Our response rate has increased by 1% from 2024, with over 27,000 staff responding, and since then, our action planning rate has reached 58%, which is a 2% increase on 2024, with over 6,000 improvement actions being progressed and recognition that some areas have made huge increases in their action planning.	Strengthen and promote staff wellbeing strategies such as staff health, peer support, speak up campaign, active health and iMatter. Deliver against the NHSGGC Staff Experience Board wide Action Plan 2025-26, turning feedback into action, focussing on the areas identified as what matters most. The full plan can be viewed on Staffnet: Leadership Visibility • We're introducing new communication protocols so you'll always know who your key contacts are in senior teams. Communication and Engagement • We're relaunching our Communication Etiquette guidance, tailored to different methods and meeting types, to keep everyone informed and connected. • A new 3yr Communications and Employee Engagement plan will drive improvements in how we listen and respond to staff. • The Collaborative Conversation programme will focus on involvement, listening, and support. Celebrating Our Staff

		• The Success Register revitalised to better recognise achievements and encourage innovation. • Feedback from the 2025 Culture Audit, and recent Culture Hackathon, will help us build a framework for a positive, inclusive culture – one that's shaped and owned by all staff. <u>Supporting Accessibility</u> • We're creating a central repository for site maps and making it easier to report signage issues, ensuring everyone can navigate our sites confidently.
Workforce Planning	There is evidence of good practice using six step methodology and where applicable, CSM. District Nursing services have used this as an opportunity to revise their operating model with good effect. They have extended their working day and reduced their working week to four days with benefits for staff wellbeing (evidenced via decreased sickness absence) and enhanced patient access to services e.g. insulin therapy offering more choice over timing of administration and therefore mealtime preparation. There are professional Workforce Groups also in place focusing on professional planning and improvement and the matrix approach contributes to the overall workforce plans.	Continued development of Workforce Plans and delivery against service specific action plans.
General - Policies	The Boards Policy Development Framework Assurance Checklist and Policy Template includes sections for consideration relating to the Act and how to include in drafting relevant policy. NHSGGC - Finances, Publications and Reports	Continued use and review.

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	*This should describe the situation: what is the challenge or risk identified? For example, there may be difficulty with recruiting a particular staff speciality or recruitment in a remote / rural location.*	*This should describe what actions have been / are being / will be taken to address the situation. For example, if there is difficulty in recruiting in a particular speciality or remote / rural location, the relevant organisation may have investigated retire and return schemes or upskilling and career development for existing staff. It may also have looked at how the service could be redesigned.*
Reduced Working Week - Agenda for Change Staffing	The ongoing assessment of reduced working week and implementation planning has highlighted a 2.8% decrease in working hours which is a reduction of 936 WTE across sectors, directorates and HSCPs. Form this 749 WTE is required to maintain service delivery and safe staffing levels is reported as providing challenges for services. This is not just a financial issue, but also how recruitment could be fulfilled. A request for recurrent funding has been submitted to Scottish Government, and the Board is awaiting a response. In the interim, a paper has been submitted to the Boards Corporate Management team in January for funding to backfill to 75% of what is identified through the directorate / HSCP impact assessments. Ultimately, further agreed reductions in working hours may present challenges in maintaining compliance due to existing workforce limitations in 2025-26.	Based on further prioritisation criteria, including HCSSA-critical roles: where failure to backfill would risk compliance with the Act as timely redesign cannot safely mitigate the gap.
Mental Health & Psychiatric Services	The review of the staffing requirements for Skye House (Adolescent Inpatient Psychiatric Regional Unit), continues given the increased complexity and demand on service in line with the Health and Care	This has been added to the service and HSCP risk register and to support staffing at Skye House over the next year, the service has secured non-recurring monies.

	(Staffing) (Scotland) Act 2019 with underlying principles of patient safety as a core requirement. Under 12s National Inpatient Psychiatric Unit. A review of the Ward service has occurred. Neurodevelopmental diagnostic services demand/capacity modelling identified requirement for additional resourcing. Due to the high level of continuous interventions in Neurosurgery and Forensic Mental Health, gaps in required staffing levels have been identified consistently. Resourcing challenges are reported to be rising from an increase of the population of patients with Mental Health conditions and the related use of Registered Mental Health Nurses and requirement for enhanced observations.	Increased staffing is being implemented This has been shared through Acute SMT and is on the directorate risk register with work ongoing towards mitigating. Availability and cost of suitably qualified roles, through substantive workforce plans. Increased use of Bank Staff, which have difficulty in servicing all requests received.
Health Visitor Universal Pathway Delivery	Challenges with delivery of the HV Universal pathway in full for families where HPI (Health Plan Indicator) is core	Mitigation is to reduce universal pathway contacts for families with core HPI. Families with additional HPI receive all contacts as a minimum. This matter was noted by 3 HSCPs along with another noting requirement for supplementary staff to sustain service.
NHSGGC Emergency Department Review	Recognition of the Health Improvement Scotland (HIS) NHSGGC Emergency Department Review, its recommended actions in line with the Heath and Care (Scotland) (Staffing) Act 2019. Especially regarding 'introducing robust systems and processes for the assessment of real time staffing and escalation and monitoring of severe and recurrent risk' which will be through the adoption of eRostering and SafeCare for RTS & RE. NHSGGC have supported a HIS Expert Working Group and piloted the ECPT Tool in SafeCare for Staffing Level Tool (SLT) during 2025-26.	Continued review of the Nationally procured RL Datix Optima eRostering solution and suitability for application within Emergency Departments for all clinical staff. Whilst the 2025 ECPT Staffing Level Tool and reporting outcomes progress, learning is being drawn together to inform the next ECPT SLT in 2026.

Pharmacy Services - Systemic Anti Cancer Therapy	Rising demand for Systemic Anti Cancer Therapy, combined with CEL 30 (2012) verification requirements have created significant pressures on the pharmacy workforce in both pharmacy clinical and oral and aseptic dispensing services.	Included on the Pharmacy Services risk register, with an action plan to progress mitigation.
Workforce Shortages in speciality Roles	Shortage in certain speciality roles such as ENT and Consultant Radiologists and high absence levels over the winter period.	Impacts on the ambition to reduce use of supplementary staffing and contributing to use of high-cost agency / locum resources.
General	Clinical Demand versus Quality Care: Balancing Time Allocation for Staff Wellbeing, navigating patient expectation with vacancy rates and recruitment issues.	Further work required with Staff Forum to address concerns and wellbeing. Delivering the Quality Strategy will address a number of these areas under the themes provided above.
General	Financial Pressures: Impact on staff wellbeing, retention, increase patient waiting times, reduction of quality outcome. Pay disparities causing dissatisfaction and retention concerns. Unintended consequence of Sustainability & Value / Financial improvement targets compounding this issue.	Business continuity plans to give regard to decisions on contingency planning, use of agency staff and mitigation of risk, linking to 12ID/E. The process must also include appropriate action if there is a circumstance where the organisational decision conflicts with the clinical advice.
General	Constraints in staffing numbers, recruitment & retention challenges, low morale, high absenteeism and workforce instability. Lack of time for training and the nurturing of new staff in post. Lack of time for innovation: Balancing Clinical Duties and quality improvement development.	These issues are the focus for workforce planning groups and in activities and actions to deliver the boards workforce plan. The 25-30 workforce strategy also bring focus to areas requiring improvement.
General - Recruitment		Recruitment: Support early recruitment where workforce plans identify the need for staffing and improve communication and transparency where posts cannot be filled. Understand trends through exit interviews, such as loss of staff to private sector, early retirement, poor wellbeing etc. Improve flexibility in work patterns.
COMPLIANCE ASSURANCE LEVEL		
Reasonable Assurance		

Duty 12IC: Duty to have real-time staffing assessment 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 real-time assessment of its compliance with the duty imposed by section 12IA.** **(2) The arrangements under subsection (1) must, in particular, include—** (a) a procedure for the identification, by any member of staff, of any risks caused by staffing levels to— (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.

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 embedding of the approved and published organisational level RTS & RE Standard Operating Procedure (SOP) has continued, with professional or service specific SOP's being developed and deployed. This SOP covers all aspects required by this duty and listed above and supports dynamic, real-time staffing response to emerging and actual risks to the safety and quality of care being provided to patients and service users. The organisational RTS & RE SOP received 6 monthly review and improvement, with the most recent resulting in clearer definitions and an example Risk Register entry. Additional service-based SOPs have been evidenced and some of these added to the HCSSA Website. Services monitor daily, and the quarterly assurance process monitors this quarterly alongside evidence provision.

The adoption of the RL Datix SafeCare system forms part of the Transitional Oversight Plan which directs the Workforce Business Systems (WBS) Programme delivery over the next 2 years. This is further supported by most of the assurance returns stating that 'Substantial Assurance' will only be achieved with the deployment and use of this tool and its dashboard aiding oversight and reporting. Deployment planning has been delayed due to wider considerations around eRostering, resolving issues from early adopter deployment, prioritisation of SafeCare 'lite' deployment to facilitate legislated Staffing Level Tools developed in SafeCare and a major upgrade for the core system. In Q4 SafeCare for real time staffing assessment and reporting will be embedded in operational use in IRH & VOL Nursing and Midwifery services, ready for full Optima and SafeCare deployment in RAH N&M, and other professions in Q1 2026-7.

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.

Quarterly internal assessment and reporting considers at all duties that are encompassed by the act, which includes a checkli st against all aspects of each duty, evidence where it has been assessed as complete, and action plan for where it may be partially complete. When evidence is identified, due diligence is undertaken to review as compliant against the Act. A continual improvement approach is used in reviewing assessments submitted, and written feedback for future consideration and actions, as well as identifying areas of good practice for sharing is provided.

Good evidence was identified during the gap analysis phase of the HCSSA programme for Real Time Staffing, with the multi -disciplinary testing team identifying several strengths, with areas tested having a process for real time staffing already in place. Ho wever, focus for improvement was around consistency of practice and application and to move to a single resource or tool for RTS & RE reportin g especially for escalating incidents to risk based on recurrence. Areas for improvement were around consistency i n approach and process and was achieved through the organisational level standing operating procedure developed and approved for adoption has been recently reviewed and strengthened. Progress in ensuring all relevant teams have this in place is being made with some areas reviewing these reports at established management meetings. Others are still embedding the reporting requirements and noting oversight in this format i s challenging, especially with the use of Datix. It is anticipated this will be improved one SafeCare has been deployed. In the meantime, other mechanisms of monitoring and ensuring progress are in place through manual reporting and saved on local SharePoint sites, shared drives.

Evidence assures that relevant services have a process in place, using the national Once for Scotland RAGG process, including review on incidents relating to staffing and their mitigations and are considered in monthly management team meetings if recurring or of a nature that requires escalation. Clearly defined systems and escalation pathways are in place for acute nursing and midwifery with multiple daily safety huddles and safe to start processes in place. Every professional group understands the requirement for the clear assessment, documentation of risks, decisions, and actions and the need for this to be maintained while pending the roll out of Sa feCare, these may not be multiple a day but are certainly daily. These assessments not only meet legislation requirements to address staffing concerns promptly and effectively, but pave the way for successful adoption of SafeCare.

In areas where Optima eRostering and SafeCare for RTS & RE are not yet fully in place, we have adopted effective local governance processes, including safety huddles, standard operating procedures (SOPs), and direct engagement with clinical leaders to man age staffing risks and discuss staffing matters. Staff engagement and training has been central to these efforts, with Act (HCSSA) into induction materials, awareness campaigns and local team meetings.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	*This should describe the situation: what is the success, achievement, or learning? For example, 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.*	*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.*
General	NHSGGC has developed a web site with a resource repository that provides a range of information regarding the Act, access to internal and signpost external resources to support staff for reference to support the Board meet the duties of the Act. This has specific Case Studies, Posters and examples of local team level SOPS supported by Vlogs for Real Time Staffing & Risk Escalation Health & Care (Staffing) (Scotland) Act 2019 - NHSGGC	Continual review and enhancement of quality and quantity of resources and signposting.
General	Review of the processes in place by a multi-disciplinary team identified several strengths and all areas had a process for real time staffing in place. Good practice has brought into the Organisation Wide SOP Developed and published and areas where process was less formalised, are now formalised and available transparently: - Strengths ✓ Good Use of Safe to Start / Safety Huddles, multidisciplinary where appropriate ✓ Robust evidence of RTS processes, formally documented ✓ Use of Datix for Incident recording aligned to staffing Levels ✓ Prioritisation guidelines to categorise patients if staffing is challenged or less than optimal ✓ Contribution to Workforce Staffing Level Tools where relevant / appropriate ✓ Acute multi professional BRAVE Report ✓ Use of rostering in SSTS, use of rotas for managing peak workload and leave ✓ Defined process / pathways to escalate rota issues, through clinical leaders or admin support	Continual review and enhancement of quality and quantity of resources and signposting.

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	*This should describe the situation: what is the challenge or risk identified? For example, there may be difficulty with encouraging and enabling certain professional groups to use the systems and processes.*	*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.?*
General	No single RTS resource / system deployed and in operation across NHSGGC and delivery partners. Relaying on multi-source evidence, most manual and has a burden to administer. Continued reliance on legacy systems had created administrative burden for and carries additional risks for data accuracy. This is due to the ongoing risk of double keying as there is an absence of a direct interface between eRostering and either Scottish Standard Time System (SSTS) or payroll. Consequently, staff rosters need to be transferred from the eRostering system into SSTS, to allow staff to be paid accurately.	The Workforce Business Systems Programme has had its objectives, priorities and governance refreshed to ensure delivery for the Act: ➢ Implementation of Optima (eRostering), SafeCare, Loop and Allocate Rota ➢ Providing strategic oversight, direction and decision making required for delivery, including influencing national programme (eRNOG). ➢ Delivering outcomes and benefits within agreed budget and timescales, which includes regular review of associated delivery plans, to ensure they are current, appropriate and achievable. ➢ Ensuring that workstream delivery remains on track and to plan. ➢ Identified Risks and issues are reviewed, mitigated or accepted as appropriate. ➢ Benefits are defined and realised. ➢ Reporting outputs are monitored. In the interim ensuring adoption of RTS & RE SOP ensuring consistency and standardisation. Focus in quarterly assessment reviews, ensuring all relevant professions and services have a suitable process that are recorded and accessible to all members of staff within the service and they can be easily evidenced and, in any monitoring, or compliance checks. Identifying evidence through due diligence and expanding the HCSSA Website resource bank.

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

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.*

The embedding of the approved and published organisational level RTS & RE Standard Operating Procedure (SOP) has continued, with professional or service specific SOP's being developed and deployed. This SOP covers all aspects required by this duty and listed above and supports dynamic, real-time staffing response to emerging and actual risks to the safety and quality of care being provided to patients and service users. The organisational RTS & RE SOP received 6 monthly review and improvement, with the most recent resulting in clearer definitions and an example Risk Register entry. Additional service-based SOPs have been evidenced and some of these added to the HCSSA Website. Services monitor daily, and the quarterly assurance process monitors this quarterly alongside evidence provision.

The adoption of the RL Datix SafeCare system forms part of the Transitional Oversight Plan which directs the Workforce Business Systems (WBS) Programme delivery over the next 2 years. This is further supported by most of the assurance returns stating that 'Substantial Assurance' will only be achieved with the deployment and use of this tool and its dashboard aiding oversight and reporting. Deployment planning has been delayed due to wider considerations around eRostering, resolving issues from early adopter deployment, prioritisation of SafeCare 'lite' deployment to facilitate legislated Staffing Level Tools developed in SafeCare and a major upgrade for the core system. In Q4 SafeCare for real time staffing assessment and reporting will be embedded in operational use in IRH & VOL Nursing and Midwifery services, ready for full Optima and SafeCare deployment in RAH N&M, and other professions in Q1 2026-7.

The quarterly returns and due diligence discussion reflect growing evidence that risk escalation is in place, alongside evidence of clinical discussion / engagement in decision making especially when mitigations are required based on daily RTS assessment. These are visible and discussed at Service Leads / Senior Management Team Meetings, including any disagreements and most importantly mitigations where possible. This build on the outputs from daily safe to start or team huddles already in place. There are also actions being taken forward to review Business Continuity plans to ensure that they consider the Act in the processes established.

Risks identified are held and managed through organisational structures, for local mitigation. Other than those earlier as outlined in 12IA, not many have been escalated beyond local SMTs, as proceeding through local governance initially. However, with a new NHSGGC Board Risk Strategy and Policy adopted in Q3 this is an opportunity to review further for any escalations that are appropriate.

In conjunction with associated with Duty 12IH, current provision to ensure adequate time built into Job Descriptions as they are refreshed. Also, with the Organisational Time to Lead SOP and Case Studies developed and published, with are requirement for all teams to consider and ensure they have a localised SOP, identifying clinical leaders for their services and escalation.

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

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.

Quarterly internal assessment and reporting considers at all duties that are encompassed by the act, which includes a checkli st against all aspects of each duty, evidence where it has been assessed as complete, and action plan for where it may be partially complete. When evidence is identified, due diligence is undertaken to review as compliant against the Act. A continual improvement approach is used in reviewing assessments submitted, and written feedback for future consideration and actions, as well as identifying areas of good practice for sharing is provided.

Good evidence was identified during the gap analysis phase of the HCSSA programme for Real Time Staffing, with the multi -disciplinary testing team identifying several strengths, with areas tested having a process for real time staffing already in place. Ho wever, focus for improvement was around consistency of practice and application and to move to a single resource or tool for RTS & RE reportin g especially for escalating incidents to risk based on recurrence. Areas for improvement were around consistency i n approach and process and was achieved through the organisational level standing operating procedure developed and approved for adoption has been recently reviewed and strengthened. Progress in ensuring all relevant teams have this in place is being made with some areas reviewing these reports at established management meetings. Others are still embedding the reporting requirements and noting oversight in this format i s challenging, especially with the use of Datix. It is anticipated this will be improved one SafeCare has been deployed. In the meantime, other mechanisms of monitoring and ensuring progress are in place through manual reporting and saved on local SharePoint sites, shared drives.

Evidence assures that relevant services have a process in place, using the national Once for Scotland RAGG process, including review on incidents relating to staffing and their mitigations and are considered in monthly management team meetings if recurring or of a nature that requires escalation. Clearly defined systems and escalation pathways are in place for acute nursing and midwifery with multiple daily safety huddles and safe to start processes in place. Every professional group understands the requirement for the clear assessment, documentation of risks, decisions, and actions and the need for this to be maintained while pending the roll out of Sa feCare, these may not be multiple a day but are certainly daily. These assessments not only meet legislation requirements to address staffing concerns promptly and effectively but pave the way for successful adoption of SafeCare.

In areas where Optima eRostering and SafeCare for RTS & RE are not yet in place, we have adopted effective local governance processes, including safety huddles, standard operating procedures (SOPs), and direct engagement with clinical leaders to manage staffin g risks and discuss staffing matters. Staff engagement and training has been central to these efforts, with the Act (HCSSA) into induction materials, awareness campaigns and local team meetings.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	*This should describe the situation: what is the success, achievement, or learning?* *For example, senior decision-makers in paediatric nursing were identified and a chain of escalation communicated to all personnel. Individuals are now much better aware of who to contact during any particular shift in the event that a risk needs to be escalated.*	*This should describe how the success, achievement or learning could be used in the future. For example, The procedures for identifying the chain of escalation that were used in paediatric nursing are now being trialled and rolled out across other areas.*
General	NHSGGC has developed a web site with a resource repository that provides a range of information regarding the Act, access to internal and signpost external resources to support staff for reference to support the Board meet the duties of the Act. This has specific Case Studies, Posters and examples of local team level SOPS supported by Vlogs for Real Time Staffing & Risk Escalation Health & Care (Staffing) (Scotland) Act 2019 - NHSGGC	Continual review and enhancement of quality and quantity of resources and signposting.
General	Good practice has been brought into the Organisation Wide SOP Developed and published and areas where process was less formalised, are now formalised and available transparently: - Strengths ✓ Use of Datix for Incident recording aligned to staffing Levels and used for recording any disagreement where SafeCare is not available ✓ Prioritisation guidelines to categorise patients if staffing is challenged or less than optimal ✓ Local Risk registers to reference any related recurring incidences or risks to staffing level ✓ Defined process / pathways to escalate rota issues, through clinical leaders or admin support	Continual review and enhancement of quality and quantity of resources and signposting. Datix Incident Reports
Risk Strategy, Policy Development	Effective Risk Management is an essential component in delivery of NHSGGC corporate objectives. The Corporate Risk Management function, led by the Chief Risk Officer supports the effective and	Continual review and enhancement of quality and quantity of resources and signposting.

	consistent application of Risk Management across the organisation, forming part of the day-to-day management activity of the Board. The continuing development and management of risks is a core part of the Board's risk management activity. A Risk Management Toolkit is available to support Directorates in managing their risk profile. Links to key documents that form the Toolkit can be found on this page. Boards Chief Risk Officer participated in HIS Review of National Risk Matrix and they also contributed to the last revision of the Organisation RTS & RE SOP and examples.	Datix Risk Reports

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	*This should describe the situation: what is the challenge or risk identified?* *For example, 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.*	*This should describe what actions have been / are being / will be taken to address the situation.* *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?*
General	No single RTS resource / system deployed and in operation across NHSGGC and delivery partners. Relaying on multi-source evidence, most manual and has a burden to administer. This increases variability in application and documentation of risk escalation processes, particularly in areas where SafeCare is not yet implemented.	The Workforce Business Systems Programme has had its objectives, priorities and governance refreshed to ensure delivery for the Act: ➢ Implementation of Optima (eRostering), SafeCare, Loop and Allocate Rota ➢ Identified Risks and issues are reviewed, mitigated or accepted as appropriate. ➢ Benefits are defined and realised. ➢ Reporting outputs are monitored. In the interim ensuring adoption of RTS & RE SOP ensuring consistency and standardisation. Focus in quarterly assessment reviews, ensuring all relevant professions and services have a suitable process that are recorded and accessible to all members of staff within the service

		and they can be easily evidenced and, in any monitoring, or compliance checks. Identifying evidence through due diligence and expanding the HCSSA Website resource bank.
General	Change fatigue due to implementation of SafeCare for Real Time Staffing recording and reporting and planned future change of current incumbent Incident and Risk Management System.	For future system changes, the identified products will need to apply HCSSA requirements and undertake suitable GAP analysis to ensure functionality and configuration is appropriate to deliver recording and escalation reporting as per the Act. For the reporting currently based on Datix, teams and key professional stakeholders with respect to the Act should help mitigate future change impact on what has been established for HCSSA. SOPs will need constantly reviewed, updated and signposted.

COMPLIANCE ASSURANCE LEVEL
Reasonable Assurance

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

Duty Summary	**Duty to have arrangements to address severe and recurrent risks.** **(1) It is the duty of every Health Board and the Agency to put and keep in place arrangements to—** (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 (b) identify and address those risks which are considered to be either or both— (i) severe, (ii) liable to materialise frequently. **(2) The arrangements under subsection (1) must, in particular, include a procedure for—** (a) the recording of a risk as described in subsection (1)(b), (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), (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 (d) the identification of actions to prevent the future materialisation of the risk, so far as possible.

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.*

Whilst not yet fully compliant with the Act at a substantial level for this duty, there have been improvements to compliance, with supporting evidence growing on staffing related risk assessments and directorate / sector / HSCP risk registers being updated accordingly. Again, with the new Interface Division inclusion in providing an assessment for the first time at Q3, this re-introduces an assessment of limited compliance, but does not change the overall assessment across the Board and delivery partners as reasonable.

A review of the organisational RTS & RE SOP has concluded and strengthened with clearer definitions and an example Risk Register entry for use, irrelevant of the risk system deployed. This has been shared and is available on the HCSSA Website. A further review is scheduled alongside SafeCare Deployment and will be assessed every 6 months during 2026-7.

Adverse Event Review processes including (SAER) for specific severe events are well embedded in clinical and care governance arrangements. It is important that we learn from these events, share that learning, and make improvements, to minimise the risk of recurrence and improve the safety and quality of our services. These processes are well embedded in the Risk Management Framework, which lays out the process management of risk from service level to Executive strategic level risks.

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. Quarterly internal assessment and reporting considers at all duties that are encompassed by the act, which includes a checkli st against all aspects of each duty, evidence where it has been assessed as complete, and action plan for where it may be partially complete. When evidence is identified, due diligence is undertaken to review as compliant against the Act. A continual improvement approach is used in reviewing assessments submitted, and written feedback for future consideration and actions, as well as identifying areas of good practice for sharing is provided.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	*This should describe the situation: what is the success, achievement, or learning?* *For example, 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.*	*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.*
General	NHSGGC has developed a web site with a resource repository that provides a range of information regarding the Act, access to internal and signpost external resources to support staff for reference to support the Board meet the duties of the Act. This has specific Case Studies, Posters and examples of local team level SOPS supported by Vlogs for Real Time Staffing & Risk Escalation Health & Care (Staffing) (Scotland) Act 2019 - NHSGGC	Continual review and enhancement of quality and quantity of resources and signposting.

General	Good practice has been brought into the Organisation Wide SOP Developed and published and areas where process was less formalised, are now formalised and available transparently: - Strengths ✓ Use of Datix for Incident recording aligned to staffing Levels and used for recording any disagreement where SafeCare is not available ✓ Prioritisation guidelines to categorise patients if staffing is challenged or less than optimal ✓ Local Risk registers to reference any related recurring incidences or risks to staffing level ✓ Defined process / pathways to escalate rota issues, through clinical leaders or admin support	Continual review and enhancement of quality and quantity of resources and signposting. Datix Incident Reports
Risk Strategy, Policy Development	Effective Risk Management is an essential component in delivery of NHSGGC corporate objectives. The Corporate Risk Management function, led by the Chief Risk Officer supports the effective and consistent application of Risk Management across the organisation, forming part of the day-to-day management activity of the Board. The continuing development and management of risks is a core part of the Board's risk management activity. A Risk Management Toolkit is available to support Directorates in managing their risk profile. Links to key documents that form the Toolkit can be found on this page. Board's Chief Risk Officer participated in HIS Review of National Risk Matrix and they also contributed to the last revision of the Organisation RTS & RE SOP and examples.	Continual review and enhancement of quality and quantity of resources and signposting. Datix Risk Reports

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	*This should describe the situation: what is the challenge or risk identified?* *For example, collation of information in a particular NHS function has identified a risk that materialises frequently, however identification of actions to prevent future materialisation has not improved the situation.*	*This should describe what actions have been / are being / will be taken to address the situation.* *For example, if identification of initial actions to prevent a recurring risk has not improved the situation, further steps may include establishing a working group to investigate and make recommendations, observing practice in the area, interviewing staff, addressing the staff skills mix, allocating additional assistance, redesigning the service etc.*
General	No single RTS resource / system deployed and in operation across NHSGGC and delivery partners. Relaying on multi-source evidence, most manual and has a burden to administer. This increases variability in application and documentation of risk escalation processes, particularly in areas where SafeCare is not yet implemented.	The Workforce Business Systems Programme has had its objectives, priorities and governance refreshed to ensure delivery for the Act: ➢ Implementation of Optima (eRostering), SafeCare, Loop and Allocate Rota ➢ Identified Risks and issues are reviewed, mitigated or accepted as appropriate. ➢ Benefits are defined and realised. ➢ Reporting outputs are monitored. In the interim ensuring adoption of RTS & RE SOP ensuring consistency and standardisation. Focus in quarterly assessment reviews, ensuring all relevant professions and services have a suitable process that are recorded and accessible to all members of staff within the service and they can be easily evidenced and, in any monitoring, or compliance checks. Identifying evidence through due diligence and expanding the HCSSA Website resource bank.
General	Change fatigue due to implementation of SafeCare for Real Time Staffing recording and reporting and planned future change of current incumbent Incident and Risk Management System.	For future system changes, the identified products will need to apply HCSSA requirements and undertake suitable GAP analysis to ensure functionality and configuration is appropriate to deliver recording and escalation reporting as per the Act.

		For the reporting currently based on Datix, teams and key professional stakeholders with respect to the Act should help mitigate future change impact on what has been established for HCSSA. SOPs will need constantly reviewed, updated and signposted.

COMPLIANCE ASSURANCE LEVEL
Reasonable 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.*

Publication and embedding the organisational Time to Lead SOP moved all services to a Reasonable Assurance level at Q1 2025-6. There are some areas still moving through the process of deploying local SOPs in teams, especially for new services like the Interface Division.

Whilst most professions identify roles aligned to clear clinical leaders, the consistency within job descriptions and workplans, is being reviewed across HSCPs, Directorates and Sectors. This will ensure clarify on definitions within services of clinical leaders and ensuring processes allow the consultation of these leaders on decisions around staffing as well as recording disagreements that may occur. There is evidence of expansion and building evidence of use in practice.

Evidence of seeking clinical advice and any disagreements is built in the RTS & RE process. As SafeCare is deployed across relevant professions across the organisations transparency and assurance will be improved. The development and deployment of both the RTS & Escalation and Time to Lead SOPs has addressed reporting risk and also recording decision making (including disagreement), and feedback process, including conflict recording. This will continue to drive consistency were needed, and local implementation allows for local context, team structures to be clearly understood. Whilst the organisation has confidence that this practice is followed, supported by the SOPs in place and awareness / training of decision makers, there is no automated mechanism or process of evidencing this practice at present.

The Board has a Clinical & Care Governance Committee which meets quarterly, and whose overall purpose is to provide assurance across the whole system regarding clinical and care governance ensuring escalation to the NHS GGC Board These groups receive reports on Clinical Risk, and Safety and Quality Strategy Programmes.

Some of the professions have clearer roles with assigned time in their job planning or rosters for clinical leadership (especially in N&M and Medical). Healthcare Scientists, Pharmacy and AHP Job Roles contain clinical leadership, but specific time may not be formally set for this and is considered on an individual basis depending on the role.

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.

Quarterly internal assessment and reporting considers at all duties that are encompassed by the act, which includes a checklist against all aspects of each duty, evidence where it has been assessed as complete, and action plan for where it may be partially complete. When evidence is identified, due diligence is undertaken to review as compliant against the Act. A continual improvement approach is used in reviewing assessments submitted, and written feedback for future consideration and actions, as well as identifying areas of good practice for sharing is provided.

Clinical leaders in HSCP, Directorate or Sector management teams are required to contribute to quarterly assessment reporting processes, ensuring any relevant matters requiring identification, are highlighted assurance statements.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	*This should describe the situation: what is the success, achievement, or learning?* *For example, the views of employees included in the reports prepared by individuals with lead clinical professional responsibility for a particular type of healthcare identified a potential improvement in working practices in one area.*	*This should describe how the success, achievement or learning could be used in the future.* *For example, the potential improvement is being trialled in the one area and if successful will be rolled out across other areas in the organisation.*
Quarterly Reporting	Shared in the HCSSA Transition Oversight Board which incorporates senior Clinical Leaders as part of its membership.	Ongoing to March 2026 and will be reviewed.
General	The Clinical Advice and Assurance multiprofessional group, established during the HCCSSA Programme phase, still meets quarterly, and look at the quarterly assurance reports in draft, benchmarking against their service experiences and to support any improvements or mitigation actions for any risks or issues.	Ongoing to March 2026 and will be reviewed.
Person-centred care standard & planning (across professions)	Ensure measures of quality are clearly defined and understood. The quality strategy and implementation plan covers this and all of the professions named within the legislation.	Single standard to assist with consistency across services. The Person-Centred Standard is also being benchmarked with the National work to develop a core set of person-centred measures

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	*This should describe the situation: what is the challenge or risk identified? For example, in compiling reports made to the members of the Health Board, there are good mechanisms in place for the Medical Director to enable and encourage medical employees to give their views, but the mechanisms for seeking the views of other professional groups for which they are responsible, such as pharmacy employees, are not well established. Hence, the views of these employees are not being sought or incorporated into the reports.*	*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.*
Financial	Impact on staff wellbeing, retention, increase patient waiting times, reduction of quality outcome. Pay disparities causing dissatisfaction and retention concerns. Unintended consequence of Sustainability & Value / Financial improvement targets compounding this issue.	Business continuity plans to give regard to decisions on contingency planning, use of agency staff and mitigation of risk, linking to 12ID/E. The process must also include appropriate action if there is a circumstance where the organisational decision conflicts with the clinical advice.
General	The administrative burden of the assurance reporting continues to be highlighted, although a number of those responsible for collating the returns have reflected it is becoming easier and taking less time as this becomes embedded in their business-as-usual processes and, if changes to reporting formats are minimised.	SOPs have been established and due diligence will be carried out to ensure embedded in local services and teams. With the formality of SOPs and system recording, there is concern that there may be additional time required to carry out the process when there are competing priorities, which will be kept under review as part of those projects and quarterly assurance assessments.

COMPLIANCE ASSURANCE LEVEL
Reasonable 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.

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.*

Publication and embedding the organisational Time to Lead SOP moved all services to a Reasonable Assurance level at Q1 2025-6. There are some areas still moving through the process of deploying local SOPs in teams, especially for new services like the Interface Division. Whilst most professions identify roles aligned to clear clinical leaders, the consistency within job descriptions and workplans, is being reviewed across HSCPs, Directorates and Sectors. This will ensure clarify on definitions within services of clinical leaders and ensuring processes allow the consultation of these leaders on decisions around staffing as well as recording disagreements that may occur. There is evidence of expansion and building evidence of use in practice.

Some professions are more confident in this than others with medical consultants having clear distinction in job planning and for the majority of acute nursing and midwifery roles where this is formally part of their role. AHPs are engaging in national trialling of job planning approach across their job families as well as looking at improving this distinction in Job descriptions as they are reviewed along with pharmacy and healthcare science job families. HealthCare Scientists and Pharmacy are reviewing time to lead across the specialties and services.

The quarterly returns have differing levels of evidence, with some reporting progress, others finding embedding challenging due to size and complexity of services, differences in roles depending on delivery context and wished to focus on embedding RTS & RE first. As with RTS & RE localised Time to Lead (TtL)service-based SOPs have been evidenced and some of these added to the HCSSA Website.

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.

Quarterly internal assessment and reporting considers at all duties that are encompassed by the act, which includes a checklist against all aspects of each duty, evidence where it has been assessed as complete, and action plan for where it may be partially complete. When evidence is identified, due diligence is undertaken to review as compliant against the Act. A continual improvement approach is used in reviewing assessments submitted, and written feedback for future consideration and actions, as well as identifying areas of good practice for sharing is provided.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	*This should describe the situation: what is the success, achievement, or learning?* *For example, senior 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.*	*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.*
General	Publication and embedding of Organisational Time to Lead SOP. Provides a range of information regarding the Act, access to internal and signpost external resources to support staff for reference to support the Board meet the duties of the Act. This has specific Case Studies, Posters and examples of local team level SOPS supported by Vlogs for Real Time Staffing & Risk Escalation Health & Care (Staffing) (Scotland) Act 2019 - NHSGGC	Continual review and enhancement of quality and quantity of resources and signposting. Identifying evidence through due diligence and expanding the HCSSA Website resource bank.
AHP & Pharmacy	Support from Once for Scotland / National groups on Definitions, JD standardisation and apportionment of leadership time and definitions.	There are some National Level Job Description updates being reviewed and where relevant GGC participates, such as AHP and Pharmacy, we will ensure this is also considered.

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	*This should describe the situation: what is the challenge or risk identified?* *For example, the process in place to identify the roles, and therefore individuals, with lead clinical professional responsibility for a team of staff does not consistently identify who these individuals are, and therefore sufficient time and resources for these individuals to discharge their responsibilities has not been considered.*	*This should describe what actions have been / are being / will be taken to address the situation.* *For example, if the process in place to identify the roles, and therefore individuals, does not consistently identify who those individuals are, what measures have been taken to address this? This could involve working with all staff groups, clinical areas, and teams to identify job titles / roles, utilising HR processes, and information and or utilising eRostering to identify team leaders etc.*
General	Lack of holistic supervisory / management time system capture and available reporting. Some quarterly returns highlight concern of ensuring Clinical Leaders are provisioned with required Time to Lead, and how this is recorded consistently and effectively across all professions. There is evidence coming through the RTS & RE process highlighting that Clinical Leadership time is sometimes forgone when mitigation for adequate staffing levels require to be in place for safe service delivery. However, in other areas there is no evidence emerging of a challenge to ensure leadership time, from PDPRs, Clinical Supervisions, one to ones and iMatter report summaries. Further embedding of SOPs and reporting is required across most returns and additional evidence will be requested and reviewed Q4 assurance reporting.	The Workforce Business Systems Programme has had its objectives, priorities and governance refreshed to ensure delivery for the Act: ➢ Implementation of Optima (eRostering), SafeCare, Loop and Allocate Rota ➢ Benefits are defined and realised. ➢ Reporting outputs are monitored. In the interim ensuring adoption of RTS & RE SOP & TtL SOP ensuring consistency and standardisation. Focus in quarterly assessment reviews, ensuring all relevant professions and services have a suitable process that are recorded and accessible to all members of staff within the service and they can be easily evidenced and, in any monitoring, or compliance checks. ie Supervisions, PDP-Rs, iMatter Action Plan
General	Support from Once for Scotland / National groups on Definitions, JD standardisation and apportionment of leadership time and definitions where not available, such as HealthCare Scientist roles and other specialist roles	Review career pathways and job descriptions, aligning with national directives. Consider requesting STAC support on national level definition and standardised T's & C's.

General	The quarterly returns have differing levels of evidence, with some reporting progress, others finding embedding challenging due to size and complexity of services, differences in roles depending on delivery context and wished to focus on embedding RTS & RE first. As with RTS & RE localised Time to Lead (TtL)service-based SOPs have been evidenced and some of these added to the HCSSA Website.	Identifying evidence through due diligence and expanding the HCSSA Website resource bank.
Reduced Working Week	Whilst plans for mitigation for the next reduction in the working week are underway, accessing the appropriately qualified staff to fill gaps will continue to be an issue and may impact the position on provisioning clinical leadership time	

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.

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.*

NHSGGC has an Induction film welcoming new employees with the aim of highlighting our values and ambitions and to outline the ethos of patient centred care in the Board. It is key that we are all committed to the core NHS values of: Care and Compassion, Dignity and Respect, Openness, Honesty, Responsibility, Quality and Teamwork and we use these values to guide us in all that we do. It can also be used when our team members transfer to a different role within our organisation or return after an extended period of absence such as maternity leave or secondment. An effective induction process should provide a variety of benefits and support our aim of delivering high quality patient care and the efficient delivery of services. Managers have a vital role in supporting compliance and a MicroStrategy Dashboard is available for Statutory and Mandatory Training and PDPs. There are local KPI dashboards and regular monthly reports submitted to leaders on the status of their team's compliance.

Training on the HCSSA legislation is incorporated as part of the nursing and midwifery Roster Masterclass sessions and in advance of Staffing Level Tool runs. TURAS and SharePoint resources are available to all staff involved in Staffing Level tool runs. Continual promotion and signposting of the Nationally developed TURAS resources occurs, encouraging update at the appropriate level to all staff who the Act applies to. Workforce Groups and Professional Leads contribute to TURAS resources being further developed and targeting communications for skilled level as appropriate. SafeCare deployment will include learning on the Act, signposting to profession specific resources.

Most returns highlighted professionals are well informed and have the training to carry out the roles they are employed to do. Most services have Substantial Assurance level at the end of quarter 3. Reporting, where available, such as Statutory & Mandatory training via LearnPro, supports this level of assurance. Also, the outputs of iMatter surveys, alongside more manually collated data from Team Leads in PDPRs and or 1-1 / supervision meetings with their staffing cohorts. Only a few returns identify challenges in protecting time for training due to workload and service demand, but this is generally mitigated through staff planning and rescheduling as required. There is also no evidence to the contrary coming through the RTS process as mitigations identified via staffing related Datix.

Current National programme on Protected Learning Time underway and locally led by HROD driving consistency, this should also have delivery outcomes that support monitoring compliance and assurance and risk levels.

Please provide Information on your methods of monitoring compliance with Duty 12ll
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. NHSGGC has a Staff Governance Committee which monitors various aspects for Workforce, including staff engagement, development. This includes reporting on Statutory and Mandatory Training and PDP-R levels organisationally. These reports are made available via Board Papers quarterly and some aspects are reported in the Boards Annual Report, under corporate aim Better Workplace. This consists of objectives, that in many ways mirror the intent and aims of the act and this specific duty : - • To ensure our people are well informed • To ensure our people are appropriately trained and developed • To ensure our people are involved in decisions that affect them. LearnPro system is in place to monitor compliance with mandatory and essential training for all NHS functions and professional groups. Compliance levels with mandatory and induction completion is monitored. PDP-R completion is monitored through the NES TURAS platform. In house education teams for professions monitor and provide extensive educational support, ie through Practice Development / Education Facilitators (Nursing, medical and AHP specific). All employees undergo induction and orientation. Quarterly internal assessment and reporting considers at all duties that are encompassed by the act, which includes a checkli st against all aspects of each duty, evidence where it has been assessed as complete, and action plan for where it may be partially complete. When evidence is identified, due diligence is undertaken to review as compliant against the Act. A continual improvement approach is used in reviewing assessments submitted, and written feedback for future consideration and actions, as well as identifying areas of good practice for sharing is provided. The latest advances in the National AFC Protected Learning Time have agreed on three layers of reporting at an a) individual level, b) manager level and c) at an organisational level. The detail of how this will be progressed and by when are currently in consideration. Once this is in place, future HCSSA monitoring for this duty will link into the new reporting and groups to minimise duplication.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	*This should describe the situation: what is the success, achievement, or learning?* *For example, the psychology department in conjunction with HR, has just completed a project to promote more accurate capturing of information*	*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*

	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.	*undertaking a project to establish whether they could implement something similar.*
General	Publication and embedding of Organisational Time to Lead SOP. Provides a range of information regarding the Act, access to internal and signpost external resources to support staff for reference to support the Board meet the duties of the Act. This has specific Case Studies, Posters and examples of local team level SOPS supported by Vlogs for Real Time Staffing & Risk Escalation Health & Care (Staffing) (Scotland) Act 2019 - NHSGGC	Continual review and enhancement of quality and quantity of resources and signposting. Identifying evidence through due diligence and expanding the HCSSA Website resource bank.
Nursing & Midwifery	The TURAS resources are promoted as part of Acute induction and essential learning as well as in Roster Masterclasses and Staffing Tool Run preparation.	Continual review and enhancement of quality and quantity of resources and signposting.
Agenda for Change (AfC) Protected Learning Time (PLT)	Initial rudimentary data review suggests around 70% of staffing do manage to progress Stan/Man training in work time.	AfC PLT group to further look at available data, to explore reason for not completing Stat/Man, ie personal choice or lack of available time.

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	*This should describe the situation: what is the challenge or risk identified? For example, 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.*	*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.*
Agenda for Change (AfC) Protected Learning Time (PLT)	Consistent in the returns is the difficulty of collating all training across Statutory & Mandatory Training, Health and Safety, and Professional, and being able to easily evidence the assurance level, cited as onerous. National programme focus is initially on Stat / Man 'CORE' Training. This needs to be expanded to also include professional or speciality training required by clinical AFC roles. This work may identify a level of activity requiring protection time for professions that will be challenging to introduce, whilst Boards are managing reduced working week and covering staffing gaps during a period of financial challenge. National Template in development nationally. 3 layers of reporting agreed nationally, however, how this will be delivered is outstanding.	NHSGGC KSF lead contributing to network group, reviewing ToR to change to AfC focused on policy delivery including PLT Review set of principles identified for AfC PLT. Review recent National PDP-R Policy update to consider application. Review outputs from National Group on proposals including those from NES Digital on how the agreed 3 levels or reporting can be delivered, influencing solution. Initially this will focus on Stat / Man Training before being widened out to professions/ speciality requirements. National Reporting template to bring together and create an action plan at org level based on other 2 levels.

	In the meantime, some professional areas are issuing workforce development questionnaires to understand any challenges and to identify needs if not fulfilled	
	Another area of consistent feedback was the lack of reliable data helping the monitoring of the HCSSA Informed and Skilled Training using the national TURAS platform. There is an ongoing action for Health Improvement Scotland and NHS Education Scotland to review the TURAS Learning resources and with it the ability to monitor who has completed the modules, along with improved reporting on skilled level resources.	This continues to be followed up by NHSGGC and the National Workforce Leads group for delivery.

COMPLIANCE ASSURANCE LEVEL
Substantial 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.*

The Nursing Midwifery Workforce Governance Subgroup for CSM is established and are be the professional governance route under business and usual, with links are maintained with Medical Leads associated with ED Services.

A small, dedicated team within NMAHP Directorate continues to be funded within NHSGGC to support duty 12IJ & 12IL. An annual schedule for delivering the CSM was agreed for all Nursing and Midwifery and Medical professionals in scope, including the ECPT staffing level tool run. A programme of support is given for preparation, education, running, reviewing, quality assuring and reporting on each tool run (meeting all aspects of CSM). The 25-26 Staffing Level Tool (SLT) run plan was approved via our Corporate Management Team and will be completed by February 2026. A continuous quality improvement approach is in place.

HIS quality assurance checklist is utilised and recorded to assure that each SLT run is fully quality assured. Access to all available resources is provided to areas including: HIS speciality specific tools, training videos, templates, local training, as well as real time in person support from the Boards small, dedicated team. A standardised reporting template is completed after each run which incorporates all aspects of CSM. Each Sector/HCSP is also asked to complete a local report which is presented at each Senior Management Team and submitted to the Deputy Nurse Director to have a final CSM meeting and commission the 25-26 board report due in Spring 2026. There have been some challenges in receiving CSM Reporting outputs timely, though 2025-26 CSM processes remain on track. Work is continuing to monitor internal compliance with tool runs.

Returns reflect the need for continuous review and improvement, especially around the triangulation of data and intelligence, and embedding the new process, aligning with Workforce Planning. As already reported, outputs have informed workforce planning and, in some areas, supported the required investment in additional resourcing.

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.

The returns reflect a substantial compliance to the awareness of, use of the CSM, by those staff who are identified in the act that must use this annually, within appropriate areas of service. Areas completed their 25-26 SLTs, most have finalised their triangulation reviews and final reports, and at the time of writing the report MH/LD and ED are currently triangulating due to timing. CNS complexities remain.

Over and above the CSM process itself, monitoring is also via Quarterly internal assessment and reporting considers at all duties that are encompassed by the act, which includes a checklist against all aspects of each duty, evidence where it has been assessed as complete, and

action plan for where it may be partially complete. When evidence is identified, due diligence is undertaken to review as compliant against the Act. A continual improvement approach is used in reviewing assessments submitted, and written feedback for future consideration and actions, as well as identifying areas of good practice for sharing is provided.

Similar to last year, a Board-wide storyboard is currently under development, with plans to present this to the Corporate Management Team (CMT). In parallel, we are using Maternity Services as a test case to establish a strengthened CSM-focused Governance Committee. The intention is for this committee to receive individual storyboards for each of the legislated tools, enabling deeper exploration of outcomes and supporting the early identification and management of any severe or recurrent risks.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	*This should describe the situation: what is the success, achievement, or learning?* *For example, 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.*	*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.*
General	Publication via the N&M HCSSA SharePoint developed with continual review and publicising of tool kits and new sessional resources. Also, via HCSSA Website and embedding of CSM SOP & reporting template. Provides a range of information regarding the Act, access to internal and signpost external resources to support staff for reference to support the Board meet the duties of the Act. This has specific Case Studies, Posters and examples of local team level SOPS supported by Vlogs Health & Care (Staffing) (Scotland) Act 2019 - NHSGGC	Continual review and enhancement of quality and quantity of resources and signposting.

Workforce Assessment	In our quarterly assessments we can see the progress of workforce plans regarding how outputs from the CSM are contributing to planning and where any areas of concern in relation to staffing levels and related patient safety are used to evidence requirement, and change in current staffing levels or the way services are delivered. In 2025-26, additional funding for appropriate resources was provided to Acute Emergency Departments, and for Maternity services with some of the additional resources are already in place, supporting a safe and quality service. Across NHSGGC, substantial workforce expansion and leadership strengthening have been delivered to support emergency and unscheduled care. Medical staffing increased by 10 WTE, including new ED Consultants and Clinical Fellows, alongside enhanced medical leadership appointments. Nursing capacity grew by 26.55 WTE, with significant recruitment in all sectors and progress on real-time staffing SOPs and safer staffing reviews. Additional investment includes 8 WTE portering staff and expanded clinical educator and ANP roles. Sector-specific progress includes new consultant posts, ongoing nursing recruitment, extended Trauma Assessment Units operating hours, and improved portering support, collectively demonstrating sustained commitment to stabilising workforce resilience and improving patient flow across North, Clyde, and South sectors. NHSGGC Maternity Services have delivered major workforce strengthening over the past three years, with a substantial midwifery staffing uplift of 36.5 WTE approved in 2025, targeted at triage (19 WTE), labour wards (15 WTE), and NIPE implementation (2.5 WTE), alongside expansion of Clinical Skills Midwives to 1.0 WTE per unit and key new specialist leadership posts. Recruitment has been successful in stabilising high-risk areas, with all 19 BSOTS triage midwives in post and labour ward recruitment underway, improving flow, safety, and staff wellbeing. This uplift, combined with Safe to Start real-time staffing, the Common Staffing Method, and ongoing service redesign, has strengthened resilience, reduced sickness	Story Board Templates have been produced and will be used for other services as appropriate Ongoing CSM yearly process and reporting, with annual review of the SOP and reporting template, especially with gradual move to SafeCare and away from SSTS for SLT runs.

	absence, enhanced governance, while supporting safe, equitable care across a growing and increasingly complex maternity population.	
Visibility and Transparency	The CSM SOP has allowed for consistent and improved application and outputs.	Ongoing CSM yearly process and reporting, with annual review of the SOP and reporting template, especially with gradual move to SafeCare and away from SSTS for SLT runs.
Person centred care standard & planning (across professions)	There is a person-centred care standard being developed across the board and currently covers the 5 largest professions, and it is applicable to all registrants and HCSWs also. This is part of the Excellence in Care approach, and the standard is a deliverable of the Quality Strategy and Implementation plan. Also included in the Nursing & Midwifery strategy, incorporating the person-centred care plan was codesigned with staff and people with lived experience. This is part of the N&M Strategy and will be delivered via the Digital Clinical Notes project, also the eHealth / Digital Strategy.	Single standard to assist with consistency across services. The Person-Centred Standard is also being benchmarked with the National work to develop a core set of person centred measures
New SafeCare SLT pilot and adoption	SLTs are completed for 25-26 including Mental Health and Learning Disability and Emergency Departments using the new SLT format on SafeCare. Output is still being assessed to provide the required Common Staffing Method (CSM) output. Returns mentioned the embedding of the new CSM Standard Operating Procedure, reflecting on its helpfulness to ensure all are following a consistent process. 25-26 CSM SLT plans are underway with improved iterations to the CSM reporting template and guidance, a newly approved Standard Operating Procedure is in place, and a communications plan. We have developed a self-directed learning tool kit which aligns to the HIS toolkits, to resource further support in a more sustainable way.	Continued contribution to National Expert Working Groups for SLT development in SafeCare.

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	*This should describe the situation: what is the challenge or risk identified? For example, 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.*	*This should describe what actions have been / are being / will be taken to address the situation. For example, if the common staffing method was not followed in emergency care provision and this 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.*
Clinical Nurse Specialist Staffing Level Tool	The CNS tool was completed for 25-26, we implemented and enhanced a support package and outputs, recognising the complexities involved, made reporting a challenge.	This has been acknowledged by Healthcare Improvement Scotland (HIS), and they are currently considering removing it from the monitoring and compliance framework.
Resourcing	Recurringly funded resourcing post 25-26. While we are looking at innovative and streamlined ways of delivering the required substantial level of awareness, education and support, co-ordination, advice and support requirement for each areas staffing tool run and subsequent reporting collation and submission will increasingly become a challenge.	Resourcing review underway to support a BAU process as part of wider workforce planning. Assess ways of delivering support differently, but until SLTs are available on SafeCare, along with Optima deployment, there will continue to be a requirement for at least 3WTE which are not currently funded.
General	As we have a triple challenge of sustainability and value, quality and workforce	Ongoing discussions and deeper dives into CSM outcomes and risks. Focused areas of work to consider new developments of how deliver our services.
SafeCare SLT Reporting	Currently the SLT reporting in SafeCare is not replicating what has been available in SSTS and this requires the Board resource to prepare reports to send to HIS for review. This is resource intense and burdensome and not sustainable	Contribute to the National Reporting Group, support DPIA and DPA development and review.

COMPLIANCE ASSURANCE LEVEL
Substantial Assurance

Duty 12IL: Training and consultation of staff

Duty Summary	**In complying with the duty imposed by section 12IJ, every Health Board and the Agency must—** (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— (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.

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.*

This update has been covered in response above to 12IJ and the Common Staffing Method SOP Outlines much of this including staff involvement and team discussion as well as getting feedback from the CSM Outcomes via Story Boards.

We have incorporated TURAS HCSSA training modules into Induction & Essential Learning frameworks, created a specific KSF associated, and improve the Roster Masterclass education. Staff are already encouraged to access HIS learning resources and we continually review to seek to improve how this is distributed to increase staff engagement and to monitor completion of TURAS resources, in the absence of NES/HIS reporting. Staff consultation / engagement in local tool runs is recorded using a standardised template which will be completed by each area following each tool run. Feedback on training is requested and reviewed as part of continuous improvement.

Chief and Lead Nurses also ensure they convey the importance of attending available training and reading available resources.

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. The CSM plan is socialised with senior clinical leaders and agreed in advance. The Lead Nurse for N&M Workforce monitors delivery against this plan and reports through the CSM Subgroup of N&M Workforce group. In our quarterly assessments we can see the progress of workforce plans regarding how outputs from the CSM are contributing to planning and where any areas of concern in relation to staffing levels and related patient safety are used to evidence requirement, and change in current staffing levels or the way services are delivered. This includes a response to a comprehensive checklist of good practice and activities as outlined in the CSM SOP

COMPLIANCE ASSURANCE LEVEL
Substantial Assurance

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	*This should describe the situation: what is the success, achievement, or learning?* *For example, key personnel who were very experienced in using the common staffing method were engaged to train and mentor other personnel involved in the process.*	*This should describe how the success, achievement or learning could be used in the future.* *For example, those key personnel have now decided to meet regularly in a forum to discuss shared learning and to ensure the common staffing method is used consistently across all relevant areas in the organisation.*
General	Publication via the N&M HCSSA SharePoint developed with continual review and publicising of tool kits and new sessional resources. Also, via HCSSA Website and embedding of CSM SOP & reporting template. Provides a range of information regarding the Act, access to internal and signpost external	Continual review and enhancement of quality and quantity of resources and signposting.

	resources to support staff for reference to support the Board meet the duties of the Act. This has specific Case Studies, Posters and examples of local team level SOPS supported by Vlogs Health & Care (Staffing) (Scotland) Act 2019 - NHSGGC	
Visibility and Transparency	The CSM SOP has allowed for consistent and improved application and outputs.	Ongoing CSM yearly process and reporting, with annual review of the SOP and reporting template, especially with gradual move to SafeCare and away from SSTS for SLT runs.
Person centred care standard & planning (across professions)	There is a person-centred care standard being developed across the board and currently covers the 5 largest professions, and it is applicable to all registrants and HCSWs also. This is part of the Excellence in Care approach, and the standard is a deliverable of the Quality Strategy and Implementation plan. Also included in the Nursing & Midwifery strategy, incorporating the person-centred care plan was codesigned with staff and people with lived experience. This is part of the N&M Strategy and will be delivered via the Digital Clinical Notes project, also the eHealth / Digital Strategy.	Single standard to assist with consistency across services. The Person-Centred Standard is also being benchmarked with the National work to develop a core set of person-centred measures
Awareness, Engagement and Reflection	We have incorporated TURAS HCSSA training modules into Induction & Essential Learning frameworks, created a specific KSF associated, and improve the Roster Masterclass education. Staff are already encouraged to access HIS learning resources, and we continually review to seek to improve how this is distributed to increase staff engagement and to monitor completion of TURAS resources, in the absence of NES/HIS reporting. Staff consultation / engagement in local tool runs is recorded using a standardised template which will be completed by each area following each tool run. Feedback on training is requested and reviewed as part of continuous improvement.	Follow up with HIS / NES on HCSSA Turas Analytics Continual Improvement Approach

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	*This should describe the situation: what is the challenge or risk identified?* *For example, issues were identified with a lack of training on the CSM for personnel in emergency care provision due to time constraints.*	*This should describe what actions have been / are being / will be taken to address the situation.* *For example, arranging and delivering training; the provision of mentoring from experienced personnel; or the adoption of job planning which ensures adequate time is available for designated personnel to undertake training on the common staffing method.*
Balance of Care and Evidence	Balancing the demands of the Act with clinical pressures and competing policy initiatives can be challenging. In some cases, limited capacity and resource constraints have hindered the delivery of training, especially where it relies on a single staff member or team.	Working with Clinical Leads in areas challenged to ensure appropriately trained and aware
Resourcing	Recurringly funded resourcing post 25-26. While we are looking at innovative and streamlined ways of delivering the required substantial level of awareness, education and support, co-ordination, advice and support requirement for each areas staffing tool run and subsequent reporting collation and submission will increasingly become a challenge.	Resourcing review underway to support a BAU process as part of wider workforce planning. Assess ways of delivering support differently, but until SLTs are available on SafeCare, along with Optima deployment, there will continue to be a requirement for at least 3WTE which are not currently funded.

COMPLIANCE ASSURANCE LEVEL
Substantial Assurance

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.

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.*

NHSGGC acknowledges that as an organisation with our delivery partners, a need to review the legislative requirements to have regard for the Guiding Principles and the need for appropriate staffing arrangements when planning or securing the provision of he althcare from another provider. Procedures and processes have been updated to ensure specifications give regard to the duties and appropriate staffing when, planning, specifying and agreeing contracts / agreements.

Engagement with stakeholders, including finance and commissioning teams, has supported awareness-raising and the transition of these duties into business-as-usual operations. We grouped the scoping work as follows: -
> Practitioner / Independent Contractor Services
> Commercial Contracts & Agreements, including those for HSCPs
> Board to Board SLAs
> Board to Org contracts or agreements, including HSCPs
> We have also as part of our whole system approach contributed to discussion on a broader approach for Care Services - HSCP/LA/IJB

NHSGGC Procurement and Procurement and Contracting teams Tender Strategy Document and template has been updated to ensure proposed procurements are assessed for requirement to ensure specifications for Healthcare Services cover the Acts guiding principles and appropriate staffing, for healthcare and care services (tendering for new services or re-negotiating current services). This has also been included in the most recent NHSGGC Procurement Strategy 2025-2028

In addition, the board and its delivery partners Planning Leads have been informed about the Act, and its guidance in relation to consideration of specifications being aligned with the guiding principles and appropriate staffing as per the Act when planning or commissioning of new or substantial changes to any services.

We engaged Board Finance and Service Delivery leads on the current Board to Organisation / Board Service Level Agreements (SLA's) and to ensure everyone involved in developing an SLA or similar agreement ensure along with all other legal obligations, the delivery of the scope of service is clear on the staffing arrangements and gives regard to the Acts guiding principles. NHGGC has led on working with the NHS Central Legal Office on suitable clauses to build into SLAs, which have been adopted for any new, reviewed or changed SLA's. This has been shared Nationally for consistency and in the ethos of a Once for Scotland approach.

These efforts collectively support the delivery of safe, high-quality care and demonstrate a commitment to continuous improvement

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.

Quarterly internal assessment and reporting considers at all duties that are encompassed by the act, which includes a checklist against all aspects of each duty, evidence where it has been assessed as complete, and action plan for where it may be partially complete. This is completed as part of 12IA, including any further action planning or support. When evidence is identified, due diligence is undertaken to review as compliant against the Act. A continual improvement approach is used in reviewing assessments submitted, and written feedback for future consideration and actions, as well as identifying areas of good practice for sharing is provided.

On review of SLA's, Contracts and agreements most already included mechanisms for monitoring patient outcomes and contractor performance, such as quarterly feedback reports and contract review processes. Where this is not in place it is being adopted moving forwards.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	*This should describe the situation: what is the success, achievement, or learning?* *For example, when procuring from private hospitals, the organisation has incorporated the requirements of the Act into the tender process.*	*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.*
Board to Board SLA's	NHSGGC acted as the lead for the National HCSSA Workforce Leads Collaborative in progressing a generic clause for Board to Board SLA agreements working with CLO. NHSGGC have adopted the generic clause in all new or revised/ changes SLA's. Delivered both general awareness sessions with Procurement and Finance as well as targeted communication with Heads of Planning and Finance who work collaboratively with Service commissioners.	Tracking that the SLA's that NHSGGC Commissions have been updated with new clause covering HCSSA until complete. Part of quarterly assessment and due diligence.
Commercial Contracts & Agreements	NHSGGC Procurement and Procurement and Contracting teams Tender Strategy Document and template has been updated to ensure proposed procurements are assessed for requirement to ensure specifications for Healthcare Services cover the Acts guiding principles and appropriate staffing, for healthcare and care services (tendering for new services or re-negotiating current services). This has also been included in the most recent NHSGGC Procurement Strategy 2025-2028	Tracking that the SLA's that NHSGGC Commissions have been updated with new clause covering HCSSA until complete. Part of quarterly assessment and due diligence.
HSCPs Healthcare contracts or agreements	A review of a Hospice provider agreement has been concluded and a e template produced that includes some clauses that reflect the guiding principles of the Act and appropriate staffing arrangements. The specification of an agreement under renewal has been reviewed to ensure this also complies with the Act.	Tracking that the SLA's that NHSGGC Commissions have been updated with new clause covering HCSSA until complete. Part of quarterly assessment and due diligence.

Practitioner / Independent Contractor Services Pharmacy Optometry	The Service Level Agreement that Pharmacy Services uses for Independent Pharmacies has been updated with a Clause in relation to the Act and its Guiding Principles. This will be the version used for any new Pharmacies onboarded or for any existing where the arrangements are reviewed or renewed. The above approach has also been identified as suitable for community optometry. This will be the version used for any new Opticians onboarded or for any existing where the arrangements are reviewed or renewed.	Tracking that the SLA's that NHSGGC Commissions have been updated with new clause covering HCSSA until complete. Part of quarterly assessment and due diligence.

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	*This should describe the situation: what is the challenge or risk identified?* *For example, 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.*	*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.*
Practitioner / Independent Contractor Services Dental & General Practice	Lack of statutory authority to require staffing information from independent contractors, particularly in dental and general practice services.	Continued collaboration and updated national guidance from Scottish Government required to strengthen compliance and ensure equitable service provision across Scotland

COMPLIANCE ASSURANCE LEVEL
Reasonable Assurance