**NHS 24
BOARD MEETING
24 APRIL 2025
ITEM NO 11.1
FOR APPROVAL**

HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019
ANNUAL REPORT 2024-25

Executive Sponsor:
Andrew Moore, Executive Director of Nursing and Care

Lead Officer/Author:
Debbie McCarthy, Clinical Service Manager/Lead Nurse for Safe Staffing

Action Required:
The NHS 24 Board is asked to:
 a) Note the ongoing work to ensure monitoring and compliance with the legislative requirements of the Health and Care (Staffing) (Scotland) Act 2019.
 b) The improvement actions that have been delivered to strengthen systems and processes further and ensure progress towards demonstrating substantial assurance for all relevant duties.
 c) Approval to submit the first Annual Report to Scottish Government and publication on the NHS 24 website by 30th April 2025.

Key Points for the Board/Committee to consider:
• The overall assessment of the current level of compliance for Quarter 4 (annual) is substantial assurance.
• Several improvement actions were achieved during the reporting period (2024-25).
• There is a requirement to submit an NHS 24 Board approved report by the 30th April 2025 to Scottish Government.

Governance process:
Quarterly reporting via Clinical Governance Committee and Staff Governance Committee. In addition, quarterly submission to Healthcare Improvement Scotland.

Strategic alignment and link to overarching NHS Scotland priorities and strategies:
Improving services through learning to ensure continuous quality, safe and effective patient care.

Strategic alignment and link to Corporate Delivery Plan activity:
• Health and Care (Staffing) (Scotland) Act 2019
• NHS 24 Corporate Strategy
• NHS 24 Workforce Plan
• NHS 24 Strategic and Corporate Risk Register
• Excellence in Care
• NHS 24 Financial Plan

Key Risks:
It is a legal requirement for NHS 24 to demonstrate compliance with the relevant duties outlined in the Act. There is a risk of improvement intervention from Healthcare Improvement Scotland and impact on organisational reputation if compliance cannot be met in full.

Financial Implications:
There are no financial implications identified in relation to this paper.

Equality and Diversity:
The application of the Safe Staffing legislation will take account of equality and diversity considerations.

1.   RECOMMENDATION

1.1.   The NHS 24 Board is asked to:

a) Note the ongoing work to ensure monitoring and compliance with the legislative requirements of the Health and Care (Staffing) (Scotland) Act 2019.
b) Note the improvement actions that have been delivered to strengthen systems and processes further and ensure progress towards substantial assurance for all relevant duties.
c) Approval to submit the first Annual Report to Scottish Government and publication on the NHS 24 website by 30th April 2025.

2.   TIMING

2.1.   The Health and Care (Staffing) (Scotland) Act 2019 was enacted on the 1 April 2024. There is a requirement to submit quarterly compliance reports to the Clinical Governance Committee from Quarter 1 2024-25 onwards. Quarterly reports must also be submitted to Healthcare Improvement Scotland (HIS) who have a role and function under the Health and Care (Staffing) (Scotland) Act 2019 to monitor the discharge of duties in compliance with the Act. In addition, a Board approved annual report is required to be submitted to Scottish Government and Healthcare Improvement Scotland by the 30 April 2025.

3.   BACKGROUND

3.1.   The aim of this legislation is to provide a statutory basis for the provision of appropriate staffing in health and care settings, enabling safe and high-quality care and improved outcomes for service users. Effective application will support wider workforce planning by enabling a rigorous evidence-based approach to decision making on staffing. Thus, ensuring that the right people with the right skills are in the right place at the right time which in turn will improve patient experience and staff wellbeing.

3.2.   There are ten duties outlined in the Health and Care (Staffing) (Scotland) Act 2019:
1. Duty to ensure appropriate staffing.
2. Duty to ensure appropriate staffing: agency workers.
3. Duty to have real-time staffing assessment in place.
4. Duty to have risk escalation process in place.
5. Duty to have arrangements to address severe and recurrent risks.
6. Duty to seek clinical advice on staffing (including role of clinical executives)
7. Duty to ensure appropriate staffing: number of registered healthcare professionals.
8. Duty to ensure adequate time given to clinical leaders.
9. Duty to ensure appropriate staffing: training of staff.
10. Duty to follow common staffing method.

3.3.   A significant amount of work has been undertaken to ensure NHS 24 can evidence compliance against each of the duties that apply. This included participation in the national end to end testing of the Scottish Government National Guidance. At the end of this process Scottish Government provided positive feedback regarding NHS 24 readiness for enactment.

4.   ENGAGEMENT

4.1.   A short life working group was established to ensure progress towards compliance. Membership has included professional leads and representatives from each of the directorates. Support has been provided from Healthcare Improvement Scotland and the policy/professional leads at Scottish Government.

5.   FINANCIAL IMPLICATIONS

5.1.   There are no financial implications noted currently and it is anticipated that all requirements will be met from the existing resource envelope. Non-recurring funding has been provided from Scottish Government for a part-time Lead for the Healthcare Staffing programme. It is anticipated that this funding will come to end in March 2025.

6.   MEASURABLE BENEFITS

6.1.   Scottish Government has issued a quarterly reporting template (Outlined at Appendix 1) to provide an assessment of how the organisation has met its duties under the act.

6.2.   The assessment asks NHS Boards to rate themselves against a RAG status overall and for each of the duties.

Green Substantial Assurance	A sound system of governance, risk management and control exist, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Yellow 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.
Amber 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.
Red No Assurance	immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control are inadequate to effectively manage risks to the achievement of objectives in the area audited.

6.3.   The NHS 24 assessed position for Quarter 4 (annual) 2024-25 is as follows (please refer to Appendix 1 for more detail):

Overall Rating	Rationale
Substantial Assurance	NHS 24 has robust operational and strategic workforce planning arrangements in place (across all professional skill sets) that are aligned to the NHS 24 Workforce Strategy and organisational objectives.

	Governance arrangements are in place to monitor ongoing compliance including early identification of any required improvement action. Given the delivery of identified improvement actions during 2025-25, the overall organisational compliance is assessed as substantial assurance, achieving the predicted path to green by the end of quarter 4.

Duty	Assurance Level	Rationale / Comment
12IA Duty to Ensure appropriate Staffing. Guiding principles for health and care Staffing		NHS 24 has systems and processes in place to meet the requirements of this duty and has performed this duty through the presence and use of appropriate systems and processes.
12IC Duty to have real-time assessment in place		The work previously in train to strengthen real-time staffing assessment processes is fully implemented and will continue to be monitored for effectiveness.
12ID Duty to have risk escalation process in place		The work previously in train to strengthen real-time escalation has been completed and embedded within the Respond risk management/ electronic reporting system. The risk escalation matrix implemented in Q3 has been monitored and no escalation incidents have been raised during Q3/Q4.
12IE Duty to have arrangements to address severe and recurrent risks		NHS 24 has systems and processes in place to meet the requirements of this duty and has carried out this duty through the presence and use of appropriate systems and processes.
12IF Duty to seek clinical advice on staffing		The outstanding element of this duty was approved, closing all elements for compliance. Staff arrangements for reporting staffing concerns have been embedded within Respond 8.
12IH Duty to ensure adequate time given to clinical leaders		All clinical leaders have planned time to lead built into rotas. The development and operationalisation of 'Time to Lead' standards and associated quality assurance process, has enabled full compliance with this duty.
12II Duty to ensure appropriate staffing: training of staff		Overall organisational compliance for essential learning is 93.2% (Target 90%). Overall organisational compliance for appraisal completion was 95% PDP/ 92% Appraisal (Target 90%)

Duty	Assurance Level	Rationale / Comment
12IJ Duty to follow the common staffing method		Does not apply to NHS 24
12IL Agency workers		Does not apply to NHS 24

7.   NEXT STEPS
7.1.   To maintain compliance for all duties within the Act during 2025-26.

Health and Care (Staffing) (Scotland) Act 2019 Annual Report / Quarterly Return

This is the annual reporting template which organisations will be required to use once the Act is in force. We are testing this out for the quarterly returns submitted prior to commencement, to increase organisation's familiarity with the template and to see if any changes are required. There are differences to requirements for the quarterly returns and the annual reporting, e.g. the quarterly returns are not required to be published; where there are differences these are explained in blue text.

1   Section 12IM of the National Health Service (Scotland) Act 1978 ("the 1978 Act") as inserted by section 4 of the Health and Care (Staffing) (Scotland) Act 2019 ("the 2019 Act") requires all Health Boards, relevant Special Health Boards delivering direct patient care (i.e. NHS24, the Scottish Ambulance Service Board, the State Hospitals Board and the National Waiting Times Centre Board) and NHS National Services Scotland (referred to in the 2019 Act as the "Agency") (collectively referred to as "relevant organisations" in this template), to publish, and submit to Scottish Ministers, an annual report setting out how they have carried out their duties under sections 12IA (including how the relevant organisation has had regard to the guiding principles in section 2 of the Act), 12IC, 12D, 12E, 12F, 12IH, 12II, 12IJ and 12IL of the 1978 Act (all inserted by section 4 of the 2019 Act).

2   Section 2(1) of the 2019 Act requires Health Boards, relevant Special Health Boards delivering direct patient care (i.e. NHS24, the Scottish Ambulance Service Board, the State Hospitals Board and the National Waiting Times Centre Board) and NHS National Services Scotland (referred to in the 2019 Act as the "Agency") (collectively referred to as "relevant organisations" in this template), when carrying out the section 12IA duty to ensure appropriate staffing, to have regard to the guiding principles for health and care staffing in section 1 of the Act. Section 2(3) of the Act requires relevant organisations to provide information to the Scottish Ministers on an annual basis on the steps they have taken to comply with this and how these steps have improved outcomes for service users.

3   Section 2(2) of the 2019 Act requires Health Boards, relevant Special Health Boards delivering direct patient care (i.e. NHS24, the Scottish Ambulance Service Board, the State Hospitals Board and the National Waiting Times Centre Board) and NHS National Services Scotland (referred to in the 2019 Act as the "Agency") (collectively referred to as "relevant organisations" in this template), when planning or securing the provision of health care from a third party under the National Health Service (Scotland) Act 1978 to consider both the guiding principles for health and care staffing in section 1 of the Act and the need for the third party to have appropriate staffing arrangements in place. Section 2(3) of the Act requires relevant organisations to provide information to the Scottish Ministers on an annual basis on the steps they have taken to comply with this and how these steps have improved outcomes for service users.

4   Reporting for section 12IB (duty to ensure appropriate staffing: agency workers) is within a separate quarterly report and not included in this template.

5   Guidance on completing the template can be found below. Completed reports must be returned to {email} by 30 April 2025. If you require further assistance or have any queries, please contact {email}. Quarterly returns are to be returned as previously advised.

Report approval

6   This tab should be completed by the person signing off the report. An electronic signature is acceptable.

7   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. This does not apply to quarterly returns.

Summary

8   This tab asks for an overall summary 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 (see https://www.gov.scot/publications/health-and-care-staffing-scotland-act-2019-overview/pages/roles-in-scope-of-the-act/ for more details of which staff groups are covered under the Act).

9   Following receipt of the reports from relevant organisations, the Scottish Ministers must collate these 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 must be comprehensive and pertinent to the staffing of the health service. Please complete these questions in 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. For the quarterly returns the information will not be collated and put before the Scottish Parliament. However please still complete this in sufficient detail .

10   The tab then asks for an overall level of assurance of the relevant organisation's compliance with the Act, using the assurance categories as detailed below.

Individual duties / requirements

11　The next tabs look at specific elements within each of the individual duties / requirements of the Act, asking relevant organisations to provide an assessment of compliance against each statement, using the RAG classification below. Again, this should include all NHS functions, provided by all professional disciplines covered under the Act, with the exception of 12IJ and 12IL which only apply to certain types of health care, in certain locations using certain employees (more information is provided in these tabs). Next to the column for the RAG status is a column entitled 'Comment'. In this column, relevant organisations should provide detail to explain the RAG status. For example, details of the organisational structures and / or processes being used, such as eRostering / SafeCare. If the RAG status is not green then explanation should be provided of the NHS functions and / or professional groups that do not have systems and processes in place or who are not using them.

12　Next, 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 (for example, could learning in one area be applied to other areas). Again, in order to provide meaningful information that can inform health care staffing policy, relevant organisations are asked to complete this in some detail. For the quarterly returns, relevant organisations should detail areas of success, achievement or learning related to preparation for enactment in April 2024.

13　The relevant organisation is then asked to provide details of any areas of escalation 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 health care staffing policy, relevant organisations are asked to complete this in some detail. For the quarterly returns, relevant organisations should detail areas of escalation / challenge / risk related to preparation for enactment in April 2024.

14　Finally, relevant organisations are asked to provide a declaration of the level of assurance they have regarding compliance with the specific section of the 1978 / 2019 Act, using the classification as below.

15　Two tabs, section 12IA and 'planning and securing services' ask additional questions. Similar to above, these should be answered in sufficient detail and more guidance is given in these two tabs.

RAG status

16　When asked to provide a RAG status, please use this key.

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

17　**Declaration and level of assurance**

When asked to provide declaration of the level of assurance, please use this key.

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. |

Name of organisation:	NHS 24

Report authorised by:	*Andrew Moore*
	Executive Nurse Director
	28/03/2025

Location where report is published:	NHS 24 WEBSITE

Not applicable for quarterly returns - these are not required to be published

Summary report
Please answer the questions below, to provide an overall assessment of how the organisation has carried out its duties under section 2 of the 2019 Act, and sections 12IA, 12IC, 12ID, 12IE, 12IF, 12IH, 12II, 12IJ and 12IL of

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

This reporting period (2024-25), following enactment of the legislation is designed to provide ongoing reassurance that all areas defined within the Duties are monitored to ensure compliance and identify/prioritise improvement actions to strengthen current strategic and operational workforce systems, processes and governance.

2. **Please summarise any key achievements and outcomes as a consequence of carrying out the duties and requirements in the Act. For the quarterly returns this will be key achievements and outcomes in preparation for commencement. Please also detail the objectives for the next quarter.**

NHS 24 took part in the testing of the SG guidance during 2024-25, which enabled the early identification of areas of strength and areas that required improvement. Two duties required further improvement work to demonstrate full compliance - 12IC Duty to have real-time staffing assessment in place and 12IH Duty to ensure adequate time is given to clinical leaders. Key achievements to demonstrate compliance during 2024-25 include the implementation of an operational risk escalation tool and process embedded into systems for NHS 24, ensuring a consistent approach to the capture of real-time staffing data and associated risk management/mitigation and the development of 'Time to Lead' standards and associated quality assurance process. Both of these developments have strengthened organisational arrangements to meet the respective duties. In addition as part of the NHS 24 internal audit plan and an audit was undertaken of NHS 24 readiness/compliance with the Health and Care Staffing Act (2019). The findings demonstrated that NHS 24 has extensive workforce planning, monitoring, and reporting processes which supports operational and strategic management of staffing levels, particularly in ensuring they are sufficient to meet expected patient demand.

3. **Please summarise any key learning and risks identified as a consequence of carrying out the duties and requirements in the Act. For the quarterly returns this will be key learning and risks identified in preparation for commencement.**

NHS 24 has robust operational and strategic workforce planning arrangements in place (across all professional skill sets) that are aligned to the NHS 24 Workforce Strategy. Governance arrangements are in place to monitor ongoing compliance including early identification of required improvement action. Improvement actions previously in train, in particular the operational risk escalation tool and process have been implemented and embedded into systems, ensuring timely, informed decision making. In addition, the ability for staff to raise concerns at all levels has been formalised as a process and embedded to the risk management reporting system (Respond 8). Work was progressed to develop a quality assurance process to meet requirements around time to lead (this is linked to the recurring workforce risk in relation to recruitment of clinicians to agreed funded establishment). Given the further improvement actions that have been successful in both the recruitment and reduction of attrition rates which in turn has helped to achieve our ambitions of the time to lead proposals being approved for incorporation in both the clinical improvement and service transformation work. The overall organisational compliance is assessed as green - substantial assurance.

4. **Please indicate the overall level of assurance of the organisation's compliance with the Act, reflecting the report submitted. For the quarterly returns this will be overall level of assurance of the organisation's preparedness for commencement in April 2024.**

Substantial Assurance

1 Guiding principles for health and care staffing
2 Guiding principles etc. in health and care staffing and planning
12IA Duty to ensure appropriate staffing

Guidance chapter link

RAG status

Section	Item	Status	Comment
12IA(1)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary (see guidance for details of professional disciplines included within the Act) are working in such numbers as are appropriate for the health, wellbeing and safety of patients; the provision of safe and high-quality health care; and in so far as it affects either of those matters, the wellbeing of staff.	Green	NHS 24 service planning uses statistical methods to predict future need by using historical data for each of its services. Planning is based on call demand on a 15 minute interval basis to ensure demand/capacity planning is as efficient as possible. Forecasting is statistically valid. Detailed planning weekly, daily and on a shift by shift basis conducted. National pre-shift meetings conducted to factor any real time shrinkage enabling re-adjustment of resourcing plan. Safety huddles for all staff on commencement of shift. Senior manager visible throughout shift for any escalation/concerns. All staff adequately monitored with quality control, best practice screen breaks and Manager visibility. Embedded into practice is the capturing of staffing ratio data real time on a 30 min basis to evidence load balancing, information captured enables immediate intervention and timely response to aid decision making. Retrospective analysis of resource load balancing undertaken to gain a greater understanding of anecdotal evidence on staff 'feel' factor. Performance team provided data/narrative to help inform escalation process. The additional real-time data capturing to inform decision making has been embedded to business as usual practice and regular monitoring since implementation has not required any escalation. This information helps to support evidence against the criteria for reporting purposes and assurance.
12IA(2)(a)	These systems and processes include having regard to the nature of the particular kind of health care provision	Green	Detailed strategic workforce planning is informed by the NHS 24 Workforce Strategy, corporate delivery plan objectives, financial and workforce planning assumptions with systems and processes in place to track progress and revise plans in response to emerging risks or variation from the delivery of agreed actions (for all services/ professions). Workforce (resourcing), service delivery (central resource team and service leads) and training team work collaboratively with detailed forecasting regarding planned recruitment, attrition etc for each skill set. Regular planned review ensures that plans are adjusted accordingly. Oversight is in place via management and governance systems/processes.
12IA(2)(b)	These systems and processes include having regard to the local context in which it is being provided	Green	Dynamic agile approach where environmental factors are considered, noting any trends for recent increases in for example - Seasonal, Adverse Weather related incidents etc. Adjustments are made where possible to allow for potential impact. Contingency measures in place to consider unexpected increase in demand with ability for staff to work from home to augment service needs if facing extreme pressure/adverse weather. All services are considered as part of the overall workforce plan to ensure the service retains the ability to deliver. Reflective discussion and lessons learned taken forward as part of agile planning. Close monitoring of all services real time enables re-balancing of resource to meet demands, continuing to deliver services, This approach provides reassurance of compliance within this area.
12IA(2)(c)	These systems and processes include having regard to the number of patients being provided it	Green	Resourcing follows demand. A data rich organisation that over the years have captured extensive data to help inform profiling for call presentations. Shift review phase 1 realigned frontline staff to demand patterns. Whilst some overlap still exists(partly due to contracted hours/shift lengths for palatable rotas) the main body of resourcing is designed around peak call volumes. Additional fields have been included to enhance monitoring for compliance. This in turn will help to inform future workforce plans and modelling of the services to ensure we continue to deliver to all patients/ users of the services. Recurring gaps can be identified more readily improving response times when addressing any identified issues. Weekly monitoring and reflection of performance remain in place to ensure any adjustments can be made timeously.
12IA(2)(d)	These systems and processes include having regard to the needs of patients being provided it	Green	All patients presenting to NHS 24 are triaged as an individual based on clinical need. Multiple endpoint management options are available for all health board partners ensuring that the patient is seen at the right time, right place to enhance their overall experience in addition to moving traffic to appropriate endpoints, minimising burden on health boards and preventing overload in any particular area (i.e. A&E). Partner engagement meetings are held regularly with all health boards to ensure open, honest engagement allowing opportunity for improvements to services increasing overall patient satisfaction. Robust clinical governance measures are in place to augment learning.
12IA(2)(e)	These systems and processes include having regard to appropriate clinical advice	Green	All staff are appropriately trained for role with competency sign off and quality monitoring monthly to assure the quality of care provided. Where possible patients are presented to specialist areas for expert clinical advice as appropriate (i.e. - Mental health services, dental services, pharmacy advice, etc.). Staffing decisions and planning include a clinical service manager. Decision making and authority to act is defined through the escalation process to ensure the right people are making informed decisions on clinical staffing/resource. The escalation process strengthening the governance and information captured for visibility and assurance for reporting.

2(1)	These systems and processes include having regard to the guiding principles when carrying out the duty imposed by section 12IA	Green	Workforce planning, Staff and Clinical governance, quality indicator measures through monthly monitoring, risks raised, staff wellbeing teams across the service and imatters results help inform overall monitoring of compliance along with staff experience.
N/A	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Green	Risk escalation process implemented, clearly defined escalation points with reporting process fully captured on Respond 8. Reporting via Strategic Workforce Planning Group/ Establishment Control Group, Staff and Clinical Governance Committees.

Please provide information on the steps taken to comply with section 12IA.

These are steps taken to comply with 12IA in general. Examples could include information about workforce planning, national and international recruitment, retention, retire and return, service redesign, innovation, staff wellbeing, policies around supplementary staffing,

NHS 24 has a robust Workforce Strategy (and associated 3 year action plan in place, which is aligned to the corporate strategy and the corporate delivery plan. Strategic and operational workforce planning structures, processes and governance ensure that progress towards workforce targets/KPI's are managed robustly. During the last reporting period headcount continues to increase with rolling turnover continuing to decline and this is now 17.06% at the end of Q3. In February 2024 we met the NHS 24 Call handler target of 583 WTE for the first time and we have been able to sustain this since. Clinical Supervisors have steadily increased since April 2024, reaching 169.45 WTE at the end of March 2025, slightly below our trajectory of 175 WTE, however we have a further 20.02 WTE scheduled for training between Apr-Jul 2025..Ongoing recruitment predicts that we will reach target of 185 WTE by July 2025. A range of actions have been completed to attract the recruitment of clinicians, including attending careers events promoting NHS 24 as a Nursing career. There is an enhanced focus on attrition to gain a greater understanding of staff turnover. Other actions have been implemented to support retention including the introduction of an automated flexible working process and the development of directorate culture and wellbeing plans. Considerable effort has been focused on reducing attrition and understanding why nurses leave the organisation, as a result more emphasis has been applied to the consolidation phase of training with enhanced buddy support implemented.

Please provide information on how these systems and processes, and their application, have improved outcomes for service users

This should include, but not be limited to data in relation to patient safety and quality of care measures and outcomes, patient feedback and adverse event reporting.

Call review is the main quality assurance mechanism for NHS 24 and for this reporting period the quality of calls reviewed remains high. Levels of negative patient or partner feedback remain low, along with reported adverse incidents and events. Improvement work to optimise clinical processes/practice supported by Quality Improvement Senior Charge Nurses (and corporate teams)across NHS 24 centres has delivered sustainable improvements. Digital/Service transformation programmes have been established to progress the ambitions outlined in the refreshed NHS 24 corporate strategy. This work includes a range of improvements to the clinical decision support software and the procurement of a new Contact Centre/CRM system.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

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 or risk.	This should describe how the success, achievement or learning could be used in the future. Continue the roll out of eRostering across the organisation, using learning from areas that have already implemented.
Recent independent review of organisational compliance with the requirements of the Act via Internal Audit	As part of the NHS 24 internal audit programme an internal audit was undertaken by the NHS 24 internal auditors (March 2024) to assess the extent to which NHS 24 is able to demonstrate compliance with the requirements of the Health and Care (Staffing) (Scotland) Act 2019. The findings demonstrated that NHS 24 has extensive workforce planning, monitoring, and reporting processes which supports operational and strategic management of staffing levels, particularly in ensuring they are sufficient to meet expected patient demand. These include controls and processes such as: planning staff rotas based on accurate predicted demand, weekly, daily and pre-shift planning meetings to discuss staffing levels, real-time online monitoring of call demand and status of staff, and frequent meetings and reporting to discuss recruitment status and targets. The organisation has taken proactive steps for compliance with the Health and Care (Staffing) (Scotland) Act 2019 which comes into effect in April 2024, including volunteering to be a part of the implementation testing with the Scottish Government. This has allowed the board to identify improvement areas in a timely manner, to optimise arrangements and support compliance with the Act by the time the first annual compliance report is due (April 2025). We have identified opportunities to improve controls and processes, relating to the design of controls and more formal documentation of processes.	Minor improvements were recommended by the auditors (in line with feedback from Scottish Government) to strengthen arrangements regarding real-time risk management (formalise current arrangements) and improve monitoring/ internal reporting. Significant progress was made in Q2 to establish a real-time risk escalation process, with monitoring and reporting which has been approved and due for full implementation 07 October 2024. The real-time risk escalation tool and process was fully implemented and embedded within reporting systems. This continues to be closely monitored. The risk assessment tool continues to be monitored and has not initiated any escalation incidents since implementation.
Recruitment and retention of Clinicians to funded establishment has been challenging for a number of years.	As part of the NHS 24 Workforce Strategy a comprehensive range of actions have been delivered to support substantial progress towards achievement of funded establishment for the clinical supervisor skillset (approx. 170.0 WTE with a path to establishment 185.0 WTE)	As part of the transforming roles workstream work was undertaken to explore the options of introducing a B5 development post. This recommended has been approved with plans for recruitment in April 2025. An extensive programme has been designed to ensure all elements and support are in place and it is intended to pilot one cohort in Sept 2025. The programme will remain fluid and be fully evaluated to determine future viability and effectiveness.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges
or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / challenge / risk	Details	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 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.
Recruitment of clinicians (Clinical supervisor Skillset - Band 6 Nurses) to funded establishment remains challenging	Over 2024 there has been improvements made against the organisational targets of 185.0 WTE. Clinical Supervisors have steadily increased since April 2024, reaching 169.45 WTE in post (gap 15.55 WTE) at end of March 2025(Q4) which is slightly below our trajectory of 175 WTE. There are 20.02 WTE scheduled to join Apr-July2025 and ongoing recruitment predicts target by end Q1(Jun 2025)	As part of the NHS 24 workforce strategy action plan - a range of actions are in train, which includes - detailed workforce planning with clear trajectories (included projected attrition) targeted recruitment of clinicians / flexible contracts / hybrid working / joint roles. A Service/ Digital Transformation programme has been established to deliver on the organisational ambitions set out in the NHS 24 corporate plan (2024-28). This includes the development of a revised clinical service model for the 111 service and the associated sustainable workforce plan (opportunity to introduce new skillsets - including Band 4/5)

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty
through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance

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

Guidance chapter link

RAG status

Section	Item	Status	Comment
12IC(1)	Clearly defined systems and processes are in place, and utilised, for the real-time assessment of compliance with the duty to ensure appropriate staffing, in all NHS functions and professional groups.	Green	Detailed planning weekly, daily and shift by shift basis conducted using proven data tools to predict workload vs skills required on a 15min basis. National pre-shift meetings conducted to factor any real time shrinkage enabling re-adjustment of resourcing plan. Safety huddles for all staff on commencement of shift. Senior manager visible throughout shift for any escalation/concerns or mitigation. Further work has been completed to enhance on shift resource change visibility for documentation and reporting. All staff adequately monitored with quality control, best practice screen breaks and Manager visibility. Additional real time information captured on 30min basis to evidence resource load balancing on shift. Additional analysis undertaken to provide reassurance around anecdotal evidence of challenging shifts. Additional profiling undertaken to help inform escalation processes, approved escalation process and reporting fully implemented with no incidents/triggers of escalation throughout Q3 and Q4, notably our busiest periods of the year due to peak demand over Festive and the Winter months.
12IC(2)(a)	These systems and processes include the means for any member of staff to identify any risk caused by staffing levels to the health, well-being and safety of patients; the provision of safe and high-quality health care; or, in so far it affects either of those matters, the wellbeing of staff.	Green	All staff have opportunities to raise any staffing concerns during extensive planning meetings, pre-shift meetings, real-time via Duty Clinical Service Manager (CSM), health and care staffing mailbox and virtually via the routine Respond 8 reporting system which captures the incident and escalates for further investigation/action. Any real time concerns are dealt via the Duty CSM/Service Delivery (SD) on call. Direct access to Senior decision makers enable a dynamic fluid approach with timely decisions and mitigating actions applied as appropriate. Further development enhanced the reporting process with clear evidence of 360 feedback to ensure originator of risk escalation is fully informed of decision/outcome of incident was fully implemented. This will continue to be monitored for effectiveness.
12IC(2)(b)	These systems and processes include the means for the initial notification / reporting of that risk to the relevant individual with lead professional responsibility.	Green	All staff and external partners have direct access to Duty CSM. Pre-shift safety huddles are conducted nationally to enable any re-adjustment for real time shrinkage. A consistent approach for all services is via Duty CSM who is responsible nationally, any risk identified will be assessed and mitigation applied which may include directly accessing Senior on call (SD on call). Any escalation requirement has direct access to Senior & Executive Management team. Professional leads for all areas have visibility of incidents raised for informed decision making.
12IC(2)(c)	These systems and processes include the means for mitigation of risk, so far as possible, by the relevant individual with lead professional responsibility, and for that individual to seek, and have regard to, appropriate clinical advice as necessary.	Green	On Call escalation of all Senior Management and Executive Teams are published daily with full access if necessary for any risk that cannot be mitigated immediately. Senior Manager(Duty CSM) visible on all shifts as initial point of contact. Duty CSM is always a Senior Clinician which prevents any delay in real-time decision making. Dynamic risk assessment is inclusive of risk mitigation with the ability to seek professional lead advice as required to ensure informed decision making.
12IC(2)(d)	These systems and processes include means for raising awareness among all staff of the methods for identifying risk, reporting to the individual with lead professional responsibility , mitigation, and seeking and having regard to clinical advice.	Green	Staff have access to and awareness of how to raise and escalate a risk, in particular to the clinical leads / duty CSM on every shift. Closing the loop on feedback received is embedded as part of the escalation process enhancing staff experience and providing greater reassurance of actions taken to mitigate against the risk/recurrence. Duty CSM is a clinical operational manager ensuring clinical advice is considered for all risks raised real-time. The associated work around enhancing processes and maximising current reporting, monitoring and risk management systems will support the communication required within the duty and provide assurance for compliance, this has now been embedded within systems.
12IC(2)(e)	These systems and processes include means for encouraging and enabling all staff to use the systems and processes available for identifying and notifying risk to the individual with lead professional responsibility.	Green	Escalation process currently exists within the organisation and extensive planning is conducted weekly, daily and on a shift by shift basis to minimise any risk identified. Real time capturing of information enhances current process. Respond 8 training for all frontline staff enabling them to raise a risk increases awareness, recording of activity ensures the correct individual with lead responsibility has awareness, the respond 8 system is designed for allocation to the correct professional lead group which enhances this process. The introduction of a dedicated, monitored mailbox for staffing issues provides additional opportunity for staff to raise risks directly. The enhanced process and reporting are embedded within systems, providing further assurance organisationally. This will continue to be monitored for effectiveness.

12IC(2)(f)	These systems and processes include the means to provide training to relevant individuals with lead professional responsibility on how to implement the arrangements in place to comply with this duty.	Green	Enhancing current process by providing planning tool with regular updates informs decision making real time. This coupled with further education on how to apply tools empowers the decision maker and captures accurate on shift resource. This provides a level of reassurance and consistency. Additional data captured helps to identify themes and inform resourcing gaps thus reducing recurrent avoidable risk long term. All staff are required to complete governance and H&S e-learning module incorporating risk assessment. Internal HCSA sessions delivered to accountable managers. The additional work to strengthen existing processes and provide guidance for utilisation of developed tools has been shared with appropriate staff groups to ensure understanding and effective application. NHS 24 encourage feedback and remain fluid in addressing issues identified. A direct link to workforce lead remains in place.	
12IC(2)(g)	These systems and processes include means for ensuring that individuals with lead professional responsibility receive adequate time and resources to implement those systems and processes.	Green	Duty CSM is dedicated to role to support operational management of NHS 24 Services. This is the focus for their shift with any risks/issues that are identified being addressed real time. Risk management and escalation is an embedded process as part of bau approach to delivery of care, dynamic real time staffing assessment. Weekly performance meetings provide opportunities for reflection, lessons learned to implement mitigation preventing recurrent events. Defining and documenting authority to act will enhance current practice. Further development to enhance the reporting process with clear evidence of 360 feedback to ensure originator of risk escalation is fully informed of decision/outcome of incident is completed and implemented.	
N/A	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Green	Work to strengthen existing processes and reporting has been completed and implemented. This will continue to be monitored for effectiveness.	

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

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 Safe Care are finding it easy to be able to 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. This success is being used to demonstrate to other areas the benefits of using Safe Care and supporting its implementation.
Real-time assessment	Work in train to develop tools to support real-time resource changes has been completed and approved enabling dynamic changes to be captured, ensuring ability to load balance remaining resource including mitigating actions. The staffing escalation tool ensures consistency for all shifts.	continue to monitor for effectiveness
360 degree feedback and closing the loop	Current arrangement for staff reporting a concern and receiving timely feedback require to be strengthened.	Further development to enhance reporting processes with clear evidence of 360 feedback to ensure originator of risk escalation is fully informed of decision/outcome of feedback is completed and implemented to Respond 8 incident management system.
Formalise operational risk escalation framework	Work in train (planned completion before 31/08/2024) to formalise the operational risk escalation framework	Whilst there are currently operational processes for staff to raise issues and monitoring of staff levels ahead of and during shifts, this isn't fully formalised and could lead to inconsistent application and risks not being appropriately mitigated and addressed going forward. Strengthened processes/arrangements have been developed and embedded to systems since Q3 with no incidents raised to date. This will continue to be monitored for effectiveness.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge / Risk	Details	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.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance

12ID Duty to have risk escalation process in place

Guidance chapter link

Section	Item	Status	Comment
12ID(1)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, for the escalation of any risk identified through the real-time staffing assessment processes which has not been possible to mitigate.	Green	Escalation processes in place for operational management for all professions. Pre-shift planning real time to enable dynamic flexible decision making. Direct access to Senior Manager for points of escalation requiring additional input/mitigation real-time. Performance meetings weekly for lessons learned and prevention of recurring risk where possible. Strengthened operational escalation framework is embedded in system and process.
12ID(2)(a)	These systems and processes include the means for the lead with professional responsibility to report the risk to a more senior decision-maker.	Green	Direct access to senior decision maker and Executive level for any risk that cannot be mitigated. This enables timely decisions and dynamic approach to operational planning/delivery. On call rotas widely published. Senior Manager visible throughout shifts (Duty Clinical Service Manager (CSM)). Pre-shift safety huddles are Chaired by Senior Clinical Manager (Duty CSM) with the ability to report outcomes to senior professional leads. Staff and managers can raise a concern regarding appropriate staffing directly to their line manager or Duty CSM to enable dynamic risk assessment of the staffing provision and any necessary mitigation applied. In addition Respond 8 reporting is available for all staff to raise an incident, full training on system has been completed. An additional monitored mailbox specifically for staffing issues has also been implemented. A risk management strategy is defined with escalation to Executive level.
12ID(2)(b)	These systems and processes include the means for that senior decision-maker to seek, and have regard to, appropriate clinical advice, as necessary, when reaching a decision on a risk, including on how to mitigate it.	Green	Operational real time risk management arrangements have been strengthened and implemented. Duty CSM is a Senior clinician thus enabling real time informed decision making from a clinical perspective. Access to Service Delivery (SD) on call (when clinical for additional support) or Executive level clinician. Escalation of a risk is through operational lines of management . Respond 8 enables inclusion of additional individuals for documented more specialised advice on management of risk. A specific reporting document has been embedded into Respond 8 to ensure a consistent approach to the management of staffing risk escalation. This includes disagreement on decision making, escalation to Executive level and 360 degree feedback requirement, it is designed with the aim of strengthening current process and closing the full loop on escalated incidents.
12ID(2)(c)	These systems and processes include the means for the onward reporting of a risk to a more senior decision-maker in turn, and for that decision-maker to seek, and have regard to, appropriate clinical advice as necessary, when reaching a decision on a risk, including on how to mitigate it.	Green	Senior decision-maker has direct access to gain appropriate clinical advice where necessary, with clearly defined points of escalation. Performance meetings weekly to discuss previous weeks performance along with any identified issues/risks. Lessons learned and mitigation applied to prevent recurrence of risk for current planning week. Where SD on call is non-clinical direct access to Senior Clinician is available at all times including Duty CSM (Clinician). The escalation framework aligns with wider escalation process to ensure lines of authority are applied appropriately. The supplementary staffing escalation Standard Operating Procedure (SOP) and pathway in place for nursing and midwifery clearly lays out this requirement to escalate and seek clinical advice through professional lines. A reporting template specifically designed for clinical staffing has been embedded into Respond 8 for all staffing issues raised, which will complement current process, this ensures the full details of the incident is captured along with decision making and mitigation applied to provide essential data and assurance for compliance and reporting.
12ID(2)(d)	These systems and processes include means for this onward reporting in (c) to escalate further, as necessary, in order to reach a final decision on a risk, including, as appropriate, reporting to members of the relevant organisation.	Green	Areas of identified risk escalated and discussed at Senior management groups, staff and clinical governance groups(where appropriate). Executive level reporting and risk management groups to minimise future recurrence or eliminate. The levels of escalation are dependent on level of risk identified. High level risks are automatically escalated to Executive level. All services have in place Business Continuity plans, risk registers and escalation of risks through governance groups up to strategic risk registers as required which are reviewed by members of the relevant organisation. There are existing mechanisms in place to allow rapid escalation through the relevant professional and managerial lines, with appropriate clinical advice, to respond to any urgent concerns.
12ID(2)(e)	These systems and processes include means for notification of every decision made following the initial report, and the reasons for that decision, to anyone involved in identifying the risk, attempting to mitigate the risk, escalation of the risk and providing clinical advice.	Green	Current operational escalation processes have been reviewed and development of specific staffing risk escalation processes have been established. The new processes have been embedded to systems and strengthened existing processes. This will provide a stronger framework for consistency of management thus empowering decision making and providing robust documentation opportunities. 360 feedback has been included to ensure any person raising a risk is informed of the decision making process. The process and escalation tool will be monitored for effectiveness.
12ID(2)(f)	These systems and processes include means for anyone involved in identifying the risk, attempting to mitigate the risk, escalation of the risk and providing clinical advice to record any disagreement with any decision made following the initial identification of a risk.	Green	To enhance the current documentation of reporting the developed template has been embedded into risk reporting systems (Respond 8). Routine Respond 8 documentation can be raised by any staff member which is escalated real time to the Duty CSM for investigation and mitigation. The template for mandatory completion includes essential information for consistency and robustness along with decision making/rationale and any escalation and disputed outcomes.

12ID(2)(g)	These systems and processes include means for anyone involved in identifying the risk, attempting to mitigate the risk, escalation of the risk and providing clinical advice to request a review of the final decision made on an identified risk (except where that decision is made by members of the relevant organisation).	Green	Weekly performance meetings are conducted with reflective discussions around lessons learned and future prevention. Well attended by Senior clinicians, resourcing teams, service delivery teams and on call teams. Enhanced reporting template designed to capture any disagreement with decision maker, visible via escalation process along with 360 feedback. Suggested template has been embedded to Respond 8 for robust reporting and consistency of information captured. Risks identified are reportable to the appropriate governance and risk management groups. This will continue to be monitored for effectiveness.
12ID(2)(h)	These systems and processes include means for raising awareness amongst all staff of the arrangements stated in (a) to (g) above.	Green	Organisational learning and any applied changes are disseminated to all staff via safety huddles on commencement of shift. Other areas of awareness are hot topics for clinical lessons learned TURAS modules are encouraged for all staff groups along with awareness sessions as part of Corporate onboarding process. Periodic articles within Team Talk to increase awareness are developed along with any ad hoc informal sessions as requested for specific staff groups. All staff must complete H & S elearning modules including risk identification and recording. In addition the recent introduction of published learning summaries has enhanced staff awareness. The newly developed process is approved via a national clinical operational process review group (COPRG), all processes are discussed via a multi-disciplinary team (MDT) and disseminated to all staff once ready for implementation increasing awareness and visibility.
12ID(2)(i)	These systems and processes include the means to provide training to relevant individuals with lead professional responsibility and other senior decision-makers on how to implement the arrangements in place to comply with this duty.	Green	Any required training is applied to all relevant staff groups. A staffing risk escalation matrix has been developed, discussed with senior managers and approved organisationally, this was implemented during Q3. This provides a framework for consistency and guidance for suggested mitigation/actions. The working tool should be fluid to enable a dynamic approach to changing operational models. H&S learning modules on risk assessment. Adverse Incident Report (AIR)/Respond 8 training to capture any incidents. Managers and Supervisors have received enhanced training to support their roles. Ongoing encouragement to complete TURAS modules with proposed target dates for completion as part of organisational ambition. All new staff to be trained as part of on-boarding Corporate strategy.
12ID(2)(j)	These systems and processes include means for ensuring that individuals with lead professional responsibility and other senior decision-makers receive adequate time and resources to implement the arrangements.	Green	Duty CSM sole role when on shift is the operational management of the service including any risks/issues identified and mitigation applied. Direct access to Senior Managers enables timely decision making. Current provision as part of phase 2 shift review aims to incorporate time for SCN/B7 where appropriate. Risk management and risk escalation is a well embedded process both through the use of Safety Huddles and dynamic real time staffing assessment. The activity of lead professionals and senior decision makers related to management of risk escalation and management of risk is routinely incorporated into daily work activities.
N/A	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Green	A benchmarking exercise has been completed to provide a baseline of compliance across all the professions. Testing of guidance chapters enabled more detailed understanding of criteria to be met. Reporting on compliance will be quarterly to the Board. A compliance assurance audit conducted in Jan 24 provided assurance around meeting legislative requirements. The completion and approval of escalation tools has enhanced our ability to provide assurance for both the auditors and legislation.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

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 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. The procedures for identifying the chain of escalation that were used in paediatric nursing are now be trialled and rolled out across other areas.
Real-time risk escalation framework	To strengthen current operational risk management arrangements to ensure there is a consistent approach where decision making is captured robustly.	Escalation matrix detailing staffing resource vs patient experience/safety impact and mitigation has been completed. The supporting tools and process have been developed, approved and embedded to systems. The escalation matrix applied remains closely monitored, despite Q3 and Q4 being our busiest periods no incidents have been raised or escalated.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge / Risk	Details	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 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.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance

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

Guidance chapter link

Section	Item	Status	Comment
12IE(1)(a)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, for the collation of information relating to every risk escalated to such a level as the relevant organisation considers appropriate.	Green	NHS 24 operates an enterprise risk management framework to ensure that risks are managed consistently at operational and strategic levels across the organisation. Severe and recurrent workforce risks are managed via the Strategic Workforce Planning Group and the Executive Management Team (EMT). Executive risk owners will review severe and recurring risks monthly to help track progress and ensure early notification of significant and emerging variation from the original organisational, workforce and financial planning assumptions managed through the Corporate Delivery Plan and Workforce Strategy Action Plan.
12IE(1)(b)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, to identify and address risks that are considered severe and / or liable to materialise frequently.	Green	NHS 24 operates an enterprise risk management framework to ensure that risks are managed consistently at operational and strategic levels across the organisation. Planned risk review cycles ensure that emerging risks are identified early and escalating risks treated promptly.
12IE(2)(a)	These systems and processes include the means for recording risks that are considered severe and / or liable to materialise frequently.	Green	All risks are managed via the organisational electronic risk management system - Respond 8, this system includes monitoring, escalation and actions taken.
12IE(2)(b)	These systems and processes include the means for reporting of a risk considered severe and / or liable to materialise frequently, as necessary, to a more senior decision-maker, including to members of the relevant organisation as appropriate	Green	NHS 24 operates an enterprise risk management framework to ensure that risks are managed consistently at operational and strategic levels across the organisation. This includes a clear risk escalation process as part of the risk review cycle.
12IE(2)(c)	These systems and processes include means for mitigation of any risk considered severe and / or liable to materialise frequently, so far as possible, along with a requirement to seek and have regard to appropriate clinical advice in carrying out such mitigation.	Green	NHS 24 has established an Executive Management Team Risk & Opportunities Group to facilitate and deliver effective risk management arrangements within NHS 24 and provides executive management assurance that appropriate risk management systems are in place to create an avenue to identify, capture and monitor the progress of risks and opportunities. The EMT Risk & Opportunities Group reviews in detail the current Corporate and Strategic risk registers to ensure it reflects all risks to the delivery of NHS 24's corporate objectives and ambitions set out in the Strategy, Medium Term Plan and Corporate Delivery Plan. Clinical Directors are part of this group and have oversight of any severe and recurring workforce risks.
12IE(2)(d)	These systems and processes include means for identification of actions to prevent the future materialisation of such risks, so far as possible.	Green	Operational and strategic workforce planning processes are in place to identify proactive actions to anticipate and address future potential risks. The NHS 24 Workforce Strategy and action is reviewed and updated on a regular planned basis.
N/A	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Green	A benchmarking exercise has been completed to provide a baseline of compliance across all the professions. Reporting on compliance will be quarterly to the Board. A compliance assurance audit was conducted Jan 24. The recently strengthened process and tool development will provide additional data, helping to inform workforce requirements, in particular around real time trends.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

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 the one lab could be applied to other labs, to improve performance across the division.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge / Risk	Details	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 data 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 actions to prevent a frequent risk has not improved the situation, measures to address could have included 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.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance

12IF Duty to seek clinical advice on staffing

Guidance chapter link

Section	Item	Status	Comment
12IF(1)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, to seek and have regard to appropriate clinical advice in making decisions and putting in place arrangements relating to staffing under sections 12IA to 12IE and 12IH to 12IL and to record and explain decisions which conflict with that advice.	Green	All operational clinical managers have both operational and professional responsibilities. Robust operational processes in place with detailed planning demand vs resource in 15min sections enabling informed decision making. Senior clinical manager attend planning meetings daily, enabling informed clinical decisions to enhance process, the Senior Clinician/Clinical Service Manager (CSM) Co-Chairperson for meeting with authority to act. Duty CSM Chairperson for all national multi-disciplinary team (MDT) pre-shift safety huddles. Ability for staff to highlight any concerns on commencement of shift. Duty CSM ability to flex plan and factor last minute shrinkage. Professional leads are in place for all services. Duty CSM has direct access to more Senior Clinical decision maker if required, including Executive level support via operational/corporate escalation processes. Clinical Directors have oversight of Strategic work force planning via Strategic workforce planning group, executive management team and staff governance / NHS 24 Board
12IF(2)(a) (i) and (ii)	These systems and processes include the means whereby if a relevant organisation makes a decision which conflicts with clinical advice received, any risks caused by that decision are identified and mitigated so far as possible.	Green	Operationally NHS 24 plans delivery of services on a national basis via the Central Resource Planning Team. Senior Clinicians are involved in all aspects of operational workforce planning which ensures that clinical risk is identified and mitigated promptly. Any decision which conflicts with clinical advice will be recorded. NHS 24 operates an enterprise risk management framework to ensure that risks are managed consistently at operational and strategic levels across the organisation.
12IF(2)(a) (iii) and (iv)	These systems and processes include the means whereby if a relevant organisation makes a decision which conflicts with clinical advice received, any person who provided clinical advice on the matter is notified of the decision and the reasons for it and this person is able to record any disagreement with the decision made.	Green	As clinicians are key stakeholders within the operational and strategic workforce planning systems and process, any decision that conflicts with clinical advice would be recorded at the relevant forum and escalated to the Clinical Directors.
12IF(2)(b)	These systems and processes include the means for individuals with lead clinical professional responsibility for a particular type of health care to report to the members of the relevant organisation on at least a quarterly basis about the extent to which they consider the relevant organisation is complying with the duties in 12IA to 12IF and 12IH to 12IL.	Green	Clinical leads are key stakeholders within the operational and strategic workforce planning systems and processes, with strategic oversight via the Clinical Directors. Quarterly reporting to Executive Management team and governance groups provides assurance around compliance of the duties within the Act.
12IF(2)(c)	These systems and processes include the means for individuals with lead clinical professional responsibility for a particular type of health care to enable and encourage other employees to give views on the operation of section 12IF and to record those views in the reports to the members of the relevant organisation.	Green	Processes are currently in place for any member of staff to raise a concern regarding staffing with clinical leads and clinical directors. Further development to enhance reporting processes with clear evidence of 360 feedback to ensure originator of risk escalation is fully informed of decision/outcome of feedback is completed and embedded in Respond 8 reporting system this will strengthen arrangements further.
12IF(2)(d)	These systems and processes include the means to raise awareness among individuals with lead clinical professional responsibility for a particular type of health care in how to implement the arrangements in this duty.	Green	A communication strategy via Team Talk has been delivered re options available to staff regarding raising a concern, informal sessions have been delivered with further updates disseminated via Team Talk. Direct engagement with staff side colleagues to gain support in partnership. Information readily available via the intranet.
12IF(2)(e)	These systems and processes include means for ensuring that individuals with lead clinical professional responsibility for a particular type of health care receive adequate time and resources to implement the arrangements.	Green	Operational and strategic clinical leads and clinical directors have adequate time and opportunity to fulfil this responsibility.
12IF(3)	These systems and processes include means for the relevant organisation to have regard to the reports received.	Green	As part of the quarterly compliance reporting process, any concerns raised by staff members, including managers (and the subsequent action taken) will be reported via governance structures including strategic workforce planning group and the staff/clinical governance committees.
N/A	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Green	Enhanced capturing of information via the Respond 8 reporting system strengthens our ability to demonstrate compliance/non-compliance along with mitigating actions taken. Quarterly reporting and monitoring provides greater visibility and further assurance.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

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 health care 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.
All staff are able to raise a concern	Ensuring there is a consistent process in place so all staff (at all levels) are aware of the options open to them regarding raising a staffing concern and receiving timely feedback	Further development to enhance reporting processes with clear evidence of 360 feedback to ensure originator of risk escalation is fully informed of decision/outcome of feedback is completed, approved and embedded to Respond 8 for reporting. This will strengthen arrangements further and will continue to be closely monitored.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge / Risk	Details	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 the reports made to the members of the Health Board, there is 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.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance

12IH Duty to ensure adequate time given to clinical leaders

Guidance chapter link

Section	Item	Status	Comment
12IH	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, to 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.	Green	Assessment work was undertaken in 2023 to define the workload/leadership activities/requirements of key leadership skill sets - Senior Charge Nurses and Team Managers as part of a plan to better align managers to their teams. Clinical leaders currently have management time - 30mins per head/per week allocation within rotas. On shift time for other aspects of their leadership roles e.g. clinical supervision, clinical coaching, audit etc is planned for. Due to the challenge of recruiting to funded establishment for clinicians and other factors that impact on 'shrinkage' e.g. short term absence, special leave, Senior Charge Nurses are then required to work clinically, directly supporting service delivery. A range of actions (as part of the workforce plan) are in place to maximise recruitment and retention of clinicians with some significant gains to date. Improvement work is also in place to optimise the current clinical model in the short term, with service transformation work underway to develop a revised clinical model and associated workforce plan. Further analysis has been undertaken to establish actual percentage of time clinical leaders spend delivering direct care. Proposed recommendations have been approved and are being taken forward in conjunction with quality improvement workstreams. This includes scheduled continuing professional development (CPD), Coaching, clinical improvement, supervision, etc. Regular monitoring will be undertaken to provide assurance.
12IH	These systems and processes include time and resources for these individuals to supervise the meeting of the clinical needs of patients in their care; to manage, and support the development of, the staff for whom they are responsible; and to lead the delivery of safe, high-quality and person-centred health care.	Green	Real time coaching, enhancing triage skills, TURAS, i-matters. Monthly quality call reviews to ensure competency. Through the measures outlined above, as well as line management and professional leadership support at all levels, clinical leaders will be supported to have the time and resources to undertake these roles, or seek support and highlight risks where this is not sufficient. I-matters completion rate in excess of 95%, clinical improvement work to enhance triage efficiency is factored as dedicated time with positive impact, along with dedicated protected CPD time for all clinical leaders as part of routine scheduling. Organisationally call review standards are met monthly and allocated time is currently being utilised for completion of TURAS.
12IH	These systems and processes include the means to identify all roles, and therefore individuals, with lead clinical professional responsibility for a team of staff.	Green	B7 and B5 Team Managers included as part of scoping exercise. Clinical leaders non caseholding is desirable as best practice, to enable full opportunity to meet professional responsibilities and legislation. Job descriptions reflect the specific leadership responsibilities, requirements and expectations. TURAS, SSTS etc have the ability to demonstrate those that fall within this role with lead responsibility.
12IH	These systems and processes include the means to determine what constitutes sufficient time and resources for any particular individual.	Green	B7 non case holding to enhance opportunity to develop staff, time to lead - real time monitoring and support through coaching, quality call reviews. Team working to exploit real time opportunities. The opportunity to record activities undertaken via appraisal, PDP, organisational KPIs. Time to Lead standards and proposed recommendations have been accepted as a baseline and are being incorporated with ongoing clinical improvement and service transformation work. This includes dedicated scheduled time for CPD, quality improvement, call levelling, real-time coaching and leadership opportunities.
12IH	These systems and processes include the means for ensuring this duty has been reviewed and considered within the context of job descriptions, job planning and work plans, as appropriate.	Green	Both strategic and operational workforce planning systems, processes and governance processes take into consideration both the number of clinical leaders required (against agreed clinical model/staffing ratio's) and the requirements of time to lead as defined by the organisation. Further analysis has been undertaken to establish actual percentage of time clinical leaders spend delivering direct care. Work previously in train to determine an organisational standard has been accepted and will be incorporated with ongoing clinical improvement and service transformation work.
12IH	These systems and processes include the means to consider outputs from activities carried out to meet this duty in order to inform future workforce planning and protect the leadership time required for clinical leaders.	Green	A full scoping exercise was conducted to capture all activities undertaken within the frontline leadership roles, including untrained clinical leaders(B5 TM). Performance monitoring, engagement in recruitment process, staff development, individual development and opportunities to attend wider strategic meetings as part of succession planning and development were captured as part of essential activity and require time allocation. Initial benchmarking and the requirements of this duty are noted within the workforce groups. All professional leads have access to annual appraisal, PDPs, TURAS etc. Discussion time with line managers to agree levels of time and resource to discharge their responsibilities and clinical workload are a core component of 121 and annual appraisal meetings. Appraisal completion rates are monitored and currently sitting at 92.33%.
N/A	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Green	Compliance currently captured via electronic rostering and line management processes. Formal process of quality assurance currently being considered/developed for each clinical leader skill set. Informal processes in place to re-allocate time to lead if pulled due to operational demands. As part of formal process there is a requirement to capture compliance over time for operational, strategic and governance purposes. The recent introduction of clinical leaders and B5 TM on the Verint workforce system enables accurate capturing of information to provide assurance for compliance of Duty.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

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. This has now been extended to other AHP areas and trialled to see applicability.
Scoping exercise to determine organisational standard for 'Time to Lead'	Analysis completed with support of central resourcing team to identify patient facing activity undertaken by B7 Clinical Leaders. Significant evidence to suggest 'Time to Lead' is provided currently along with concurrent activity on a daily basis. Further work is ongoing as part of Service Transformation. Organisational standards to be determined by end Q4.	Proposed recommendations for defining the standard accepted and implementation is incorporated as business as usual (BAU).

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge / Risk	Details	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, e.g. working with all staff groups / clinical areas / teams to identify job titles / roles, utilising HR processes and data, utilising eRostering to identify team leaders etc.
Senior Charge Nurses in the 111 service having to work clinically at short notice, reducing the available time to fulfil their clinical leadership role	Due to the challenge of recruiting to funded establishment for clinicians and other factors that impact on 'shrinkage' e.g. short term absence, special leave, Senior Charge Nurses are then required to work clinically, directly supporting service delivery - often at short notice.	A range of actions (as part of the workforce plan) undertaken to maximise recruitment and retention of clinicians with significant gain has eased the burden enabling clinical leaders time to discharge their duties more effectively. Improvement work is also in train to optimise the current clinical model in the short term, with service transformation work underway to develop a revised clinical model and associated workforce plan.
Quality Assurance of meeting the requirements of time to lead	Assessing compliance with organisational standard for time to lead. Ambition to complete this work may be hindered due to Service Transformation and potential impact for decision making.	Current allocation of time 30mins/per head, per week management time. Scoping exercise conducted may differ for each role but failure to implement risks insufficient allocation of time via current policy. Individual leads to escalate to Line Manager when time not met. Quality assurance process in place to monitor compliance via verant system.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

> Substantial Assurance

12II Duty to ensure appropriate staffing: training of staff

Guidance chapter link

Section	Item	Status	Comment
12II	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, to ensure that all employees receive such training as considered appropriate and relevant for the purposes set out in section 12IA(1)(a) and (b) and such time and resources as considered adequate to undertake this training.	Green	All frontline skill sets (HCSW, Nurses, Dental Nurses, Pharmacists, Physiotherapists) receive induction training tailored to the need of each skillset. All frontline skill sets have associated competency frameworks. All frontline staff receive structured/detailed training with competency sign off relevant to role. All training is conducted via strict timetabling with supported protected training in the live environment once competency standard is achieved. This provides further consolidation of learning. In addition all remaining corporate staff undertake structured induction training. Robust governance is in place for the development, classification and review of all training via the NHS 24 Training Quality Assurance Committee in line with the NHS 24 National Framework for Quality Assurance in Training. Clinical training including the annual review of induction training and competency frameworks is governed via the Clinical Education governance Group. All staff have mandatory e-learning modules that complement face to face training sessions. Organisational induction training will include overview of Safe Staffing legislation,TURAS modules for completion commensurate with role. Annual mandatory e-learning modules are monitored for completion rates. Appraisals, PDP and performance monitoring identifies ongoing development needs to ensure all staff remain competent in role.
12II	These systems and processes include means to determine the level of training required, and time and resource to support this, for all relevant employees.	Green	Training Quality Assurance Committee has oversight of the classification of all organisationally approved training (Statutory/Mandatory, induction, essential role specific, advisory, continuing professional development (CPD)). Required training is defined for each frontline skillset and corporate roles. All training is supported with protected time to complete and achieve competency sign off where required. Ongoing protected CPD time for all frontline staff is allocated as 1.5hrs/4 weeks as part of scheduling. Corporate staff are given dedicated time to complete training/personal development on a flexible basis. Organisational compliance with mandatory training at 94.23%
12II	These systems and processes include the means to deliver the agreed level of training to all relevant employees.	Green	A dedicated training team with robust training materials to meet the needs for all training groups commensurate with role. All staff must undertake training specific to role and meet competency level. Onboarding is planned in accordance with role with a detailed work plan to ensure consistency across the organisation. Ongoing training and development needs are identified via the personal development plan (PDP)/ appraisal process (organisational setting of PDP was 95.04%). Completion of training is recorded. All staff are allocated dedicated time for training/CPD activities as outlined above
12II	These systems and processes include the means to ensure all relevant employees receive both time and resources to undertake the training.	Green	Structured training with specific goals/targets are in place. Staff not achieving desired targets are given additional time via supported improvement plans and training team support. Any additional training requirements have dedicated protected time allocated to ensure completion. Allocated protected monthly CPD time for frontline staff via rostering to ensure mandatory/essential training completion remains current throughout the year. Appraisals, PDP, e-learning completion rates and monthly 1:1s captured via line management structures.
N/A	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Green	Oversight of compliance via line management structures (dashboards in place for monitoring) with assurance via EMT/ Staff/Clinical governance groups.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

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 division, in conjunction with HR, has just completed a project to promote more accurate capturing of information relating to continued professional development for psychology colleagues. Feedback from employees is that they have found the new system much easier to use and are now recording relevant CPD.	This should describe how the success, achievement or learning could be used in the future. AHP colleagues have now expressed interest in the new system and are undertaking a project to see if they could implement something similar.
PDP/Appraisal process	Achieving organisational target of 90% for completion of the Appraisal/PDP process	All managers can track progress towards compliance via management dashboards / OHIO is a standing item on management meetings with oversight of progress via governance groups including staff/clinical governance committees. Organisational target of 90% was achieved with 95.04% PDP completion and overall Appraisal of 92.33% completed.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge / Risk	Details	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 don't 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, what measures need to be put in place to ensure 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.
PDP/Appraisal process	Achieving organisational target of 90% for completion of the Appraisal/PDP process	All managers can track progress towards compliance via management dashboards / OHIO is a standing item on management meetings with oversight of progress via governance groups including staff/clinical governance committee. Organisational target of 90% exceeded at 95.04%.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance

12IJ Duty to follow the common staffing method
(*The relevant organisation **must only** report on the types of health care, location and employees as detailed in section 12IK)

Guidance chapter link

Section	Item	Status	Comment
12IJ(1)	Clearly defined systems and processes are in place, and utilised, in all the types of health care, locations and employees listed in section 12IK, to follow the common staffing method no less often than the frequency prescribed in Regulations.		
12IJ(2)(a)	These systems and processes include use of the relevant speciality specific staffing level tool and professional judgement tool as prescribed in Regulations, and taking into account results from those tools.		
12IJ(2)(b)	These systems and processes include taking into account relevant measures for monitoring and improving the quality of health care which are published as standards and outcomes under section 10H(1) of the 1978 Act by the Scottish Ministers (including any measures developed as part of a national care assurance framework).		
12IJ(2)(c)(i)	These systems and processes include taking into account current staffing levels and any vacancies		
12IJ(2)(c)(ii)	These systems and processes include taking into account the different skills and levels of experience of employees		
12IJ(2)(c)(iii)	These systems and processes include taking into account the role and professional duties of individuals with lead clinical professional responsibility for the particular type of health care.		
12IJ(2)(c)(iv)	These systems and processes include taking into account 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 (particularly those to which the common staffing method does not apply).		
12IJ(2)(c)(v)	These systems and processes include taking into account the local context in which health care is provided.		
12IJ(2)(c)(vi)	These systems and processes include taking into account patient needs.		
12IJ(2)(c)(vii)	These systems and processes include taking into account appropriate clinical advice.		
12IJ(2)(c)(viii)	These systems and processes include taking into account any assessment by HIS, and any relevant assessment by any other person, of the quality of health care provided.		
12IJ(2)(c)(ix)	These systems and processes include taking into account experience gained from using the real-time staffing and risk escalation arrangements under 12IC, 12ID and 12IE.		
12IJ(2)(c)(x)	These systems and processes include taking into account comments by patients and individuals who have a personal interest in their health care, which relate to the duty imposed by section 12IA.		
12IJ(2)(c)(xi)	These systems and processes include taking into account comments by employees relating to the duty imposed by section 12IA.		
12IJ(2)(d)	These systems and processes include means to identify and take all reasonable steps to mitigate any risks.		

| 12IJ(2)(e) | These systems and processes include means to decide what changes (if any) are needed to the staffing establishment and the way in which health care is provided as a result of following the common staffing method. |
| N/A | There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met) |

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

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 progression 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 as the changes made. These could then be used as case studies to inform training for staff about the use of the common staffing method.
	Does not apply to NHS 24	

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge / Risk	Details	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.
	Does not apply to NHS 24	

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

12IL Training and consultation of staff
(*The Health Board and Agency **must only** report on the types of healthcare, location and employees as detailed in section 12IK)

Guidance chapter link

Section	Item	Status	Comment
12IL	Clearly defined systems and processes are in place, and utilised, in all the types of health care, locations and employees listed in section 12IK, for the training and consultation of employees.		
12IL(a)	These systems and processes include means to encourage and support employees to give views on staffing arrangements for the types of health care described in section 12IK.		
12IL(b)	These systems and processes include means for taking into account and using views received to identify best practice and areas for improvement in relation to staffing arrangements.		
12IL(c)	These systems and processes include training employees (in particular those employees of a type mentioned in section 12IK) who use the common staffing method on how to use it.		
12IL(d)	These systems and processes include ensuring that employees who use the common staffing method receive adequate time to use it.		
12IL(e)	These systems and processes include providing information to employees engaged in the types of health care mentioned in section 12IK about its use of the common staffing method, including the results from the staffing level tool and professional judgement tool; the steps taken under 12IJ(2)(b), (c) and (d) and the results of the decisions taken under 12IJ(2)(e).		
N/A	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)		

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

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.
	Does not apply to NHS 24	

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge / Risk	Details	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 the lack of training and adequate time for personnel in emergency care provision.	This should describe what actions have been / are being / will be taken to address the situation. For example, arranging and delivering training, provision of mentoring from experienced personnel, job planning to ensure adequate time is available for designated personnel to follow the common staffing method.
	Does not apply to NHS 24	

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

1 Guiding principles for health and care staffing
2 Guiding principles etc. in health and care staffing and planning

Guidance chapter link

RAG status

Section	Item	Status	Comment
			Benchmarking exercise completed and chapters tested during pre-enactment phase
2(2)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups to ensure that when the Health Board is planning or securing the provision of health care from another person, it has regard to the guiding principles for health and care staffing and the need for that person from whom the provision is being secured to have appropriate staffing arrangements in place.		

Please provide information on the steps taken to comply with section 2(2)

These are steps taken to comply with 2(2) in general. Examples could include information about procurement and commissioning processes, how the guiding principles are taking into account and what procedures are in place for obtaining information about staffing arrangements.

Please provide information on how these systems and processes, and their application, have improved outcomes for service users

This should include, but not be limited to data in relation to patient safety and quality of care measures and outcomes, patient feedback and adverse event reporting.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

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.	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.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge / Risk	Details	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 from in a particular speciality in relation to having regard to the need for that service to have appropriate staffing arrangements in place.	This should describe what actions have been / are being / will be taken to address the situation. For example, engaging with service providers to ensure they understand what information is required, seeking alternative service providers etc.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Limited assurance