NHS Shetland

Meeting:	**Shetland NHS Board**
Meeting date:	**27 August 2024**
Title:	**Health and Care Staffing Act Q1 Report**
Agenda reference:	**Board Paper 2024/25/34**
Responsible Executive/Non-Executive:	**Kathleen Carolan, Director of Nursing and Acute Services / Kirsty Brightwell, Medical Director**
Report Author:	**Edna Mary Watson, Chief Nurse (Corporate)/ Clinical Workforce Lead**

1   Purpose

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

The Act was enacted as of 1 April 2024.

This paper is being presented to the NHS Board for:

- Awareness and Assurance

This report relates to:

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

This aligns to the following NHS SCOTLAND quality ambition(s):
- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

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

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

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

NHS Shetland established a Health and Care Staffing Programme Board (HCSPB) in March 2022 to provide guidance on the overall strategic direction of the Health & Care Staffing legislation for NHS Shetland.

The HCSPB also retains oversight of the implementation of the 10 specific duties placed on NHS Shetland through the Health & Care (Staffing) (Scotland) Act 2019.

Due to the key responsibilities of the HCSPB, progress to date has been reported to both the Clinical Governance Committee (CGC) and Staff Governance Committee (SGC).

Workforce is one of the biggest strategic risks for NHS Shetland and therefore it is important that both standing committees have an understanding of the work of the Programme Board and ongoing progress towards implementation, and overall compliance, with the requirements of the Act.

This report pertains to services provided directly by the NHS Board and to NHS services delivered as part of the Community Health and Social Care Partnership (CHSCP).

This report outlines progress at end of Q1 with implementation of the requirements of the Act, as we work towards full compliance.

2.2   Background

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

While many of the Act requirements are not new concepts, they must now be applied consistently within all <u>Roles in Scope</u> with an intent to:
- Enable delivery of safe, high-quality care and improved outcomes for people;
- Support the health, well-being and safety of patients and the well-being of staff.

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

The Guiding Principles, as specified in the Act, are:
- To provide safe and high-quality services and to ensure the best health care or (as the case may be) care outcomes for service users - our patients.

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

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

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

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

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

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

The Act's accompanying Statutory Guidance outlines the internal quarterly reporting requirements as:
- Reporting assessment of compliance against the duties;
- Steps taken to have regard to the guiding principles when arranging appropriate staffing;
- Steps taken to have regard to the guiding principles when planning and securing health care services from third parties;
- Views of employees on how, operationally, clinical advice is sought;
- Information on decisions taken which conflict with clinical advice, associated risks and mitigating actions; and

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

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

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

To assist HIS in carrying out their functions, formal requests will be made for a copy of the Board's Quarterly Report. A quarterly Board engagement meeting will then be held between HIS and NHS Shetland representatives to review the quarterly report.
HIS will also use other intelligence held by them in order to monitor performance of the NHS Board overall.

2.3.1 Assessment

Reporting assessment of compliance against the duties;
In order to report compliance with the duties across all services, Professional Leads were asked to complete a standardised template to report current compliance with the duties, within their areas of professional responsibility.

The Professional Leads are as follows:
Medicine – Dr Kirsty Brightwell, Medical Director
Nursing & Midwifery – Prof Kathleen Carolan, NMAHP Director
Allied Health Professionals – Cathrine Coutts, Exec Manager AHP
Dental – Antony Visocchi, Dental Director
Pharmacy – Tony McDavitt, Director of Pharmacy
Psychology – Consultant Clinical Psychologist currently on leave
Healthcare Scientists – no overall Professional Lead.

In order to inform the report information has also been sought from a range of individuals at Service Manager level. This has included Associate Medical Director (Acute), Chief Nurse (Acute & Specialist), Chief Nurse (Community & Mental Health), Chief Midwife, Head of Mental Health Services (in the absence of the Clinical Psychologist), Head of Medical Imaging (for Imaging and Audiology), Cardiac Physiologist and Laboratory Services Manager.

Due to capacity issues not all of the Professional Leads self assessment templates were returned in time to be submitted with this report and therefore the full details of these will be included in the Q2 report. An overview of progress to date organisationally, as at 30 April 2024, across all of the disciplines is provided in Appendix 1. This template is the format for the Annual Report which is due to be submitted to Scottish Ministers at the end of April 2025.

In summary information received to date indicates that:

Systems for Realtime staffing are in place within both the Acute sector and Community Health and Social Care Partnership (CHSCP). All areas operate dynamic risk assessment either through their safety huddles or in response to unplanned absences/vacancies which impact on staffing levels.

Staff can voice concerns about staffing levels in real time directly to their line manager, who can then take action to mitigate any risk identified either by redeploying staff across areas, securing supplementary staff or by reprioritising work according to staffing levels available in the area.

Various different mechanisms are currently used across the different disciplines to record staffing level discussions, going forward we aim to use Safe Care organisation wide. The implementation of Safe Care across the organisation will provide the opportunity to create a standardised approach to the assessment and recording of staffing positions. This complies with the requirement of 12IC – Duty to have real-time staffing assessment in place.

Guiding principles when arranging appropriate staffing;
Processes are in place to provide assurance that appropriate staffing is in place by utilising the nationally developed staffing level tools to support workforce planning, conducting real time staffing assessment and implementing escalation plans as required.

Within nursing and midwifery there are staffing level tools which are appropriate for use in particular clinical areas and these are conducted as a minimum for a 2 week period, on an annual basis, in line with the requirements of the Act. Other disciplines, without dedicated staffing level tools, undertake a review of their service demand and staffing levels as part of the annual cycle of service, workforce and financial planning with any subsequently identified need for additional resources submitted as Business cases for consideration by the Executive Management Team.

Staffing level tools are used as part of the Common Staffing Method approach to workforce planning. As part of this approach, consideration is given to a range of metrics which include patient/user feedback, national and locally identified quality measures eg excellence in care measures, other sources of feedback (from staff, external reports, best practice guidance) as well as taking into account the local context in which services are delivered.   Training and support for staff in completing the staffing level tools and in using the Common Staffing Method is available from the Clinical Workforce lead and is delivered prior to undertaking tool runs.

Realtime staffing assessment and dynamic risk assessment both enable consideration of the numbers of patients requiring the service, as well as the staffing level available to support delivery of the service. Consideration of patient acuity and staffing numbers allows for the identification, mitigation and escalation of any risk identified either in relation to staff welfare or patient safety.

The Board's Adverse Event and Risk Management system, Datix, can be used to record either a staffing risk or to report adverse events, whether an actual incident or a 'near miss'.   The Datix system has open access which supports the reporting of any concern by any staff member.

Following the recording of patient acuity and staff numbers within Safe Care there is also the opportunity for staff to record the staffing levels they feel are necessary in their Professional Judgement in order to provide safe and high-quality services and to ensure the best health care or care outcomes for service users - our patients.

If Professional Judgement indicates that there is insufficient staffing then a Red Flag can be raised, noting concerns and the issue escalated within the management structure. The use of Safe Care will provide data on risk escalations, including mitigations put in place, which will enable more rigorous monitoring of any staffing challenges going forward. Within Safe Care there is also a function which enables any patient or carers concerns regarding staffing and /or care provision to be recorded. These would be recorded as 'voiced care concerns' and can be reported on via the system.

Staff training is also key to delivery on the Guiding Principles. The Staff Governance Standards highlight that both Employers and staff have a responsibility to ensure that they adhere to regulatory standards and keep themselves up to date. All employees attend Corporate Induction and have a local departmental Induction when commencing employment with the NHS Board and CHSCP.

Organisationally there is a process in place to develop a Corporate Training Plan. Training requirements for all staff, based on professional or service needs, are identified at dept/service level and then fed into the overall Corporate Training Plan. Annual Appraisals are conducted across the organisation, however, monitoring data indicates that our appraisal and PDP completion rate is low. This is currently a focus for action across the organisation.

Staff time for training is challenging and resources are limited and therefore bids to alternative funding mechanisms, both locally and nationally, are made to supplement core funding for staff training and development. Where training needs are identified as Essential for role or service development these are generally funded through the training plan, if identified and agreed as part of the proposed service development.

Whilst there is a strong commitment to support staff training across the organisation, current service pressures means supporting staff to attend training is challenging. Full implementation of Safe Care will also support better recording and monitoring of time provided to support staff training and also support tracking of training opportunities cancelled as a result of clinical pressures impacting upon the ability to release staff to attend training.

All of the above support our compliance with the following duties:
12II – Duty to ensure appropriate staffing: training of staff
12IJ – Duty to follow the common staffing method
12IL – Training and Consultation of Staff – Common Staffing Method

Guiding principles when planning and securing health care services from third parties;
Having due regard to the Guiding Principles within the Act is a key requirement going forward both for NHS Board provided services and for any commissioned service. The expectation of confirmation of compliance with the requirements of the Act will be built into any future commissioning agreement.

It should be noted that there is no requirement to ensure that due regard to the Guiding Principles be specified within commissioning arrangements which were in place before 1 April 2024.

Clinical Advice

Most health services delivered by NHS Shetland and through the CHSCP are professionally led and managed. Processes are in place to support the provision of clinical advice on a day to day basis via safety huddles and the use of a realtime staffing method with escalation as necessary within both the NHS Board and Community Health and Social Care Partnership.

In the out of hours periods, a 'Silver command' rota is in place in both areas of the service, some of the postholders on this rota can provide appropriate clinical advice. There is also a Gold Command rota in place at Executive Management Level, some of whom are the Professional Leads and therefore the need for clinical advice can be escalated to this level, if required.

As services in Shetland are small scale it is also recognised practice that if issues arising cannot wait until the next working day and specific professional advice was required that the relevant professional leader may be contacted in the out of hours period whether formally oncall or not.

Having regard to appropriate clinical advice is also one of the features of the Common Staffing Method. This is reflected in practice by the workload/ workforce reports from utilising the Common Staffing Method being shared with the appropriate Senior Clinical Leader for authorisation and escalation into the annual service and financial planning cycle.

The time needed for clinical leadership should also be considered whilst undertaking the Common Staffing Method. The output from staffing level tools will provide evidence on whether there is adequate leadership time available and if not the requirement for additional time should be discussed with the individual and built into future workforce planning.

Professional leads are currently ensuring that appropriate time to lead is built into all relevant Job Descriptions and that this is reviewed both on an annual basis at the time of Appraisal, and at other appropriate key times eg as part of service redesign.

The use of Safe Care will provide a mechanism for systematic monitoring across services the time given for leadership activities and any reasons for this being compromised eg if due to staffing capacity the clinical leader has to leave leadership duties to provide direct patient care.

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

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

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

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

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

Whilst no specific formal mechanism exists asking staff to give their views on section 121F, at an organisational level staff are encouraged to complete the questions in iMatter (annual staff survey) on how well they feel that their views are listened to and acted upon. The Board scored highly on the listened to question but less well on the acted upon which may reflect that we need to be better at providing feedback to staff on ideas/suggestions put forward. This is a point to be considered when developing the mechanism by which staff can give their views on the provision of clinical advice within services.

Formal monitoring of compliance with this duty will be supported by the implementation of Safe Care where seeking and receiving clinical advice can be systematically recorded. Any non-compliance or concerns re potential non-compliance can be reported to the person with Lead Professional responsibility at any time. This will be formally documented as part of our processes to meet this duty.

The activities above support our compliance with the following duty:
12IF – Duty to seek clinical advice on staffing

Decisions taken which conflict with clinical advice, associated risks and mitigating actions
In Quarter 1 there have been no reports of decisions taken which conflict with clinical advice provided. Monitoring compliance with this duty and escalation, when required, is currently undertaken within clinical practice with escalation occurring within clearly defined management structures in both the NHS Board and CHSC Partnership.

Currently Datix Adverse event/Incident reports should be raised to record any conflict and any subsequent risks created by a decision made which is in conflict with clinical advice.

The implementation of Safecare will support the recording and evidencing of clinical advice having been sought and the subsequent outcome of that advice, including any disagreement with the advice provided. This will also support the provision of feedback to the person who escalated the risk.

Risks

Work is in progress across the organisation to support teams to be using Health Roster / Optima effectively as a precursor to moving forward with implementation of Safe Care. Whilst the percentage level of implementation is variable across the services, as of the 6 August, 76% of the organisation overall are now using the eRostering system.

Overall 10% of the organisation are live on Safe Care, this is 15% within nursing and 6% in the AHPs currently.

Full details of progress with implementation of health roster and Safe Care can be seen in Appendix 2.

As noted before, the Risk Management system, Datix, can be used to both record specific incidents / near misses in relation to staffing levels or to record a staffing risk for areas with a severe or recurrent risk due to staffing levels.

Services across the NHS Board and CHSCP are currently under considerable pressure which is impacting upon services ability to deliver a clinical service. These pressures are also impacting upon staff and service capacity to participate fully in the implementation of this change programme.

The persistent nature of this pressure is resulting in delays in the roll out of health roster, and the subsequent move to Safe Care, which if continued, will impact on the Board's ability to achieve full compliance with the Act.

The capacity issues are presenting a challenge for moving forward with the roll out of both Health Roster/Optima and Safe Care to a strict roll out plan, and therefore, both systems are being progressed on an opportunistic basis with departments as their capacity allows. Progress made to date has been through the support provided by the Business As Usual team and positive feedback for the Team has been provided from various areas across the organisation.

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

Local Policy and Procedures

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

Quarterly Reporting

Prior to the date of enactment the Healthcare Act Implementation Team, Scottish Government asked NHS Boards to provide quarterly update reports on progress towards full implementation of the Act. The last of these reports was submitted on 30 April 2024.

NHS Shetland had their feedback meeting with the Implementation Team on 16 July 2024. This meeting was attend by the Executive Lead for Healthcare Staffing Act, Director of Nursing and Acute Services and Chief Nurse (Corporate) as Clinical Workforce Lead. No issues of concern were raised in relation to our self assessment but we were encouraged to review a few points where the Implementation Team felt that we had scored ourselves less favourably than they felt was necessary.

All quarterly report submissions have been made using the NHS Board reporting template for future Annual Reports. It should be noted that the reporting template asks for reporting to be made in relation to progress with all duties, across all professions. As we have variable levels of progress against all the duties, across the professions we therefore rated our overall level of assurance as 'reasonable'.

An overview of our self assessed levels of assurance, as provided in the Q3 report, is provided in Appendix 3.

Reporting on Agency Spend in excess of 150%
Section 121A requires NHS Boards to report on the Duty to ensure appropriate staffing: agency worker which relates to the cost of securing the services of an agency worker during a period which should not exceed 150% of the amount that would be paid to a full-time equivalent employee of the relevant organisation to fill the equivalent post for the same period.

For Q1 NHS Shetland has provided a "Nil" return for Agency staff who cost in excess of 150% of substantive staff costs. However, the Board provided commentary to advise that there was significant challenge in attributing travel and accommodation costs for some staff members and therefore these were omitted from the costs associated with individual postholders. This means that there is the potential for inaccuracy in the reported costs.

Whilst the cost of Agency staff may cost more than 150% due to the travel and significant challenges associated with the availability and provision of accommodation locally, all Agency staff sourced have been from nationally contracted Agencies and therefore the cost has been aligned with the costs to other NHS Boards across Scotland

Further work will be undertaken to enhance the quality of data which we can provide for Quarter 2 onwards.

Healthcare Improvement Scotland (HIS) Monitoring & Compliance
As of enactment on the 1 April 2024, Healthcare Improvement Scotland (HIS) have introduced their new monitoring and compliance role, as specified in the Act, and no longer provide support directly to the Workforce Leads and NHS Boards.

The first review meeting has been held between representatives of HIS and the NHS Board. This meeting was led by a Senior Programme Advisor, HIS accompanied by the Excellence in Care Portfolio lead with the Director of Nursing and Acute Services, HR Services Manager and the Clinical Workforce Lead representing NHS Shetland. Due to the timing of this meeting NHS Shetland's review was based on the Quarter 3 Quarterly Report which had been previously submitted to Scottish Government.

No issues of concern with progress were raised by either the Scottish Government or HIS representatives.

Participation in these quarterly reviews, supports the process of building our annual report, and this in turn is supporting our compliance with the following duty:
12IM – Reporting on Staffing.

Health and Care Programme Board meetings
The Health and Care Programme Board has in place a schedule of quarterly meetings, these will continue throughout 2024/25.

2.3.2 Quality/ Patient Care

The Health and Care Staffing Programme's mission is to support the delivery of safe and high quality care, by enabling Health Boards to deliver effective workload and workforce planning, so that the right people with the right skills are in the right place at the right time. This is in response to the Scottish Government enshrining safe staffing in law through the Health & Care (Staffing) (Scotland) Act 2019 (The Act).

This is supported by an evidence base which highlights that where supplementary staffing is in place, that a level of 15% or more supplementary staffing is linked with poor patient outcomes.

2.3.3 Workforce

The HCSPB was established to provide oversight of the implementation of the Health and Care (Staffing) (Scotland) Act.

The purpose of the Act is to ensure "*that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for the health, wellbeing and safety of patients, the provision of safe and high-quality health care, and in so far as it affects either of those matters, the wellbeing of staff*".

Implementation of the requirements of this Act should have a positive effect on the workforce both in terms of recognising and endeavouring to ensure safe staffing levels are in place but also in providing a requirement to undertake rigorous workload reviews through the application of nationally approved evidence based tools.

Ensuring there are sufficient staff to undertake workload demand should also have a benefit on overall staff welfare.

The ongoing commitment to support the roll out of eJob Plan and Implementation of Safecare from the Chief Nurse (Corporate) and Clinical Governance and Risk team is significant, and this combined with the current workforce gaps in the team, is having an impact on the Team's overall ability to continue to support all of the activities normally supported by the team.

2.3.4   Financial

There are no direct financial consequences of this paper. However, where staffing level tools indicate a requirement to increase staff capacity this will have a financial consequence to the organisation and will have to be considered in line with the other clinical priorities as part of the budget setting process.

The current financial position within NHS Shetland has the potential to impact upon the Board's progression to full compliance with the requirements of the Act.

2.3.5   Risk Assessment/Management

Workforce is one of the biggest strategic risks for NHS Shetland.

Risk Assessment and Management is undertaken in line with Healthcare Improvement Scotland (HIS) Risk Management Framework which incorporates the NHS Scotland 5x5 Risk Assessment Matrix. This Risk Matrix will be included in the escalation plans from workforce / workload reviews.

2.3.6   Equality and Diversity, including health inequalities

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

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

2.3.7   Other impacts

There are no other impacts to note.

2.3.7   Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

Due to the scheduled timing of the Governance Committee's this report has been circulated via email for comment to members of the Staff Governance Committee and Clinical Governance Committee rather than being presented at each of these meetings. Any issues raised by members of the Committees will be reported at the NHS Board meeting.

Level of Assurance

The author would recommend that the work to date to progress implementation of the requirements of the Health and Care (Staffing) (Scotland) Act provides a moderate / reasonable level of assurance to the Board.

2.4 Recommendation

This is the first quarterly report to the NHS Board, the format of which has been developed to provide an overview of progress with implementation of the Act to date.

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

This paper is being presented to the NHS Board for:

- Awareness and Assurance

3 List of appendices

Appendix No 1   Quarter 3 Reporting Template as of 30 April 2024

Appendix No 2   Roll out plan for Health Roster/Optima and Safe Care as of 6 August 2024

Appendix No 3   Self Assessed levels of assurance against the 10 Duties

NHS Shetland Revised Roll out Allocate e-Rostering update - 6th August 2024:

	Nursing & Midwifery	Allied Health Professionals	Support Services	Bank & Agency	Medics	Organisationally
Number of rosters	53	19	28	9	17	126
Number of rosters live	44	19	25	1	7	96
Number of rosters being progressed	7	0	2	2	0	12
Number of rosters to be implemented	2	0	1	6	10	20
Percentage implemented	83.01%	100%	89.28%	11.1%	41.17%	76.19%

76.19% of the organisation are using the eRostering system.

	Milestone 2	Milestone 3	Milestone 4	Milestone 5
	18/09/2023	18/09/2023	30/10/2023	30/10/2023

	4 x units/departments on health roster	4 x units using safe care	Pay run	50% of largest staff group implemented
Progress	COMPLETED	COMPLETED	COMPLETED 23/10/2023	COMPLETED 27/10/2023

NHS Shetland Proposed Roll Out:

KEY CONTACT IN BAU TEAM	Nursing & Midwifery **Emma Geddes & Jessika Bartkowicz**	AHP **Emma Geddes & Jessika Bartkowicz**	Support **Emma Geddes & Jessika Bartkowicz**	Medics **Bibianna Wojtczak**
Rolled out	1. Clinical Governance & Risk Team 2. Community ANPs 3. Chief Nurse (Corporate) 4. District Nurses Mainland 5. District Nurses Isles 6. Non Doctor Isles Nurses 7. Infection Prevention & Control 8. CDU 9. Air Ambulance OC 10. Practice Nurses 11. Intermediate Care Service 12. Outpatients 13. Practice Education 14. Hospital Specialist Nurses 15. Learning Disability Services 16. Public Health Vaccination Team 17. Cardiology 18. Ward 3 19. Unst Health Centre 20. Oncology/Macmillan Team 21. Brae Health Centre 22. Whalsay Health Centre 23. Public Health Team 24. Public Health – On Call 25. Health Improvement Team 26. Bixter Health Centre 27. Clinical Team Leaders 28. Lerwick Health Centre 29. Scalloway Health Centre 30. Walls Health Centre 31. Sexual Health Clinic 32. Theatres 33. Senior Charge Nurses 34. Renal Unit 35. CAMHS	1. Podiatry 2. Pharmacy - Primary Care Team 3. Physiotherapy 4. Nutrition and Dietetics 5. AHP Practice Education Lead 6. Medical Imaging 7. Medical Imaging On Call 8. Hospital Pharmacy Team 9. Pharmacy On Call 10. Orthotics 11. CHSC Management 12. Silver Command Community 13. Audiology 14. Laboratory Services 15. Laboratory – On Call 16. Medical Physics 17. Primary Care Admin 18. Occupational Therapy 19. Speech Therapy	1. Finance Team 2. Procurement 3. Patient Travel 4. HR Team 5. Staff Development Team 6. Spiritual Care Team 7. Information Governance Team 8. Health & Safety Team 9. Digital Technology 10. PA Human Resource 11. Information Services 12. Estates 13. Board Members 14. Chair 15. Chief Executive Office 16. CEO - Chief Executive 17. Corporate Services 18. Community Nursing Admin 19. Occupational Health 20. Porters 21. Domestics 22. Laundry 23. Catering 24. Facilities – Management 25. Patient Focused Booking	1. Community Dental Public Dental Service 2. Dental Management 3. Dentists 4. General Dental public dental services (nurses) 5. Dental out of hours 6. Unst Health Centre GPs 7. Junior Doctors

	36. Yell Health Centre 37. Psychological Therapies Service 38. Child Protection 39. Paediatric Nursing Staffing 40. School Nursing Service 41. Health Visiting Service 42. ADP Support Team 43. Ward 1 44. HDU On Call **45. Community Nursing Bank**			
Plan to go live shortly	1. Maternity 2. Mental Health Admin 3. Community Mental Health Team 4. Dementia Services 5. Substance Misuse Recovery Service 6. Forensics - On Call 7. Silver Command Acute – On Call **8. Acute Nursing Bank** **9. Mental Health Bank**		1. Medical Records 2. Main Reception GBH	**1. GPs Whalsay Health Centre – 99% complete** **2. Scalloway – 80% complete** **3. Yell – in progress** **4. Brae – in progress** **5. Bixter & Walls**
	1. Levenwick Health Centre 2. A&E		**1.** Director of Nursing **2. Admin Bank** **3. Other Bank**	1. GP & GP Joy – end Nov/ Dec – as add the health centres 2. GP OOH **1. Medical Bank** **2. Medical Agency** **3. IR35** **4. AFC Agency**

NHS Shetland Roll out Allocate SafeCare update - 6th August 2024:

	Nursing & Midwifery	Allied Health Professionals	Support Services	Medics	Organisationally
Number of rosters	53	17	2	17	89
Number of rosters live	8	1	0	0	9
Number of rosters being progressed	1	5	0	0	6
Number of rosters to be implemented	44	11	2	17	74
Percentage implemented	15.09%	5.88%	0%	0%	10.11%

10.11% of the organisation are using SafeCare.

NHS Shetland Proposed Roll Out:				
KEY CONTACT IN BAU TEAM	**Nursing & Midwifery** **Emma Geddes & Jessika Bartkowicz**	**AHP** **Emma Geddes & Jessika Bartkowicz**	**Support** **Emma Geddes & Jessika Bartkowicz**	**Medics** **Bibianna Wojtczak**
Rolled out	1. Clinical Governance & Risk Team 2. Hospital Specialist Nurses 3. Ward 3 4. Chief Nurse (Corporate) 5. District Nurses Mainland 6. District Nurses Isles 7. Non Doctor Isles Nurses 8. Outpatients	1. Physiotherapy		
Plan to go live shortly	9. Cardiology	2. Occupational Therapy 3. Speech Therapy 4. Podiatry 5. Nutrition and Dietetics 6. Orthotics		
	10. Paediatric Nursing Staffing 11. Child Protection 12. Levenwick Health Centre 13. School Nursing Service 14. Health Visiting Service 15. Forensics - On Call Community Nursing Admin 16. Community ANPs 17. Infection Prevention & Control 18. CDU 19. Air Ambulance OC 20. Practice Nurses 21. Intermediate Care Service 22. Practice Education 23. Learning Disability Services 24. Public Health Vaccination Team 25. Unst Health Centre 26. Oncology/Macmillan Team 27. Brae Health Centre 28. Whalsay Health Centre 29. Public Health Team	7. Laboratory Services 8. Laboratory – On Call 9. Pharmacy - Primary Care Team 10. Medical Imaging 11. Medical Imaging On Call 12. Hospital Pharmacy Team 13. Pharmacy On Call 14. CHSC Management 15. Silver Command Community 16. Audiology 17. Medical Physics	1. Director of Nursing 2. Occupational Health	1. GP & GP Joy – end Nov/ Dec – as add the health centres 2. GP OOH 3. Community Dental Public Dental Service 4. Dental Management 5. Dentists 6. General Dental public dental services (nurses) 7. Dental out of hours 8. Unst Health Centre GPs 9. GPs Whalsay Health Centre 10. Scalloway 11. Yell 12. Brae 13. Bixter 14. Walls

	30. Public Health – On Call 31. Health Improvement Team 32. A&E 33. Bixter Health Centre 34. Clinical Team Leaders 35. Lerwick Health Centre 36. Scalloway Health Centre 37. Walls Health Centre 38. Sexual Health Clinic 39. Theatres 40. Senior Charge Nurses 41. Renal Unit 42. Yell Health Centre 43. Ward 1 44. HDU On Call 45. Maternity 46. Silver Command Acute – On Call 47. Mental Health Admin 48. Community Mental Health Team 49. Psychological Therapies Service 50. CAMHS 51. Dementia Services 52. Substance Misuse Recovery Service 53. ADP Support Team			15. Junior Doctors

Board Reporting Template Overview	Level of Assurance
Summary	Reasonable
Chapter 12IA : Duty to ensure appropriate staffing	Reasonable
12IB – Duty to ensure appropriate staffing: agency worker	Reported separately
12IC – Duty to have real-time staffing assessment in place	Reasonable
12ID – Duty to have risk escalation process in place	Reasonable
12IE – Duty to have arrangements to address severe and recurrent risks	Reasonable
12IF – Duty to seek clinical advice on staffing	Limited
12IH – Duty to ensure adequate time given to leaders	Limited
12II – Duty to ensure appropriate staffing: training of staff	Reasonable
12IJ – Duty to follow the common staffing method	Reasonable
12IL – Training and Consultation of Staff – Common Staffing Method	Reasonable
12IM – Reporting on Staffing	Processes being established
Planning and Securing Services	No Assurance

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

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.