NHS National Services Scotland Health and Care Staffing Scotland Act 2019 Annual Report 2024 - 2025

Report Approval

The report was approved by the Director of Nursing, Medical Director and Director of Human Resources and Organisational Development prior to submission to NSS governance where it was approved for submission to Scottish Government.

Summary Report

1. **Please advise how the information provided in this report has been used or will be used to inform workforce plans**. Within NHS National Services Scotland (NSS) the clinical staff in scope for reporting in under the Act sit within the Scottish National Blood Transfusion Service (SNBTS). SNBTS has set up a multi-disciplinary group, including professional leads, associate directors, HR business partners, partnership representation and representation for all staff groups in scope for reporting to ensure compliance with Act. Organisational staffing resilience is low. Currently there are 3 staffing risks with a HCSA flag identified using this process, 2 amber and 1 red. Prior to the requirements of the Act, SNBTS already had processes in places to raise, mitigate, escalate and mange staffing risks via the NSS integrated risk management system (IRMA). An example of this is provided in 12IA(2)(d). These processes have been documented as part of SNBTS progress in the path to green. A 'HCSA flag' has been created within the IRMA to allow easy identification of HCSA related staffing risks. Low staffing resilience will be compounded by changes from the Agenda for Change (AfC) reduced working week (which will equate to a 4% reduction in staffing) in a service that must run multiple 24/7/365 shift rosters. The very difficult situation across Scotland both in terms of staff, workload (increase in diagnostic tests) and finance have resultant impact on SNBTS services, but this is out with

SNBTS control. Groups have been set up within SNBTS and NSS to support implementation of the AfC changes. Workforce planning groups using the six-step methodology are already established across each service within SNBTS. There are general workforce and specific clinical workforce plans within NSS. Clinical staffing risks are considered as part of workforce planning. For example, options to mitigate the medical staffing risk in Patient Services have been considered at the workforce planning group. Options for a different skill mix have been considered and are being progressed. Business cases have been submitted for a Consultant Haematologist post in Inverness (current no medical presence on site) and for a Consultant Clinical Scientist in Transfusion training programme and substantive post. A review of nursing roles within Patient Services will be undertaken in 2025/2026.   Further examples include the biomedical scientist staffing risk in Patients Services, where improvements in electronics systems and support for them could bring efficiencies and relieve pressure on staff. SNBTS is considering what resource is required to progress these improvements.

2. **Please summarise any key achievements and outcomes as a consequence of carrying out the duties and requirements in the Act**. SNBTS has achieved significant progress on the path to green in terms of reporting on compliance with the Act. At the start of Q1, 25 of 57 subsections of the annual template report were self-assessed as green. At the end of Q3, 54 of 57 subsections were self assed as green. Significant progress has been made on the remaining 3/57 subsections in the last quarter. Final update and approval of 'NHS National Services Scotland: Revision of the NSS Health and Care Staffing Escalation Guiding Principles to include Real Time Staffing Assessment (RTS) and Escalation' is required to close the outstanding actions. This includes finalising processes for recording disagreements with clinical advice. Processes have been put in place to document and support compliance with the Act including:

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

- Duty to have risk escalation process in place 12ID

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

  The documents above have considered the duty to seek clinical advice on staffing 12IF in their development. However, it is noted that further clarification around this needs to be added to NSS Health and Care Staffing Escalation Guiding Principles. Documents to link the Act to the existing risk management and quality management system have been created to support the

requirements of the Act 12ID and 12IE. Considerable work has gone into developing, testing and roll out of a bespoke real-time Staffing (RTS) tool within SNBTS for health care science and medical staff until SafeCare is available. Implementation of the tool, with the addition of a training package was rolled out to health care science and medical staff on the 1st October 2024. All in scope nursing teams have had a similar RTS tool in place from April 2024. Prior to the adoption of these tools, RTS assessment was undertaken as a business as usual activity but not formally recorded. Data outputs from the tools are now fed into local management and workforce planning groups. SNBTS were praised by the UKAS inspectors for the Patient Services medical staffing capacity plan. Duty to ensure appropriate staffing; training of staff 12II; The HCSA has now been added to the SNBTS induction checklist (NATF 1279) for all new staff joining the organisation. A new digital platform for SNBTS induction is in development, which will include the HCSA. Training SOP and associated process flow have been developed to ensure staff in scope are aware of the training requirements. Additionally, a HCSA awareness presentation has been created for all staff regardless of being in scope or not. The NHS National Services Scotland revision of the NSS Health and Care Staffing Escalation Guiding Principles document is well underway to include updated guidance on compliance with Duties 12IC, 12ID and 12IF.

3. **Please summarise any key learning and risks identified as a consequence of carrying out the duties and requirements in the Act**. Risks Identified:

- There are three risks recorded in NSS integrated risk management System (IRMA) with a Health and Care (Staffing) (Scotland) Act 2019 flag:

- Risk 7464 (raised 20/08/2024): Patient Services Medical Staffing. Risk score raised from amber to red (score 16) on 17 January 2025.

- Risk 6544 (raised 14/10/2021): SNBTS Patient Service Hospital Blood Bank Laboratories Biomedical Scientists staffing risk. Risk score reduced from red to amber (21/06/2024) due to progress in recruitment and training of staff.

- Risk 7037 (raised 17/01/2024): Jack Copland Centre (JCC) Blood Processing and Testing Biomedical Scientists, National Manufacturing Unit staffing. Risk score reduced from red to amber (06/06/2024) due to reduced staff turnover and progress in recruitment and training of staff.

NSS risk 7305 Clinical and Patient Safety has an action relating to ensuring NSS report on the Act. The SafeCare module of the e rostering programme is an enabler for compliance with the Act and is in scope for NSS implementation. The anticipated roll out date had moved from FY 25/26 Q1 to Q3. Significant resource has been required to develop work rounds to record real-time staffing. Scottish Government funding for Lead for Health and Care (Staffing) (Scotland) will stop at the end of this financial year. For NSS this is 0.2 WTE Band 8a. There will be going work relating to the Act beyond this date.

Key Learning:

- SNBTS have created a training flow chart to help navigate the Turas resources. This has been shared with HIS at their request. This has made the training more streamlined and has been very helpful for staff. These will be shared with HIS once they have been agreed within the Board.

- A PDSA approach was taken to the roll out of the bespoke real time staffing tool. This allowed learning to be incorporated before the wider roll out to teams.

- A post implementation review of the real time staffing tool has now taken place and work is now underway to analyse the findings.

4. **Please indicate the overall level of assurance of the organisation's compliance with the Act, reflecting the report submitted**.

Substantial Assurance

12IA Duty to ensure appropriate staffing

Section	Item	Status	Comment
12IA(1)	Clearly defined systems and processes are in place, and	Green	Within NSS the clinical staff in scope for reporting in under the Act sit within SNBTS. SNBTS Health & Care Staffing Act Implementation

Section	Item	Status	Comment
	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.		Project Delivery Group is responsible for the Act implementation and oversight to ensure that the requirements of this duty (12IA) are met, and as detailed under the individual duties reported in this document. There is representation from all professional groups and teams in scope on this group. The terms of reference documents the groups reporting structure to SNBTS Strategic Management Group which in turn reports to NSS Executive Management Team and NSS Staff Governance Committee. Process have been put in place to document and support compliance with the Act including: Duty to have real-time staffing assessment in place 12IC. Duty to have risk escalation process in place 12ID. Duty to have arrangements to address severe and recurrent risks 12IE. Duty to seek clinical advice on staffing 12IF This includes a bespoke real time staffing assessment tool and documented risk escalation process. As well as the Health and Care (Staffing) (Scotland) Act 2019, SNBTS must comply and are inspected against the relevant regulators' requirements. For example, UKAS the National Accreditation Body for the United Kingdom inspects SNBTS patients service laboratories against The International Organisation for Standardisation (ISO) 15189. Assessments under UKAS accreditation ensure that laboratories meet the relevant requirements including the operation of a quality management system and the ability to demonstrate that specific

Section	Item	Status	Comment
			activities are performed within the criteria set out in the relevant standard.
			ISO 15189 Medical Laboratories has been revised by the ISO Technical Committee ISO/TC 212 and was published in December 2022. The International Laboratory Accreditation Cooperation subsequently confirmed that there would be a three-year transition period for laboratories accredited to ISO 15189:2012 to move to ISO 15189:2022 accreditation. One of the key changes to requirements is the greater emphasis on the impact pathology services can have on patients. This can include defining and achieving clinically appropriate turnaround times, ensuring user information is kept up to date to ensure the correct sample type and volume are taken, and consideration of patient impact when non-conformities are identified.
			Since the start of 2024, UKAS has mandated that all annual assessments to services accredited to ISO 15189:2012 must include the transition assessment to ISO 15189:2022. SNBTS Patient Services Laboratories were successfully inspected against both in October 2024. As part of this assessment there is a requirement for Patient Services Laboratories to have staffing capacity plans.
			Within nursing National Staffing Models have been developed and are currently in use within Donor Whole Blood Collection teams, Donor Apheresis Collection teams and Patient Services Clinical Apheresis teams, to evidence safe and appropriate staffing. Due to the smaller cohort of staff and in the absence of a National Staffing Model, TCAT

Section	Item	Status	Comment
			and CST nursing teams will run, a Professional Judgement Tool for two consecutive weeks at once per year.
			There are quarterly workforce planning reviews within each service in SNBTS to consider actions, risks (contained with the NSS Integrated risk management system (IRMA) to explore considerations towards service redesign, realignment of the organisational structure to support the professional leadership and associated internal strategies e.g. Nursing Strategy, consider actions, risks (contained with the NSS Integrated risk management system (IRMA). Additionally, to review and Workforce Planning Heat Maps of specific skill sets that are niche to the workforce and services and enable effective succession planning and re-profiling requirement of role structure of services and appropriate and identified through national agendas /strategies and the 5 pillar action plan to underpin the principles and evidence practice of safe staffing. Data outputs from 12IC/D/E can feed into workforce planning groups.
12IA(2)(a)	These systems and processes include having regard to the nature of the particular kind of health care provision	Green	Staffing requirements (skill mix and numbers) are agreed and documented at service level. NSS is currently in the roll out phase for eRostering, then the SafeCare module thereafter (estimated Q1 FY 25/26 to commence).
			SNBTS has developed supporting documentation for staff relating to the Act. Including an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for real time staffing assessment and raising and escalation of any risk caused by staffing levels

Section	Item	Status	Comment
			All SNBTS services/staff in scope complete a real-time staffing assessment through daily huddles, with prioritisation of work as required and escalation of staffing concerns deemed a risk to service provision and/or patient care through established line management structures. There are quarterly workforce planning reviews within each service in SNBTS to consider actions, risks (contained with the NSS Integrated risk management system (IRMA)) to explore considerations towards service redesign, realignment of the organisational structure to support the professional leadership and associated internal strategies e.g. Nursing Strategy. Additionally, to review Workforce Planning Heat Maps of specific skill sets that are niche to the workforce and services and enable effective succession planning and re-profiling requirement of role structure of services and appropriate and identified through national agendas /strategies and the 5 pillar action plan to underpin the principles and evidence practice of safe staffing. Data outputs from 12IC/D/E can feed into workforce planning groups ACTION: Discuss/decide how workforce requirements are signed off by professional leads within each workforce
12IA(2)(b)	These systems and processes include having regard to the local context in which it is being provided	Green	Overarching and service specific workforce plans consider Six Step methodology and incorporate the inclusion of local context into their reports and workforce plans and reflects dynamic service review and planning.
12IA(2)(c)	These systems and processes include having regard to the	Green	NHS NSS/SNBTS predominately provide indirect healthcare, however where patients are directly impacted numbers are captured in workforce tools. This is included in the Donor Services Collection Teams and

Section	Item	Status	Comment
	number of patients being provided it		Patient Services Clinical Apheresis Workforce planning tools. In the bespoke staffing model, there is the capacity to identify workload capacity versus skill mix and staffing levels to understand if changes to numbers of appointments are required to maintain safety, however this will also be supported by the clinical judgement of the session manager. Similar processes exist for the other nursing teams in scope.
12IA(2)(d)	These systems and processes include having regard to the needs of patients being provided it	Green	NHS NSS/SNBTS predominately provide indirect healthcare, however where patients are directly impacted, numbers are captured in workforce tools. This is considered in Donor Services Collection Teams and Patient Services Clinical Apheresis Workforce planning tools. In the bespoke staffing model, there is the capacity to identify workload capacity versus skill mix and staffing levels to understand if changes to numbers of appointments are required to maintain safety, however this will also be supported by the clinical judgement of the session manager. Similar processes exist for the other nursing teams in scope. In 2023, the process for identifying, raising, mitigating and escalating staffing risk was tested. Staffing sufficiency risk impacting on patient care in the Patient Services Clinical Apheresis Unit was identified. This was managed through the NSS Integrated Risk Management Policy (IRMA) (aligned to NATL 424 to support implementation of the Act) and scored as red (or serve). The risk was escalated through established channels in SNBTS to the NSS professional lead and NSS Executive Management Team and NSS Clinical Governance Committee. A staffing review and cross site contingency plans to minimise any patient impact were created and staffing establishment was assessed and

Section	Item	Status	Comment
			increased. The staffing risk was thereafter reduced to amber, then green then closed. SNBTS undertakes a quarterly review of complaints and compliments, looking for themes and where possible addressing these. It undertakes and responds as required to annual patient experience surveys of blood donors and patients attending the Clinical Apheresis Units. The 2024 Clinical Apheresis Units patient survey provided excellent feedback on the professionalism of staff but highlighted space issues within the unit, financial constraints make it difficult to make significant progress in addressing this, but some minor remedial work has been progressed and a risk has been raised on NSS Integrated risk management system in relation to this. Please see 12IA(1) for background to recent UKAS inspection (Q2 2024). At the closing meeting the Lead Assessor gave outstandingly positive feedback, stating SNBTS should be very proud of the quality of the services they provide. At all levels staff were commended on their understanding of the importance of, and commitment to ensuring the quality of SNBTS services delivered to benefit patient care. Many examples of good practice were highlighted including prompt assessment of risk relating to events, incidents and complaints and patient/clinical impact being central to these decisions and the quality and clarity of the standard operating procedures.
12IA(2)(e)	These systems and processes include having regard to appropriate clinical advice	Green	In SNBTS, The Six step methodology/workforce planning groups includes clinical advice/representation. Medical, health care scientist

Section	Item	Status	Comment
			and nursing leads are available in all areas of the service and documented in organisational organograms e.g. ORG MED 01. Within NSS, there is a professional lead for all professions in scope and out of hours medical and nursing staff rota exists so clinical advice is always available.
2(1)	These systems and processes include having regard to the guiding principles when carrying out the duty imposed by section 12IA	Green	Context and Quality elements of the CSM and Six Step methodology utilised in work force planning take cognisance of Quality Indicators, HEAT targets, risks raised and trends. Use of Imatter as a measure of staff wellbeing and the work of the Board's Well Being group, whistle blowing, complaints procedures, governance processes, adverse event reviews and Significant event reviews, Risk management reviews within our H&S structures where Datix events are reviewed inclusive of near misses. Examples of how SNBTS have regard for guiding principles Improving standards and outcomes for service users - SNBTS work within highly regulatory (see example of UKAS given in in 12IA (1) framework which require us to work within a quality management system (QMS) which includes continuous improvement activities. UKAS has a focus the impact pathology services can have on patients. SNBTS produces a quarterly Board paper on the quality, safety and sufficiency of blood, cells and tissues – this includes an overview of staffing risk, non-conformities within the QMS, complaints and compliments, national category 1 adverse events, duty of candour events, serious adverse events of donations and any patient or donor events that are reportable to the regulator. This allows triangulation of data. Context and Quality

Section	Item	Status	Comment
			elements of the CSM and Six Step methodology utilised in work force planning take cognisance of Quality Indicators, HEAT targets, risks raised and trends. ● Taking account of the needs, abilities, characteristics and circumstances of different service users – please see 12IA(2)(d), SNBTS would undertake an Equality Impact Assessment with any service development. ● Respecting the dignity and rights of service users - please see 12IA(2)(d). ● Taking account of the views of staff and service users - please see 12IA(2)(d). ● Ensuring the wellbeing of staff - Use of imatter as a measure of staff wellbeing and the work of the NSS Well Being group, whistle blowing and complaints procedures. ● Being open with staff and service users about decisions on staffing – Communication and training of staff with regards to the Act and developing of supporting documentation to ensure feedback to staff (NATL 424). ● Allocating staff efficiently and effectively – see 12IA(1) and 12IA(2)(a)

Section	Item	Status	Comment
			• Promoting multi-disciplinary services as appropriate – SNBTS undertake multidisciplinary workforce planning.
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	An overarching SNBTS policy (NATP CLIN 063) and supporting flow chart describes the staff in scope for reporting, and the governance and escalation of staffing risks. This aligns to SNBTS Quality Management System and NSS integrated Risk Management Policy. SNBTS Health & Care (staffing) (Staffing) 2019 Act Implementation Project Delivery Group is responsible for implementation and oversight in SNBTS. A Terms of Reference documents its reporting structure to SNBTS Strategic Management Group (which in turn reports to NSS Executive Management Team) and the NSS Staff Governance Committee. A document recording the internal NSS reporting process and reporting to Health Improvement Scotland/ Scottish Government has been created. The NSS reporting process is overseen by NSS board services team. Action: A revised implementation plan will be created based on Q3 report and will be monitored via the SNBTS Health & Care (staffing) (Staffing) 2019 Act Implementation Project Delivery Group.

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

• 6 step methodology for workforce planning/ justification on JAR, VMG, professional leads review of skill mix based on real time staffing skill mix information

- Retire and return

- Wellbeing group

- Safe staffing levels built into staffing model and supported by RTS tools and professional judgement.

Please see 12IA(2)(d) for example of service review as a result of identifying, raising, mitigating, escalating and resolving a staffing sufficiency risk in SNBTS Clinical Apheresis Units

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

Transparency of staffing levels on a real time basis with review at local senior management meetings including review of escalations needed and themes. Includes direct feedback to staff who have raised any staffing concerns.

Staffing risks have been discussed with EMT for awareness, and NSS Integrated risk management has a flag for risk raised relating to concerns under Act.

Please see 12IA(2)(d) for example of use of patient in relation to space constraints in the Clinical Apheresis Units and positive feedback from regulator (UKAS).

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
SNBTS Wide - path to green - Clear documentation of process for compliance with Act.	The importance of documenting extant processes in a consistent way	An overarching SNBTS HCSA policy and associated process flow (NATL 424) aligns to existing SNBTS systems (Quality Management System and NSS integrated Risk Management Policy) to the Act. Local/departmental policies have developed below this. An implementation plan was completed following a gap analysis of the Q4 FY23/34 report. This process was repeated for FY24/25 Q2 report. Significant progress has been made in increasing the number of subsection of the Act which are now self reported as green.
SNBTS Wide - path to green - documentation of real time staffing	Development of recording of real time staffing assessment for all areas in scope until the roll out of eRostering SafeCare module. Bespoke real-time staffing assessment tool rolled out to all areas of SNBTS in scope from 1 October 2024.Lessons learned exercise in progress.	Transition from bespoke real-time staffing tool to SafeCare once available.

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	Level of Risk (RAG)
SNBTS Wide - path to green - staffing resource and time required to implement change to demonstrate compliance with Act	Challenge: Releasing resource at all level to assist in development of processes and gathering of data required.	Challenges highlighted at the SNBTS Safe Staffing Group. Associate Directors to prioritise time to meet the duties.	
SNBTS Wide - path to green - documentation of real time staffing - transition to SafeCare	Transition from bespoke real-time staffing tool to SafeCare once available	NSS progressing roll out of eRostering and Safe Care in SNBTS anticipated Q3 FY 25/26.	

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance

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

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	From 1 October 2024, a bespoke real-time assessment staffing tool is in place for the medical and scientific workforce in scope in NSS/SNBTS. This was developed and tested by members of the SNBTS Health and Care (staffing) (Scotland) 2019 Act Implementation Project Delivery Group using a PDSA approach. Training presentations (both in terms of the Act itself and the use of the real- time assessment staffing tool) were made available to support local managers with its implementation. A supporting standard operating procedure was developed (NATS CLS 173 ASSESSMENT AND RECORDING OF APPROPRIATE STAFFING LEVELS FOR SNBTS CLINICAL GROUPS). A roll out plan was created and will be monitored through the project delivery group. This will include a post implementation review. From 1 April 2024, a similar bespoke real time staffing assessment tool is in place for all SNBTS nursing staff which is completed daily by the senior nurse in each of the clinical areas. It is not possible to complete a real-time assessment staffing tool for the lone post of SNBTS Infection Prevention and Control Manager (IPCM) or the Consultant Haematologist, Ninewells. Risk assessments have been completed for both posts. Cross cover for the IPCM is provided by ARHAI and works well. Cross cover for the Consultant Haematologist is via the national in hours on call consultant rota and works well.

Section	Item	Status	Comment
			Every professional group understands the requirement for the clear assessment, documentation of risks, decisions, and actions and this is supported by SOP's and National documents.
			NSS continues to roll out Optima eRostering and once complete this will allow roll out of the SafeCare module, which will provide a digital solution to real-time staffing assessment. Mitigation options in the medical and scientific bespoke real-time staffing tools have been aligned with SafeCare to reduce the impact of switching from the bespoke tool to SafeCare.
			Routine management of the required workforce is managed by appropriate allocation of annual leave and training requirements. All areas operate dynamic risk assessment either through use of safety huddles or in response to unplanned absence/vacancy which impact staffing levels. This is now recorded via the bespoke real- time assessment staffing tools. Staff can voice concerns regarding appropriate staffing in real-time directly to their line manager, who can take action to mitigate any risk identified and escalate as required to senior clinicians.
			The wide geographical distribution and specialism of staff makes it difficult to transfer staff between sites within an individual shift. Mitigations generally relate to workload (re) prioritisation for the staff in the area. Although within blood donation, mitigation includes reduction of donor appointments.

Section	Item	Status	Comment
			Staff can also raise concerns beyond their manager as part of the NSS raising concerns process which includes sign posting to processes such as whistleblowing when appropriate. ACTION: Complete post Implementation review of the bespoke real-time assessment staffing tools
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	Rostering provides opportunity for staff to highlight risks prior to the session/shift taking place. All staff can raise a risk or concern through the team leader or line manager, or at the different daily huddles/ staff review or handover discussions. Unlike Territorial Boards, SNBTS does not currently use RLDatix risk management system. SNBTS does have a quality management system (Q pulse) where events can be raised by any staff member (this could include staffing events) and the NSS integrated risk management system (IRMA). SNBTS has developed supporting documentation for staff relating to the Act. Including an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by staffing levels. Also, guidance around the assessment and recording of appropriate staffing levels for health care scientist and medical and nursing staff (NATS CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 024) has been developed. Communications have been issued to staff by both NSS (2 April 2024) and SNBTS (16 April 2024) to raise awareness of the Act. Training presentations (both in terms of the Act itself and the use of the real- time

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			assessment staffing tool) were made available to support local managers with its roll out of the Act. Staff can also raise concerns beyond their manager as part of the NSS raising concerns process which includes sign posting to processes such as whistleblowing when appropriate. Whistleblowing is part of mandatory training for all NSS staff.
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	SNBTS has developed supporting documentation for staff relating to the Act. Including an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by concerns about staffing levels. Also, guidance around the assessment and recording of appropriate staffing levels (NATS CLS 173) has been developed. This initial notification and reporting of risk is initiated through the team leader via established line and professional management structures. Nursing staff have developed (NATS COL 117, NATS CLIN APH 050, TCATS NUR 024) SOPs which detail the safe staffing escalation processes in Donor Services, Clinical Apheresis Units and the Tissues, cells, and advanced therapeutics teams. These include information on how staff should raise concerns and escalation processes. Process flows have also been developed which are a visual step by step guide for staff alongside the SOPS. These are documents NATL 337, NATL 338, TCATL 083.
12IC(2)(c)	These systems and processes include the means for mitigation of risk, so far as possible, by the	Green	All areas operate dynamic risk assessment either through use of safety huddles or in response to unplanned absence/vacancy which impact staffing levels. Mitigations generally relate to workload (re) prioritisation

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	relevant individual with lead professional responsibility, and for that individual to seek, and have regard to, appropriate clinical advice as necessary.		or reduction of donor appointments as the wide geographical distribution and specialism of staff makes it difficult to transfer staff between sites within an individual shift. Procedures (e.g. NATS CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 024) describe possible mitigations and when and how to seek clinical advice if that person is not suitable trained or qualified to provide clinical advice. There is also recorded business continuity plans for services which encompass managing clinical risk, informed by clinical advice, as part of our NSS resilience planning.
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	SNBTS has developed supporting documentation for staff relating to the Act. Including an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by staffing levels. Also, guidance around the assessment and recording of appropriate staffing levels for health care scientist and medical staff (NATS CLS 173) has been developed this includes seeking and having regard for clinical advice.

Communications have been issued to all staff by both NSS (2 April 2024) and SNBTS (16 April 2024) to raise awareness of the Act. Training presentations (both in terms of the Act itself and the use of the real- time assessment staffing tool) were made available to support local managers with its roll out of the Act.

During the testing phase the lead for safe staffing, and the Head of Nursing for Donor services held roadshows with clinical teams in donor services, patient services, TCAT and CAU nursing and management |

Section	Item	Status	Comment
			teams to explain the act in more detail and what this meant for individuals. This has been further supported using SOP's and local engagement sessions held by the senior nurse managers.
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	All areas operate dynamic risk assessment either through use of safety huddles or in response to unplanned absence/vacancy which impact staffing levels and have implemented a bespoke real- time assessment staffing tool. SNBTS has developed supporting documentation for staff relating to the Act. Including an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by staffing levels. Also, guidance around the Assessment and recording of appropriate staffing levels for health care scientists and medical staff (NATS CLS 173) has been developed this includes seeking and having regard for clinical advice. Nursing staff have developed (NATS COL 117, NATS CLIN APH 050, TCATS NUR 024) which are SOP's which detail the safe staffing escalation processes in Donor services, clinical apheresis units and the Tissues, Cells, and Advanced Therapeutics teams. These include information on how staff should raise concerns and escalation processes. Process flows have also been developed which are a visual

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			step by step guide for staff alongside the SOPS. These are documents NATL 337, NATL 338, TCATL 083. Communications have been issued to staff by both NSS (2 April 2024) and SNBTS (16 April 2024) to raise awareness of the Act. Training presentations (both in terms of the Act itself and the use of the real- time assessment staffing tool) were made available to support local managers with its roll out of the Act. Action from Q2: Explore how this can be added to induction training/training matrix is completed.
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	The SNBTS Project Delivery Group contains representation from all service areas and professionals in scope and partnership and HR representative. The lead nurse for nursing that was involved in the testing phase of the Act implementation is a member of this group. HIS board engagement calls have been organised. SNBTS has developed supporting documentation for staff relating to the Act. Including an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by staffing levels. Also, guidance around the assessment and recording of appropriate staffing levels for health care scientist and medical staff (NATS CLS 173) has been developed this includes seeking and having regard for clinical advice.

Section	Item	Status	Comment
			Communications have been issued to staff by both NSS (2 April 2024) and SNBTS (16 April 2024) to raise awareness of the Act. Training presentations (both in terms of the Act itself and the use of the real- time assessment staffing tool) were made available to support local managers with its roll out of the Act.

Action from Q2 to explore how training around Act (for all staff in scope and those with lead professional responsibility) can be added to induction training/training matrix has been completed. HCSA has been added to induction checklist for all staff. |
| 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 | Ensuring real time safe staffing levels has always been a core of business-as-usual work, both in terms of mitigating the risk in real time and escalation of risk. Where processes were not documented these have now been documented to meet the requirements of the Act. Current provision to ensure adequate time is established through staff PLDPs, appraisal reviews, Job Planning, time built into Job Descriptions etc. 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 | Green | An overarching SNBTS policy (NATP CLIN 063) and supporting flow chart describes the staff in scope for reporting, and the governance and |

Section	Item	Status	Comment
	compliance with this duty and escalation of non-compliance (when this cannot be adequately met)		escalation of staffing risks. This aligns to SNBTS Quality Management System and NSS Integrated Risk Management Policy (IRMA).
			SNBTS Health & Care (staffing) (Staffing) 2019 Act Implementation Project Delivery Group is responsible for implementation and oversight in SNBTS. A Terms of Reference documents its reporting structure to SNBTS Strategic Management Group (which in turn reports to NSS Executive Management Team) and the NSS Staff Governance Committee.
			A document recording the internal NSS reporting process and reporting to Health Improvement Scotland/ Scottish Government has been created. The NSS reporting process is overseen by NSS board services team.
			Action: A revised implementation plan will be created based on Q3 report and will be monitored via the SNBTS Health & Care (staffing) (Staffing) 2019 Act Implementation Project Delivery Group.

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
Path to Green /All staff groups in scope/ real-time staffing tool	Development, testing and roll out of bespoke real-time staffing tool with mitigations aligned to SafeCare completed for health care science and medical staff. Rolled out from 1 October 2024. Nursing staff have similar real-time staffing assessment in place from April 2024.	Post implementation Review is currently in progress (Q4 FY24/25).
Path to green/ development of suite of documents to describe alignment of compliance with Act with existing risk management systems and to support staff	Documents created to align requirement of Act to existing NSS Integrated Risk Management System (IMRA) where SNBTS already have experience of managing staffing risks.	Post implementation Review
Path to Green /All staff groups in scope/RTS	Moved from FY23/24 Q4 - 4 amber 4 yellow and 1 green to Q3 FY24/25 - 9 green	Nil

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	Level of Risk (RAG)
SafeCare not available	As an interim measure SNBTS have developed, tested and rolled out of bespoke real-time staffing tool. For health care science and medical staff the mitigations are aligned to SafeCare	Post implementation review has now taken place, Jan 2025. Report to follow. Implement Safe Care when available	
Further improvements	Staff training on SafeCare	Commence pre implementation	

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance

12ID Duty to have risk escalation process in place

Section	Item	Status	Comment
12ID(1)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and	Green	Prior to the implementation of the Act SNBTS already managed staffing/clinical risks via the NSS Integrated Risk Management Policy (IRMA). SNBTS has developed supporting documentation to describe

Section	Item	Status	Comment
	professional groups, for the escalation of any risk identified through the real-time staffing assessment processes which has not been possible to mitigate.		how it complies with 12ID(1). This includes an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by concerns about staffing levels and linking the requirements of the Act to the NSS IRMA. Also, guidance around the assessment and recording of appropriate staffing levels for health care scientist, medical and nursing staff (NATS CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 024) has been developed. This initial notification and reporting of risk is initiated through the team leader via established line and professional management structures. The documentation describes the process for escalation of any risk, identified through the real-time staffing assessment processes which it has not been possible to mitigate, from point of identifying risk all the way to the NSS Professional Lead and Executive Management Team as required.
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	Prior to the implementation of the Act, SNBTS already managed staffing/clinical risks via the NSS Integrated Risk Management Policy (IRMA). SNBTS has developed supporting documentation to describe how it complies with 12ID(1). These include an overarching policy (NATP CLIN 063,) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by concerns about staffing levels and how this links into the IRMA system. Additionally, guidance around the assessment and recording of appropriate staffing levels has been developed (e.g. NATS CLS 173,

Section	Item	Status	Comment
			NATS COL 117, NATS CLIN APH 050, TCATS NUR 024, NATL 337, NATL 338, TCATL 083). Staffing models (both bespoke tools and HIS professional judgement tool) support the safe staffing levels across the nursing teams, and this is underpinned by professional judgement. The initial notification and reporting of risk is initiated through the team leader via established line and professional management structures. The documentation describes the process for escalation of any risk, identified through the real-time staffing assessment processes which it has not been possible to mitigate, from point of identifying risk all the way to the NSS Professional Lead and Executive Management Team as required. ACTION: Review all documents against overarching policy NATP CLIN 063 i.e. NATS CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 024, NATL 424, NATL 337, NATL 338, TCATL 083 to ensure alignment.
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	SNBTS has developed supporting documentation to describe how it complies with 12ID(2)(b). This includes an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by concerns about staffing levels and how this links into the IRMA system. Additionally, guidance around the assessment and recording of appropriate staffing levels (NATS CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 02) has been developed for health care science, nursing and medical staff. These provides guidance on

Section	Item	Status	Comment
			mitigations and when and how to seek clinical advice if that person is not suitable trained or qualified to provide clinical advice. All areas operate dynamic risk assessment either through use of safety huddles or in response to unplanned absence/vacancy which impact staffing levels. The initial notification and reporting of risk is initiated through the team leader via established line and professional management structures. NATL 424, NATL 337, NATL 338, TCATL 083 describes the process for escalation of any risk, identified through the real-time staffing assessment processes which it has not been possible to mitigate, from point of identifying risk all the way to the NSS Professional Lead and Executive Management Team as required.
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	Prior to the implementation of the Act SNBTS already managed staffing/clinical risks via the NSS Integrated Risk Management Policy (IRMA). SNBTS has developed supporting documentation to describe how it complies with 12ID(2)(c). These include an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by concerns about staffing levels and how this links into the IRMA system. Additionally, guidance around the assessment and recording of appropriate staffing levels (NATS CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 024) has been developed for nurses, health care science and medical staff. This initial notification and reporting of risk is initiated through the team leader via established line and professional management structures. The documentation describes the process for escalation of any risk, identified through the real-time

Section	Item	Status	Comment
			staffing assessment processes which it has not been possible to mitigate, from point of identifying risk all the way to the NSS Professional Lead and Executive Management Team as required.
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	Prior to the implementation of the Act SNBTS already managed staffing/clinical risks via the NSS Integrated Risk Management Policy (IRMA). SNBTS has developed supporting documentation to describe how it complies with 12ID(2)(d). These include an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by concerns about staffing levels and how this links into the IRMA system. Additional, guidance around the assessment and recording of appropriate staffing levels for health care scientist, medical and nursing staff (NATS CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 024) has been developed. This initial notification and reporting of risk is initiated through the team leader via established line and professional management structures. The documentation describes the process for escalation of any risk, identified through the real-time staffing assessment processes which it has not been possible to mitigate, from point of identifying risk all the way to the NSS Professional Lead and Executive Management Team as required.
12ID(2)(e)	These systems and processes include means for notification of every decision made following the initial report, and the	Green	All areas operate dynamic risk assessment either through use of safety huddles or in response to unplanned absence/vacancy which impact staffing levels. The real-time staffing assessment tool has the capacity to record all actions and onward escalation of a risk. The initial

Section	Item	Status	Comment
	reasons for that decision, to anyone involved in identifying the risk, attempting to mitigate the risk, escalation of the risk and providing clinical advice.		notification and reporting of risk is initiated through the team leader via established line and professional management structures. SNBTS has developed supporting documentation to describe how it complies with Act. The documentation describes the process for escalation of any risk, identified through the real-time staffing assessment processes which it has not been possible to mitigate, from point of identifying risk all the way to the NSS Professional Lead and Executive Management Team as required. Supporting documentation includes instruction (e.g. NATL 424 and NATS CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 024) to feedback decision/outcomes around staffing risk to staff. Decisions are made and held locally using the real-time staffing assessment tool until the point that a decision is made to add the risk to the NSS risk register. Free text comments are included in the nursing real-time staffing assessment tool as well as the drop downs aligning to SafeCare in the medical and health care science real-time staffing assessment tool. This is also built into the nursing workforce staffing models.
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	Amber	All areas operate dynamic risk assessment either through use of safety huddles or in response to unplanned absence/vacancy which impact staffing levels. The real-time staffing assessment tool has the capacity to record all actions and onward escalation of a risk. The initial

Section	Item	Status	Comment
	any decision made following the initial identification of a risk.		notification and reporting of risk is initiated through the team leader via established line and professional management structures. SNBTS has developed supporting documentation to describe how it complies with Act. The documentation describes the process for escalation of any risk, identified through the real-time staffing assessment processes which it has not been possible to mitigate, from point of identifying risk all the way to the NSS Professional Lead and Executive Management Team as required. SNBTS has developed supporting documentation to describe how it complies with Act. This includes instruction (e.g. NATL 424 and NATS CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 024) to feedback decision/outcomes around staffing risk to staff. Professional concerns can be raised via the professional accountability lines in NSS. There is also connected information and sign posting about how to raise concern more widely in our NSS confidential contacts process inclusive of raising whistleblowing concerns and a guide for staff at NHS National Services Scotland is in place. Disagreements should be recorded via the real time staffing tool, workforce staffing tools where applicable, safety huddles, QMS and/or via a risk jotter.

Section	Item	Status	Comment
			ACTION: Finalise and approve SOP that documents process for recording and collating information with disagreement relating to clinical advice.
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	The SOP assessment and recording of appropriate staffing levels for SNBTS Clinical Groups states that in all cases, staff should be kept informed of the actions undertaken and the outcomes which should also be recorded in the real-time staffing assessment tool. Where escalation is required, regardless of what stage the staffing issue has escalated to, feedback on the actions taken and outcomes achieved should be provided to the manager escalating the concern and the team involved. All areas operate dynamic risk assessment either through use of safety huddles or in response to unplanned absence/vacancy which impact staffing levels. The real-time staffing assessment tool has the capacity to record all actions and onward escalation of a risk. The initial notification and reporting of risk is initiated through the team leader via established line and professional management structures. SNBTS has developed supporting documentation to describe how it complies with Act. The documentation describes the process for escalation of any risk, identified through the real-time staffing assessment processes which it has not been possible to mitigate, from point of identifying risk all the way to the NSS Professional Lead and Executive Management Team as required. SNBTS has developed supporting documentation to describe how it complies with Act. This includes instruction (e.g. NATL 424 and NATS

Section	Item	Status	Comment
			CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 024) to feedback decision/outcomes around staffing risk to staff. Professional concerns can be raised via the professional accountability lines in NSS. There is also connected information and sign posting about how to raise concern more widely in our NSS confidential contacts process inclusive of raising whistleblowing concerns and a guide for staff at NHS National Services Scotland is in place.
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	SNBTS has developed supporting documentation for staff relating to the Act. Including an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by staffing levels. Also, guidance around the assessment and recording of appropriate staffing levels for health care scientist and medical staff (NATS CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 024) has been developed this includes seeking and having regard for clinical advice. Communications have been issued to staff by both NSS (2 April 2024) and SNBTS (16 April 2024) to raise awareness of the Act. Training presentations (both in terms of the Act itself and the use of the real-time assessment staffing tool) were made available to support local managers with its roll out of the Act. During the testing phase the lead for safe staffing, and the Head of Nursing for Donor services held roadshows with clinical teams in donor services, patient services, TCAT and CAU nursing and management teams to explain the act in more detail and what this meant for

Section	Item	Status	Comment
			individuals. This has been further supported using SOP's and local engagement sessions held by the senior nurse managers. Data collated from the real-time assessment tool in health care science and medical teams can be used in local teams within staff meetings to help inform local workload management decisions and actions associated with staffing. There are tabs within the spreadsheet which can be printed with monthly information or quarterly information for an area to support management and staff meetings if required.
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	SNBTS Health & Care Staffing Act Implementation Project Delivery Group is responsible for the Act implementation and oversight to ensure that the requirements of this duty (12IA) are met, and as detailed under the individual duties reported in this document. There is representation from all professional groups and teams in scope on this group. The group has had representative that were involved in the testing phase of the Act. This has provided peer support. This group has developed supporting documentation for staff relating to the Act. Including an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by staffing levels. Also, guidance around the assessment and recording of appropriate staffing levels for health care scientist and medical staff (NATS CLS 173) has been developed this includes seeking and having regard for clinical advice. Communications have been issued to staff by both NSS (2 April 2024) and SNBTS (16 April 2024) to raise awareness of the Act. Training presentations (both in terms of the Act itself and the use of the real-time

Section	Item	Status	Comment
			assessment staffing tool) were made available to support local managers with its roll out of the Act. A post implementation review of the implementation of the real-time assessment staffing tool has started. Please cross reference with 12IC(2)(g)' Explore how training around Act (for all staff in scope and those with lead professional responsibility) can be added to induction training/training matrix'
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	Ensuring real time safe staffing levels has always been a core of business-as-usual work, both in terms of mitigating the risk in real time and escalation of risk. Where processes were not documented these have now been documented to meet the requirements of the Act. Current provision to ensure adequate time is established through staff PLDPs, appraisal reviews, Job Planning, time built into Job Descriptions etc. 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	An overarching SNBTS policy (NATP CLIN 063) and supporting flow chart describes the staff in scope for reporting, and the governance and escalation of staffing risks. This aligns to SNBTS Quality Management System and NSS Integrated Risk Management Policy.

Section	Item	Status	Comment
			SNBTS Health & Care (staffing) (Staffing) 2019 Act Implementation Project Delivery Group is responsible for implementation and oversight in SNBTS. A Terms of Reference documents its reporting structure to SNBTS Strategic Management Group (which in turn reports to NSS Executive Management Team) and the NSS Staff Governance Committee.
			A document recording the internal NSS reporting process and reporting to Health Improvement Scotland/ Scottish Government has been created. The NSS reporting process is overseen by NSS board services team.
			Action: A revised implementation plan will be created based on Q3 report and will be monitored via the SNBTS Health & Care (staffing) (Staffing) 2019 Act Implementation Project Delivery Group.

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
Path to green/ increased in number of subsections scoring green	SNBTS has developed supporting documentation to describe how it complies with 12ID. The documentation describes the process for escalation of any risk, identified through the real-time staffing assessment processes which it has not been possible to mitigate, from point of identifying risk all the way to the NSS Professional Lead and Executive Management Team as required.	Creation of FY24/25 Q3 report gap analysis/implementation plan to ensure all areas that are not scoring green are progressed under the oversight of the SNBTS Project Delivery Group.
Path to Green /All staff groups in scope/RTS	Moved from FY23/24 Q4 - 2 amber 5 yellow and 5 green to Q3 FY24/25 – 1 amber and 11 green	Creation of FY24/25 Q3 report gap analysis/implementation plan to ensure all areas that are not scoring green are progressed under the oversight of the SNBTS Project Delivery Group.

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	Level of Risk (RAG)
Path to green	Finalise and subsequent approval of revised NHS National Services Scotland revision of the NSS Health and Care Staffing Escalation Guiding Principles Document	Executive workforce lead to review, update and submit for approval	

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance

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

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	Green	Prior to the implementation of the Act, SNBTS already managed staffing/clinical risks via the NSS Integrated Risk Management Policy (IRMA). NSS IRMA uses a matrix in which scores impact (business, staff, clinical and reputational) from 1-5 (negligible to catastrophic) and

Section	Item	Status	Comment
	collation of information relating to every risk escalated to such a level as the relevant organisation considers appropriate.		likelihood 1-5 (rare to almost certain) to determine whether the risk is high medium or low (or red, amber or green respectively). New risks are presented as a risk jotter to the relevant group (clinical - SNBTS Clinical Governance and Safety Group and Staffing - SNBTS Partnership Forum). Once reviewed they are added to the NSS risk register and managed through local operational meetings with oversight at relevant senior management meeting e.g. SNBTS Clinical Governance and Safety Group.
			SNBTS has developed supporting documentation to describe how it complies with 12IE(1)(a). These include an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by concerns about staffing levels and how this links into the IRMA system. Also, guidance around the assessment and recording of appropriate staffing levels (NATS CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 024) has been developed for healthcare science, medical and nursing staff. Nursing staff also have a bespoke staffing model which alongside professional judgement assesses safety in real time. The initial notification and reporting of risk is initiated through the team leader via established line and professional management structures. The documentation describes the process for escalation of any risk, identified through the real-time staffing assessment processes which it has not been possible to mitigate, from point of identifying risk all the way to the NSS Professional Lead and Executive Management Team as required.

Section	Item	Status	Comment
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	Prior to the implementation of the Act, SNBTS already managed staffing/clinical risks via the NSS Integrated Risk Management Policy (IRMA). NSS IRMA uses a matrix in which scores impact (business, staff, clinical and reputational) from 1-5 (negligible to catastrophic) and likelihood 1-5 (rare to almost certain) to determine whether the risk is high medium or low (or red, amber or green respectively). New risks are presented as a risk jotter to the relevant group (clinical - SNBTS Clinical Governance Group and Staffing - SNBTS Partnership Forum). Once reviewed they are added to the NSS risk register and managed through local operational meetings with oversight at relevant senior management meeting e.g. SNBTS Clinical Governance and Safety Group. SNBTS has developed supporting documentation to describe how it complies with 12IE(1)(b). These include an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by concerns about staffing levels and how this links into the IRMA system. Also, guidance around the assessment and recording of appropriate staffing levels (NATS CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 024) has been developed for healthcare science and medical and nursing staff. The initial notification and reporting of risk is initiated through the team leader via established line and professional management structures. The documentation describes the process for escalation of any risk, identified through the real-time staffing assessment processes which it has not been possible to mitigate, from

Section	Item	Status	Comment
			point of identifying risk all the way to the NSS Professional Lead and Executive Management Team as required.
12IE(2)(a)	These systems and processes include the means for recording risks that are considered severe and / or liable to materialise frequently.	Green	Prior to the implementation of the Act, SNBTS already managed staffing/clinical risks via the NSS Integrated Risk Management Policy (IRMA). NSS IRMA uses a matrix in which scores impact (business, staff, clinical and reputational) from 1-5 (negligible to catastrophic) and likelihood 1-5 (rare to almost certain) to determine whether the risk is high, medium or low (or red, amber or green respectively). New risks are presented as a risk jotter to the relevant group (clinical - SNBTS Clinical Governance Group and Staffing - SNBTS Partnership Forum). Once reviewed they are added to the NSS risk register and managed through local operational meetings with oversight at relevant senior management meeting e.g. SNBTS Clinical Governance and Safety Group. SNBTS has developed supporting documentation to describe how it complies with 12IE(2)(a). These include an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by concerns about staffing levels and how this links into the IRMA system. Also, guidance around the assessment and recording of appropriate staffing levels (NATS CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 024) has been developed for healthcare science and medical and nursing staff. The initial notification and reporting of risk is initiated through the team leader via established line and professional management structures. The documentation describes the process for

Section	Item	Status	Comment
			escalation of any risk, identified through the real-time staffing assessment processes which it has not been possible to mitigate, from point of identifying risk all the way to the NSS Professional Lead and Executive Management Team as required.
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	SNBTS has developed supporting documentation to describe how it complies with 12IE(2)(b). These include an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by concerns about staffing levels and how this links into the IRMA system. The initial notification and reporting of risk is initiated through the team leader via established line and professional management structures. The documentation describes the process for escalation of any risk, identified through the real-time staffing assessment processes which it has not been possible to mitigate, from point of identifying risk all the way to the NSS Professional Lead and Executive Management Team as required.
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	NSS Integrated Risk Management Policy (IRMA) uses a matrix to score risks. It scores impact (business, staff, clinical and reputational) from 1-5 (negligible to catastrophic) and likelihood 1-5 (rare to almost certain) to determine whether the risk is high medium or low (or red, amber or green respectively). New risks are presented as a risk jotter to the relevant group (clinical - SNBTS Clinical Governance Group and Staffing - SNBTS Partnership Forum). Once reviewed they are added to the NSS risk register and managed through local operational meetings

Section	Item	Status	Comment
			with oversight at relevant senior management meeting e.g. SNBTS Clinical Governance and Safety Group. SNBTS has developed supporting documentation to describe how it complies with 12IE(2)(c). These include an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by concerns about staffing levels and how this links into the IRMA system. The documentation describes the process for escalation of any risk, identified through the real-time staffing assessment processes, or through other roots, from point of identifying risk all the way to the NSS Professional Lead and Executive Management Team as required. This includes the need to seek and have regard for clinical advice.
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	Within SNBTS, the quality management System (QMS)/Q pulse is be used to record events/incidents. This may include events/incidents relating to staffing or where insufficient or inappropriate staffing is identified as a root cause. The established QMS and governance routes ensure containment of the event, implementation of corrective and preventive actions and recording of decision making. The QMS strives for continuous improvement. Outputs from the bespoke real-time staffing assessment tools for medical and health care science can be used to inform local managers and staffing decision and inform work force planning through local workforce planning groups. SNBTS has developed supporting documentation to describe how it complies with 12IE(2)(d). These include an overarching policy (NATP

Section	Item	Status	Comment
			CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by concerns about staffing levels and how this links into the IRMA system. The documentation describes the process for escalation of any risk, identified through the real-time staffing assessment processes, or through other roots, from point of identifying risk all the way to the NSS Professional Lead and Executive Management Team as required. When staffing risks are raised, consideration should be given as to whether the regulator e.g. MHRA should be informed.
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	An overarching SNBTS policy (NATP CLIN 063) and supporting flow chart describes the staff in scope for reporting, and the governance and escalation of staffing risks. This aligns to SNBTS Quality Management System and NSS integrated Risk Management Policy. SNBTS Health & Care (staffing) (Staffing) 2019 Act Implementation Project Delivery Group is responsible for implementation and oversight in SNBTS. A Terms of Reference documents its reporting structure to SNBTS Strategic Management Group (which in turn reports to NSS Executive Management Team) and the NSS Staff Governance Committee. A document recording the internal NSS reporting process and reporting to Health Improvement Scotland/ Scottish Government has been

Section	Item	Status	Comment
			created. The NSS reporting process is overseen by NSS board services team. Action: A revised implementation plan will be created based on gap analysis of FY24/25 Q3 report and will be monitored via the SNBTS Health & Care (staffing) (Staffing) 2019 Act Implementation Project Delivery Group.

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
Further clarification (following HIS Q3 feedback) of the detail on how NSS demonstrated green RAG status	Creation of NATL424 to document how HCSA and recording and documentation or risk links to NSS IRMA . Section 12IE(1)(b) to describes how the IRMA scoring defines red amber and green risk	N/A
Path to Green	Green	N/A

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	Level of Risk (RAG)
N/A			

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance

12IF Duty to seek clinical advice on staffing

Section	Item	Status	Comment
12IF(1)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and	Yellow	Any staff concerns initiated at team level would be escalated by a team leader, through established operational and professional line management structures. SNBTS has a medical, scientific and nursing

Section	Item	Status	Comment
	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.		clinical lead for each service (e.g. Blood Banking, Blood Donation, Transfusion Team) who sit on local operation and workforce planning groups and SNBTS Clinical Governance and Safety Group. NSS Professional Leads (nursing, medical and health care scientist) are in place for all services and oversee the NSS Clinical Workforce Plan. Guidance chapter 8.5 states: The relevant organisation will, in practice, have a written procedure(s) on: ● how it will seek and have regard to clinical advice on staffing; ● how it will deal with decisions which conflict with that advice; ● reporting by individuals with lead clinical professional responsibility for a particular type of heath care to the members of the board of the relevant organisation about their views on the organisation's compliance with various staffing duties imposed by the Act; ● individuals with lead clinical professional responsibility for a particular type of health care enabling and encouraging other employees to give views on the operation of these arrangements, and recording these views in their reports to members of the board of their organisation; Arrangements should support clinicians and other decision-makers, up to the level of the board, to manage conflict in decisions and actions related to staffing

Section	Item	Status	Comment
			SNBTS has developed supporting documentation for staff relating to the Act. Including an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by staffing levels. Also, guidance around the assessment and recording of appropriate staffing levels for health care scientist and medical and nursing staff (NATS CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 024) has been developed this includes seeking and having regard for clinical advice. For example, NATS COL 117 has a section 5.5 Escalation which includes reference to clinical leads. ACTION: The various documents created to support the Act include reference to seeking clinical advice particularly ● Duty to have real-time staffing assessment in place 12IC (NATS CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 024). ● Duty to have risk escalation process in place 12ID (NATP CLIN 063 and NATL 424). ● Duty to have arrangements to address severe and recurrent risks 12IE (NATP CLIN 063 and NATL 424 The relevant tabs in the reporting template describe how SNBTS inputs clinical advice into ● Duty to ensure adequate time given to clinical leaders 12IH. ● Duty to ensure appropriate staffing: training of staff 12II.

Section	Item	Status	Comment
			• Duty to ensure appropriate staffing 12IA. Due to specialised nature of services, and considerable training period required SNBTS does not use agency workers (Duty to ensure appropriate staffing: agency workers 12IB). Update: 1. Identify a process which meets the requirement to deal with decisions which conflict with clinical advice Action: Document process and define method to collate information.
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	NSS Professional Leads (nursing, medical and health care scientist) are in place for all services and oversee the NSS Clinical Workforce Plan. SNBTS has a clinical lead for each service (e.g. Blood Banking, Blood donation, Transfusion Team) who sit on local operation and workforce planning groups and SNBTS Clinical Governance and Safety Group. SNBTS has developed supporting documentation for staff relating to the Act. Including an overarching policy (NATP CLIN 063) and flow chart guidance (NATL 424) which describes the overarching process for raising and escalation of any risk caused by staffing levels. Also, guidance around the assessment and recording of appropriate staffing levels for health care scientist and medical and nursing staff (NATS CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 024) has been developed this includes seeking and having regard for clinical advice.

Section	Item	Status	Comment
			NATL 424 describes the escalation process of risk, which by the nature of escalation routes described, will have considered clinical advice. This escalates, if needed, all the way to SNBTS Director and NSS Executive management Team. Throughout the risk escalation and management process actions will be undertaken to mitigate risk. Risks are reviewed at local operation meetings and SNBTS Clinical Governance and Safety Group and SNBTS Partnership Forum. Red risks and new amber risks are also reviewed quarterly at NSS Clinical Governance Committee. These meetings have a minute taken. The SNBTS Medical Director attends both SNBTS Clinical Governance and Safety Group NSS Clinical Governance Committee so can act as a conduit for information transfer between the two groups. NSS (rather than SNBTS) owns has a risk (7305) entitled Clinical and Patient Safety. The risk description is 'There is a risk that preventable harm may occur to patients and service users resulting in a negative outcome. Due to emerging areas of potential harm and evolving requirements, NSS needs to remain proactively focused on ensuring and continuously improving the clinical and patient safety of the care, services and products we provide.' Mitigating actions include reporting and monitoring compliance with the Act. ACTION: Scored green but considering it alongside 12IF(2)(a) (iii) and (iv) there needs to be a consideration of documented process for whole of 12IF. This action is in progress.

Section	Item	Status	Comment
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.	Yellow	NSS Professional Leads (nursing, medical and health care scientist) are in place for all services and oversee the NSS Clinical Workforce Plan. SNBTS has a clinical lead for each service (e.g. Blood Banking, Blood donation, Transfusion Team) who sit on local operation and workforce planning groups and SNBTS Clinical Governance and Safety Group. Various SOPS (NATL 424, NATS CLS 173, NATS COL 117, NATS CLIN APH 050, TCATS NUR 024) references the need to seek, how to seek and to feedback the outcome of decisions to staff both relating to real time staffing, risk escalation and addressing severe and recurrent risks. There is not a clear process to record any disagreement with the decision made. (duplicate update and action of 12IF(1)).
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	Green	An overarching SNBTS policy (NATP CLIN 063) and supporting flow chart describes the staff in scope for reporting, and the governance and escalation of staffing risks. This aligns to SNBTS Quality Management System and NSS integrated Risk Management Policy. SNBTS Health & Care (staffing) (Staffing) 2019 Act Implementation Project Delivery Group is responsible for implementation and oversight in SNBTS. A Terms of Reference documents its reporting structure to SNBTS Strategic Management Group (which in turn reports to NSS Executive Management Team) and the NSS Staff Governance Committee.

Section	Item	Status	Comment
	complying with the duties in 12IA to 12IF and 12IH to 12IL.		A document recording the internal NSS reporting process and reporting to Health Improvement Scotland/ Scottish Government has been created. The NSS reporting process is overseen by NSS board services team. This is documented in the NSS guiding principles document approved by NSS Staff Governance Committee. NATL 424 describes the escalation process of risk. This escalates, if needed, all the way to SNBTS Director and NSS Executive management Team. Risks are reviewed at local operation meetings and SNBTS Clinical Governance and Safety Group and SNBTS Partnership Forum. Red risks and new amber risks are also reviewed quarterly at NSS Clinical Governance Committee. These meetings have a minute taken. The SNBTS Medical Director attends both SNBTS Clinical Governance and Safety Group NSS Clinical Governance Committee so can act as a conduit for information transfer between the two groups. NSS (rather than SNBTS) owns has a risk (7305) entitled Clinical and Patient Safety. The risk description is 'There is a risk that preventable harm may occur to patients and service users resulting in a negative outcome. Due to emerging areas of potential harm and evolving requirements, NSS needs to remain proactively focused on ensuring and continuously improving the clinical and patient safety of the care, services and products we provide.' Mitigating actions include reporting and monitoring compliance with the Act. ACTION: Review NSS guiding principles documents to ensure reporting covers that SNBTS are reporting compliance against 12IA to 12IF and 12IH to 12IL.

Section	Item	Status	Comment
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	There are a range of ways that clinical managers collect feedback from staff, via 121, staff meetings, workforce planning meetings, imatters surveys and SNBTS suggestions boxes. Data outputs from real-time staffing tools can feed into local management and staff meetings. Awareness of the Act is an important feature of this. Communications have been issued to staff by both NSS (2 April 2024) and SNBTS (16 April 2024) to raise awareness of the Act. Training presentations (both in terms of the Act itself and the use of the real- time assessment staffing tool) were made available to support local managers with its roll out of the Act. SNBTS Health & Care (staffing) (Staffing) 2019 Act Implementation Project Delivery Group is responsible for implementation and oversight in SNBTS, all staff groups in scope are represented and there is a dedicated mailbox, so there is an opportunity to provide feedback to this group. The HCSA has now been added to the SNBTS induction checklist (NATF 1279) for all new staff joining the organisation. Additionally, a HCSA awareness presentation has been created for all staff regardless of being in scope or not.
12IF(2)(d)	These systems and processes include the means to raise awareness among individuals with lead clinical professional responsibility for a particular	Green	SNBTS Health & Care Staffing Act Implementation Project Delivery Group has representation from all professional groups and teams in scope. There is representation from the staff that have been involved in the testing phase who have a deeper knowledge and can support the rest of the group. Engagement sessions have been run at Medical and

Section	Item	Status	Comment
	type of health care in how to implement the arrangements in this duty.		Clinical Scientist meeting, SNBTS Clinical Governance and Safety Groups, Patient Services Workforce Planning Group and SNBTS Strategic Management Group. Nursing teams were involved in the testing phase of the Act.

SNBTS Health & Care Staffing Act Implementation Project Delivery Group has supported the development of a range of documents and introduction of the use of real time staffing assessment tools across all staff in scope for reporting on the Act.

A draft training familiarisation document, referencing SNBTS documentation and process flow for TURAS is in development.

Communications have been issued to staff by both NSS (2 April 2024) and SNBTS (16 April 2024) to raise awareness of the Act. Training presentations (both in terms of the Act itself and the use of the real- time assessment staffing tool) were made available to support local managers with its roll out of the Act.

NSS Professional Leads for each discipline sit within the NSS Clinical Directorate and are sighted on clinical staffing issues via the NSS Clinical Directorate Clinical Governance and Quality Improvement Group and NSS Clinical Governance Committee.

Action: Complete training familiarisation document, referencing SNBTS documentation and process flow for TURAS is in development. |
| 12IF(2)(e) | These systems and processes include means for ensuring that individuals with lead clinical | Green | Current provision to ensure adequate time is established through staff PLDPs, Appraisal Reviews, Job Planning, Time built into Job |

Section	Item	Status	Comment
	professional responsibility for a particular type of health care receive adequate time and resources to implement the arrangements.		Descriptions and workforce planning tools. However, workload pressures are high and there are many competing priorities. Training time is included in staffing models for SNBTS Nursing (Clinical Apheresis, Whole Blood and Donor Apheresis).
12IF(3)	These systems and processes include means for the relevant organisation to have regard to the reports received.	Green	An overarching SNBTS policy (NATP CLIN 063) and supporting flow chart describes the staff in scope for reporting, and the governance and escalation of staffing risks. This aligns to SNBTS Quality Management System and NSS integrated Risk Management Policy. SNBTS Health & Care (staffing) (Staffing) 2019 Act Implementation Project Delivery Group is responsible for implementation and oversight in SNBTS. A Terms of Reference documents its reporting structure to SNBTS Strategic Management Group (which in turn reports to NSS Executive Management Team) and the NSS Staff Governance Committee. A document recording the internal NSS reporting process and reporting to Health Improvement Scotland/ Scottish Government for the Act has been created. The NSS reporting process is overseen by NSS board services team. This is documented in the NSS guiding principles document approved by NSS Staff Governance Committee. NATL 424 describes the escalation process of risk. This escalates, if needed, all the way to SNBTS Director and NSS Executive management Team. Risks are reviewed at local operation meetings and SNBTS Clinical Governance and Safety Group and SNBTS Partnership Forum. Red risks and new amber risks are also reviewed quarterly at

Section	Item	Status	Comment
			NSS Clinical Governance Committee. These meetings have a minute taken. The SNBTS Medical Director attends both SNBTS Clinical Governance and Safety Group NSS Clinical Governance Committee so can act as a conduit for information transfer between the two groups.
			Professional lines of accountability within SNBTS described in organisational organograms and the NSS IMRA (described in other areas of the report) would support this. For the purposes of the Act the Professional Lead (Nursing, Medical and Health Care Science) are clear and included in SNBTS policy (NATP CLIN 063).
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	An overarching SNBTS policy (NATP CLIN 063) and supporting flow chart describes the staff in scope for reporting, and the governance and escalation of staffing risks. This aligns to SNBTS Quality Management System and NSS integrated Risk Management Policy.
			SNBTS Health & Care (staffing) (Staffing) 2019 Act Implementation Project Delivery Group is responsible for implementation and oversight in SNBTS. A Terms of Reference documents its reporting structure to SNBTS Strategic Management Group (which in turn reports to NSS Executive Management Team) and the NSS Staff Governance Committee.
			A document recording the internal NSS reporting process and reporting to Health Improvement Scotland/ Scottish Government has been created. The NSS reporting process is overseen by NSS board services team.

Section	Item	Status	Comment
			Action: A revised implementation plan will be created based on Q3 report and will be monitored via the SNBTS Health & Care (staffing) (Staffing) 2019 Act Implementation Project Delivery Group.

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
Path to Green		

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	Level of Risk (RAG)
Path to green	Guidance chapter 8.5 states 'the relevant organisation will, in practice, have a written procedure' in regard to 12IFI - for most parts of act various policies cover subsections of 12IF/ 12IF(2)(a) (iii) but (iv) 'how it will deal with decisions which conflict with that advice' needs further clarification.	ACTION: 1) Identify if any existing processes would meet the requirement to deal with decisions which conflict with that advice or whether a new process is required if not one is required.	

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

12IH Duty to ensure adequate time given to clinical leaders

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	Utilisation of eRostering to enable sufficient time allocations through a coordinated approach are implemented along with accommodating AfC Protected Learning Time (PLT) into rosters for all job families. Presently this PLT is 2% of workforce availability, with a deep dive being undertaken by NSS Organisational Development to assess an accurate % of PLT allocation per job family. Job Plans for medical staff underpins sufficient time, medical staff with a specific lead role have a job description for this and allocated time within job plan. This is further complemented by Nursing Staffing models underpinning leadership/management time being allocated into the working day with the assurance that where the allocated time is consumed by other unplanned essential nursing activity it is monitored by the Senior Nurse to implement the necessary plans to ensure this does not continue to distract focus on underlying purpose of the allocated time. Appraisal compliance in all 3 areas: objectives, PDP and appraisal are monitored monthly for all staff regardless of role or job family. Along with monthly monitoring of the TURAS Learn NSS wide Mandatory and Statutory Training by HR, this is further supported by Service Training Leads across SNBTS monitoring specific CPD, regulatory and essential training compliance rates specific to roles and job families.
12IH	These systems and processes include time and resources for these individuals to supervise	Green	Clinical and internal governance including corporate risk measures support and protect the integrity of highlighting any risks, which are monitored closely, updated actions reviewed and escalated where

Section	Item	Status	Comment
	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.		appropriate with proactive considerations and measures towards the migration of further risks. The implementation of the SafeCare module of the eRostering will underpin assurance of staffing levels and skill mix.
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	Current existing structures allows the organisation to identify roles/individuals with lead clinical professional responsibility. Robust checking of people data extracted from eESS to support Workforce Planning activity on quarterly basis with further assurance of data from Finance/Payroll data, SSTS and eRostering. Along with reviewing Organisational organograms, governance structures, job descriptions, job plans and PDPs. Staff job descriptions reflect the specific leadership responsibilities, requirements and expectations within each role. Action: HR business partner to undertake random spot check on JDs
12IH	These systems and processes include the means to determine what constitutes sufficient time and resources for any particular individual.	Green	Job Planning outlines what is determined as sufficient time through discussions with postholders, and manager discussions. Job Plans are recorded and reviewed centrally. Appraisal reviews (mid-year and annual/end of year reporting) along with dedicated training/CPD time allocations will pick up process, challenges and/or blockers along with further assurance from established workforce tools which may result in specific issues being escalated to be addressed where a risk is

Section	Item	Status	Comment
			identified that compromises quality and safety. These are considered proactive measures.
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	Job descriptions, job planning, and work plans are all assessed at appropriate time, for example, through appraisal and PDP, job planning, service change and redesign. There are quarterly workforce planning reviews to consider actions, risks (contained with the NSS Integrated risk management system (IRMA) and this also explores considerations towards service redesign, realignment of the organisational structure to support the professional leadership and associated internal strategies e.g. Nursing Strategy. Additionally, to review and Workforce Planning Heat Maps of specific skill sets that are niche to the workforce and services and enable effective succession planning and re-profiling requirement of role structure of services and appropriate and identified through national agendas /strategies and the 5 pillar action plan to underpin the principles and evidence practice of safe staffing.
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	TURAS Appraisal themes along with PDP expectations and aspirations are captured within the relevant pillar of the Workforce Action Plan, through dialogue with professional leads. The is further supported by the Workforce Planning is based on the 6 step methodology, for both the Clinical Workforce Overview and the Directorate (SNBTS) Workforce Plan. Outputs from the real time staffing tool and staffing and NSS Integrated Risk Management System are considered at local management meeting and workforce planning meetings. There is a clearly documented process for escalation of risks.

Section	Item	Status	Comment
			NATL 424 describes the risk escalation process. This escalates, if needed, all the way to SNBTS Director and NSS Executive management Team. Throughout the risk escalation and management process actions will be undertaken to mitigate risk. Risks are reviewed at local operation meetings and SNBTS Clinical Governance and Safety Group and SNBTS Partnership Forum. Red risks and new amber risks are also reviewed quarterly at NSS Clinical Governance Committee. These meetings have a minute taken. The SNBTS Medical Director attends both SNBTS Clinical Governance and Safety Group NSS Clinical Governance Committee so can act as a conduit for information transfer between the two groups
12IH	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Green	An overarching SNBTS policy (NATP CLIN 063) and supporting flow chart describes the staff in scope for reporting, and the governance and escalation of staffing risks. This aligns to SNBTS Quality Management System and NSS integrated Risk Management Policy.
			SNBTS Health & Care (Staffing) (Scotland) Act2019 Implementation Project Delivery Group is responsible for implementation and oversight in SNBTS. A Terms of Reference documents its reporting structure to SNBTS Strategic Management Group (which in turn reports to NSS Executive Management Team) and the NSS Staff Governance Committee.

Section	Item	Status	Comment
			A document recording the internal NSS reporting process and reporting to Health Improvement Scotland/ Scottish Government has been created. The NSS reporting process is overseen by NSS board services team. Action: A revised implementation plan will be created based on Q3 report and will be monitored via the SNBTS Health & Care (Staffing) (Scotland) Act 2019 Implementation Project Delivery Group.

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
Path to green	Green - 5 yellow and 2 green moved to 7 Green	HR business partner to undertake random spot check on JDs.

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	Level of Risk (RAG)
Nil			

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance

12II Duty to ensure appropriate staffing: training of staff

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	Green	NSS has policy for clinical staff in support of meeting professional registration needs. NSS has clearly defined PDP and appraisals process to ensure staff knowledge and skills is current and relevant. NATP TRAIN 018 SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE (SNBTS) POLICY ON STAFF TRAINING lays out the approach to training for new and existing staff. All SNBTS GMP training is subject to the requirements of and external review by regulators (MHRA). This will continue to be review as profession needs change subject to updated requirements.

Section	Item	Status	Comment
	time and resources as considered adequate to undertake this training.		Protected Learning Time for Agenda for Change staff to complete profession specific, statutory and mandatory training, some of which is required by professional regulators. Bespoke staffing models in nursing incorporate Protected Learning Time. Requirements are agreed in line with service requirements.
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	NSS has clearly defined PDP and appraisals process to ensure staff knowledge and skills are current and relevant. This is ensured via alignment between JDs, professional and job specific requirements and agreed in annual appraisal and PDPs. Training within the organisation is clearly determined along the lines of mandatory, essential and development requirements for each profession and role. Compliance with mandatory training is monitored. Specific training relating to SNBTS is described in NATP TRAIN 018 SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE (SNBTS) POLICY ON STAFF TRAINING. All staff hold training records which may be reviewed during regulatory inspections. The quality management system and change control process ensures that training is incorporated into the introduction of new processes. Protected Learning Time for Agenda for Change staff to complete profession specific, statutory and mandatory training, some of which is required by professional regulators. All the professional regulators requirements to maintain registration are supported (NMC, HCPOC and GMC).

Section	Item	Status	Comment
12II	These systems and processes include the means to deliver the agreed level of training to all relevant employees.	Green	NATP TRAIN 018 SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE (SNBTS) POLICY ON STAFF TRAINING lays out the approach to training for new and existing staff including task specific training. The quality management system and change control process ensures that training is incorporated into the introduction of new processes. Training Managers are present in services and there is an overarching SNBTS Learning and Development Group. Protected Learning Time for Agenda for Change staff to complete profession specific, statutory and mandatory training, some of which is required by professional regulators. Training time is included in staffing models for SNBTS Nursing (Clinical Apheresis, Donor Services Whole Blood collection and Donor Services Apheresis collection).
12II	These systems and processes include the means to ensure all relevant employees receive both time and resources to undertake the training.	Green	NATP TRAIN 018 SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE (SNBTS) POLICY ON STAFF TRAINING lays out the approach to training for new and existing staff including task specific training. The quality management system and change control process ensures that training is incorporated into the introduction of new processes. Training Managers are present in services and there is an overarching SNBTS Learning and Development Group. Protected Learning Time for Agenda for Change staff to complete profession specific, statutory and mandatory training, some of which is required by professional regulators.

Section	Item	Status	Comment
			Training time is included in staffing models for SNBTS Nursing (Clinical Apheresis, Donor Services Whole Blood collection and Donor Services Apheresis collection)
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	An overarching SNBTS policy (NATP CLIN 063) and supporting flow chart describes the staff in scope for reporting, and the governance and escalation of staffing risks. This aligns to SNBTS Quality Management System and NSS integrated Risk Management Policy. SNBTS Health & Care (staffing) (Staffing) 2019 Act Implementation Project Delivery Group is responsible for implementation and oversight in SNBTS. A Terms of Reference documents its reporting structure to SNBTS Strategic Management Group (which in turn reports to NSS Executive Management Team) and the NSS Staff Governance Committee. A document recording the internal NSS reporting process and reporting to Health Improvement Scotland/ Scottish Government has been created. The NSS reporting process is overseen by NSS board services team. Action: A revised implementation plan will be created based on Q3 report and will be monitored via the SNBTS Health & Care (staffing) (Staffing) 2019 Act Implementation Project Delivery Group.

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
SNBTS Donor Services Whole Blood Collection and Donor Apheresis Collection (Glasgow only), SNBTS Patient Services Clinical Apheresis Units.	NSS has policy for clinical staff in support of meeting professional registration needs. All SNBTS training is subject to the requirements of and external review by regulators (MHRA). Protected Learning Time for Agenda for Change staff to complete profession specific, statutory and mandatory training, some of which is required by professional regulators. Training time is included in staffing models for SNBTS Nursing (Clinical Apheresis, Donor Services Whole Blood collection and Donor Services Apheresis collection) Newly developed SNBTS bespoke tools enable this currently for nursing.	Requirements to be continually reviewed following any new national guidance and regulatory requirements.
SNBTS wide - green	Specific training relating to SNBTS is described in NATP TRAIN 018 SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE (SNBTS) POLICY ON STAFF TRAINING. All staff hold training records which may be reviewed during regulatory inspections. The quality management system and change control process ensures that training is incorporated into the introduction of new processes. Training Managers are present in services and there is an overarching SNBTS Learning and Development Group.	

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	Level of Risk (RAG)
Nil			

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance

12IJ Duty to follow the common staffing method (NSS Exempt)

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	Green	NSS does not need to comply with this duty. NSS/SNBTS recognise the value of applying the principals within the CSM when using your locally developed workforce capture tools.

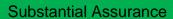| Section	Item	Status	Comment
	follow the common staffing method no less often than the frequency prescribed in Regulations.		
12IJ(2)(a)	These systems and processes include use of the relevant specialty specific staffing level tool and professional judgement tool as prescribed in Regulations, and taking into account results from those tools.	Green	NSS does not need to comply with this duty. NSS/SNBTS recognise the value of applying the principals within the CSM when using your locally developed workforce capture 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).	Green	NSS does not need to comply with this duty. NSS/SNBTS recognise the value of applying the principals within the CSM when using your locally developed workforce capture tools.
12IJ(2)(c)(i)	These systems and processes include taking into account current staffing levels and any vacancies	Green	NSS does not need to comply with this duty. NSS/SNBTS recognise the value of applying the principals within the CSM when using your locally developed workforce capture tools.
12IJ(2)(c)(ii)	These systems and processes include taking into account the different skills and levels of experience of employees	Green	NSS does not need to comply with this duty. NSS/SNBTS recognise the value of applying the principals within the CSM when using your locally developed workforce capture tools.
12IJ(2)(c)(iii)	These systems and processes include taking into account the role and professional duties of	Green	NSS does not need to comply with this duty. NSS/SNBTS recognise the value of applying the

Section	Item	Status	Comment
	individuals with lead clinical professional responsibility for the particular type of health care.		principals within the CSM when using your locally developed workforce capture tools.
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).	Green	NSS does not need to comply with this duty. NSS/SNBTS recognise the value of applying the principals within the CSM when using your locally developed workforce capture tools.
12IJ(2)(c)(v)	These systems and processes include taking into account the local context in which health care is provided.	Green	NSS does not need to comply with this duty. NSS/SNBTS recognise the value of applying the principals within the CSM when using your locally developed workforce capture tools.
12IJ(2)(c)(vi)	These systems and processes include taking into account patient needs.	Green	NSS does not need to comply with this duty. NSS/SNBTS recognise the value of applying the principals within the CSM when using your locally developed workforce capture tools.
12IJ(2)(c)(vii)	These systems and processes include taking into account appropriate clinical advice.	Green	NSS does not need to comply with this duty. NSS/SNBTS recognise the value of applying the principals within the CSM when using your locally developed workforce capture tools.
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.	Green	NSS does not need to comply with this duty. NSS/SNBTS recognise the value of applying the principals within the CSM when using your locally developed workforce capture tools.

Section	Item	Status	Comment
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.	Green	NSS does not need to comply with this duty. NSS/SNBTS recognise the value of applying the principals within the CSM when using your locally developed workforce capture tools.
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.	Green	NSS does not need to comply with this duty. NSS/SNBTS recognise the value of applying the principals within the CSM when using your locally developed workforce capture tools.
12IJ(2)(c)(xi)	These systems and processes include taking into account comments by employees relating to the duty imposed by section 12IA.	Green	NSS does not need to comply with this duty. NSS/SNBTS recognise the value of applying the principals within the CSM when using your locally developed workforce capture tools.
12IJ(2)(d)	These systems and processes include means to identify and take all reasonable steps to mitigate any risks.	Green	NSS does not need to comply with this duty. NSS/SNBTS recognise the value of applying the principals within the CSM when using your locally developed workforce capture tools.
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.	Green	NSS does not need to comply with this duty. NSS/SNBTS recognise the value of applying the principals within the CSM when using your locally developed workforce capture tools.
N/A	There is a clearly defined mechanism for monitoring compliance with this duty and escalation	Green	NSS does not need to comply with this duty. NSS/SNBTS recognise the value of applying the

Section	Item	Status	Comment
	of non-compliance (when this cannot be adequately met)		principals within the CSM when using your locally developed workforce capture tools.

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
Nil		

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	Level of Risk (RAG)
Nil			

Level of Assurance: Please indicate level of assurance provided

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Substantial Assurance

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12IL Training and consultation of staff (NSS Exempt)

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.	Green	NSS not bound to the Common Staffing Method (CSM).
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.	Green	NSS not bound to the Common Staffing Method (CSM).
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.	Green	NSS not bound to the Common Staffing Method (CSM).
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.	Green	NSS not bound to the Common Staffing Method (CSM).

Section	Item	Status	Comment
12IL(d)	These systems and processes include ensuring that employees who use the common staffing method receive adequate time to use it.	Green	NSS not bound to the Common Staffing Method (CSM).
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).	Green	NSS not bound to the Common Staffing Method (CSM).
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	NSS not bound to the Common Staffing Method (CSM).

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

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	Level of Risk (RAG)

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance

Planning and Securing Services

Section	Item	Status	Comment
2(2)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups to ensure that when the	Green	NHS National Services Scotland Revision of the NSS Health and Care Staffing Escalation Guiding

Section	Item	Status	Comment
	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.		Principles to include Real Time Staffing Assessment (RTS) & Escalation describes the process - section 5.0 for commissioning services 'When planning or securing provision of services NSS must have regard to the guiding principles for health and care staffing; and the need for the provider to have appropriate staffing arrangements in place'.

Please provide information on the steps taken to comply with section 2(2) NHS Lothian provide SNBTS with a limited amount of laboratory testing (microbiology, Haemoglobin S and total protein). There have been no new developments since 1 April 2024.

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
Path to green	NHS National Services Scotland Revision of the NSS Health and Care Staffing Escalation Guiding Principles to include Real Time Staffing Assessment (RTS) & Escalation describes the process - section 5.0 for commissioning services 'When planning or securing provision of services NSS must have regard to the guiding principles for health and care staffing; and the need for the provider to have appropriate staffing arrangements in place'.	Nil

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	Level of Risk (RAG)
Nil			

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance