NHS National Services Scotland Report

Health and Care (Staffing) (Scotland) Act 2019

Contents

This document has been prepared by NHS National Services Scotland's HR and Clinical teams. Accountable to Scottish Government, NSS works at the heart of the health service providing national strategic services to the rest of NHSScotland and other public sector organisations to help them deliver their services more efficiently and effectively.

Health and Care (Staffing) (Scotland) Act 2019

About the Act

The Health and Care (Staffing) (Scotland) Act (HCSA) was passed by Scottish Parliament in 2019 however implementation of the Act was paused due to the Covid-19 pandemic. All provisions of the Act came into force on the 1st April 2024.

The aim of the HCSA is to provide a statutory basis for the provision of appropriate staffing in health and care services, enabling safe and high-quality care and improved outcomes for service users and people experiencing care. This means having the right people, in the right place, with the right skills, at the right time.

The provisions in the HCSA build on arrangements already in place for local and national workforce planning and will support a rigorous, evidence-based approach to decision-making relating to staffing requirements and consideration of service delivery models and service redesign. The HCSA is not prescriptive in stipulating numbers or skill mix of the professions in scope and does not prescribe minimum staffing levels or fixed ratios. Rather it seeks to support local decision-making, flexibility and the ability to redesign and innovate across multi-disciplinary and multi-agency settings.

The HCSA will also promote transparency in staffing and support an open and honest culture, where staff are engaged in relevant processes, informed about decisions relating to staffing requirements and feel safe to raise any concerns.

How the Act will impact NHS National Services Scotland

NHS National Services Scotland (NSS) is one of Scotland's national health boards which comes under the provisions of the HCSA. An extensive scoping exercise was conducted in conjunction with Scottish Government, and it was confirmed that the Scottish National Blood Transfusion Service (SNBTS) is the only clinical service in scope of the Act and therefore required to comply with the duties of the Act.

Recognising the value of all staff employed within our organisation, NSS will use the guiding principles for health and care staffing, as outlined in Part 1 of the Act, as well

as the systems and processes developed to meet the duties of the Act, to support all staff where appropriate.

Reporting

There are specific reporting duties for NHS NSS required by the Act. These are summarised below.

Reporting Requirement	Action	Frequency
Internal quarterly report on how the Board is complying with duties 12IA to 12IF and 12IH to 12IL on behalf of the executive level professional leads (as required in duty 12IF).	Reporting to Staff Governance committee and Clinical Governance Committee as standing committees of NHS NSS Board.	Quarterly
Annual Report submitted to Scottish Ministers detailing how NHS NSS has complied with the duties within the Health and Care (Staffing) (Scotland) Act 2019.	Reporting to Scottish Government via the reporting template provided. To publish the Annual report.	Annual – No later than 30th April each year, providing a summary for the previous financial year.
Information on NHS NSS use of high-cost agency spend for areas in scope. That is, any agency worker / shift that cost of 150% or more of an equivalent NHS worker.	Reporting to Scottish Government via a reporting template provided.	Quarterly

This document accompanies the April 2025 annual report submission to Scottish Government which we are required to publish as part of the HCSA.

The annual reporting template is detailed due to the nature of the HCSA, and the duties that we need to report on. A summary of our April 2025 report is provided below for ease of access to this information, with the full report available in in appendix 1.

Healthcare Improvement Scotland (HIS) has specific duties within the Act, including monitoring compliance of the Act within Health Boards, as well as powers to request information and for Boards to assist HIS in carry out these duties. To support HIS meet these duties, they have requested that the quarterly internal report and quarterly high-cost agency report is submitted for their review, and that representatives from the Board meet with colleagues from the HIS Healthcare Staffing Programme to discuss these reports. NSS has engaged positively with these requests and meetings and has received positive feedback on the processes in place. NSS have robust processes and governance arrangements in place to complete and approve each report prior to submission.

NHS NSS Progress – 30 April 2025

There are 57 sub-duties of the Act that are in scope for NSS. As of the 31st March 2025, NSS can confirm that there are structures and processes in place to demonstrate compliance with 54 of the 57 duties as part of the HCSA.

The remaining sub duties have systems and processes in place however these require to be strengthened or have a more robust mechanisms for recording and monitoring compliance.

Prior to commencement of the Act, NHS NSS provided quarterly self-assessed reports to Scottish Government detailing preparations for commencement and received positive feedback and direction which has informed and supported the local programme board activity.

The HCSA Annual Report is a self-assessment, where NSS has used the RAG and assurance levels and descriptors to determine current levels of compliance across the organisation, as required by Scottish Government. NSS is assured that there are robust processes in place to enable the delivery of safe-high quality services to both the public and in our support to other health boards. Please see below the summary of the annual report, highlighting key achievements and areas of risk.

How the information provided in the HCSA Annual report has been used, or will be used, to inform workforce plans.

Within NSS the clinical staff and services within scope of 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 to ensure there are the appropriate systems and processes in place to meet the requirements of the Act, and ensure that the outputs and learning from these are integral to, and inform the workforce planning processes, determining staffing requirements and models to ensure appropriate staffing.

NSS has established processes in place for identification of risk and the 6-step methodology for workforce planning was embedded in workforce planning processes. Through implementation of the HCSA these structures and processes have been strengthened and now incorporate the guiding principles for health and care staffing, alongside the development of a real-time staffing assessment process, and clear Standard Operating Procedures (SOP) for staff has helped to identify and report on areas of staffing risk, for example, by the development of a red flag function in the Integrated Risk Management System (IRMA). The review and analysis of this information has provided better intelligence about the service, to ensure severe and recurrent risks are clearly identified and addressed, that there is clear clinical advice and leadership in all matters related to workforce planning and staffing arrangements, and that staff have the appropriate skills to undertake the roles required to meet the needs of our patients and donors.

The duty to follow the Common Staffing Method does not apply to NSS, however the key requirements that this staffing framework provides have been considered locally, to ensure the processes in place reflect these key requirements.

Through these systems, structures and processes we have identified areas where organisational staffing resilience is low. Currently there are 3 staffing risks with a HCSA flag identified using this process, 2 amber and 1 red.

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.

As NSS implement SafeCare and replace the current IRMA system in 2025/26 the current SOPs will be reviewed to ensure these new systems meet the requirements of the Act, enabling more automated processes to be in place, with improved reporting functionality, to help embed the duties of the Act, and strengthen the intelligence and data available as part of workforce planning.

Key achievements and outcomes as a consequence of carrying out the duties and requirements in the Act.

SNBTS has achieved incremental 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. Further 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. This document is currently under review as part of the internal NSS governance process and is expected to be ratified in Q1 of 2025/26.

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

Considerable work has gone into the development, 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 nursing teams in scope 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.

As noted above, with the implementation of SafeCare further work will be required in the next reporting period to review, update and amend these processes reflecting the new digital systems in place.

Duty to have risk escalation process in place 12ID and the Duty to have arrangements to address severe and recurrent risks 12IE

Developments within risk management system to capture workforce specific risk and mitigations.

Development of documentation 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.

The Duty to seek clinical advice on staffing 12IF

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.

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.

Key learning and risks identified as a consequence of carrying out the duties and requirements in the Act.

Risks

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

- 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.

Additionally, NSS risk 7305 Clinical and Patient Safety has an action relating to ensuring NSS report on the Act.

The SafeCare module of the eRostering 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 local processes to ensure a consistent approach to real-time staffing assessment and recording of outcomes, mitigations and escalations.

The Scottish Government funding for a Health and Care (Staffing) (Scotland) workforce lead has concluded at the end of the 2024/25 financial year. The ongoing activities to ensure NSS meets its legislative duties within the Act will now be considered within business-as-usual functions

Key Learning

Staff training resources: SNBTS have created a training flow chart to help staff navigate the Turas resources specific to the HCSA and ensure they can access the appropriate level of training required. This has made the training more streamlined and has been very helpful for staff. This resource has been shared with HIS at their request.

Development of real-time staffing resources: A Plan, Develop, Study, Act (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.

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

Developments within IRMA: NSS has worked with the risk management team to develop specific fields to support the requirements in the Act, in particular adding a red flag to ensure risks are identified and reviewed.

Summary of Assurance: To provide a high-level overview of compliance against all duties of the Act, a table of assurance against each duty is provided below.

Duties in the Act	Subsections of Act scoring green (RAG* status)	RAG Score			
Duty	March 2024 to April 2025	Green	Yellow	Amber	Red
12IA Duty to ensure appropriate staffing	8/8	8	0	0	0
12IC Duty to have real-time staffing assessment in place	9/9	9	0	0	0
12ID Duty to have risk escalation processes in place	11/12	11	0	1	0
12IE Duty to have arrangements to address severe and recurrent risks	7/7	7	0	0	0
12IF Duty to seek clinical advice	7/9	7	2	0	0
12IH Duty to ensure adequate time given to clinical leaders	7/7	7	0	0	0
12II Duty to ensure appropriate staffing: training of staff.	5/5	5	0	0	0
12IJ Duty to follow the common staffing method.	This duty does not apply to NSS as there are no services within scope as prescribed in 12IK.	0	0	0	0
12IL Training and Consultation of staff.	This duty does not apply to NSS as there are no services within scope as prescribed in 12IK.	0	0	0	0
Planning and securing services/guiding principles	1/1	1	0	0	0
Total	**54/57**	**54**	**2**	**1**	**0**

Conclusion

There has been clear progress made embedding the duties of the Act into practice and building these into our workforce planning processes, to ensure NSS has the appropriate staffing in place to enable high-quality safe care, and improved outcomes for our patients and service-users, and support the well-being of our staff.

Thank you to the staff who have led, supported and delivered the work required to achieve this level of compliance within the first year of the Health and Care (Staffing) (Scotland) Act 2019. NSS looks forward to continuing to strengthen the structures and processes in place as part of this important legislation in the coming year, including the onboarding of SafeCare and a new risk management system, and building on successes achieved in the first year.

Appendix 1 – NHS NSS H&C SSA Annual report 2024/25

The annual report can be accessed via the links below:

1. NHS NSS HCSA Annual Report April 2025 (Excel)
2. NHS NSS HCSA Annual Report April 2025 (Accessible PDF)

This publication can be made available in large print, Braille (English only), audio tape and different languages. Please contact nss.equalitydiversity@nhs.scot for further information.

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Further information on this report can be requested by emailing nss.safestaffing@nhs.scot