

Summary report

Please answer the questions below, to provide an overall assessment of how the organisation has carried out its duties under section 2 of the 2019 Act, and sections 12IA, 12IC, 12ID, 12IE, 12IF, 12IH, 12II, 12IJ and 12IL of the 1978 Act (inserted by section 4 of the 2019 Act).

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

This work will inform workforce plans going forward, as well as influence the implementation of the Act. The report has enabled NHS FV to identify gaps and put plans in place to ensure actions are complete and reported into the governance structure. All information will be used to inform all decisions made about staffing levels and quality as well as identify risk or safety concerns. It will include feedback from staff and patients.

2 Please summarise any key achievements and outcomes as a consequence of carrying out the duties and requirements in the Act.

The current NHS Forth Valley Workforce Plan 2022-2025 is being updated this year and will be ready by June 2025 for publishing and will include an overview of our population, advise on key workforce priorities, provide financial context and will have plans to address challenges and describe the work underway to grow our future workforce, support our volunteers and recruit staff from overseas. The workforce plan will describe the work underway to grow our future workforce and support recruitment plans for the next 3 years. Our recruitment and retention programme board are looking at how service redesign can help with retention and have also implemented the 'retire and return programme'. A medical workforce group is just confirming its terms of reference and will mirror the nursing workforce governance group. Policies around supplementary staffing are being looked at and eRoster/Safecare is being rolled out across FV as part of the improvement work. The plan calls for taking important steps to guarantee that every job family participates in meaningful workforce planning and that workforce enablers are created for each to support and underpin the plan's delivery, including patient experience and staff engagement and experience. We are investing in learning and development as well as staff support and wellbeing and have a new Culture Change and Compassionate Leadership programme as well as a Workforce Wellbeing Plan. The Nursing and Midwifery community have the 'We Care Strategy' which is now being updated and developed to include our AHP's and has become a five year NMAHP Strategy and our Medical community have a job planning framework. Our governance structures will oversee progress in implementation of these plans with professional and service leads scheduled to report during the course of the year. Staff wellbeing will be threaded throughout the legislation implementation and all staff will be given access to training regarding workforce planning.

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

The main risks identified relate to the capacity of clinical teams to fully engage with the implementation of the Act, as well as fully engagement with the process of developing new systems to support the responsibilities required in the Act. All professional groups are engaged but are at different stages of implementation and compliance. The Oversight and Operational group meetings were extended until March 2025 and will move over to a business-as-usual process through each directorates governance routes in 2025/26 and assurance sought quarterly.

Real Time Staffing resources (RTS) are being widely used, and we have identified new areas of risk and been able to escalate appropriately to mitigate and we now have a better understanding of seeking clinical advice and identifying risk across the system. RTS has been beneficial, particularly to our AHPs. We will be able to adapt the Common Staffing Method (CSM) framework for wider workforce planning and will use new staffing level tools as are they are developed. The new tools will provide a structure and consistency to help support workforce planning approaches and strengthen the professional voice.

There have been delays to the implementation of eRostering and SafeCare to all professional staff in scope but NHS Forth Valley is on track and have a robust plan in place to complete this work in the next financial year.

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

Reasonable Assurance

1 Guiding principles for health and care staffing
2 Guiding principles etc. in health and care staffing and planning
121A Duty to ensure appropriate staffing

Guidance chapter link

RAG status			
Section	Item	Status	Comment
121A(1)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary (see guidance for details of professional disciplines included within the Act) are working in such numbers as are appropriate for the health, wellbeing and safety of patients; the provision of safe and high-quality health care; and in so far as it affects either of those matters, the wellbeing of staff.	Yellow	NHS Forth Valley has good assurance that systems and processes are in place through the work of the Implementation Oversight and Operational Governance structure and all staffing groups are represented. The Implementation Oversight Group reports to the Staff Governance Committee which helps to bring together other elements relevant to the legislation. Though the implementation of eRostering we will be able to provide a consistent approach and an ability to demonstrate compliance through a range of reporting functions available within this product. Local resources have been developed including a self-assessment proforma for quarterly reporting on compliance and we have been able to highlight good practice and identify gaps. Action logs support the gaps and areas that require further work, to ensure there is oversight of risk, and a pathway to achieving compliance. The Board has a robust recruitment and retention plan for all professions and are working towards filling vacancies and ensuring steps are being taken to look after staff wellbeing to assist retention. Training, guidance and support has been offered/provided to all staff groups to ensure an understanding of the Act, and how they can support the Board to meet all legislative duties, and ensure there is appropriate staffing for the health, well-being and safety of patients, and wellbeing of staff.
121A(2)(a)	These systems and processes include having regard to the nature of the particular kind of health care provision	Yellow	Staffing level tools will be run annually as part of the decision-making process and help to determine skill mix and numbers of staff required to provide high quality care as part of the common staffing method (CSM) triangulation process. Whilst other professions are not in scope to use the CSM, there already exists a robust process of workforce planning considering demand, capacity, activity and quality that considers the kind of healthcare provision on an ongoing basis and the professional leads, clinical teams and managers will review changes that may require adjustments to staffing requirements, skill mix, or service capacity. There is therefore systems and processes in place to support future workforce planning, as well as consider any immediate and medium terms changes that may create a risk or change, to ensure appropriate staffing provision is in place. The new eRoster and Safecare product/systems are being rolled out and the work is expected to be completed by March 2026. Safecare will be used as a Real Time Staffing (RTS) resource which provides a platform for staff on an individual shift the ability to apply professional judgement and in some areas the acuity of the patients being cared for on that day. Safecare provides information to determine whether staffing is sufficient, or to consider a change where the kind of healthcare provision may have shifted (for example, during winter pressures there may be a planned reduction in elective care to increase capacity for unscheduled care, which may require a different staffing complement). In the interim those areas that do not have eRoster/Safecare will use another RTS resource to improve current practice to ensure compliance with the duties. Through these processes we will be able to have regard to the nature of the particular kind of healthcare and ensure we have the right staff available. Training has been ongoing and will continue on a rolling programme to ensure all staff have access to learning. A web page has been developed to ensure staff are kept up to date with any new developments, newsletters, training date ect.
121A(2)(b)	These systems and processes include having regard to the local context in which it is being provided	Yellow	Service planning is the responsibility of local managers, engaging with local teams and services to ensure local context is recognised, considered and had regard to when considering staffing requirements. Reporting templates have been developed for the duty to follow the common staffing method (CSM). The template brings together the results from the Staffing Level Tool runs and will incorporate local context as part of the reports and workforce plans, and will reflect dynamic service review and planning. The road to green will include all other professions looking at the common staffing method framework and utilising it along with the multidisciplinary professional judgement tool (MD PJ) to produce a consistent approach to reporting across the board. The new MD PJ tool will be tested over the next few months and then utilised by teams who currently do not have a specific staffing level tool.
121A(2)(c)	These systems and processes include having regard to the number of patients being provided it	Yellow	All systems and processes described above will have regard to the number of patients being provided care. The development of calculators for Safecare will improve accuracy of patient dependency scores and a broader understanding of how to apply professional judgement. The common staffing method reporting will include data collected over time through RTS resources. This then forms part of any service or performance review, any risks or impact on patient quality and safety will be escalated and considered through clinical and staff governance forums as appropriate, and informs all levels of workforce planning, and establishment setting.
121A(2)(d)	These systems and processes include having regard to the needs of patients being provided it	Yellow	All systems and processes described above will have regard to meeting the needs of patients being provided care and consider speciality specific information reflecting the specific needs of patients within individual services. The road to green will see patient acuity measured as part of the RTS processes and assists in decision making daily. The common staffing method reports will include patient feedback alongside other quality measures and feedback sources. Real-time staffing assessment will be embedded in practice and will ensure that any changes to patient needs can be assessed and any risk to providing appropriate staff to meet the needs of the real-time demands can be identified, mitigated or escalated for support.
121A(2)(e)	These systems and processes include having regard to appropriate clinical advice	Yellow	NHS Forth Valley has developed robust escalation plans to be used in conjunction with the CSM reporting and RTSR's and both include how to seek appropriate clinical advice. Daily safety huddles and the use of a whole system escalation tool (OPEL) facilitates conversations about safety across the site and mitigation can take place early.
2(1)	These systems and processes include having regard to the guiding principles when carrying out the duty imposed by section 121A	Yellow	The guiding principles are threaded through the systems and processes we deploy at NHS Forth Valley and ensure we have audits in place to measure care outputs to continue to improve services. We identify areas for improvement using CAIR dashboard outputs, Safeguard, CSM, feedback from staff and patients, Staffing huddles along with RTS resources, Care assurance and Transforming care at the bedside (TCAB) to measure and audit care given. Our TCAB data collection dashboard gathers information about direct patient care from each of our inpatient areas and improves care through audit, review and support. Care assurance walk rounds and other measurement processes are included to ensure we take a triangulated approach; this includes all of the common staffing method elements. Through the governance structure work will continue to ensure all other professions utilise the CSM framework and develop ways to capture and measure service outputs to deliver high quality care and reduce risk to our service users. Inpatient and supervision will be used board wide as a measure of staff wellbeing. We have set up a dedicated web page for Staff wellbeing and support and have whistle blowing, complaints procedures, governance processes, adverse event reviews inclusive of near misses.
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)	Yellow	Each profession/service used a Self-Assessment Proforma to update on progress being made with legislation implementation and compliance. Monitoring relies on several different processes and therefore, we have variation and a lack of consistency to provide full assurance. Each profession/service will include the legislation on the agendas of their senior leadership team meetings and will report quarterly on compliance for 2025/26. The information will be collated by the HR Workforce Lead Nurse and form the annual Scottish Government Report. This does provide a structure for receiving feedback of any risks to compliance to allow mitigation or actions to be taken to address any areas of non-compliance. Once eRostering and SafeCare is fully rolled out across the organisation the Board will have more reliable data and consistent mechanisms for monitoring compliance and addressing any areas of risk, concern or non-compliance.

Please provide information on the steps taken to comply with section 121A.

These are steps taken to comply with 121A in general. Examples could include information about workforce planning, national and international recruitment, retention, retire and return, service redesign, innovation, staff wellbeing, policies around supplementary staffing.

The Workforce plan is being updated this year and will be ready by June 2025 for publishing and will include an overview of our population, advice on key workforce priorities, provide financial context and set out the current challenges for each of the key staff groups. The workforce plan will describe the work underway to grow our future workforce and support recruitment plans for the next 3 years. Our recruitment and retention programme are looking at how service redesign can help with retention and have also implemented the 'retire and return programme' which is discussed with all staff considering retirement to help retain high levels of experience and expertise. The International Recruitment programme has been paused for review but will be revisited.

A new vacancy control panel had been developed to streamline recruitment processes and will ensure rigor with agreeing new posts with timeliness of progressing through recruitment to advert. We are having targeted recruitment and are planning for the new graduates in September 2025. This range of initiatives will enable effective recruitment, attract staff to the Board, to value, support and develop staff and ensure the most efficient and effective use of staff to meet the needs of patients. It will fill vacancies and relieve the burden of the lengthy process.

NHS Forth Valley collaborate with the local College to develop and deliver a related education programme. We have also worked with the College to develop a Modern Apprenticeship route for Band 3 roles to provide a structured career development framework for Health Care Support Workers. We work closely with the University of Stirling and The Open University.

NHS Forth valley has done extensive work with supplementary staffing, reducing the use of agency, and building resilience in the staff to improve quality of care, support substantive and bank staff, and to provide a high-quality service to patients. Policies around supplementary staffing will be updated and eRoster/Safecare will continue to be rolled out across FV as part of the improvement work.

The workforce plan calls for taking important steps to guarantee that every job family participates in meaningful workforce planning and that workforce enablers are created for each to support and underpin the plan's delivery, including patient experience and staff engagement and experience. We are investing in learning and development as well as staff support and wellbeing and have a new Culture Change and Compassionate Leadership programme as well as a Workforce Wellbeing Plan. Our Nursing and Midwifery community have the 'We Care Strategy' which is now being updated and developed to include our AHP's and has become a five-year NMAHP Strategy and our Medical community have a job planning framework. The Clinical Supervision programme supports Nursing and AHP's to address workforce needs and the programme will be rolled out in the future to other professions

Our governance structure will oversee progress on the implementation of plans with professional and service leads scheduled to report quarterly in line with the reporting timeline set out by Health Improvement Scotland Monitoring and Compliance Team. Staff wellbeing will be threaded throughout the legislation implementation and all staff will be given access to training regarding workforce planning.

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

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

NHS Forth Valley recognises the need for the inclusion of patient outcome data and whether staffing problems have had an impact on safety and quality of care provided. The new clinical governance structures will review all the data from our various systems and processes and use this to support improvement planning with the patient/service user at its heart. We are developing digital solutions to ensure data is easily obtained and reported on. Across all professions, the Quality Improvement and Assurance team will provide on-the-ground local and strategic support to teams to bring about tangible and sustainable improvement in experience and outcomes of care. SPSP sits within this team, and the SPSP, EIC, Practice Development and Workforce Leads work closely together to ensure alignment of work. NHS Forth Valley demonstrates an ongoing commitment to listening and learning from the experience of patients/ carers and service users and seeks feedback using a range of methods. Care Opinion is a central component in the way in which we receive feedback and continues as a key approach for receiving feedback which can then be used to influence simple changes in practice and/ or procedures.

Areas of success, achievement or learning

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

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation; what is the success, achievement or learning. For example, application of eRostering has allowed senior personnel to be able to see staffing in real-time across all areas, allowing staff to be reallocated as required to reduce level or risk.	This should describe how the success, achievement or learning could be used in the future. Continue the roll out of eRostering across the organisation, using learning from areas that have already implemented.
Web page has been developed to support all staff	To build sustainability the Board has developed a web page that provides a range of information about the Act, access to internal and external resources to support staff as a refresher, or reference for new staff / staff changing roles who will therefore have a different level of responsibility or requirements to support the Board meet the duties off the Act.	To continue to update, refine and seek feedback on the content and use of web page to ensure it is meeting the needs of staff and leaders within the organisation.
Nursing and Midwifery	Nursing and Midwifery have made good progress with regards to having Real Time Staffing in place. This will enhance the ability to record staff movement, establish real-time skill mix, mitigation and raise red flags. Staffing level tools have a schedule and escalation plan for and will use the CSM to triangulate and the results and reports will be used to review staffing levels and make decisions about staffing.	Departments who do not have a staffing level tool will still be involved the CSM training and will be encouraged to use the MD Professional Judgement tool to produce an annual report and allow for a similar review as those who do have a staffing level tools to utilise.
Skilled TURAS Modules for the HCSSA 2019	Nearly 5000 Skilled level modules have been completed by NHS Forth Valley Staff covering the four domains of Health and Care Act. That figure is almost a quarter of all skilled level modules completed to date across Scotland.	Completion of the modules will continue to be encouraged during this next financial by all staff in scope.

All	NHS FV have an active role on many of the national working groups and have made significant contributions to the shaping of the national guidance documents. All teams involved in RTS are being supported by our eRoster Manager/Team, Workforce Lead and Safer Staffing team. The local team have provided support and training during each part of the implementation process.	Roll out will continue for eRoster and Safecare. A training schedule will be built into the plans for the Staffing Level Tool runs 2025/26.
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Areas of escalation, challenges or risks

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

Area of escalation / challenge / risk	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, there may be difficulty with recruiting a particular staff speciality or in a remote / rural location.	This should describe what actions have been / are being / will be taken to address the situation. For example, if there is difficulty in recruiting in a particular speciality or remote / rural location, the relevant organisation may have investigated retire and return schemes or upskilling and career development for existing staff. It may also have looked at how the service could be redesigned.

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

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

121C Duty to have real-time staffing assessment in place

[Guidance chapter link](#)

RAG status

Section	Item	Status	Comment
121C(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	Safecare is being rolled out across NHS FV and will be complete by March 2026 for all areas in scope of the legislation. To date Safecare has been rolled out to adult inpatient areas including the Acute and Community Hospitals as well as pharmacy, Maternity, Mental health and learning disabilities. This work will link in with the safety huddles and other touchpoints including the operational escalation and assessment tool (OPEL) which is being used within our operations room within acute services. This tool provides a visual overview of our whole system pressures and regularly updates to provide management information. New governance structures oversee multidisciplinary efforts to create a reliable, systematic approach that will apply to all services and offer assurance that we are compliant with this duty. While Safecare is being embedded all areas will operate a dynamic risk assessment either through use of safety huddles or in response to unplanned absence/vacancy which impact staffing levels. All Staff can voice concern regarding appropriate staffing in real time directly to their line manager, who can take action to mitigate any risk identified. An example of this would be bringing in additional resource from another areas, redeployment of available staff and/or a re-prioritising of workload for the staff in the area. All services have an agreed process in place that enable real-time staffing assessment to identify risk to patient safety, quality and outcomes. Assurance will be sought through a self-assessment return ahead of each internal quarterly report on the functioning of RTSRs or safety huddles for services that do not yet use Safecare.
121C(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	Safecare is a system that all staff have access to and gives the ability for any member of staff to identify any risk. The team leader will assess the staffing available against the planned workload and use their professional judgement to determine whether there is a risk or not. Action will be taken at a local level to address or mitigate any identified risk, where appropriate. All staff have been offered training in the new system and are encouraged to report concerns through the escalation process. Safety huddles take place throughout the day to discuss risk, mitigate and escalate ongoing issues. AHPs and other Professions have developed their own system while they wait on Safecare being implemented. The Safeguard (RT1) system will be used to report any ongoing 'Red' risks and provides the ability to look at any severe and recurring risk along with reports gained using the Safecare system. All staff have access to Safeguard where a risk, issue or concern not mitigated would then be escalated.
121C(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	On a day to day basis risk is discussed and mitigated through safety huddles and using tools such as Safecare and TURAS or another locally developed resources. There is a lead professional on duty for staffing who will be available to contact at anytime out with the huddles including night duty. All other professions who do not currently have Safecare or TURAS RTS have a plan to highlight interim measures to ensure a robust process is in place within their service. Ongoing assurance will be sought through the governance process. It is linked to the roll out of eRoster and the generic RTSR. Our Safeguard (RT1) system is part of the process and will alert the relevant lead with professional responsibility for each service and will be used to record, mitigate or escalate any ongoing red risk where necessary.
121C(2)(c)	These systems and processes include the means for mitigation of risk, so far as possible, by the relevant individual with lead professional responsibility, and for that individual to seek, and have regard to, appropriate clinical advice as necessary.	Green	Safecare and TURAS resources do include the means for mitigation of risk, so far as possible, by the relevant individual with lead professional responsibility, and for that individual to seek, and have regard to, appropriate clinical advice as necessary. Teams have developed standard operational processes to support escalation. All other professions/services waiting on Safecare have implemented interim measures to ensure a process is in place within their service. We also have Safeguard (RT1) system for reporting red unmitigated staffing concerns which are incorporated into the escalation process so that any risk not safely mitigated is escalated to the next level.
121C(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.	Yellow	The systems and processes do 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. All staff have been trained to use Safecare as part of the implementation and are using a Standard Operational Process (SOP) to support escalation. All other professions who do not currently have Safecare or TURAS RTS access now have their own interim process/system to highlight and implement the measures to ensure a robust process is in place within their service. Road to Green - Assurance will be sought through the ongoing reporting to local governance and Senior Leadership Teams as well as ongoing quarterly updates for Staff Governance Committee meetings.
121C(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.	Yellow	Training has taken place across NHS FV for the RTS resources to ensure all staff have access and can use the system and understand the process to identify and notify risk and who to report too. Staff are encouraged to access the available TURAS learning resources, as well as information developed locally, shared via the internal staff briefs / communications, and is available within the Boards intranet site. Standard Operational Processes (SOP) support escalation and outline roles and responsibilities. Road to Green - As eRoster is rolled out, all other professions will receive training and support. This training includes the process for recording staffing levels and reporting risk. All data entered on these systems are reviewed by the individuals with lead professional responsibility and are reported through the governance processes.
121C(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.	Yellow	Training is ongoing and individuals with lead professional responsibility have been signposted to complete the TURAS modules hosted on knowledge and skills framework, nearly 5000 modules have been undertaken and completed by NHS Forth Valley Staff to date. A dedicated web page has been developed on the intranet 'Learning Zone' which will house all related learning and links to information on the legislation moving forward. An additional day has been added to the organisational development leadership course to include workforce planning and Safe Staffing legislation. To date the workforce lead has engaged with all professions through the legislation implementation operational group and supported the ongoing work in the sub groups dedicated to legislation implementation.
121C(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.	Yellow	Risk management and risk escalation is a well embedded informal process already both through the use of Safety Huddles and 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. Time is already set aside each day to consider staffing risk and with the introduction of Safecare across all services it will be done in a more consistent and formal way. This sub-duty will be taken forward into the Protected Learning Directive SOP once we have the final version of it in Board. The Organisational Development have this as part of the agenda.
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)	Yellow	Road to Green - The monitoring of compliance will be the responsibility of each Directorate through their own governance structure using performance review. The Workforce Lead Nurse is a permanent member of the HR Resourcing team and will continue to collate information quarterly for the Staff Governance Committee meetings and the development of the Annual Report. All reporting lines use the self-assessment proforma which will form the basis of the key performance indicators.

Areas of success, achievement or learning

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

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning. For example, areas that have implemented and are using Safecare are finding it easy to be able to record risks that are identified and the mitigation measures implemented and clinical advice received. Reports extracted from the system are demonstrating an auditable trail of decision-making.	This should describe how the success, achievement or learning could be used in the future. This success is being used to demonstrate to other areas the benefits of using Safecare and supporting its implementation.
Safecare within eRoster	The implementation of Safecare across NHS FV is going well with all of our Adult Inpatient areas now on board along with the Community Hospitals, Maternity Services and Mental Health inpatients.	The plan is to have all professions in scope to be onboard and using Safecare by the end of March 2026. We continue to work with Optima and have a plan laid out.
Other RTS resources	All other professions have an interim resource in place while they wait for Safecare.	They have been sharing success and learning from each other as they have implemented the resource within their own setting
Path to Green	There has been good engagement and all professions now have a resource to use, however they are all at different stages of implementation. We will not reach green until we are assured that all professions are using Safecare proficiently and in a consistent way.	Quarterly updates will be sought from the lead professional in the operational group and through any updates provided by the eRoster team through the local workforce governance groups.

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 /	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, there may be difficulty with encouraging and enabling certain professional groups to use the systems and processes.	This should describe what actions have been / are being / will be taken to address the situation. For example, if there is difficulty in engaging certain professional groups, what measures have been put in place with regard to increasing this such as using professional networks, staff representatives etc.
Acute Medical Teams and Advanced Practice	Medical and Advanced Practice have got a plan and have made some steps to implementing their resource, however they are still at an early stage.	Ongoing support from the eRoster Manager and team as well as the Workforce Lead has been offered. The teams will remain under closer review and will report on progress.

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

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

12ID Duty to have risk escalation process in place

[Guidance chapter link](#)

Section	Item	Status	Comment
12ID(1)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, for the escalation of any risk identified through the real-time staffing assessment processes which has not been possible to mitigate.	Green	Safecare will be rolled out across NHS FV and the process will be complete by March 2026 for all areas in scope of the legislation. This will link in with the safety huddles and other touchpoints. New governance structures oversee multidisciplinary efforts to create a reliable, systematic approach that apply to all services and offer assurance that this duty is being complied with. Escalation and mitigation of risks identified takes place during the safety huddles daily. An identified risk that cannot be mitigated (Red) will be escalated onto the Safecare and Safeguard (RT) system as part of the process and informal lines such as telephone notification to a senior manager. The escalation of risk will be supported by local Standard Operating Procedure (SOP) to ensure awareness of the process, and give consistency. The Safecare project is being driven forward to support escalation of risk through this programme.
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	Local SOP's with onward advice on reporting have been developed. Safecare and the TURAS RTS resource along with the safety huddles provide a platform to report and escalate risk to a senior decision maker. Senior decision makers are present at huddles and they have clear processes for onward escalation if no mitigation. An identified risk that cannot be mitigated would then be escalated through our safeguard system and/or through rapid escalation through informal lines such as telephone notification to the professional lead where rapid action is required, with onward escalation to an executive level decision if required.
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	Clinical advice is sought throughout the day through our site huddles using the RTS resources and annually through using the common staffing method. As previous with the revised configuration of Safecare and use of RTSR there will be the opportunity to review processes within these systems to strengthen existing structures and this will include how to mitigate risk. There has been strengthening of the clinical leadership structures across all services to be clear around accountability and responsibility in relation to this duty. NHS FV have Workforce Governance Groups and a Recruitment and Retention programme where Professional leads are in place for all services and provide representation and will oversee workforce monitoring and planning at operational level and corporate level within their areas of responsibility (Acute services, Public Health, Pharmacy and HSCPS ect). The areas in scope to follow the CSM are using a reporting template following the staffing level tool runs along with a robust escalation plan to look at gaps in the workforce.
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	The process described above includes the onward escalation of risk if no mitigation can be done. There is a system in place for escalation to seek bank staff and onwards to agency if all other avenues have been explored. Mitigation processes are in place and being used for all of the clinical and non-clinical teams. If an identified risk cannot be mitigated it will be escalated onto the Safecare/Safeguard system as part of the process and informal lines such as telephone notification to a senior manager. The escalation of risk will be supported by local SOP's to ensure awareness of the process, and give consistency. We have a supplementary staffing escalation SOP and pathway in place for nursing and midwifery which clearly lays out this requirement to escalate and seek clinical advice through professional lines.
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	Safecare will include the means for onward reporting in order to reach a final decision. As Safecare is embedded it would be our plan to review this and continue to improve escalation processes. At the moment we can report workforce risk on our Safeguard system which has the capacity for onward escalation up to executive level if required to achieve mitigation or reduction of the risk as far as possible. High-level risks are automatically escalated to executive level and this will be improved through the use of the OPEL tool previously mentioned. A large majority of our services have in place Business Continuity plans, service level risk registers and escalation of risks through governance groups up to strategic risk registers as required which are reviewed by members of the relevant organisation. There are existing mechanisms in place to allow rapid escalation through the relevant professional and managerial lines, with appropriate clinical advice, to respond to any urgent concerns.
12ID(2)(e)	These systems and processes include means for notification of every decision made following the initial report, and the reasons for that decision, to anyone involved in identifying the risk, attempting to mitigate the risk, escalation of the risk and providing clinical advice.	Yellow	Safecare includes means for notification of decisions made at each stage of assessing risk, recording risk, mitigation of risk and where no mitigation can be done the risk can be escalated up to executive level. The SOP strengthens the process and ensures everyone knows their role and responsibility in the process and will be reviewed and improved as we implement.
12ID(2)(f)	These systems and processes include means for anyone involved in identifying the risk, attempting to mitigate the risk, escalation of the risk and providing clinical advice to record any disagreement with any decision made following the initial identification of a risk.	Yellow	Safecare captures all decisions on mitigation and can also record any disagreements as part of the ongoing narrative within the PJ section. There will be gaps here until Safecare is completely rolled out. Areas without Safecare are using other means to record decisions and any disagreements. Road to green is successful roll out and use of Safecare.
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).	Yellow	Safecare is accessible to all staff to view as well as add PJ narrative and all staff are encouraged to engage in the process. All staff can raise a red flag or disagree with decisions made and can go on to use Safeguard to log a disagreement. Review and feedback will need to be built into the process as the system is used more across all services.
12ID(2)(h)	These systems and processes include means for raising awareness amongst all staff of the arrangements stated in (a) to (g) above.	Yellow	The process will become part of the education roll out and will be shared widely. We will use email, Staff Brief, Intranet and Learning Zone.
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.	Yellow	Training and information sessions have already taken place with Lead professionals and work will continue to increase knowledge with this duty. As the processes are completed information will be cascaded to all professional groups to be shared. The modules available on TURAS e learning are being shared and all staff at all levels are being encouraged to complete them. Our web page on the learning zone will host all legislation related links and information.
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.	Yellow	Time is set aside each day to review staffing levels. Staffing huddles take place across the whole of FV.
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)	Yellow	Road to Green - The monitoring of compliance will be the responsibility of each Directorate through their own governance structure using performance review. The Workforce Lead Nurse is a permanent member of the HR Resourcing team and will continue to collate information quarterly for the Staff Governance Committee meetings and the development of the Annual Report. All reporting lines use the self-assessment proforma which will form the basis of the key performance indicators.

Areas of success, achievement or learning

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

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning. For example, senior decision-makers in paediatric nursing were identified and chain of escalation communicated to all personnel. Individuals are now much better aware of who to contact during any particular shift in the event that a risk needs to be escalated.	This should describe how the success, achievement or learning could be used in the future. The procedures for identifying the chain of escalation that were used in paediatric nursing are now being trialled and rolled out across other areas.
Path to green	Ensuring that all risk escalation processes take account of each part of the duty and that the SOP's are robust and easy to follow.	Build on what has been achieved so far and continue to improve and embed the system and process across the organisation.

Areas of escalation, challenges or risks

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

Area of escalation / Challenge / Risk	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, there may be difficulty with ensuring relevant individuals involved in reporting, mitigating, escalating or giving clinical advice on a risk are notified of decisions made the reasons for them.	This should describe what actions have been / are being / will be taken to address the situation. For example, if there is difficulty in notifying relevant individuals about decisions made and the reasons for them, what measures have been put in place to ensure this happens, such as providing training, increasing awareness and auditing to identify root causes.
All Professions	Time is always a challenge when it comes to embedding a new system and process and in the current climate. Delays have happened during the implementation period but everyone is committed to getting this right and understands the importance of the legislation.	The Directors are working with their senior leaders and operational managers to ensure this system is embedded well into our culture.

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

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

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

[Guidance chapter link](#)

Section	Item	Status	Comment
12IE(1)(a)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, for the collation of information relating to every risk escalated to such a level as the relevant organisation considers appropriate.	Yellow	Collecting data over time from the Safecare and TURAS RTS resources will enable reports to be generated and analysed. This function will allow for collation of information relating to every risk escalated to such a level as the relevant organisation considers appropriate. The Safecare system keeps data for 7 years at the moment and all risks raised on the Safeguard system are allocated a rating for impact (severity) and likelihood (anticipated likelihood of recurrence). All Safeguard submissions can be reviewed across our governance groups for trends and occurrences. Actions are decided at this level on mitigation requirements to prevent recurrence including escalation if appropriate. Each service area can pull risks specific to their area to provide localised and operational picture of risk. Together these systems will provide robust data on severe and recurrent risks.
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.	Yellow	The ability to identify and address risks that are considered severe and / or liable to materialise frequently will be built into the processes within the RTS resources. RTSR and SafeCare will have more reliable information to support the identification of recurrent risk within the system. All identified severe and recurring risks are reported and reviewed through the clinical governance process. Themes coming through will be identified and discussed for each area to assess severity and / or recurring risk within their local context, for nursing and midwifery this is also built into the common staffing method of triangulation. Each professional group/ service will determine what constitutes a severe risk to their safe service delivery within the clinical governance frameworks. Discussions are going to determine what is considered a severe risk. Through the use of Safeguard and the risk management scoring system we can look at trends and recurrence of same or similar reports.
12IE(2)(a)	These systems and processes include the means for recording risks that are considered severe and / or liable to materialise frequently.	Yellow	The ability to record risks that are considered severe and / or liable to materialise frequently built into the processes within the RTS resources. The reporting template for use when following the common staffing method has a section for recording risk and pulling together RTS data for review. All professions will eventually be using this framework for reporting giving a consistency to the use of recorded data.
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	Yellow	The ability to report risks that are considered severe and / or liable to materialise frequently built into the processes within the RTS resources. The reporting template for use when following the common staffing method has a section for recording risk and pulling together RTS data for review. All professions will be using this framework for reporting giving a consistency to the use of reported data. The escalation plan will ensure relevant members of the organisation receive the information in a timely way to support decision making. Governance structures already exist with ELT, SLT, and other programme boards and clinical governance arrangements in place across all professions.
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.	Yellow	Safeguard system allows for application of mitigating actions to be applied with involvement of clinical advisors. SafeCare and RTSR will be able to record and report on mitigations in place for risks, along with assurance that clinical advice has been sought. This will strengthen the current process described above. The 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 will be built into the processes within the RTS resources. and escalated through our new clinical governance routes.
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.	Yellow	Our governance processes includes robust Adverse Event Reviews relevant to the reported severity, including significant adverse event reviews (SAER) for specific severe events to mitigate the risk of recurrences to Executive strategic level risks. The governance processes are embedded within operational structures, and are reviewed and reported through governance structures. This ensures identification of actions to prevent the future materialisation of such risks, so far as possible and will be built into the processes within the RTS resources.
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)	Yellow	Road to Green - The monitoring of compliance will be the responsibility of each Directorate through their own governance structure using performance review. The Workforce Lead Nurse is a permanent member of the HR Resourcing team and will continue to collate information quarterly for the Staff Governance Committee meetings and the development of the Annual Report. All reporting lines use the self-assessment proforma which will form the basis of the key performance indicators.

Areas of success, achievement or learning

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

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning. For example, a recurrent risk was identified in the capacity of one laboratory, leading to a delay in testing samples and communicating sample results. Following investigation, the process for booking in samples was streamlined and an admin coordinator was appointed. This has improved performance and the lab is now meeting its targets.	This should describe how the success, achievement or learning could be used in the future. For example, the organisation is now looking at whether the changes implemented in the one lab could be applied to other labs, to improve performance across the division.
Path to Green	Safecare will be rolled out to all areas in scope by March 2026. This will give us the ability to analyse data over time and help to identify any severe and recurring risk. The reporting process will ensure escalation to the relevant clinical governance groups for action planning and mitigation.	
Workforce Visualisation	Currently working on how we can bring all the data together onto a dashboard. We currently use a system called Pentana. The dashboard will help to identify ongoing risk by showing data over time for all areas such as vacancy and sickness as well as quality data and workload tool results.	
Governance	All professions are strengthening the governance structures to include safe staffing. Agendas will include analysis of the outputs from the RTS resources and staffing level tools.	

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 /	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, collation of data in a particular NHS function has identified a risk that materialises frequently, however identification of actions to prevent future materialisation has not improved the situation.	This should describe what actions have been / are being / will be taken to address the situation. For example, if identification of actions to prevent a frequent risk has not improved the situation, measures to address could have included establishing a working group to investigate and make recommendations, observing practice in the area, interviewing staff, addressing the staff skills mix, allocating additional assistance, redesigning the service etc.
Overall Implementation and Assurance	Some professions are still behind in the implementation of parts of the legislation. The oversight group will continue until at least March 2025 and support ongoing implementation. After March 2025 the monitoring of compliance will be the responsibility of each Directorate through their own governance structure using performance review.	Continue to support and seek assurance through our governance structure. Work through the gaps.

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

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

12F Duty to seek clinical advice on staffing

[Guidance chapter link](#)

Section	Item	Status	Comment
12F(1)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, to seek and have regard to appropriate clinical advice in making decisions and putting in place arrangements relating to staffing under sections 12A to 12E and 12H to 12L and to record and explain decisions which conflict with that advice.	Yellow	The Board is moving towards a model of Triumvirate service management: this consists of Nursing Lead, Service Lead (inclusive of all professions and functions within the services) and Medical Lead to ensure all service decisions are jointly discussed and agreed. Clinical advice is sought throughout the day through our site huddles and staffing huddles using the RTS resources and other safety briefs. An escalation plan and reporting template has been developed to seek clinical advice annually through the use of the common staffing method to look at gaps in the workforce. NHS FV professional groups/functions have Workforce Governance arrangements in place and a Recruitment and Retention group set up and are working towards delivering the goals. There has been strengthening of the clinical leadership structures across all NMAHP services to be clear around accountability and responsibility in relation to this duty. In other services it is the most senior clinical leader on duty who provides clinical advice. The plan to move us to green is to develop workforce governance across all professional groups including HSCPs with membership from relevant professionals and clinicians. All NHS functions are represented on the Oversight group. With the ongoing implementation of eRostering and SafeCare and access to the generic RTSR when available, there will be the ability to improve recording of the advice sought and considered on a more informal basis. These resources will also enable a more consistent approach across all services.
12F(2)(a)	These systems and processes include the means whereby if a relevant organisation makes a decision which conflicts with clinical advice (i) and (ii) received, any risks caused by that decision are identified and mitigated so far as possible.	Yellow	SafeCare supports this function, and have built a process into the SOP to look at how Safeguard (R1s) can be incorporated to record clinical advice and clearly lay out the steps required to record any conflict with clinical advice given. It will be important that we align the use of the different systems functions available.
12F(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	Discussions are recorded within huddle notes, professional judgement notes within SafeCare, meeting minutes or other local processes, and the clinical manager is generally present and involved in that decision making process. Disagreements or concerns would be recorded within these processes to ensure this is auditable and any actions taken, feedback or further risk assessment can be captured. As above, the use of SafeCare and Safeguard will incorporate recording of clinical advice. The SOP clearly lays out the steps required to record any conflict with clinical advice given will meet this requirement.
12F(2)(b)	These systems and processes include the means for individuals with lead clinical professional responsibility for a particular type of health care to report to the members of the relevant organisation on at least a quarterly basis about the extent to which they consider the relevant organisation is complying with the duties in 12A to 12F and 12H to 12L.	Yellow	All clinical professional leads will report quarterly through established governance routes to give assurance to the board on progress. HR resourcing will oversee the workforce planning team to build capacity for business as usual working.
12F(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 12F and to record those views in the reports to the members of the relevant organisation.	Yellow	There are a range of ways that we collect feedback from staff, and this will be reflected in compliance monitoring of the different duties in such a report. We have questions within the annual staff survey regarding staff opinion on how well they believe their views are listened to and acted upon. We will be using the reporting function in SafeCare to get additional views from red flags and the use of Safeguard for adverse events. Professional leads also conduct their own staff engagements exercises along professional lines and this will be captured on our dashboard (TCAB). We utilise annual matter staff survey (with cognisance of professional specific responses) and have a new way to capture excellence reporting to ensure staff can celebrate success as well as report on things that are not going well.
12F(2)(d)	These systems and processes include the means to raise awareness among individuals with lead clinical professional responsibility for a particular type of health care in how to implement the arrangements in this duty.	Yellow	There has been information sessions and training for individuals with lead clinical professional responsibility at an executive level but also throughout the professional structures. The HCSA implementation team have delivered internal engagement sessions with accountable managers and professional leads. The Skilled Level modules have been accessed well by staff with nearly 5000 modules completed to date.
12F(2)(e)	These systems and processes include means for ensuring that individuals with lead clinical professional responsibility for a particular type of health care receive adequate time and resources to implement the arrangements.	Yellow	All professions have time to lead built in to their job descriptions or have job plans that can be updated to include adequate time to implement the arrangements. We have already rolled out our eRoster to all acute areas and have SafeCare and RTSRs highlighting clinical leaders working clinically to mitigate risk. In addition and in tandem with Duty 12C and 12D reviews identified risks through risk management systems and processes review the impact on patient outcomes where a risk is identified. The Protected Learning Directive will be implemented in NHS FV and work is under way to develop a plan for this by our Organisational Development Team.
12F(3)	These systems and processes include means for the relevant organisation to have regard to the reports received.	Yellow	A reporting process is being established and will be supported by the workforce planning team.
	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Yellow	Road to Green - The monitoring of compliance will be the responsibility of each Directorate through their own governance structure using performance review. The Workforce Lead Nurse is a permanent member of the HR Resourcing team and will continue to collate information quarterly for the Staff Governance Committee meetings and the development of the Annual Report. All reporting lines use the self-assessment proforma which will form the basis of the key performance indicators.

Areas of success, achievement or learning

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

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning. For example, the views of employees included in the reports prepared by individuals with lead clinical professional responsibility for a particular type of health care identified a potential improvement in working practices in one area.	This should describe how the success, achievement or learning could be used in the future. For example, the potential improvement is being trialled in the one area and if successful will be rolled out across other areas in the organisation.
SafeCare	Implementation of SafeCare will support this duty and give everyone a formal process to seek clinical advice and record mitigation or escalate further.	Continue with implementation plan to get all areas in scope onboard with SafeCare.

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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 /	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, in compiling the reports made to the members of the Health Board, there is a good mechanism in place for the Medical Director to enable and encourage medical employees to give their views, but the mechanisms for seeking the views of other professional groups for which they are responsible, such as pharmacy employees, are not well established. Hence, the views of these employees are not being sought or incorporated into the reports.	This should describe what actions have been / are being / will be taken to address the situation. For example, if the views of all professional groups are not being sought, what measures have been put in place to engage these groups and proactively seek out their opinions.
Acute Medical/ANPs/ Radiology and H&GH	Some services are still working through the RTS implementation and putting interim process in place until SafeCare can be implemented.	Give support to teams to set up interim measures and work towards SafeCare implementation.

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

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

12IH Duty to ensure adequate time given to clinical leaders

[Guidance chapter link](#)

Section	Item	Status	Comment
12IH	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, to ensure that all individuals with lead clinical professional responsibility for a team of staff receive sufficient time and resources to discharge that responsibility and their other professional duties.	Green	NHS Forth Valley provides a clear development framework and plan for both developing existing leaders and teams and nurturing potential leaders. NHS Forth Valley supports a set of competencies which outline leaders and managers roles, responsibilities, qualities and behaviours at different levels of leadership and management. These competencies require to be demonstrated at all levels in NHS Forth Valley. The competencies are designed as a guide to identify areas of future development. They are based on the six national NHS Leadership capabilities and more information can be found on TURAS learn. All Leadership and Management programmes, courses and development activities are aligned to ensure appropriate skills are attainable at each level for the range of competencies required. Each level describes a range of skills and knowledge required and also provides an explanation of the behaviours which would demonstrate these. eRoaster has the ability record time given for non clinical work and TURAS will record the type of time out if specific training is being attended.
12IH	These systems and processes include time and resources for these individuals to supervise the meeting of the clinical needs of patients in their care, to manage, and support the development of, the staff for whom they are responsible, and to lead the delivery of safe, high-quality and person-centred health care.	Yellow	NHS FV will implement the 'Protected Learning Directive' and implement an SOP to ensure all parts of the legislation including the guiding principles are taken into consideration and that all clinical leads have appropriate and proportionate time to lead within the role and responsibilities. Clinical leaders will be supported to have the time and resources to undertake these roles, or seek support and highlight risks where this is not sufficient.
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.	Yellow	Multiple systems have the means to identify all roles and individuals with lead clinical professional responsibility for a team. This includes SSTS payroll systems, eRoaster and eEES (Employee Electronic Staff System). NES TURAS are all arranged through job role and titles. Staff job descriptions reflect the specific leadership responsibilities, requirements and expectations within each role and the SOP will ensure all parts of the legislation including the guiding principles are taken into consideration and that all clinical leads have appropriate and proportionate time to lead within the role and responsibilities.
12IH	These systems and processes include the means to determine what constitutes sufficient time and resources for any particular individual.	Yellow	This will be developed through the work to bring in the protected learning directive and will define what is sufficient time is and will be included in any professional judgement discussions when job planning is being done. TURAS appraisal, activity manager discussions and outcomes will form part of the process where all outcomes can be recorded. This can then be reviewed through appraisal and POP, as well as lines of escalation in the event a risk to quality and safety is identified.
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.	Yellow	The Protected Learning Directive with the SOP will ensure all parts of this duty is encapsulated. As described above, job descriptions, job planning and work plans are all assessed at appropriate time, for example, through appraisal and POP, job planning, service change and redesign. Workforce group when developing their workforce plans currently review staffing levels, levels of redeployment, non case holding time of clinical leaders and quality indicators when developing workforce plans.
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.	Yellow	Outputs will be reviewed through our governance structures for all professions and will form part of the SOP being developed.
	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)		Outputs will be reviewed through our governance structures for all professions and will form part of the SOP being developed. The Organisational Development team will be driving this work forward.

Areas of success, achievement or learning

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

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning. For example, senior physiotherapists and team leaders convened a working group to determine what sufficient time and resources would look like for individuals with lead clinical professional responsibility for a team of staff. The outcome of the project was a determination of time and resources for different team leaders and feedback so far has been positive.	This should describe how the success, achievement or learning could be used in the future. This has now been extended to other AHP areas and trialed to see applicability.
All	There is a commitment from NHS FV to focus on completion of PDPs and ensuring agreed actions are completed to support ongoing learning and development of staff. Senior NMAHP leadership development is being led by the Executive Nurse Director and all staff in Senior NMAHP leadership positions are co-producing the strategic ambitions of professional leadership and sharing across the organisation, aligned to the duties within the legislation which are aligned to the principles of professional leadership responsibilities.	An ongoing action plan being developed and executed to support time being given to clinical leaders.
Protected Learning Directive	Organisational Development are going to bring the directive into the board and ensure the SOP includes the legislative needs	SOP to be developed. SLWG currently being recruited for and lead by OD.
Audit	Recording of training to be moved to TURAS or eESS/OLM as an official way to capture all training being done across the organisation.	Scoping being done through the Operational Group to see what everyone currently does to record training. We need to ensure we complying with GDPR as well.

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 /	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, the process in place to identify the roles, and therefore individuals, with lead clinical professional responsibility for a team of staff does not consistently identify who these individuals are, and therefore sufficient time and resources for these individuals to discharge their responsibilities has not been considered.	This should describe what actions have been / are being / will be taken to address the situation. For example, if the process in place to identify the roles, and therefore individuals, does not consistently identify who those individuals are, what measures have been taken to address this, e.g. working with all staff groups / clinical areas / teams to identify job titles / roles, utilising HR processes and data, utilising eRoastering to identify team leaders etc.
All	Early stages of scoping and getting a SLWG together	Need to fully understand the position to move forward. The OD team and WFL will work across professions to ensure all training is being captured and that the PLD is implemented across all groups. Feedback will be sought through the operational group.

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

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

12II Duty to ensure appropriate staffing: training of staff

[Guidance chapter link](#)

Section	Item	Status	Comment
12II	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, to ensure that all employees receive such training as considered appropriate and relevant for the purposes set out in section 12A(1)(a) and (b) and such time and resources as considered adequate to undertake this training.	green	NHS Forth Valley have clearly defined systems and processes in place. They are utilised in all NHS functions and professional groups, to ensure that all employees receive training appropriate and relevant for the purposes set out in section 12A(1)(a) and (b). Resources are available and include the TURAS Learn platform and NHS FV - Learning Zone. The Learning Zone has links to various training and support as well as advice on funding and opportunities. There is work being undertaken to implement the Protected Learning Directive to ensure adequate time is given to undertake training across all professional disciplines. Individual training needs are identified and supported during Personal Professional Development Planning (PPDP) discussions. PPDP completion is monitored through the TURAS Learn platform with reports being available on the completion of mandatory and essential training. Practice Development/Education Facilitators (Nursing, medical and AHP specific) and identified development learning facilitators in other professions will deliver outcomes of training needs assessments, development plans and meet identified new knowledge and skill requirements. All employees undergo induction and orientation. Recording of training is being streamlined to ensure it is on our two approved systems (TURAS/ESS-OLM) and will make it easier to track training and report on training outputs.
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	The systems and processes do include means to determine the level of training required, and time and resources to support this, for all relevant employees. Part of the training strategy for NHS FV will focus on completion of PPDPs. Job plans ect and ensuring agreed actions are completed to support ongoing learning and development of staff. Training within the organisation is clearly determined along the lines of mandatory, essential and developmental requirements for each profession and role. Different professions have different set national training curriculums. These are supported through professional lines and training needs analysis, funding and expert support e.g. practice Development Facilitators, and clinical educators.
12II	These systems and processes include the means to deliver the agreed level of training to all relevant employees.	green	In house education teams for professions monitor and provide extensive educational support through Practice Development/Education Facilitators (Nursing, medical and AHP specific) and identified development, learning facilitators in other professions to deliver outcomes of Training Needs Assessments, development plans and meet identified new knowledge and skills requirements. PPDP completion monitored through TURAS platform along with completion of mandatory and essential training at one to one meetings between managers and staff within all professions. NHS FV also have the simulation centre which will be utilised for all professions to support training of new staff and current staff. The Protected Learning Directive will strengthen the process we have and give a consistency to what we offer across the board.
12II	These systems and processes include the means to ensure all relevant employees receive both time and resources to undertake the training.	green	eRoster will help to build in time for training and keep track of time given. Leaders can monitor and report on this quarterly through the governance structure. The Protected Learning Directive will support implementation of this duty and give direction to all professions.
N/A	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)		

Areas of success, achievement or learning

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

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning. For example, the psychology division, in conjunction with HR, has just completed a project to promote more accurate capturing of information relating to continued professional development for psychology colleagues. Feedback from employees is that they have found the new system much easier to use and are now recording relevant CPD.	This should describe how the success, achievement or learning could be used in the future. AHP colleagues have now expressed interest in the new system and are undertaking a project to see if they could implement something similar.
Protected Learning Directive	Organisation Development team are progressing the work to bring the directive into the board. A SLWG is being set up with representation across professions to ensure the new SOP covers the legislative requirements as well as everything set out in the directive. Once agreed there will be a roll out programme for the introduction of the Protected Learning Directive and it will include an SOP on how to operationalise it. This will also include how we record training being completed and reported on through our governance processes. This in turn will allow our leads to manage training better and give time equally to all staff within the services	Still in the early stages however there is a plan to achieve all outputs and update the relevant bodies on progress. This will strengthen what we already have in place.
TURAS Learn	NHS FV use TURAS Learn which is NHS Education for Scotland's (NES) single, unified platform where staff can access health and social care tools and learning resources relevant to their professional development & practice. Core applications include Turas Learn, Turas Appraisal, Professional Practice, ePortfolio to name but a few. There are various applications available on a single dashboard depending on your role, providing a single "go to" place. TURAS Learn gives access to all staff for mandatory and role specific training including the Health and Care (Staffing) (Scotland) Act 2019 domains/SWAY's.	
FV- Learning Zone	The learning zone is a dedicated web page on the intranet and is available to all employees at NHS FV. Resources include Employee Induction, Personal Development, Practice Education, Practice Development Resuscitation Training and other links to systems and applications. It is easy to access and use and provides a one stop shop.	
All NHS FV Functions	There is a commitment from NHS FV to focus on completion of PDs and ensuring agreed actions are completed to support ongoing learning and development of staff. Senior NMAHP leadership development is being led by the Executive Nurse Director and all staff in Senior NMAHP leadership positions are co-producing the strategic ambitions of professional leadership and sharing across the organisation, aligned to the duties within the legislation which are aligned to the principles of professional leadership responsibilities.	An ongoing action plan being developed and executed to support time being given to all staff.

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 /	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, clearly defined processes and procedures exist for some groups of staff, e.g. nursing and midwifery, but don't exist for other groups of staff, e.g. healthcare scientists.	This should describe what actions have been / are being / will be taken to address the situation. For example, if procedures and processes are not in place for healthcare scientists, what measures need to be put in place to ensure this, such as working with HR and healthcare scientist representatives to define an appropriate training programme, assess training needs of employees and plan for required training to be undertaken.

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

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance

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

Section	Item	Status	Comment
12U(1)	Clearly defined systems and processes are in place, and utilised, in all the types of health care, locations and employees listed in section 12K, to follow the common staffing method no less often than the frequency prescribed in Regulations (see https://www.legislation.gov.uk/ksi/2024/43)	Green	NHS Forth Valley have clearly defined systems and processes in place to enable all types of health care, locations and employees listed in section 12K, to follow the common staffing method (CSM) as prescribed in the regulations. A dedicated HR Nursing Workforce team supports all relevant clinical areas to meet this duty. An annual schedule is delivered to all Nursing and Midwifery Leads in scope and includes Medical Staff when planning the Emergency Care Provision tool run. Training is provided locally and synchronised to an areas application of the CSM and associated tool run. Staff have full access to all resources and are directed to the Healthcare Staffing Programme web site. A reporting template using the CSM framework has been developed for all staffing level tools along with an escalation plan. All other services and professions who are not currently in scope have been asked to familiarise themselves with this duty with a view to using the CSM framework to guide them in developing a reporting system in the absence of speciality specific tools. The CSM is still a useful framework to use even without the specific tool being available to them at this time and will future proof the method as more tools come online.
12U(2)(a)	These systems and processes include use of the relevant speciality specific staffing level tool and professional judgement tool as prescribed in Regulations (see https://www.legislation.gov.uk/ksi/2024/43), and taking into account results from those tools.	Green	The systems and processes include the use of the relevant speciality specific staffing level tool and professional judgement tool as well as the quality tool where applicable as prescribed in regulations and take into account results from those tools. The results will be reported using the reporting template and will use the CSM guidance to triangulate findings. The results will be sent through our escalation and governance process to be reviewed, approved or escalated as appropriate.
12U(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	The 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. They include measures developed as part of the national care assurance framework as well as clinical quality indicators, patient safety data, HEAT targets, waiting times, incidents, complaints and feedback from staff and patients. Care assurance visits take place across Nursing and Midwifery and is an embedded system/process. Plans are ongoing to upscale and spread across all services/professions and is being led by the Practice Development Unit. The information is gathered, analysed and reported with data/outputs used to inform and improve service delivery as part of a wider workforce and financial planning approach. Local governance around the quality measures and care assurance goes through the Quality Management Programme Board (QMPB) and is fed through the Workforce Governance Groups and Senior Leadership Teams (SLT) for approval and feedback.
12U(2)(c)(i)	These systems and processes include taking into account current staffing levels and any vacancies	Green	The systems and processes do consider current staffing levels and vacancies and are included in section one and four of the CSM reporting template. This section asks about funded establishment, in post staffing, vacancies, predicted absence allowance in comparison to actual absence. Health Roster and SSTS (Bolt) both have extensive reporting capabilities for data to be gathered to complete this section of CSM. In addition, NHS FV are working towards utilising the Pentara Risk Management system to put together all workforce data to make it easily accessible and visible to those that require it. This will then be utilised annually as part of the triangulation process through the Staffing Level Tool runs and CSM reporting process.
12U(2)(c)(ii)	These systems and processes include taking into account the different skills and levels of experience of employees	Green	The different skills and levels of experience of employees are discussed as part of the review process. Section four of the CSM reporting template asks about local context and to consider skill mix, experience of employees and age profile of employees (succession planning). All the information reported is considered along with the staffing level tool results and outputs from the real time staffing resource.
12U(2)(c)(iii)	These systems and processes include taking into account the role and professional duties of individuals with lead clinical professional responsibility for the particular type of health care.	Green	The CSM escalation process details roles and responsibilities at each stage and who should be involved in decisions for each type of healthcare. The HR Nursing Workforce team is on hand to support and deliver training to Lead professionals with responsibility for the delivery of successful tool runs and CSM triangulation.
12U(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	The service as a whole is reviewed as part of the CSM and will include all MDT members. The reporting template has a section for local context and narrative can be added.
12U(2)(c)(v)	These systems and processes include taking into account the local context in which health care is provided.	Green	Local context is included in the reporting template.
12U(2)(c)(vi)	These systems and processes include taking into account patient needs.	Green	The Staffing level tools take into account patient care needs and allow the staff to comment on any issues using the PJ tool as well as the speciality specific tool. Patient feedback will also be included as part of the reporting process.
12U(2)(c)(vii)	These systems and processes include taking into account appropriate clinical advice.	Green	This is asked as part of the CSM reporting template and will be part of the bigger governance system. The escalation plan details a pathway for clinical advice. A privatised approach is being developed in the Acute Services Directorate to ensure a model of nurse, operations manager and senior clinician exists and in other services a professional lead will be in charge of clinical advice within the organisation.
12U(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	CSM guidance has been followed when developing the reporting template.
12U(2)(c)(ix)	These systems and processes include taking into account experience gained from using the real-time staffing and risk escalation arrangements under 12C, 12D and 12E.	Green	It would be the intention to incorporate real-time staffing (RTS) and risk escalation arrangements into the annual reports as part of the triangulation process. The RTS resources are a new addition to the monitoring of staffing and are currently being rolled out to all services.
12U(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	This is asked as part of the CSM reporting template.
12U(2)(c)(xi)	These systems and processes include taking into account comments by employees relating to the duty imposed by section 12IA.	Green	This is asked as part of the CSM reporting template.
12U(2)(d)	These systems and processes include means to identify and take all reasonable steps to mitigate any risks.	Green	The escalation process will take account of risk and has a pathway to enable mitigation up to executive level.
12U(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	Changes will be decided through the escalation process and will go through our new workforce governance group. Workforce reviews have begun and are due to continue into 2025 and beyond.
N/A	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)		

Areas of success, achievement or learning

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

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning. For example, application of the common staffing method in adult inpatient provision identified some areas where the staffing establishment needed to be changed, and some areas with potential for service redesign. These changes are now in progression and will be trialled to monitor the outcomes.	This should describe how the success, achievement or learning could be used in the future. For example, following completion of the trials regarding changes in staffing establishment and service redesign, decisions will be taken as the changes made. These could then be used as case studies to inform training for staff about the use of the common staffing method.
Nursing Staffing Level Tools	Following the application of the common staffing method and workforce review in adult inpatient provision, NHS FV identified some areas where staffing establishments needed to be escalated in relation to our Healthcare Support Worker provision. All the Staffing Level Tools have run on a schedule throughout 2024/25 and outputs are being reviewed through the NMAHP workforce governance group.	The escalation of any requirements are being escalated and a business case is in progress for the Senior Leadership Team.
Maternity Staffing Level Tools	NHS FV took part in the national expert working groups (EWG) and observational studies for the development of the new Maternity Tool and are currently in the process of trialling the tool. The teams will also be running the current tool in Jan/Feb as mandated in the legislation.	All learning from running the new tool and comparing to the old tool in real time will be fed back to the national EWG and used to improve and finalise the new Maternity Staffing Level Tool.

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 /	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, the common staffing method was followed at the required frequency in all areas except emergency care provision with an explanation of why this was not completed, e.g. lack of knowledge / training of personnel.	This should describe what actions have been / are being / will be taken to address the situation. For example, if the common staffing method was not followed in emergency care provision and this was due to lack of knowledge / training, what measures were put in place to address this, e.g. identifying key personnel, provision of training, assistance from experienced personnel in other areas etc.

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

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance

12L. Training and consultation of staff

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

[Guidance chapter link](#)

Section	Item	Status	Comment
12L	Clearly defined systems and processes are in place, and utilised, in all the types of health care, locations and employees listed in section 12K, for the training and consultation of employees.	Green	In relation to the duty to follow the common staffing method all staff working in Adult Inpatient, Clinical Nurse Specialist, Community Nursing, Community Childrens Nursing, Emergency Care, Maternity, Mental Health and Learning Disability, Neonatal, Paediatric and small wards are offered training prior to running the staffing level tools. This is included in the schedule as part of the process. There is a rolling programme of training, including refresher training. This is required to keep both existing and new staff up to date. Staff access and complete the relevant level of training within the framework of the learning resource on TURAS. This supports staff to gain the knowledge and skills outlined within the Knowledge and Skills Framework with a minimum of the informed level being completed as part of their induction. Quick guides relating to the Act are also available on this platform.
12L(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 12K.	Green	Encouragement and support are given as part of the part of the training and uses the guiding principles for employees to give views on staffing arrangements. Professional judgement captures some of this data but main information comes from staff opinion questionnaires which are currently being developed and tested through Clinical governance, Patient Relations Team and Practice Development.
12L(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	Staff opinion is asked for as part of the process to enable a robust structure to ensure our staff are consulted.
12L(c)	These systems and processes include training employees (in particular those employees of a type mentioned in section 12K) who use the common staffing method on how to use it.	Green	This training is in place and runs in line with the staffing level tool schedule. The new 2025/26 schedule of training dates are developed and forms part of the Staffing level tool run preparation.
12L(d)	These systems and processes include ensuring that employees who use the common staffing method receive adequate time to use it.	Green	The schedule will be shared ahead of time with training dates included as well as timelines for reporting and feedback built in. Time will be agreed locally for each tool and is planned in advance.
12L(e)	These systems and processes include providing information to employees engaged in the types of health care mentioned in section 12K about its use of the common staffing method, including the results from the staffing level tool and professional judgement tool; the steps taken under 12U(2)(b), (c) and (d) and the results of the decisions taken under 12U(2)(e).	Green	A robust governance structure has now been agreed for results to go through and for feedback to be given. Each service is going through a workforce review at the moment and any concerns or requirements are being escalated.
N/A	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)		

Areas of success, achievement or learning

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

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning. For example, key personnel who were very experienced in using the common staffing method were engaged to train and mentor other personnel involved in the process.	This should describe how the success, achievement or learning could be used in the future. For example, those key personnel have now decided to meet regularly in a forum to discuss shared learning and to ensure the common staffing method is used consistently across all relevant areas in the organisation.
N&M & MHLDC/Childrens Services	Staffing level tools are already being run on a schedule and training takes place 6-8 weeks before to ensure all staff taking part understand how to collect and input data as well as the process to report results using the whole triangulation process.	Evaluation of training will take place and will inform changes for the next financial year of Staffing Level Tool runs. A more consistent approach to attendance will be taken to ensure quality of data collected.

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 /	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, issues were identified with the lack of training and adequate time for personnel in emergency care provision.	This should describe what actions have been / are being / will be taken to address the situation. For example, arranging and delivering training, provision of mentoring from experienced personnel, job planning to ensure adequate time is available for designated personnel to follow the common staffing method.
Nursing Staffing Level Tool	One of the main challenges around training is ensuring all staff who need to attend do so. Following the tool run it became apparent that not all staff had attended a session who should have and this did lead to some of the data being unreliable.	Training dates are sent out in advance, however next time more engagement and responsibility will be given to team leaders to ensure all staff who need training sign up for a session. Recording and monitoring of those in attendance will take place and Clinical Nurse Managers /lead Nurses will be kept up to date on engagement numbers. Additional support will be offered throughout the tool run in the form of drop in sessions each day.

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

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance

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

Guidance chapter link

RAO status

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 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.		New GMS contractors are required as part of the commissioning process in Forth Valley to outline in their business case their intended clinical staffing to cover the contract they are applying for. Consideration is given by the deciding panel as to if this is appropriate for the size of the Practice (number of registered patients) and the access model they outline (ie. if branch surgeries may be involved etc). This would be explored further during the prospective contractor interview/presentation. PCIP allocations would be separate from this which would cover third party employed staff only. Any SLA commissioned would also include reference to safe staffing levels and a standard clause has been agreed with Primary Care leads in other Boards and Scottish Government that is suitable for that purpose.
<div><div>Suggested evidence:</div><div>A procedure for planning or securing health care from third parties that incorporates having regard to the guiding principles of the Act and the need for that third party to have appropriate staffing arrangements in place; 2. Documentation of considerations made when planning or securing health care from third parties; and 3. Examples of contracts, agreements or arrangements.</div></div>			

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

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

New GMS contractors are required as part of the commissioning process in Forth Valley to outline in their business case their intended clinical staffing to cover the contract they are applying for. Consideration is given by the deciding panel as to if this is appropriate for the size of the Practice (number of registered patients) and the access model they outline (ie. if branch surgeries may be involved etc). This would be explored further during the prospective contractor interview/presentation. PCIP allocations would be separate from this which would cover third party employed staff only. Any SLA commissioned would also include reference to safe staffing levels and a standard clause has been agreed with Primary Care leads in other Boards and Scottish Government that is suitable for that purpose.

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

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

These systems have been part of the procurement process previously and ensured new contractors meet contractual responsibility for Partner commitment per week and have assessed clinical care to be provided under new contracting arrangements within GMS. No data is available as these principles have not been used since the Safe Staffing legislation was introduced.

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
NA		

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
NA		

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

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance