HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 – NHS WESTERN ISLES ANNUAL REPORT 2025/26

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Report approval

1. The box below should be completed by the person signing off the report. An electronic signature is acceptable.
2. The Act requires the annual reports to be published by relevant organisations. Please enter a hyperlink to the webpage where the report can be found in the boxes below.

Name of organisation:	NHS Western Isles
Report authorised by:	Frances Robertson
	Nurse & AHP Director and Chief Operating Officer
	Date: 1st April 2026
Location where report is published:	Item-x10.2.1-26-058-Appendix-1-Quarterly-Narrative-Report-BM-30.04.26.pdf

GUIDANCE ON USING THIS TEMPLATE

Purpose

This guidance has been developed to support relevant organisations in the completion of the below template which will form their annual report detailing compliance with the requirements of the Health and Care (Staffing) (Scotland) Act 2019 (the Act). Completed reports must be returned to hcsa@gov.scot by 30 April 2026.

Additional resources can be accessed here: Health and Care (Staffing) (Scotland) Act 2019: statutory guidance - gov.scot

If you require further assistance or have any queries, please contact hcsa@gov.scot.

Summary Section

3. The summary asks for an overview of how the relevant organisation has carried out all of the duties and requirements of the Act. This should include all NHS functions provided by all professional disciplines covered under the Act. You will be asked to provide an assurance level in respect of your overall compliance with the Act. Definitions for these assurance levels can be found at point seven.

4. Following receipt, the Scottish Ministers must collate reports from relevant organisations and lay a combined report before Parliament, along with an accompanying statement setting out how the information will be taken into account in policies for staffing of the health service. To enable this process, the information provided by relevant organisations should be comprehensive and pertinent to the staffing of the health service. To enable this, please complete the questions contained in the reporting template in sufficient detail, setting out the key achievements, outcomes, learning, and risks and how this information has been used to inform workforce planning at the local level.

Individual duties / requirements

5. Following the summary section, the template seeks detail on individual duties/requirements of the Act in turn, asking relevant organisations to provide an assessment of compliance, and to provide details. Again, this should include all NHS functions, provided by all professional disciplines covered under the Act. Relevant organisations should provide detail to explain the assurance level in respect of the Duty, detailing evidence of compliance where appropriate, or gaps and areas of ongoing focus. Evidence could, for example, include details of the organisational structures, systems and/or processes being used.

6. The duty description contains the legislative wording of the Act, outlining the duty requirements.

7. As outlined at paragraph 3, the template requests an overall level of assurance with regard to the relevant organisation's compliance with the Act/Duties, using the assurance categories as detailed below:

Level of assurance	System adequacy	Controls
Substantial assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Controls are applied continuously or with only minor lapses.
Reasonable assurance	There is a generally sound system of governance, risk management, and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non- compliance.
Limited assurance	Significant gaps, weaknesses, or non- compliance were identified. Improvement is required to the system of governance, risk management, and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

8. The relevant organisation is asked to provide details of areas of success, achievement and learning associated with the particular duty or requirement, along with indicating how this could be used in the future. Again, in order to provide meaningful information that can inform healthcare staffing policy, relevant organisations are asked to complete this with an appropriate level of detail.

9. The relevant organisation is then asked to provide details of any areas of risk where they have been unable to achieve or maintain compliance with the particular duty or requirement, or where they have faced any challenges or risks in carrying out their duties or

requirements. In this section, relevant organisations are also asked what actions have been or are being taken to address this. Again, in order to provide meaningful information that can inform healthcare staffing policy, relevant organisations are asked to provide an appropriate level of detail.

ANNUAL REPORTING TEMPLATE

Summary

Please answer the following questions, to provide an overall assessment of how the organisation has carried out its duties under sections 12IA, 12IC, 12ID, 12IE, 12IF, 12IH, 12II, 12IJ and 12IL of the National Health Service (Scotland) Act 1978 (inserted by section 4 of the Act), and in line with Sections 1 and 2 of the Act : Guiding principles for health and care staffing and Guiding principles etc. in health and care staffing and planning.

Please advise how the information provided in this report has been used or will be used to inform workforce plans.
Summary on how the information within this report has/or will inform future workforce plans/planning. Examples include - but not limited to: • *Impacts and outcomes of real -time staffing assessment on workforce/workload planning* • *How the outputs of the Staffing Level Tools and the application of the CSM have informed you workforce planning activity.* • *Impact of the Health and Care Staffing Act has led to safe and efficient staffing.* The information contained within this report has informed both immediate and longer-term workforce planning by strengthening our understanding of staffing requirements, workload trends, skill mix, and service demand. The integration of real-time staffing data, validated staffing tools, and legislative requirements has supported evidence-based, safe, and sustainable workforce decisions. The implementation of real-time staffing assessment has enhanced operational responsiveness and strategic planning by providing real time visibility of staffing levels against patient dependency. Real time staffing data and information identifies pressure points, enabling trend analysis and forward planning, aligning workforce capacity more accurately to patient demand. This will contribute to improved workload balance, enhanced staff wellbeing, and better patient outcomes. The use of staffing level tools, alongside application of the common staffing methodology (CSM), strengthens the objectivity and consistency of workforce planning by establishing evidence-based staffing requirements and highlighting potential gaps between funded establishment and actual demand. The implementation of the Health and Care Staffing Act has had a positive and measurable impact on workforce governance and assurance processes. It has embedded accountability for safe staffing at senior leadership level and formalised the requirement to use evidence-based staffing tools. Along with strengthened documentation, monitoring, reporting, and escalation mechanisms.

Please provide information on how your compliance to the Health and Care Staffing Act has led to improved outcomes for service users and workforce
As set out in the legislation, compliance with the Act should support the outcomes from the Health and Care Standards. Therefore, you should demonstrate/consider how implementation of the Act contributes to achieving these Standards. This should include - but not be limited to - information in relation to patient safety and quality of care measures and outcomes, patient feedback, staff wellbeing measures, and adverse event reporting; what this information has shown and any trends; and any actions taken as a result. Implementation of the Act has embedded the routine use of evidence-based staffing tools, triangulated with professional judgement and quality indicators. This has contributed to improved alignment of staffing levels to patient acuity and dependency. Compliance with the Act has embedded systematic real-time staffing review, validated workforce planning tools, and structured professional judgement into routine practice. This has improved alignment between staffing levels, patient dependency, and service demand. This has strengthened escalation processes, increasing the oversight of staffing risks and senior decision-maker visibility. The implementation of the Act has strengthened the governance framework around adverse event reporting and review. There is increased transparency in documenting staffing-related risk enhancing organisational learning through structured review and incorporation of this learning into future workforce plans. Monitoring of quality indicators (e.g., falls, early warning scores, medication events), patient feedback and trends, alongside staffing data has enabled triangulation and application of a common staffing methodology to support and identify risk allowing for informed workforce adjustments. Overall, implementation of the Act has supported safer, more effective, and person-centred care by ensuring staffing decisions are transparent, data-driven, and aligned with quality outcomes.

Health and Care Staffing Act Health Board Duty Compliance Assurance Levels

Please complete the table below with your Health Boards compliance assurance level for each duty.

DUTY	COMPLIANCE ASSURANCE LEVEL
Duty 12IA: Duty To Ensure Appropriate Staffing	Reasonable Assurance
Duty 12IC: Duty To Have Real-Time Staffing Assessment In Place.	Reasonable Assurance
Duty 12ID: Duty To Have Risk Escalation Process In Place.	Substantial Assurance
Duty 12IE: Duty To Have Arrangements To Address Severe And Recurrent Risks.	Substantial Assurance
Duty 12IF: Duty To Seek Clinical Advice On Staffing.	Substantial Assurance
Duty 12II: Duty To Ensure Appropriate Staffing: Training Of Staff	Reasonable Assurance
Duty 12IH: Duty To Ensure Adequate Time Given To Clinical Leaders.	Reasonable Assurance
Duty 12IJ: Duty To Follow The Common Staffing Method (CSM)	Limited Assurance
Duty 12IL: Training And Consultation Of Staff	Reasonable Assurance
Planning And Securing Services	Reasonable Assurance
PLEASE INDICATE THE OVERALL LEVEL OF ASSURANCE OF THE ORGANISATION'S COMPLIANCE	
Reasonable Assurance	

Duty 12IA: Duty to ensure appropriate staffing

Duty Description	**2 Guiding principles etc. in health care staffing and planning** (1) In carrying out the duty relating to staffing imposed by section 12IA of the National Health Service (Scotland) Act 1978, every Health Board and the Common Services Agency for the Scottish Health Service must have regard to the guiding principles for health and care staffing. **Duty 12IA: Duty to ensure appropriate staffing.** (**1) It is the duty of every Health Board and the Agency to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate** for— (a) the health, wellbeing, and safety of patients, (b) the provision of safe and high-quality health care, and (c) in so far as it affects either of those matters, the wellbeing of staff. (**2) In determining what, in a particular kind of health care provision, constitutes appropriate numbers for the purposes of subsection (1), regard is to be had to—** (a) the nature of the particular kind of health care provision, (b) the local context in which it is being provided, (c) the number of patients being provided it, (d) the needs of patients being provided it, and (e) appropriate clinical advice.

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

*Please provide information to demonstrate compliance. Information submitted here should outline how systems & processes take account **of all of the points** detailed in the duty description above by providing detail for each consideration.*

The Strategic Workforce Group (SWG) is established with the remit to assess, monitor, and report on the strategic workforce needs across NHS Western Isles. The group meets quarterly and includes representation from all staff groups within the scope of the Health and Care (Staffing) (Scotland) Act. The SWG provides assurance and updates directly to the Corporate Management Team (CMT).

Workforce plan 2026-2029 has been drafted. The scope of this plan encompasses all job families within NHS Western Isles. The plan has been developed in close partnership with colleagues and provides a complete overview of the system across the Western Isles. The action plan is a live document that will be continuously monitored and refreshed to adapt to emerging national and local priorities, ensuring the workforce strategy remains responsive and effective.

The e-rostering team continues to roll out Health Roster and SafeCare in line with the NHS Western Isles Implementation Plan. The deployment supports real-time staffing assessments and enables consistent workforce management across staff groups.

NHS Western Isles' workforce planning and operational delivery are supported by a suite of policies and Standard Operating Procedures (SOPs), available on the NHSWI intranet.

Local resources and signposting to national materials have been developed to support staff understanding of the Health and Care (Staffing) (Scotland) Act. These resources are available to help staff understand their role in supporting the Board to meet its legislative duties and ensure safe, effective staffing for the health, well-being, and safety of both patients and staff.

Please provide Information on your methods of monitoring compliance with Duty 12IA

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

The Strategic workforce group (SWG) with the remit to assess, monitor, and report on the strategic workforce needs across NHS Western Isles.

E-rostering meetings with the remit to monitor progress and support the organisational e-rostering implementation plan.

A Health and Care Staffing Act compliance questionnaire has been developed on a Microsoft e-form. This is circulated to service leads and managers quarterly to inform both local and national reporting.

Quarterly board reports providing specific updates against the duties 12IC, 12ID, 12IE, 12IF, 12IH, 12II.12IJ and 12IL. This is shared with Strategic Workforce group, Corporate Management Team and Healthcare Improvement Scotland.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the	*This should describe the situation: what is the success, achievement, or learning?*	*This should describe how the success, achievement or learning could be used in the future.*

area of success, achievement or learning relates to.	*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 of risk.*	*For example, continue the roll out of eRostering across the organisation, using learning from areas that have already implemented.*
All staff groups	Established Strategic workforce group.	

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further 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 recruitment 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.*
All staff groups	The impact of the reduction of the working week to 36 hours from April 2026.	Departmental planning and service reviews to assess impact and prepare for the hour reduction.
All staff groups	Variation in the processes used across the range of services and professions.	Proceeding as per NHSWI e-rostering implementation plan to enable consistency of approach.

COMPLIANCE ASSURANCE LEVEL
Reasonable Assurance

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

Duty Summary	**(1) It is the duty of every Health Board and the Agency to put and keep in place arrangements for the real-time assessment of its compliance with the duty imposed by section 12IA.** **(2) The arrangements under subsection (1) must, in particular, include—** (a) a procedure for the identification, by any member of staff, of any risks caused by staffing levels to— (i) the health, wellbeing, and safety of patients, (ii) the provision of safe and high-quality health care, or (iii) in so far as it affects either of those matters, the wellbeing of staff, (b) a procedure for the notification of any such risk to an individual with lead professional responsibility (whether clinical or non-clinical) in the area where the risk was identified, (c) a procedure for the mitigation of any such risks, so far as possible, by such an individual, and a requirement for that individual to seek and have regard to appropriate clinical advice, as necessary, in carrying out such mitigation, (d) raising awareness among staff about the procedures described in paragraphs (a) (b) and (c), (e) encouraging and enabling staff to use the procedures described in paragraphs (a) and (b), (f) training individuals with lead professional responsibility (whether clinical or non-clinical) for particular types of health care in how to implement the arrangements put in place under paragraphs (a) to (e), and (g) ensuring that such individuals receive adequate time and resources to implement those arrangements.

Please provide information on the steps taken to comply with Duty 12IC.

*Please provide information to demonstrate compliance. Information submitted here should outline how systems & processes take account **of all of the points** detailed in the duty description above by providing detail for each consideration.*

NHS Western Isles is progressing with the implementation of SafeCare across the organisation to meet the requirement for a continuous real time staffing (RTS) assessment process. SafeCare functionality is dependent on the implementation of Optima e-roster. At present seven of nine staff groups have transitioned to e-rostering. These staff groups now have access to SafeCare RTS assessment. An e-Roster onboarding plan is in place to support the continued rollout across the remaining staff groups. The plan sets out clearly defined milestones and key implementation dates for each group to ensure full organisational compliance and consistent adoption.

SafeCare provides functionality enabling teams to review and assess staffing levels on a shift-by-shift/ day-by-day basis using professional judgement, which reflects the statutory expectation that organisations have a RTS assessment mechanism in place. SafeCare enables any member of staff to identify, record, and escalate risks arising from staffing levels.

A suite of Health and Care Staffing Standard Operating Procedures (SOPs) and escalation pathways support the RTS assessment processes. These procedures provide:

- Clear mechanisms for notification of risks to the appropriate clinical or non-clinical lead.
- Structured processes for discussing, documenting, and actioning mitigations.
- Requirements for seeking appropriate clinical advice, consistent with statutory guidance on mitigating staffing risks.

To support and ensure effective implementation, NHS WI has undertaken a programme of training, user support, and awareness raising across all teams. This includes:

- Delivery of training sessions.
- Provision of user guides and operational support.
- Ongoing engagement from the E-rostering team and workforce lead to promote consistent system usage.

These activities support the expectation that staff understand and can apply processes relating to RTS assessment and risk escalation.

For services that have not yet transitioned to SafeCare, NHS Western Isles continues to employ a range of established local processes to ensure daily monitoring of staffing levels. These processes include routine shift-by-shift reviews by team leaders, manual recording of staffing variances, and locally agreed escalation routes for identifying and managing risks. Although these approaches vary across services, they ensure that all teams maintain oversight of staffing and can escalate concerns in line with existing operational procedures.

The ongoing roll-out of SafeCare will significantly reduce variation in these monitoring practices by providing a standardised, organisation-wide system for RTS assessment. As implementation progresses, SafeCare will support consistent data capture, improved visibility of staffing risks, and alignment across all professional groups. This will strengthen overall compliance with Duty 12IC by ensuring that every team applies the same evidence-based and transparent approach to assessing, monitoring and escalating staffing risks.

Please provide Information on your methods of monitoring compliance with Duty 12IC

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

NHS Western Isles has established a structured set of monitoring, reporting, and escalation arrangements to ensure ongoing compliance with Duty 12IC. Compliance is monitored through established governance forums including the E-Rostering Meeting and the Strategic Workforce group. The e-rostering meeting oversees operational progress with e-rostering and SafeCare implementation and identifies any local issues affecting these. The Strategic Workforce Group (SWG) provides strategic oversight and ensures alignment between staffing processes and wider workforce planning activity.

A comprehensive quarterly SafeCare report is generated including SafeCare census compliance, Professional Judgement outcomes relating to staffing adequacy and red flags raised, indicating identified risks or pressures. These metrics allow services and senior leaders to assess adherence to real-time staffing assessment processes, identify variance between teams, and highlight areas requiring intervention.

NHS Western Isles has developed a Health and Care Staffing Act compliance questionnaire using a Microsoft e-form. This questionnaire is circulated quarterly to service leads and managers to collect qualitative and quantitative evidence of compliance, supporting both local assurance and national reporting requirements. This report also helps identify gaps in understanding, operational barriers, or areas requiring additional support.

NHS Western Isles has established clear processes to address areas of inconsistent practice or non-compliance, including escalation to the Strategic Workforce Group where identified risks or persistent gaps require managerial or strategic action. Together the above measures ensure ongoing assurance that real-time staffing assessments are being implemented consistently and effectively across the organisation.

Areas of success, achievement, or learning

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 able to accurately 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.* *For example, this success is being used to demonstrate to other areas the benefits of using SafeCare and supporting its implementation.*
Nursing/AHP/ Pharmacy & Chaplaincy services	Consistency of approach to real time staffing assessments with deployment of SafeCare.	Monitor compliance and provide support to teams as required.
Maternity	Maternity services roster updated to reflect In-patient and Community workload.	Continued monitoring and support of new roster set up to capture RTS assessments.

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further 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.?*
Medical & Dental	The complexity of local rosters for implementing Healthroster.	Collaborative working both locally and nationally to support the implementation across medical and dental teams.
All teams	Administration burden, including the double entry of data on to two systems, Health-Roster, and SSTS.	No immediate action required. National plans in place to transition fully to Optima in the future
Nursing Services	Balancing real time staffing assessments and Staffing level tools on SafeCare.	Working in collaboration with HIS to ensure SafeCare accurately captures both RTS assessments and staffing level tool data accurately.

COMPLIANCE ASSURANCE LEVEL
Reasonable Assurance

Duty 12ID: Duty to Have Risk Escalation Process in Place.

Duty Summary	**(1) It is the duty of every Health Board and the Agency to put and keep in place arrangements for the escalation of any risk.** (a) identified during the real-time assessment of its staffing levels in accordance with arrangements put in place under section 12IC, and (b)which it has not been possible to mitigate in accordance with the arrangements put in place under that section. **(2) The arrangements under subsection (1) of this duty must include:** a) A procedure for the initial reporting of a risk as described in subsection (1), by an individual with lead professional responsibility (whether clinical or non-clinical) in the area where the risk was identified, to a more senior decision-maker, b) A requirement for any such decision-maker to seek and have regard to appropriate clinical advice, as necessary, in reaching a decision on the risk, including on how to mitigate it, c) A procedure for the onward reporting of the risk, as necessary, to a more senior decision-maker in turn, and a requirement for that decision-maker in turn to seek and have regard to appropriate clinical advice, as necessary, in reaching a decision on the risk, including on how to mitigate it, d) A requirement for the arrangements put in place under paragraph (c) to escalate further in order to reach a final decision on the risk, including in appropriate cases by the reporting of the risk to the members of the Health Board. e) A procedure for the notification of every decision made following the initial report, and the reasons for it, to: (i)any individual who was involved in identifying the risk in accordance with the arrangements put in place under section 12IC(2)(a), (ii)any individual who was involved in attempting to mitigate the risk in accordance with the arrangements put in place under section 12IC(2)(c), (iii)any individual who was involved in reporting the risk in accordance with the arrangements put in place under paragraph (a), (c) or (d) of this subsection, and (iv)any individual who gave clinical advice in accordance with the arrangements put in place under section 12IC(2)(c), or under paragraph (b), (c) or (d) of this subsection, f) A procedure for those individuals to record any disagreement with any decision made following the initial report, g) A procedure for those individuals to be able to request a review of the final decision on a risk (other than a final decision made by the members of the Health Board or the Agency) made in accordance with the arrangements put in place under section 12IC(2)(c) or, as the case may be, paragraphs (b), (c) or (d) of this subsection, h) Raising awareness among staff about the procedures described in paragraphs (a) to (f),

	i) Training individuals with lead professional responsibility (whether clinical or non-clinical) for particular types of healthcare, and other senior decision-makers, in how to implement the arrangements put in place under paragraphs (a) to (h), and j) Ensuring that such individuals receive adequate time and resources to implement those arrangements.

Please provide information on the steps taken to comply with Duty 12ID.

*Please provide information to demonstrate compliance. Information submitted here should outline how systems & processes take account **of all of the points** detailed in the duty description above by providing detail for each consideration.*

The implementation of SafeCare across NHS Western Isles supports real-time identification, documentation, and escalation of staffing risks. SafeCare enables clinical teams to identify emerging staffing concerns on a shift-by-shift basis, document professional judgement outcomes and escalate risks to senior decision-makers in real time.

Western Isles Hospital conducts a twice-daily hospital huddle, bringing together representatives from nursing, medical, and AHP services to:

- Assess hospital-wide operational pressures
- Review staffing levels across areas, using SafeCare RTS assessments
- Identify risks and agree immediate mitigations
- Escalate unresolved issues to senior leadership as per NHS Western Isles Escalation pathway.

Huddle outputs are documented in the Hospital Huddle Spreadsheet and within SafeCare, ensuring transparency and continuity in risk tracking. This multidisciplinary huddle reflects the Duty 12ID requirement for structured arrangements that support timely discussion and escalation of staffing-related risks.

NHS Western Isles has established Health and Care Staffing SOPs, accessible through the organisation's intranet. These include clear staffing escalation flowcharts for in-hours and out-of-hours. These SOPs align with the statutory requirement for a formal risk escalation process that is consistent and understood by staff.

A Senior Review Functionality within SafeCare enhances organisational governance by enabling senior managers and clinical leaders to review professional judgement assessments, document decisions/ actions and monitor risk escalation trends.

Training is provided to clinical teams on SafeCare's including reporting and escalation functionality, ensuring staff are equipped to record staffing-related risk indicators and to document concerns accurately following the appropriate escalation pathway. This training and associated SOPs support the expectation that staff understand and can apply processes relating to real time staffing assessment and risk escalation.

NHS Western Isles maintains a comprehensive risk-management approach, which includes a formal Risk Management Strategy and the use of the In-Phase incident management system. These processes ensure that severe staffing risks are escalated and formally captured, monitored, and reviewed at appropriate organisational levels.

For services where SafeCare is not yet implemented, alternative risk-escalation arrangements remain in place. These include daily team or departmental huddles; Manual documentation and reporting of staffing concerns and escalation pathways aligned with organisational SOPs. These interim processes ensure that all staff groups can identify, record, and escalate staffing risks effectively. The continued deployment of SafeCare will reduce variation and establish consistent, organisation-wide processes.

Collectively, these arrangements ensure that staffing-related risks are consistently identified, escalated, and effectively managed across the organisation.

Please provide Information on your methods of monitoring compliance with Duty 12ID

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

NHS Western Isles has established a structured set of monitoring, reporting, and escalation arrangements to ensure ongoing compliance with Duty 12ID. Compliance is monitored through established governance forums including the Strategic Workforce group. The Strategic Workforce Group (SWG) provides strategic oversight and ensures alignment between staffing processes and wider workforce planning activity.

A comprehensive quarterly SafeCare report is generated including SafeCare census compliance, Professional Judgement outcomes relating to staffing adequacy and red flags raised, indicating identified risks or pressures. The SafeCare report is shared with both Service Leads and the Strategic Workforce Group. This report provides structured intelligence on the consistency and effectiveness of SafeCare and risk escalation processes and highlights any areas requiring remedial action, strengthening compliance with Duty 12ID. These metrics allow services and senior leaders to assess adherence to RTS assessments and risk escalation processes, identify variances, and highlight areas requiring intervention.

NHS Western Isles has developed a Health and Care Staffing Act compliance questionnaire using a Microsoft e-form. This questionnaire is circulated quarterly to service leads and managers to collect qualitative and quantitative evidence of compliance, supporting both local assurance and national reporting requirements. This tool collects local evidence of compliance with statutory duties, supports organisational oversight of risk-escalation processes, provides information for national reporting requirements, and identifies areas requiring targeted support or improvement.

NHS Western Isles has established clear processes to address areas of inconsistent practice or non-compliance, including escalation to the Strategic Workforce Group where identified risks or persistent gaps require managerial or strategic action. Together the above measures ensure ongoing assurance that RTS assessments risk escalation process is being implemented consistently and effectively across the organisation.

Areas of success, achievement, or learning

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 a 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.* *For example, the procedures for identifying the chain of escalation that were used in paediatric nursing are now being trialled and rolled out across other areas.*
All staff groups	Established approach to escalating staffing risks using both SafeCare and other well-established processes.	Continual progress to deploy SafeCare across all staff groups.
Nursing &Midwifery/ AHP/Chaplaincy/ Pharmacy/Radiology	SafeCare deployed and used to record and report staffing risks and concerns.	On going monitoring and training to support teams.
Nursing/Medical/AHP	Well established Hospital Huddle	

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
This should include details of the NHS function / professional group etc. that the	*This should describe the situation: what is the challenge or risk identified?*	*This should describe what actions have been / are being / will be taken to address the situation.*

area of escalation, challenge or risk relates to.	*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 and the reasons for them.*	*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?*
Medics/ Dental & Laboratory	SafeCare not fully deployed. Alternative processes in place to record and capture staffing risks/ concerns.	Collaborative working both locally and nationally to support the implementation across medical and dental teams.
All staff groups	Ensuring there is a robust feedback loop to staff members and teams escalating staffing risks and concerns.	Collaboration with risk management team and service leads to develop a robust process to provide feedback.

COMPLIANCE ASSURANCE LEVEL
Substantial Assurance

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

Duty Summary	**Duty to have arrangements to address severe and recurrent risks.** **(1) It is the duty of every Health Board and the Agency to put and keep in place arrangements to—** (a) collate information relating to every risk escalated to such level as the Health Board or the Agency (as the case may be) consider appropriate in accordance with the arrangements put in place under section 12ID (2), and (b) identify and address those risks which are considered to be either or both— (i) severe, (ii) liable to materialise frequently. **(2) The arrangements under subsection (1) must, in particular, include a procedure for—** (a) the recording of a risk as described in subsection (1)(b), (b) the reporting of any such risk, as necessary, to a more senior decision-maker, including in appropriate cases to the members of the Health Board or the Agency (as the case may be), (c) the mitigation of the risk, so far as possible, and a requirement for appropriate clinical advice to be sought and had regard to in carrying out such mitigation, and (d) the identification of actions to prevent the future materialisation of the risk, so far as possible.

Please provide information on the steps taken to comply with Duty 12IE.

*Please provide information to demonstrate compliance. Information submitted here should outline how systems & processes take account **of all of the points** detailed in the duty description above by providing detail for each consideration.*

The implementation of SafeCare across NHS Western Isles supports real-time identification, documentation, and escalation of staffing risks. SafeCare enables clinical teams to identify emerging staffing concerns on a shift-by-shift basis, document professional judgement outcomes and escalate risks to senior decision-makers in real time.

A quarterly SafeCare report is generated including SafeCare census compliance, Professional Judgement outcomes relating to staffing adequacy and red flags raised, indicating identified risks or pressures. The SafeCare report is shared with both Service Leads and the Strategic Workforce Group. This report provides structured intelligence on the consistency and effectiveness of risk escalation processes and highlights any areas requiring remedial action, strengthening compliance with Duty 12ID and 12IE. These metrics allow services and senior leaders to assess adherence to RTS assessments and risk escalation processes, identify variances, and highlight areas requiring intervention.

NHS Western Isles has a Risk Management Strategy which provides a standardised, organisation-wide approach to recognising, assessing, and managing all categories of risk—including staffing-related risks. This integrated approach aligns with the statutory requirement for systematic arrangements to manage recurring and severe risks.

Risk assessment and risk registers are central components of the organisation's approach to staffing-related risks —including significant or frequently occurring adverse events. These are assessed using the NHS WI organisational risk assessment form and risk matrix. Risk are recorded on the appropriate departmental or corporate risk register and monitored through NHS Western Isle review processes. This ensures that risks are evaluated and escalated when they reach thresholds indicative of severity or recurrence, in line with statutory expectations.

Severe or recurring staffing risks identified through the In Phase incident reporting system, SafeCare reporting, or local risk assessments are subject to formal escalation. This may include escalation to the Operational Service Delivery Team (OSDT), inclusion on the OSDT risk register or discussion at senior operational forums.

A structured Risk Review Meeting takes place fortnightly to monitor and reviews current and emerging risks and organisational risk trends. This meeting provides multidisciplinary oversight. This governance structure ensures senior clinical and managerial leaders have visibility of staffing-related risks and can direct appropriate mitigation. This aligns with the duty's requirement for leaders to play an active role in mitigating and managing escalated risks.

Please provide Information on your methods of monitoring compliance with Duty 12IE

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

NHS WI conducts structured risk review processes including a review of all high and severe risks during risk governance meetings, monitoring of frequently recurring staffing-related themes and oversight of associated mitigation plans. This multidisciplinary structure ensures that staffing risks are considered alongside system-wide operational pressures and clinical quality indicators. The organisational risk framework applies to all disciplines and services, ensuring consistent practice and alignment with the act. This ensures broad organisational oversight and aligns with statutory expectations for leaders to mitigate and manage risks escalated by staff.

NHS Western Isles has developed a Health and Care Staffing Act compliance questionnaire using a Microsoft e-form. This is issued quarterly to service leads and managers and gathers evidence of local compliance with staffing duties, provides insight into risk-escalation processes in practice, and supports both internal assurance and national reporting requirements.

A quarterly SafeCare report is shared with Service Leads and the Strategic Workforce Group. This report includes SafeCare census compliance, Professional Judgement outcomes and red flags raised, indicating staffing-related risks. This regular reporting enables organisational scrutiny of staffing pressures, the frequency and severity of risk escalations, and the effectiveness of mitigation plans.

NHS Western Isles has established clear processes to address areas of inconsistent practice or non-compliance, including escalation to the Strategic Workforce Group where identified risks or persistent gaps require managerial or strategic action. These arrangements ensure that staffing-related risks are escalated appropriately, reviewed regularly, and managed effectively in accordance with statutory expectations.

Areas of success, achievement, or learning

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 one lab could be applied to other labs, to improve wider performance.*
All staff groups	Aligning SafeCare staffing risk escalation process with wider risk management processes to ensure a consistent approach to managing risks.	Monitoring and reviewing processes until new systems are embedded.

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further 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 information 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 initial actions to prevent a recurring risk has not improved the situation, further steps may include 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.

All staff groups	Ensuring there is a robust feedback loop to staff members and teams escalating staffing risks and concerns.	Collaboration with risk management team and service leads to develop a robust process to provide feedback.
All staff groups	Having two systems to document and report staffing risks SafeCare & In-phase.	Develop clear and robust processes for documenting, reporting, and reviewing staffing risks.

COMPLIANCE ASSURANCE LEVEL
Substantial Assurance

Duty 12IF: Duty to Seek Clinical Advice on Staffing.

Duty Summary	**Duty to Seek Clinical Advice on Staffing.** **(1) It is the duty of every Health Board and the Agency to put and keep in place arrangements for—** (a) seeking and having regard to appropriate clinical advice in making decisions and putting in place arrangements in relation to staffing under sections 12IA to 12IE and 12IH to 12IL, (b) recording and explaining decisions which conflict with that advice. **(2) The arrangements under subsection (1) must, in particular, include—** (a) where a Health Board or the Agency (as the case may be) reaches a decision on a matter which conflicts with the clinical advice it has received— (i) a procedure for the identification of any risks caused by that decision, (ii) a procedure for the mitigation of any such risks, so far as possible, (iii) a procedure for the notification of any such decision, and the reasons for it, to any individual who gave clinical advice on the matter, (iv) a procedure for any such individual to record any disagreement with the decision made on the matter, (b)a procedure for individuals with lead clinical professional responsibility for a particular type of health care to report to the members of the Health Board or the Agency (as the case may be), on at least a quarterly basis, about the extent to which that individual considers that it is complying with the duties imposed by— (i) this section, and (ii) sections 12IA to 12IE and 12IH to 12IL, (c) a procedure for such individuals to— (i) enable and encourage other employees to give views on the operation of this section, and (ii) record such views in reports made in accordance with the arrangements put in place under paragraph (b), (d) raising awareness among individuals with lead clinical professional responsibility for particular types of health care in how to implement the arrangements put in place under paragraphs (a) to (c), and (e) ensuring that such individuals receive adequate time and resources to implement those arrangements. **(3) Every Health Board and the Agency must have regard to the reports received in accordance with the arrangements put in place under subsection (2)(b).**

Please provide information on the steps taken to comply with Duty 12IF.

*Please provide information to demonstrate compliance. Information submitted here should outline how systems & processes take account **of all of the points** detailed in the duty description above by providing detail for each consideration.*

NHS WI ensures clinical advice is embedded in all staffing-related decision-making processes, including real-time staffing assessment, professional judgement, escalations, and discussions at huddles. Each service has a designated professional lead (e.g., Senior Nurse, AHP Lead, Clinical Director) who can provide clinical advice on staffing levels, participate in the strategic workforce discussions, and represents their service at the Strategic Workforce Group. This ensures that clinical insight informs both short-term and strategic staffing decisions.

NHS WI's size facilitates rapid communication up to executive levels. The on-call executive team includes the Chief Executive Officer, Medical Director, and Nurse/AHP Director.

A Senior Review Functionality within SafeCare enhances organisational governance by enabling senior managers and clinical leaders to review professional judgement assessments and risk escalated. SafeCare and its functionality records, senior clinical advice, decisions, actions, and mitigations. It also provides data and information to monitor risk escalations and trends.

NHS WI acknowledges that decisions may occasionally diverge from clinical advice. Arrangements in place include documentation of clinical advice within SafeCare, Huddle notes, and email records. The continued roll-out of SafeCare will strengthen consistency in documenting clinical advice and any deviations from it.

NHS WI has structured processes to ensure risks arising from conflicting decisions are identified and managed: The Risk Management Strategy outlines the organisational approach for identifying, assessing, and mitigating risks across clinical and staffing domains. Risks are assessed using the organisational risk assessment tool and added to departmental or corporate risk registers when appropriate.

Awareness is promoted through the use SOPs and the Staffing Escalation Pathway via the NHS WI intranet and training delivered by HSP lead and E-rostering team. These include formalised arrangements for seeking and applying clinical advice, documenting decisions, escalating risks, supporting staff to share concerns, enabling quarterly reporting by clinical leaders, and ensuring adequate resources for clinical leadership.

Together, these measures ensure that clinical advice is consistently sought, valued, and embedded within all staffing decisions across the organisation, in accordance with the statutory requirements of the Health and Care (Staffing) (Scotland) Act 2019.

Please provide Information on your methods of monitoring compliance with Duty 12IF
This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance. NHS Western Isles has developed a Health and Care Staffing Act compliance questionnaire using a Microsoft e-form. This is circulated quarterly to service leads and managers to assess how effectively the process, identify variations or gaps and provide the organisation with information required for local assurance and national reporting. This provides regular updates on compliance and enables the organisation to review trends and areas requiring improvement. A quarterly SafeCare report is produced and shared with service leads and the Strategic Workforce Group. The report contains key indicators including SafeCare census compliance, Professional Judgement outcomes, and red flags raised. These reports provide reliable oversight of how clinical advice is being used in day-to-day staffing decisions and how often clinical concerns are escalated through the staffing system. The presence of Professional Judgement data directly supports the requirement that clinical expertise informs staffing decisions in accordance with statutory guidance. NHS Western Isles has established clear processes to address areas of inconsistent practice or non-compliance, including escalation to the Strategic Workforce Group where identified risks or persistent gaps require managerial or strategic action.

Areas of success, achievement, or learning

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 healthcare identified a potential improvement in working practices in one area.*	*This should describe how the success, achievement or learning could be used in the future.* *For example, the potential improvement is being trialled in the one area and if successful will be rolled out across other areas in the organisation.*
All staff groups	Clear lines of communication and escalation from front line teams to Executive Director on call.	

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further 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 reports made to the members of the Health Board, there are good mechanisms in place for the Medical Director to enable and encourage medical employees to give their views, but the mechanisms for seeking the views of other professional groups for which they are responsible, such as pharmacy employees, are not well established. Hence, the views of these employees are not being sought or incorporated into the reports.*	*This should describe what actions have been / are being / will be taken to address the situation.* *For example, if the views of all professional groups are not being sought, what measures have been put in place to engage these groups and proactively seek out their opinions.*
All staff groups	SafeCare not fully deploy across all staff groups. There is a range of processes for seeking advice across the different disciplines.	Proceeding as per NHSWI e-rostering implementation plan to enable consistency of approach

COMPLIANCE ASSURANCE LEVEL
Substantial Assurance

Duty 12IH: Duty to ensure adequate time given to clinical leaders.

Duty Summary	**In complying with the duty imposed by section 12IA, every Health Board and the Agency must 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, including, in particular, time—** (a) to supervise the meeting of the clinical needs of the patients in their care, (b) to manage, and support the development of, the staff for whom they are responsible, and (c) to lead the delivery of safe, high-quality, and person-centred health care.

Please provide information on the steps taken to comply with Duty 12IH.

Please provide information to demonstrate compliance. Information submitted here should outline how systems & processes take account **of all of the points** detailed in the duty description above by providing detail for each consideration.

Clinical leaders across NHS WI have clear responsibilities outlined within the key result areas of their job descriptions. These specify expectations relating to clinical supervision, staff development, service quality, and workforce leadership.

Each clinical leader works with their line manager to discuss the scope of clinical and non-clinical duties and agree on what constitutes appropriate protected time for leading their team. A review of time allocation is part of routine performance and workforce discussions. This approach ensures clinical leaders are supported to balance operational and leadership responsibilities.

NHS Western Isles has a range of systems in place to agree, review, record, and monitor the time and resources allocated to clinical leaders including Annual Appraisal, PDP, and 1:1 Conversations. These activities ensure protected time is recognised.

Clinical leaders are actively involved in workforce planning processes, including staffing level tools and the application of the common staffing method assessment to support safe practice. This includes the identification of time and resource requirements for effective leadership. These processes ensure that leadership capacity is considered when determining safe and effective staffing arrangements.

Effective rostering, e-Rostering, SafeCare Systems, SOPs, and Policies supports clinical leaders by ensuring rota design accounts for protected leadership time and avoids unplanned erosion of leadership capacity.

Job planning provides a structured mechanism to allocate designated leadership sessions, protect supervisory and management time.

Please provide Information on your methods of monitoring compliance with Duty 12IH

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

NHS Western Isles uses systems supporting appropriate allocation and monitoring for example TURAS appraisal, job planning, e-rostering, workforce planning. It enables leaders to fulfil both their professional and leadership responsibilities through tools, policies, and governance structures consistent with national guidance.

NHS Western Isles has developed a Health and Care Staffing Act compliance questionnaire using a Microsoft e-form. This questionnaire is circulated quarterly to service leads and managers to collect evidence of compliance, supporting both local assurance and national reporting requirements. This report also helps identify gaps in understanding, operational barriers, or areas requiring additional support.

The quarterly SafeCare report is produced and shared with service leads and the Strategic Workforce Group. The report contains key indicators including SafeCare census compliance, Professional Judgement outcomes, and red flags raised. The report details when clinical leaders have mitigated staffing risks by taking on clinical work/case load during protected time.

NHS Western Isles has taken structured and proactive steps to ensure compliance with Duty 12IH. Through clear leadership responsibilities, collaborative agreement of protected time, and comprehensive systems for monitoring and supporting leadership activity, the organisation ensures that clinical leaders are equipped to supervise care, support their teams, and lead high-quality, person-centred services in line with statutory requirements.

NHS Western Isles has established clear processes to address areas of inconsistent practice or non-compliance, including escalation to the Strategic Workforce Group where identified risks or persistent gaps require managerial or strategic action.

Areas of success, achievement, or learning

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.* *For example, the positive outcome experienced as a result of the working group has led to this model being extended to other AHP areas and trialled to see applicability.*

Nursing - SCN	Protected managerial time allocated on e-roster & SafeCare	
Medical & Dental	Job plans detail and allocated managerial & administrative time.	
All staff groups	SafeCare report includes details of where clinical time is used to mitigate staffing risks.	

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further 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? This could involve working with all staff groups, clinical areas, and teams to identify job titles / roles, utilising HR processes, and information and or utilising eRostering to identify team leaders etc.*
All staff groups	Staffing levels due to unplanned absences, recruitment challenges and increased service demands can result in clinical leaders taking on additional clinical caseloads during allocated leadership time.	

COMPLIANCE ASSURANCE LEVEL
Reasonable Assurance

Duty 12II: Duty to ensure appropriate staffing: training of staff.

Duty Summary	**In complying with the duty imposed by section 12IA, every Health Board and the Agency must ensure that its employees receive—** (a) such training as it considers appropriate and relevant for the purposes set out in section 12IA(1)(a) and (b), and (b) such time and resources as it considers adequate to undertake such training.

Please provide information on the steps taken to comply with Duty 12II.

*Please provide information to demonstrate compliance. Information submitted here should outline how systems & processes take account **of all of the points** detailed in the duty description above by providing detail for each consideration.*

A comprehensive Staff Governance Action Plan is in place, detailing actions to ensure all staff meet the training requirements outlined in the Staff Governance Standards. This plan includes:

- Assurance processes to monitor uptake of essential training.
- Actions to address gaps in compliance.
- Oversight arrangements through leadership and governance structures.

The Organisational Development & Learning Team plays a central role in developing training resources, supporting implementation of education programmes, monitoring training compliance and advising managers on staff development needs. This provides a structured and coordinated approach to ensuring staff have access to appropriate training opportunities.

The Learning and Development Strategy has been reviewed and updated to ensure it remains aligned with current workforce needs, Professional development requirements, National and local training priorities and statutory obligations under the Health and Care Staffing Act. This strategy guides the organisation's long-term approach to education, capability-building, and staff development.

NHS Western Isles recognises the importance of providing protected time for essential learning. Currently approaches differ across departments due to operational requirements. Protected learning time is subject to ongoing national negotiations as part of non-pay terms for Agenda for Change staff. NHS WI has established a Short-Life Working Group (SLWG) to develop a unified organisational process for protected learning time. This demonstrates an active commitment to ensuring staff can access required training in a structured and equitable way.

NHS WI supports training delivery through Practice Development Teams across Nursing, Medical and Allied Health Professions (AHPs). These teams deliver structured professional education, provide tailored support based on local service needs and assist staff to maintain competencies and meet professional standards. This ensures staff receive training relevant to their clinical area.

Health and Safety team work jointly with managers and service leads to explore and implement effective delivery methods for statutory and mandatory training, ensuring accessibility and responsiveness to service demands.

WI–Nurse Education Sessions, launched in April 2024, were developed to support continuous learning, share clinical information and updates and strengthen knowledge exchange within nursing teams. Sessions are delivered weekly, recorded, and made available on TURAS, allowing flexible access for staff who cannot attend live sessions.

Please provide Information on your methods of monitoring compliance with Duty 12II

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

Training is monitored by the Staff Governance committee. This committee is provided with a quarterly OD and learning report.

TURAS managerial reports support team/service leads monitor training compliance.

A quarterly SafeCare report is shared with Service leads, the Strategic Workforce Group and Corporate Management Team. This report includes details of where training has been cancelled to mitigate a staffing risk.

NHS Western Isles has implemented systems and supports to ensure the workforce is appropriately trained, in line with the requirements of Duty 12II. Through strategic planning, education resources, and ongoing work to standardise protected learning time, the organisation demonstrates a clear commitment to maintaining a skilled, competent workforce capable of delivering safe, high-quality care.

Areas of success, achievement, or learning

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 department 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.* *For example, AHP colleagues have now expressed interest in the new system and are undertaking a project to establish whether they could implement something similar.*

All staff groups	Access to TURAS managerial reports to support the monitoring of mandatory training	
All staff groups	In-house education teams for professions provide training and educational support through Practice Development teams. This can be adapted to meet local needs.	

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further 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 do not 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, please list the measures which need to be put in place to address 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.*
All areas	Staffing levels due to unplanned absences, recruitment challenges and increased service demands can impact on time allocated to training.	

COMPLIANCE ASSURANCE LEVEL
Reasonable Assurance

Duty 12IJ: Duty to follow the common staffing method.

Duty Summary	**(1)In relation to health care of a type mentioned in section 12IK, a Health Board or the Agency (as the case may be) must, no less often than at the frequency specified in regulations by the Scottish Ministers, use the common staffing method set out in subsection (2).** **(2) The common staffing method means that a Health Board or the Agency (as the case may be)—** (a) uses the staffing level tool and the professional judgement tool as prescribed in regulations under subsection (3) and takes into account the results from those tools, (b) takes into account, in so far as relevant, any measures for monitoring and improving the quality of health care which are published as standards and outcomes under section 10H (1) by the Scottish Ministers (including any measures developed as part of a national care assurance framework), (c) takes into account— (i) its current staffing levels and any vacancies, (ii) the different skills and levels of experience of its employees, (iii) the role and professional duties, in particular, of any individual with lead clinical professional responsibility for the particular type of health care, (iv) 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 including, in particular, those to which this section does not apply, (v) the local context in which it provides health care, (vi) patient needs, (vii) appropriate clinical advice, (viii) any assessment by HIS, and any relevant assessment by any other person, of the quality of health care which it provides, (ix) experience gained from using the real-time assessment arrangements under section 12IC (1) and the risk escalation processes under sections 12ID and 12IE, (x) comments by patients, and by individuals who have a personal interest in their health care (for example family members and carers within the meaning of section 1 of the Carers (Scotland) Act 2016), which relate to the duty imposed by section 12IA, and (xi) comments by its employees which relate to the duty imposed by section 12IA, (d) identifies and takes all reasonable steps to mitigate any risks, and (e) having followed the steps described in paragraphs (a) to (d), decides what changes (if any) are needed as a result to its staffing establishment, and to the way in which it provides health care.

Please provide information on the steps taken to comply with Duty 12IJ.

*Please provide information to demonstrate compliance. Information submitted here should outline how systems & processes take account **of all of the points** detailed in the duty description above by providing detail for each consideration.*

NHS Western Isles develops an annual staffing level tool (SLT) schedule in collaboration with relevant service leads. This ensures that all areas with a mandated staffing level tool complete at least one tool run per year, in line with legislative requirements. Tool runs are planned proactively and coordinated across services.

Lead professionals are responsible for delivering SLT tool runs within their areas and supporting the completion of the CSM triangulation. ensuring reporting requirements are met. This ensures strong clinical leadership and accountability in applying the Common Staffing Method.

A structured programme of support is provided to assist services with all stages of the tool run process, including preparation for SLT tool runs, staff education and guidance, review and interpretation of tool outcomes and support to complete the formal report. Teams are also signposted to local and national resources, supporting consistent practice and high-quality triangulation.

Local Standard Operating Procedures are available on the NHS WI intranet to support the application of staffing level tools and the completion of Common Staffing Method reports. These SOPs ensure a standardised approach across all applicable services. A Common Staffing Method reporting template is used to provide structure documentation of professional judgement, tool outputs, contextual factors, and required service actions and ensure consistent, compliant, and comprehensive reporting.

NHS Western Isles contributes to the national review of and transition of Staffing Level Tools to SafeCare, ensuring local needs and experiences inform national policy. These arrangements ensure the Common Staffing Method is applied consistently, transparently, and in full alignment with legislative requirements.

Please provide Information on your methods of monitoring compliance with Duty 12IJ

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

Compliance is monitored through established governance forums including the Strategic Workforce group. The Strategic Workforce Group (SWG) provides strategic oversight and ensures alignment between staffing processes and wider workforce planning activity.

NHS Western Isles has established clear processes to address areas of inconsistent practice or non-compliance, including escalation to the Strategic Workforce Group where identified risks or persistent gaps require managerial or strategic action. Together the above measures ensure ongoing assurance that the duty to follow the common staffing method are being implemented and monitored to ensure consistently

across the organisation. NHS Western Isles has established clear processes to address areas of inconsistent practice or non-compliance, including escalation to the Strategic Workforce Group where identified risks or persistent gaps require managerial or strategic action.

NHS Western Isles has developed a Health and Care Staffing Act compliance questionnaire using a Microsoft e-form. This questionnaire is circulated quarterly to service leads and managers to collect evidence of compliance, supporting both local assurance and national reporting requirements. This report also helps identify gaps in understanding, operational barriers, or areas requiring additional support. These arrangements ensure the methods of monitoring implementation of the common staffing method across the relevant teams.

Areas of success, achievement, or learning

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 progress 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 about their formal adoption. A summary of this exercise could then be used as case studies to inform training for staff about the use of the common staffing method.*
Nursing	Completion of tool runs.	Annual tool run and CSM schedule.

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further 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*	*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*

	provision with an explanation of why this was not completed, e.g. lack of knowledge / training of personnel.	*place to address this, e.g. identifying key personnel, provision of training, assistance from experienced personnel in other areas etc.*
All Nursing and midwifery teams	Completing and embedding the process of completing CSM reports as business as usual.	Support and training for SCN & lead nurses to completed CSM reports and process.
All Nursing and midwifery teams	Process for monitoring completion for CSM reports.	Develop quarterly update report for Strategic workforce group.

COMPLIANCE ASSURANCE LEVEL
Limited Assurance

Duty 12IL: Training and consultation of staff

Duty Summary	**In complying with the duty imposed by section 12IJ, every Health Board and the Agency must—** (a) encourage and support its employees to give views on its staffing arrangements for the types of health care described in section 12IK, (b) take into account and use any such views it receives to identify best practice, and areas for improvement, in relation to such staffing arrangements, (c) train employees (including, in particular, employees of a type mentioned in the third column of the table in section 12IK (1)) using the common staffing method on how to use it (d) ensure that those employees receive adequate time to use the common staffing method, and (e) provide information to employees engaged in the types of health care described in section 12IK about its use of the common staffing method, including about— (i) the results from using the staffing level tool and the professional judgement tool under paragraph (a) of section 12IJ (2), (ii) the steps taken under paragraphs (b), (c) and (d)] of that subsection, and (iii)the results of its decision under paragraph (e) of that subsection.

Please provide information on the steps taken to comply with Duty 12IL.

*Please provide information to demonstrate compliance. Information submitted here should outline how systems & processes take account **of all of the points** detailed in the duty description above by providing detail for each consideration.*

NHS Western Isles has established a local training programme to support Nursing and Midwifery staff involved in the CSM process. This includes preparatory education sessions that build understanding of the Staffing Level Tools (SLT) relevant to Nursing and Midwifery, how to collect data accurately and how to produce tool output reports within the CSM triangulation process.

For each tool run, teams complete a standardised CSM template, which records dates and outcomes of the SLT, Staff groups involved in the tool run, Key themes raised during engagement and any concerns regarding staffing levels. This ensures Nursing and Midwifery staff are meaningfully engaged and that their views are captured as part of the triangulation process.

Following tool runs, staff participate in engagement and feedback sessions that reinforce learning and promote reflection on outcomes supporting continuous improvement in practice. Training and support are tailored to different roles within Nursing and Midwifery teams (e.g., ward leadership, charge nurses, team leaders), ensuring that each staff group receives the level of detail and training required for their responsibilities. All training sessions including the Common Staffing Method, ensuring staff understand the full triangulation process and their part within it.

Local Standard Operating Procedures (SOPs) for Staffing Level Tool runs and the completion of CSM Reports are available on the NHS Western Isles intranet. These SOPs provide Step-by-step guidance for running Nursing and Midwifery staffing tools and instructions on completing the CSM triangulation and reporting template. This ensures consistent practice across all Nursing and Midwifery areas.

NHS WI actively promotes the use of national learning and support resources developed by Healthcare Improvement Scotland (HIS), including Speciality-specific toolboxes, Training videos, Data collection templates, Frequently Asked Questions (FAQs), and Guidance available via TURAS. Staff are expected to complete relevant HIS and TURAS learning modules, ensuring alignment with national standards and consistent understanding of CSM requirements.

Please provide Information on your methods of monitoring compliance with Duty 12IL

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

Compliance is monitored through established governance forums including the Strategic Workforce group. The Strategic Workforce Group (SWG) provides strategic oversight and ensures alignment between staffing processes and wider workforce planning activity.

NHS Western Isles has established clear processes to address areas of inconsistent practice or non-compliance, including escalation to the Strategic Workforce Group where identified risks or persistent gaps require managerial or strategic action.

Areas of success, achievement, or learning

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.*
All Nursing and midwifery teams	Local support for training provided by Staffing lead.	

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further 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 a lack of training on the CSM for personnel in emergency care provision due to time constraints.	This should describe what actions have been / are being / will be taken to address the situation. For example, arranging and delivering training; the provision of mentoring from experienced personnel; or the adoption of job planning which ensures adequate time is available for designated personnel to undertake training on the common staffing method.
All nursing and midwifery teams	The effectiveness of the national staffing level tools to produce a recommended whole time equivalent in teams with there are multiple services provided in one roster location.	Completing a CSM report to provide context and narrative to support work force planning.
All nursing and midwifery teams	Transition of workload tools from SSTS to SafeCare	Collaborating with HIS and participate in testing and implementation of SLT.
All nursing and midwifery teams	Aim to establish tool runs and CSM reports as business as usual (BAU) across all nursing and midwifery services.	Support teams to develop and embed CSM processes as BAU. Monitor and review annual Staffing level tool schedule.

COMPLIANCE ASSURANCE LEVEL
Reasonable Assurance

Duty Summary	**Guiding principles etc. in health care staffing and planning** (1) In carrying out the duty relating to staffing imposed by section 12IA of the National Health Service (Scotland) Act 1978, every Health Board and the Common Services Agency for the Scottish Health Service must have regard to the guiding principles for health and care staffing. (2) In planning or securing the provision of health care from another person under a contract, agreement or arrangements made under or by virtue of the National Health Service (Scotland) Act 1978, every Health Board and the Common Services Agency for the Scottish Health Service must have regard to— (a)the guiding principles for health and care staffing, and (b)the need for the person from whom the provision of health care is to be secured to have appropriate staffing arrangements in place.
Please provide information on the steps taken to comply with section 2(2) of this Duty.	
*Please provide information to demonstrate compliance. Information submitted here should outline how systems & processes take account **of all of the points** detailed in the duty description above by providing detail for each consideration.* The guiding principles and appropriate staffing arrangements are considered when planning and securing services. Through regular contract monitoring of commissioned services, the Board seeks assurances and evidence from provider partners that appropriate staffing is in place to deliver contracted support. Whilst NHS utilises Health roster this only provides information about the boards own function and not those of third parties, however Health Roster could provide useful data to input into decisions about what the board would expect from a third-party service. For example, SLAs with other providers for provision of services.	
Please provide Information on your methods of monitoring compliance when planning and securing services	
This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.	

NHS WI SLA monitoring committee The Strategic Workforce Group (SWG) provides strategic oversight and ensures alignment between staffing processes and wider workforce planning activity.

Areas of success, achievement, or learning

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, when procuring from private hospitals, the organisation has incorporated the requirements of the Act into the tender process.*	*This should describe how the success, achievement or learning could be used in the future.* *For example, the learning from tendering with private hospitals is now being used to implement arrangements in other types of procurement.*

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	*This should describe the situation: what is the challenge or risk identified?* *For example, there may have been difficulties in planning or securing services in a speciality area due to a lack of assurance around the appropriateness of staffing arrangements.*	*This should describe what actions have been / are being / will be taken to address the situation.* *For example, engaging with service providers to ensure that they understand what information and assurance is required, seeking alternative service providers etc.*

COMPLIANCE ASSURANCE LEVEL
Reasonable Assurance