Healthcare Improvement Scotland

Health and Care (Staffing) (Scotland) Act 2019: Healthcare Improvement Scotland functions in relation to staffing

Annual Report

For year ending 31 March 2026

NHS SCOTLAND

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Contents

Foreword

I am pleased to present Healthcare Improvement Scotland's (HIS) annual report on our responsibilities under the Health and Care (Staffing) (Scotland) Act 2019.

Our NHS workforce remains central to delivering safe, effective and high-quality care across Scotland. Throughout the year, we have continued to work with NHS Boards and national partners to support the implementation of the Act, providing assurance, sharing learning and promoting continuous improvement in workforce planning and staffing governance.

This report highlights the progress made during the reporting year, as well as the ongoing challenges and opportunities to strengthen staffing arrangements and support sustainable improvements in care quality and safety.

We remain committed to working collaboratively across the system to ensure the principles of the Act are embedded in practice and continue to support positive outcomes for patients, service users and staff.

Thank you to everyone who has contributed to this work and for your ongoing commitment to improving health and care services across Scotland.

Robbie Pearson

Chief Executive

Healthcare Improvement Scotland

Introduction

The Health and Care (Staffing) (Scotland) Act 2019 established a statutory framework to support the delivery of safe, high-quality health and care services through appropriate staffing. The Act places a range of duties on HIS, including the development and maintenance of staffing level tools and methodologies, monitoring implementation of the legislation, and reporting on how these functions are discharged.

This report outlines HIS' activities during 2025-26 in fulfilling these responsibilities. It highlights work undertaken to monitor how boards are discharging their duties, support implementation of the Act, and contribute to the ongoing development of evidence, tools and approaches that support staffing decision making across Scotland's health and care services.

Throughout the year, HIS has continued to work closely with Health Boards, the Scottish Government, professional bodies, staff representatives and other stakeholders. These collaborative relationships have informed the refinement of staffing tools and methodologies, supported the development of guidance and resources, and strengthened shared learning about the opportunities and challenges associated with implementation of the Act.

A key area of focus during the year has been the continued development of HIS' monitoring function. Through a proportionate, intelligence-led approach, HIS has gathered and analysed information from a range of sources to build a broader understanding of how statutory staffing duties are being implemented across Scotland. This work has contributed to identifying emerging themes, areas of good practice and opportunities for further improvement, while complementing HIS' wider role in supporting quality and safety across health and care services.

Recognising the significant operational and workforce pressures experienced across the health and care system, HIS has sought to deliver its statutory responsibilities in a way that is proportionate, collaborative and improvement focused. This report provides an overview of the activities undertaken during the reporting period, together with key findings, developments and lessons learned. It reflects both the progress made in embedding the requirements of the Act and the continued commitment of organisations across Scotland to delivering safe, effective and person-centred care through appropriate staffing.

As implementation of the Act continues to mature, HIS remains committed to working with partners across the system to promote learning, support improvement and contribute to better outcomes for people using health and care services across Scotland.

Background

HIS has discharged its duties in line with the HIS Healthcare Staffing Operational Framework originally published in 2024, which has undergone its first scheduled review. The review was conducted by the HIS Healthcare Staffing Programme in quarter two to quarter three 2025–26, with further refinements made in October 2025 to align the document with HIS house style and formatting standards.

The content of the framework remains largely unchanged, with only minor amendments made to ensure clarity, consistency and alignment with current practice. These updates do not alter the core principles, responsibilities or processes outlined in the original version.

The framework continues to provide detailed guidance on HIS' statutory functions under the Act, using a multifaceted, intelligence-led approach including:

- monitoring compliance with staffing duties
- reviewing and developing staffing tools
- oversight of the Common Staffing Method
- engagement with Health Boards and stakeholders
- governance and reporting arrangements

HIS' legislative requirements, outlined within the Act and the accompanying statutory guidance, were undertaken in line with HIS' Healthcare Staffing Operational Framework and HIS' Organisational Approach (see Figure 1), as follows:

Figure 1: HIS organisational approach

Chapter 1 HIS 12IP, 12IU and 12IT: monitoring compliance with staffing duties

1.1 Staffing duties

HIS must monitor the discharge, by every Health Board, relevant Special Health Board and the Agency, of their duties in relation to staffing as follows:

12IA	Duty to ensure appropriate staffing, including related duties under section 2, to have regard to guiding principles etc in healthcare staffing and planning
12IC	Duty to have real time staffing assessment in place
12ID	Duty to have risk escalation process in place
12IE	Duty to have arrangements to address severe and recurrent risks
12IF	Duty to seek clinical advice on staffing
12IH	Duty to ensure adequate time given to clinical leaders
12II	Duty to ensure appropriate staffing: training of staff
12IJ	Duty to follow common staffing method
12IL	Training and consultation of staff
12IM	Reporting on staffing
12IN	Ministerial guidance on staffing

1.2 Monitoring board compliance processes

HIS used its powers under duty 12IT of the Health and Care (Staffing) (Scotland) Act 2019, which places a duty on Health Boards to assist staffing functions, to request boards' participation in board review calls. Following feedback from Health Boards, the frequency of these calls changed from quarterly to biannual. The meetings were attended by representatives from the HIS Healthcare Staffing Programme and, as a minimum, each Health Board's Executive Lead for Workforce and Workforce Lead.

To support these discussions, HIS Healthcare Staffing Programme undertook a detailed biannual review of the intelligence available for each board, drawing on board reporting, inspection findings, governance activity, concerns intelligence and wider programme engagement. This enabled a triangulated assessment of board implementation of the Act and informed key lines of enquiry explored during board review meetings.

The process provided an opportunity to gain a deeper understanding of how boards are meeting the requirements of the Act, explore emerging risks and challenges, and share learning, good practice and improvement across NHS Scotland.

1.2.1 HIS: Duty 12IU power to require information

To support its intelligence-led approach, HIS Healthcare Staffing Programme exercised its duty 12IU on a quarterly basis. NHS Boards were required to submit copies of reports provided to their board by individuals with lead clinical professional responsibility, in accordance with duty 12IF of the Act. These reports provide valuable insight into boards' compliance with the legislation and constitute a key source of assurance on the implementation of the Health and Care (Staffing) (Scotland) Act 2019.

Table 1: Quarterly board reports–date received by HIS

Board	Quarter 1 Report Received	Quarter 2 Report Received	Quarter 3 Report Received	Annual Report Received
NHS 24	29-Jul-25	12-Nov-25	23-Feb-26	25-Jun-26
NHS Ayrshire and Arran	25-Sep-25	09-Dec-25	13-Apr-26	21-May-26
NHS Borders	06-Aug-25	16-Oct-25	30-Jan-26	20-Mar-26
NHS Dumfries and Galloway	Draft report for Q1 and Q2 received 13-Oct-25		30-Jan-26	30-Apr-26
NHS Fife	01-Oct-25	02-Feb-25	17-Apr-26	30-Apr-26
NHS Forth Valley	04-Aug-25	01-Oct-25	26-Jan-26	29-Apr-26
NHS Grampian	02-Sep-25	19-Nov-25	16-Mar-26	29-Apr-26
NHS Greater Glasgow and Clyde	Draft received 01-Oct-25	Draft received 09-Dec-25		01-May-26
NHS Golden Jubilee (National Waiting Times)	30-Jul-25	12-Nov-25	16-Feb-26	29-Apr-26
NHS Highland	Draft received 30-Sep-25	26-Mar-26	11-May-26	11-May-26
NHS Lothian	14-Aug-25	16-Oct-25	23-Feb-26	30-Apr-26
NHS Lanarkshire	01-Aug-25	06-Nov-25	20-Jan-26	01-Apr-26
NHS National Services Scotland	17-Sep-25	11-Dec-25	24-Mar-26	20-May-26
NHS Orkney	18-Sep-25	03-Dec-25	12-Feb-26	30-Apr-26
NHS Shetland	24-Sep-25	30-Jan-26	17-Feb-26	29-Apr-26
NHS Scottish Ambulance Service	25-Sep-25	28-Jan-26	25-Mar-26	12-Jun-26
NHS Tayside	23-Sep-25	09-Feb-26	11-May-26	11-May-26
NHS The State Hospital	23-Sep-25	03-Dec-25	05-Mar-26	23-Apr-26
NHS Western Isles	24-Sep-25	12-Nov-25	19-Feb-26	30-Apr-26

In addition to reviewing these reports, HIS exercised its power to require information where required to support its monitoring and assurance responsibilities under the Act. Requests for additional information focused on the extent to which boards could demonstrate compliance with key statutory duties and the effective application of the principles of the Common Staffing Method.

Several common themes emerged from these requests:

- **Application of the Common Staffing Method**
  Boards were asked to demonstrate how the Common Staffing Method is applied in practice across services, including staff awareness, understanding and participation. This supported evaluation of how boards assess staffing requirements in accordance with statutory duties.

- **Clinical Advice and Staff Engagement**
  Information was sought on how boards obtain and use clinical advice and how staff are involved in staffing decisions. This aligns with duties relating to seeking clinical advice, staff engagement and consideration of professional judgement when determining staffing requirements.

- **Governance, Oversight and Decision Making**
  Boards were requested to provide evidence of governance arrangements supporting compliance with the Act, including policies, reporting frameworks, escalation processes and mechanisms for monitoring and acting on staffing risks.

- **Demonstrating Impact and Continuous Improvement**
  Seeking evidence of how staffing systems and processes contribute to improvements in the quality of care, service delivery and outcomes for people using services. Boards were also asked to demonstrate how learning and improvement activity informs ongoing compliance with statutory duties.

- **Use of Data, Digital Systems and Monitoring**
  Boards were asked to demonstrate how staffing data, digital systems and reporting mechanisms are used to support decision making, monitor staffing levels and provide evidence of compliance with staffing duties.

- **Service Review and Workforce Planning**
  Evidence was sought on how workforce considerations are incorporated into service redesign and review processes, including the use of staffing evidence, application of the Common Staffing Method and actions taken in response to identified workforce challenges.

In summary collectively, this information supported HIS in its statutory monitoring role by providing evidence of how boards are implementing their duties under the Health and Care (Staffing) (Scotland) Act 2019 and applying the Common Staffing Method within local systems and processes.

1.2.2 Board review calls

A memorandum of understanding was developed between HIS and NHS territorial and special boards. The memorandum of understanding established a clear and collaborative framework to support the monitoring of staffing duties under the Act.

The agreement formalised arrangements for joint working through board review calls, providing a structured approach to oversight, transparency and continuous improvement in workforce planning and safe staffing. It set out the respective roles and responsibilities of HIS and NHS Boards and established monitoring as a supportive, intelligence-led process, focused on learning, improvement and assurance.

The aim and purpose of the board review calls were to:

- support HIS' role and function under duty 12IP, by understanding how boards are discharging their duties as cited in the legislation
- provide HIS with an opportunity to use an inquisitive and coaching approach to discuss the content and progress identified within the board quarterly reports
- explore key lines of enquiry identified through HIS' data, evidence and intelligence
- provide an opportunity for boards to highlight areas of success, good practice and share learning
- collectively understand and agree on identified risks, challenges and mitigations
- identify and provide appropriate improvement support where required

Table 2: Biannual board review and further calls

Board	First Review Call	Second Review Call	Further Call
NHS 24	09-Jun-25	21-Jan-26	Not applicable
NHS Ayrshire and Arran	05-Jun-25	06-Nov-25	Not applicable
NHS Borders	12-Jun-25	20-Nov-25	07-Jan-26
NHS Dumfries and Galloway	02-Apr-25	28-Oct-25	Not applicable
NHS Fife	29-May-25	08-Dec-25	02-Feb-26
NHS Forth Valley	28-May-25	07-Oct-25	Not applicable
NHS Grampian	13-May-25	28-Oct-25	Not applicable
NHS Greater Glasgow and Clyde	13-Jun-25	11-Dec-25	29-Jan-26
NHS Golden Jubilee (National Waiting Times)	08-Jul-25	27-Oct-25	Not applicable
NHS Highland	27-Jun-25	26-Nov-25	Not applicable

Board	First Review Call	Second Review Call	Further Call
NHS Lothian	04-Sep-25	20-Jan-26	Not applicable
NHS Lanarkshire	03-Jun-25	15-Oct-25	Not applicable
NHS National Services Scotland	28-May-25	12-Jan-26	Not applicable
NHS Orkney	12-Jun-25	04-Nov-25	Not applicable
NHS Shetland	19-May-25	30-Oct-25	Not applicable
NHS Scottish Ambulance Service	09-Jul-25	16-Dec-25	Not applicable
NHS Tayside	19-May-25	20-Oct-25	Not applicable
NHS The State Hospital	23-Jun-25	19-Jan-26	Not applicable
NHS Western Isles	30-Jul-25	20-Jan-26	Not applicable

1.2.3 HIS healthcare staffing internal advisory group

HIS healthcare staffing internal advisory group brought together representatives from across the organisation, providing a breadth of expertise and insight. The group served as a key forum for sharing intelligence and providing advice, constructive challenge and strategic direction to support HIS in fulfilling its legislative responsibilities. This included supporting HIS in the exercise of its duties under duty 12IP and duty 12IU of the Act, including the monitoring of NHS Boards' compliance with staffing requirements on at least an annual basis.

Prior to each meeting, intelligence and information were gathered from across HIS in line with the HIS Healthcare Staffing Operational Framework. The Healthcare Staffing Programme collated and analysed this information and presented a summary to the HIS healthcare staffing internal advisory group for consideration.

Information reviewed included, but was not limited to:

- Board reports
- Board review call insights
- intelligence received through use of HIS' 'power to require information' process
- staffing level tool compliance data
- national quality and safety core indicators
- wider HIS organisational intelligence

This information was triangulated with other relevant intelligence sources to identify gaps, risks, areas of good practice, learning opportunities and matters requiring further clarification. Findings were explored through subsequent board review calls to seek additional information, clarification

and assurance. Where appropriate, HIS exercised its powers under duty 12IU of the Act to require further information from NHS Boards.

Table 3: HIS healthcare staffing internal advisory group schedule

8 May 2025	10 July 2025	10 September 2025	11 November 2025	8 January 2026	3 March 2026
NHS Borders NHS Orkney NHS Shetland NHS Western Isles	NHS The State Hospital NHS Grampian NHS Greater Glasgow and Clyde	NHS Lothian NHS 24 NHS Highland	NHS Fife NHS Forth Valley NHS Dumfries and Galloway	NHS SAS NHS Lanarkshire NHS GJNH NHS NSS	NHS Ayrshire and Arran NHS Tayside

Overall, HIS healthcare staffing internal advisory group played a critical role in strengthening HIS' monitoring and assurance function by ensuring a coordinated, intelligence-led approach to healthcare staffing oversight.

1.2.4 National workforce, quality, safety and performance indicators

Workforce indicators suggest improvements in workforce supply since the peak pressures experienced during and immediately following the COVID-19 pandemic. Nursing and Midwifery, Allied Health Professional and Consultant establishments have increased nationally, while vacancy rates have generally reduced from their post-pandemic peaks. However, reliance on temporary staffing remains above pre-pandemic levels and variation persists between boards, particularly within remote, rural and island settings where significant recruitment and workforce sustainability challenges continue. Taken together, the data indicate progress in workforce growth and recruitment, alongside ongoing pressures relating to workforce sustainability, service demand and the delivery of care across different geographical and service contexts.

National quality, safety and performance indicators reviewed during 2025-26, and considered alongside longer term trends from the pre-COVID period onwards, presented a mixed picture. While some indicators demonstrated recovery or improvement in quality and safety outcomes, including hospital mortality and inpatient falls rates, other measures continued to indicate sustained service demand and operational pressures. Emergency department waiting times, referral-to-treatment waiting times and delayed discharge remained indicative of ongoing capacity, flow and access challenges across the health and care system. HIS does not view these indicators as direct measures of staffing impact or compliance with the Act. Instead, they are considered as contextual evidence alongside workforce, governance and staffing information as

part of a triangulated assessment that recognises the complex relationship between workforce, service demand, operational performance, quality and safety outcomes.

1.2.5 NHS board annual summary reports

The board summaries provided an overview of how each NHS Scotland Board discharged its duties under the Health and Care (Staffing) (Scotland) Act 2019 during 2025-26, as well as their engagement with the HIS Healthcare Staffing Programme (see Appendix 1).

The summaries drew upon evidence and intelligence available to HIS, including board annual and quarterly staffing reports, board review calls, inspection findings, concerns activity, requests for assistance and wider programme engagement. They presented a triangulated assessment of each board's reported implementation of the statutory staffing duties, highlighting key strengths, areas for improvement and any mitigating actions in place.

The summaries were intended to provide a proportionate and balanced assessment of board progress, recognising that the availability and quality of evidence may vary across professional groups, services and areas of practice. As such, the absence of supporting evidence should not be interpreted as evidence of non-compliance. Collectively, the summaries support national oversight of the implementation of the Act and help identify emerging themes, examples of good practice, areas for shared learning and common challenges across NHS Scotland.

1.2.6 Key themes by duty: NHS board annual reports

A consistent narrative emerged across the NHS board annual reports. Analysis of the nineteen NHS board annual reports indicated that assurance levels remained broadly stable across the statutory duties, with most boards reporting no change in assurance ratings between 2024-25 and 2025-26 (see Appendix 2). While there were clear examples of progress in several areas, particularly around clinical advice on staffing, risk escalation and real time staffing assessment, workforce sustainability pressures continue to impact boards' ability to achieve and evidence full compliance across all duties. A recurring theme was that implementation is generally more advanced than the evidence available to demonstrate impact on workforce, quality and patient outcomes.

Duty 12IA–Appropriate staffing

Assurance ratings for duty 12IA remained largely stable between 2024-25 and 2025-26, with 73.7 % of boards reporting no change, 15.8 % reporting improvement and 10.5 % reporting deterioration. Board reports suggested that workforce planning arrangements, governance structures and organisational processes supporting appropriate staffing are now relatively well established across NHS Scotland. Overall, there was a small net increase in assurance, with a greater proportion of boards improving than deteriorating. The findings indicate that most boards maintained their previous level of assurance for this duty during the reporting period.

Across the annual reports, boards commonly described recruitment initiatives, workforce redesign programmes and workforce sustainability actions. Nevertheless, operational pressures, vacancies, sickness absence and reliance on supplementary staffing continue to impact the ability to achieve appropriate staffing consistently. This aligns with the RCN Scotland Nursing Workforce in Scotland report | Scotland | Royal College of Nursing, which highlighted a persistent gap between planned establishments and available workforce capacity, increasing demand for services and ongoing workforce shortages. Both sources suggest that while planning systems are increasingly mature, workforce supply continues to constrain achievement of appropriate staffing levels.

Duty 12IC–Real time staffing assessment

Duty 12IC demonstrated one of the strongest areas of improvement nationally, with 26.3 % of boards improving their assurance rating and no boards reporting a deterioration. This reflects increasing maturity in the use of SafeCare, eRostering, daily staffing reviews, huddles and professional judgement processes to support operational staffing decisions.

Annual reports indicate that most boards have established mechanisms to assess staffing risks in real time, particularly within acute services. However, variation remains across services, professions and locations, with some organisations continuing to operate dual systems while digital solutions mature. The HIS evidence identified similar themes, highlighting variation in the quality and consistency of staffing data, differing approaches to professional judgement and variable levels of organisational maturity in using staffing information to inform workforce decisions. Together the findings suggest that real time staffing processes are becoming embedded, but opportunities remain to improve consistency and maximise the strategic use of staffing intelligence.

Duty 12ID–Risk escalation processes

Duty 12ID demonstrated a positive improvement in assurance levels between 2024-25 and 2025-26. Just over one fifth of boards, 21.1 %, reported an improved level of assurance, while 73.7 % maintained the same level of assurance and 5.3 % reported a deterioration. This suggests that arrangements for identifying, escalating and managing staffing risks remained broadly stable across NHS boards, with evidence of strengthening assurance in a number of organisations. Boards consistently reported the use of Datix systems, staffing huddles, professional escalation routes and governance structures to monitor workforce risks and staffing challenges.

Despite these improvements, annual reports frequently highlighted difficulties in evidencing the effectiveness of escalation processes. Evidence available to HIS would support that while organisations can generally demonstrate that concerns are raised and escalated appropriately, fewer can demonstrate how escalation results in sustainable resolution, organisational learning or long term reduction of staffing risks.

Duty 12IE–Severe and recurrent staffing risks

Assurance ratings for duty 12IE remained relatively stable between reporting periods, with 73.7 % of boards reporting no change, 15.8 % reporting improvement and 10.5 % reporting deterioration. Overall, the findings indicate a small improvement in assurance, while most boards maintained their previous level of assurance. This reflects reported consistent governance oversight across boards, supported by established risk management processes and routine monitoring of workforce risks through organisational governance structures.

However, stable assurance ratings do not necessarily indicate that underlying workforce risks have been resolved. Annual reports consistently identified workforce shortages, recruitment challenges, vacancies and service pressures as recurring risks that continue to persist over multiple reporting cycles, together with high sickness absence rates and retention challenges as persistent barriers to workforce sustainability. These findings demonstrate that while boards have effective mechanisms to identify and monitor staffing risks, resolving the root causes of recurrent workforce pressures remains significantly more challenging.

Duty 12IF–Clinical advice on staffing

Duty 12IF demonstrated one of the strongest improvements nationally. A total of 26.3 % of boards reported an improved level of assurance, while no boards reported a deterioration. This indicates increasing maturity in the way boards seek, receive and utilise clinical advice to inform staffing decisions.

Annual reports consistently described strong multidisciplinary engagement, established professional leadership structures and accessible clinical advice mechanisms. The main challenges relate to the documentation and auditability of clinical advice, particularly in demonstrating how that advice informs workforce decisions and influences outcomes. Access to clinical advice is generally well established; however, evidencing its impact on decision making remains a key area for improvement.

Duty 12IH–Adequate time for clinical leaders

Duty 12IH showed a mixed but generally positive picture. A total of 21.1 % of boards reported an improvement in assurance, compared with 10.5 % that reported a deterioration. Although improvement outweighed deterioration, the findings indicate continuing variation in boards' ability to demonstrate this duty consistently.

Annual reports suggest that operational pressures continue to impact clinical leadership capacity and boards' ability to provide protected time for leadership, supervision, service development and quality improvement activities. Boards consistently reported that operational pressures frequently require clinical leaders to undertake direct clinical care to maintain services reducing the time available for wider leadership responsibilities. Reports also identified limited measurement of planned versus actual leadership time and little evidence demonstrating the impact of leadership capacity on workforce, quality or patient outcomes.

Boards are demonstrating an increasing understanding of the legislative requirements and consistently report on the importance of clinical leadership in supporting safe staffing, workforce sustainability and staff wellbeing. However, despite recognising its importance, highlighted challenges continue to affect the availability of protected leadership time and the ability to demonstrate its impact on outcomes. This theme is reflected in safe delivery of care inspection findings, which identified protected leadership time and leadership capacity as important factors influencing safe staffing oversight and governance.

Duty 12II–Training of staff

Although governance arrangements for training and workforce development are generally well established, duty 12II experienced a decline in assurance ratings, with more boards reporting deterioration, 21.1 %, than improvement 5.3 %. Operational pressures continue to affect the ability of organisations to release staff for training and professional development activities. This was the only duty where deterioration substantially exceeded improvement during the reporting period.

Annual reports frequently referenced challenges in achieving mandatory training compliance, providing protected learning time and evidencing the impact of training on practice and patient outcomes. Similar themes are reflected in the evidence available to HIS, which highlights that staff do not consistently receive protected learning time and emphasises the importance of education and development in supporting workforce retention and sustainability.

Duty 12IJ–Common Staffing Method

Duty 12IJ presented a mixed picture. While 62.5 % of applicable boards reported no change in assurance levels, equal proportions of boards, 18.8 %, reported improvement and deterioration. These findings suggest variable progress in implementation and assurance associated with the Common Staffing Method across boards.

Annual reports consistently identified challenges associated with staffing level tool completion, professional judgement processes, governance arrangements and the translation of staffing review outputs into workforce decisions.

These findings align strongly with the Healthcare Staffing Programme – Common Staffing Method annual review: March 2026 which concluded that while boards generally understand their legislative obligations, many have yet to fully embed robust governance arrangements, quality assurance systems and standardised approaches to implementation. The review identified operational pressures, staff engagement challenges, governance gaps, incomplete professional judgement assessments and data quality concerns as recurring barriers to effective implementation. Inspection findings further identify limitations relating to documentation, governance oversight and consistency of application. A persistent workforce gap, increasing demand, sickness absence and recruitment pressures make it more difficult for boards to undertake workforce reviews, apply staffing methodologies consistently and implement workforce recommendations arising from common staffing method processes.

Duty 12IL–Training and consultation of staff

Duty 12IL also demonstrated a mixed picture. While 62.5 % of applicable boards reported no change in assurance levels, equal proportions, 18.8 %, reported improvement and deterioration. The findings indicate variation in boards' ability to demonstrate staff training, engagement and consultation arrangements.

Although boards generally reported established engagement, consultation and communication mechanisms, many found it difficult to demonstrate the influence of staff consultation on workforce decisions and service improvements.

The HIS Common Staffing Method annual review identified similar concerns, with organisations reporting variable levels of staff engagement, inconsistent feedback mechanisms and concerns regarding staff involvement in workforce decision making. Evidence of consultation activity was often stronger than evidence demonstrating how staff views informed outcomes. This mirrors wider national themes emerging from annual reports, where implementation of engagement processes is generally well established, but evidence linking engagement to decision making and service improvement remains underdeveloped.

Overall national picture

Across all duties, the evidence points to a system that has largely established the structures, governance arrangements and processes required by the Health and Care (Staffing) (Scotland) Act 2019. Overall, NHS board assurance ratings remained broadly stable between 2024-25 and 2025-26. The strongest improvements were observed in duty 12IC relating to real time staffing assessment and duty 12IF seeking clinical advice on staffing. These duties, together with duty 12ID relating to having a risk escalation process in place, demonstrated the highest proportions of boards reporting improved assurance, with little or no deterioration in assurance levels.

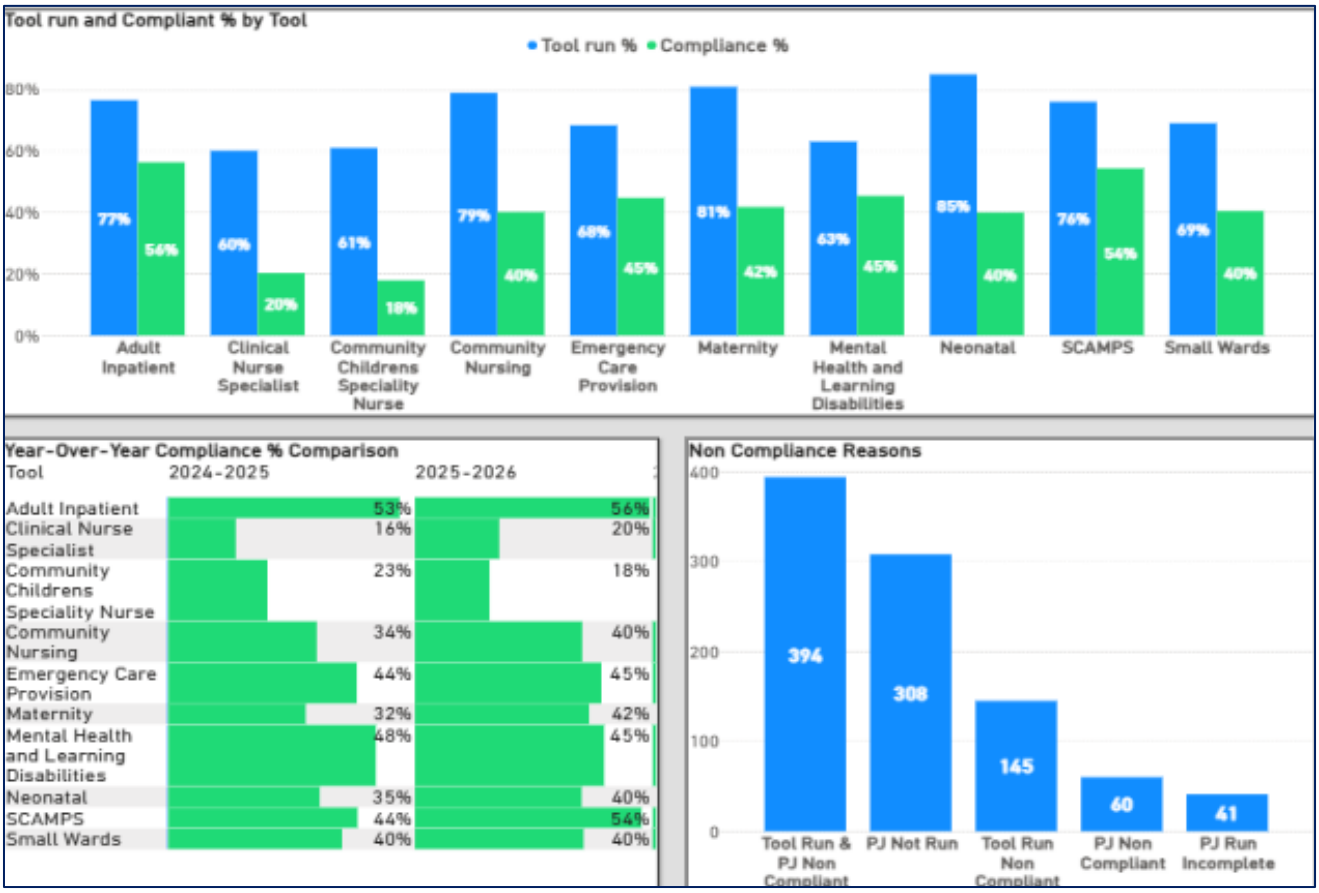
In contrast, assurance relating to staff training demonstrated the greatest reduction, while implementation of the Common Staffing Method and staff consultation duties showed a mixed picture. Collectively, the annual reports, and available evidence suggest that implementation is now considerably more advanced than the evidence available to demonstrate impact. The next phase of maturity will therefore require a stronger focus on demonstrating how staffing legislation contributes to improved workforce sustainability, staff experience, patient safety and quality of care.

1.2.7 HIS Healthcare Staffing Programme monitoring dashboard analysis 25–26

During 2025–2026, NHS Scotland boards continued to embed the use of mandated staffing level tools across specified healthcare settings. National dashboard data demonstrates sustained use of staffing level tools across most service areas, alongside more variable compliance with the requirements of the Act.

The dashboard provides a national overview of activity and variation but does not capture the quality of local decision making processes or wider workforce planning arrangements. Figure 2 shows the relationship between national staffing level tool usage, compliance and the principal drivers of non-compliance across care settings.

Figure 2: Extract from Healthcare Staffing Programme dashboard (extracted July 2026)



Compliance is assessed using nationally agreed criteria and reflects whether mandated staffing level tools and the associated professional judgement tool have been completed within defined parameters as set out in the HIS Healthcare Staffing Programme compliance paper. As such, dashboard compliance provides an indication of delivery of duty 12IK and elements of duty 12IJ but does not assess the wider application of the Common Staffing Method, data quality, triangulation or decision making.

Use of staffing level tools is now well established across NHS Scotland, with most settings reporting engagement rates of between 60 % and 80 %. The highest levels of utilisation are seen in maternity, neonatal and Scottish children's acuity measurement in paediatric settings services, with adult inpatient and mental health services also demonstrating sustained application.

While this represents substantial progress in embedding staffing tools, engagement remains below the level expected for a mandated annual requirement. Variation also persists between service settings and boards. Community and specialist services continue to report lower and more

variable completion rates, reflecting the complexity of delivery models and differing levels of implementation maturity.

Overall, the findings show widespread use of staffing level tools across NHS Scotland, but inconsistent compliance with legislative requirements. While tool completion rates are high, full compliance remains considerably lower, varying from 17 % to 57 % nationally across care settings.

A persistent gap remains between tool completion and compliance, indicating that the challenge is not the use of staffing level tools themselves, but consistent application of the full Common Staffing Method. The principal causes of non-compliance continue to be the incomplete alignment of staffing level tools and professional judgement tools, including inconsistent completion of both tools within the required parameters or where the tools were not completed with the accompanying professional judgement assessments.

Although there has been modest improvement in compliance in some areas, progress remains uneven. The findings suggest that the infrastructure and processes supporting staffing level tool use are now largely established, representing significant progress towards delivery of duty 12IK. However, implementation of the professional judgement component of the Common Staffing Method remains less mature.

Priority areas for improvement include strengthening understanding of legislative requirements, improving the quality and consistency of professional judgement recording, ensuring staffing and professional judgement tools are completed together, and targeting support to services where variation remains greatest.

There has been clear progress in embedding staffing level tool use across NHS Scotland. However, further work is required to achieve consistent, auditable application of the Common Staffing Method and fully realise the intent of the Health and Care (Staffing) (Scotland) Act 2019.

1.3 HIS safe delivery of care inspections

The HIS Healthcare Staffing Programme provided specialist knowledge and expertise to HIS safe delivery of care inspectors throughout the inspection process, supporting the informed and consistent application of legislative requirements.

In addition, the HIS Healthcare Staffing Programme delivered a structured programme of collaborative workshops and training designed to strengthen inspectors' understanding and application of the Act within the context of HIS safe delivery of care inspections.

Particular emphasis was placed on promoting a consistent and aligned approach to inspection activity. This included providing guidance on the interpretation of inspection questions, approaches to evidence gathering and the incorporation of findings into inspection reports. Through this work, inspectors were supported to apply the requirements of the Act with

confidence, contributing to a robust and coherent approach to assessment. HIS safe delivery of care inspection findings also formed an important component of HIS' intelligence-led approach to monitoring compliance under duty 12IP of the Act.

1.3.1 Findings from 2025-26 HIS safe delivery of care inspections

Twenty-eight HIS safe delivery of care inspections undertaken in 2025-26 across acute, maternity, adult mental health and child and adolescent mental health services. Findings from these inspections and themes identified in Safe delivery of care – acute hospitals national overview report demonstrated that workforce capacity, capability, leadership and systems are central to the HIS safe delivery of care and to implementation of the Act.

Inspection findings do not directly measure compliance with the Act. However, they provided independent insight into how the Act's duties are applied in practice. These findings formed part of the wider evidence used by HIS to support duty 12IP.

Overall, NHS Boards have made progress in implementing the Act. However, there remains variation in the consistency and maturity of implementation, affecting boards' ability to demonstrate that staffing arrangements are appropriate, risks are effectively managed and workforce systems deliver sustained improvements in quality and safety.

Requirements most frequently related to workforce capability and training, identified in 82 % of inspections, followed by Common Staffing Method application and appropriate staffing provision, identified in 50 % of inspections, and real time staffing risk management and leadership capacity, each identified in 39 % of inspections. Inspections also highlighted examples of good practice, showing how effective implementation can support stronger assurance.

It should be noted that eight of the ten acute inspections, 28 % of the total inspections, were follow up inspections, which applied a more limited methodology focused primarily on assessing progress against previous requirements. As many of the original inspections predated commencement of the Act, these follow ups had fewer staffing related requirements to assess. This should be considered when interpreting the distribution of requirements across inspection programmes. However, where previous staffing related requirements had been given, progress was noted against many of them.

1.3.2 Key themes from 2025-26 HIS safe delivery of care inspections

Real time staffing risk and escalation

While systems for assessing and escalating staffing risk are widely in place, their application is inconsistent. In some services, escalation processes are used to manage sustained workforce pressures rather than short-term variation, with a risk that pressures become normalised. Stronger assurance is seen where staffing risks are clearly recorded, linked to decision making and reviewed through governance and board oversight.

Common Staffing Method

All services demonstrate use of staffing tools; however, there is variation in the extent to which the full Common Staffing Method is applied and used to inform decisions. More mature systems show clear evidence of triangulation, staff engagement and how common staffing method outputs influence workforce planning and service delivery. Where this is less developed, there is reduced visibility and assurance of impact.

Workforce capability, training and development

Training and workforce capability are the most frequently identified areas for improvement. Staffing pressures limit access to training, supervision and protected learning time, affecting staff confidence and ability to respond to increasing complexity and risk. Stronger practice is seen where boards protect time for training, align learning to service need, and recognise time to learn as a core component of safe staffing.

Leadership capacity and protected time to lead

Leadership capacity is a critical enabler of safe staffing systems. Where senior clinical leaders have reduced protected time owing to staffing and operational pressures, this impacts staff support, oversight of staffing risk and governance. More mature systems protect leadership time, actively monitor capacity and recognise leadership as central to the safe delivery of care.

Cross-cutting insights

Inspection findings highlight sustained workforce pressures across services, including sickness absence, reliance on supplementary staffing and challenges in recruitment, retention and maintaining workforce resilience. These pressures expose fragility in staffing models under sustained demand.

Several cross-cutting factors affect boards' ability to demonstrate implementation of the Act:

- challenges in incident reporting, adverse event review and organisational learning limit effective use of data to inform staffing decisions
- staff do not always feel able to raise concerns or confident that action will follow, affecting staff voice and safety culture
- sustained pressures are at risk of becoming normalised, with impacts on staff wellbeing and timely care delivery
- staffing challenges affect wider system reliability, including infection prevention and control, medicines management and care environments

In mental health and child and adolescent mental health services settings, workforce capacity also influences delivery of therapeutic care, multidisciplinary working and compliance with legal and safeguarding duties. This highlights the role of staffing in protecting patient rights as well as safety and quality of care.

Overall assurance

Findings show that requirements most commonly relate to real time staffing risk management, workforce capability and training, Common Staffing Method application and leadership capacity. These reflect system-wide pressures rather than isolated gaps.

Stronger and more consistent assurance is demonstrated where boards:

- make staffing risk explicit, evidence-based and subject to governance oversight
- move beyond routine mitigation of recurring pressures
- apply the Common Staffing Method and use outputs to inform decisions
- sustain workforce capability through training, supervision and protected learning time
- protect leadership capacity to support staff, governance and safe care delivery

Where these elements are embedded, there is clearer evidence that staffing systems operate effectively and support safe, consistent and high-quality care in line with the intent of the Act.

Table 4: Safe Delivery of Care Inspections (2025-26)

Board	Hospital	Type of Inspection	Inspection Report
NHS Ayrshire and Arran	Ailsa Hospital	Mental Health	Ailsa Hospital – mental health safe delivery of care inspection report: December 2025
NHS Ayrshire and Arran	University Hospital Crosshouse	Maternity	University Hospital Crosshouse maternity safe delivery of care inspection report: February 2026
NHS Borders	Borders General Hospital	Acute–follow up	Borders General Hospital – safe delivery of care inspection report: September 2025
NHS Borders	Borders General Hospital	Maternity	Borders General Hospital maternity safe delivery of care inspection report: June 2026
NHS Dumfries and Galloway	Royal Infirmary	Acute	Dumfries and Galloway Royal Infirmary – safe delivery of care inspection report: August 2025
NHS Fife	Victoria Hospital	Maternity	Victoria Hospital maternity safe delivery of care inspection report: March 2026
NHS Fife	Stratheden Hospital	Mental Health	Stratheden Hospital – mental health safe delivery of care inspection report: June 2026
NHS Forth Valley	Royal Hospital	Maternity	Forth Valley Royal Hospital maternity safe delivery of care inspection report: November 2025
NHS Forth Valley	Royal Hospital	Mental Health	Forth Valley Royal Hospital – mental health safe delivery of care inspection report: January 2026

Board	Hospital	Type of Inspection	Inspection Report
NHS Forth Valley	Royal Hospital	Acute–follow up	Forth Valley Royal Hospital – Unannounced follow up inspection report: June 2026
NHS Golden Jubilee	University National Hospital	Acute–follow up	Golden Jubilee University National Hospital – safe delivery of care report: October 2025
NHS Greater Glasgow and Clyde	Glasgow Royal Hospital for Children– Ward 4	CAMHS	Glasgow Royal Hospital for Children: Ward 4 – safe delivery of care inspection report: January 2026
NHS Greater Glasgow and Clyde	Gartnavel General Hospital	Acute–follow up	Gartnavel General Hospital – Unannounced follow up inspection report: February 2026
NHS Greater Glasgow and Clyde	Skye House	CAMHS	Skye House – safe delivery of care inspection report: February 2026
NHS Greater Glasgow and Clyde	Queen Elizabeth University Hospital	Maternity	Queen Elizabeth University Hospital maternity safe delivery of care inspection: June 2026
NHS Lanarkshire	University Hospital Monklands	Acute–follow up	University Hospital Monklands – Unannounced follow up inspection report: May 2026
NHS Lanarkshire	University Hospital Wishaw	Mental Health	University Hospital Wishaw – mental health safe delivery of care inspection report: May 2026
NHS Lothian	Royal Hospital for Children and Young People: Melville Inpatient Unit	CAMHS	Royal Hospital for Children and Young People: Melville Inpatient Unit – safe delivery of care inspection report: October 2025
NHS Lothian	Royal Infirmary of Edinburgh	Maternity	Royal Infirmary of Edinburgh – safe delivery of care inspection report: October 2025
NHS Lothian	Royal Edinburgh Hospital	Mental Health	Royal Edinburgh Hospital – mental health safe delivery of care inspection report: November 2025
NHS Orkney	Balfour Hospital	Acute	Balfour Hospital – safe delivery of care inspection report: July 2026
NHS Orkney	Balfour Hospital	Maternity	Balfour Hospital maternity safe delivery of care inspection: July 2026
NHS Tayside	Ninewells Hospital	Acute–follow up	Ninewells Hospital – Unannounced follow up inspection report: June 2026
NHS Tayside	Perth Royal Infirmary	Acute–follow up	Perth Royal Infirmary – Unannounced follow up inspection report: June 2026
NHS Tayside	Dudhope Young Peoples Inpatient Unit	CAMHS	Dudhope Young People's Inpatient Unit – safe delivery of care inspection report: February 2026

Board	Hospital	Type of Inspection	Inspection Report
NHS Western Isles	Western Isles Hospital	Acute–follow up	Western Isles Hospital – Unannounced follow up inspection report: October 2025
NHS Western Isles	Western Isles Hospital	Maternity	Western Isles Hospital maternity safe delivery of care inspection report: January 2026
NHS Western Isles	Western Isles Hospital	Mental Health	Western Isles Hospital – mental health safe delivery of care inspection report: June 2026

1.4 Responding to concerns

An additional source of assurance regarding boards' compliance with the Act was provided through HIS' Responding to Concerns. The HIS Healthcare Staffing Programme contributed specialist workforce expertise where concerns included a staffing component, supporting the assessment of workforce-related risks and their impact on safe and effective staffing.

In such cases, HIS Healthcare Staffing Programme worked collaboratively with NHS Boards to understand the nature and extent of the concerns, the actions being taken in response, and the implications for staffing. Where appropriate, HIS Healthcare Staffing Programme also engaged with other teams within HIS and national partner organisations to support a coordinated approach, particularly where issues were complex, systemic or cross-cutting. This contributed to a consistent and proportionate response to staffing related concerns and supported boards to identify, implement and monitor improvement actions.

During 2025-26, HIS Healthcare Staffing Programme contributed to five responding to concerns cases. Analysis of these cases identified a number of recurring themes relating to the implementation of statutory staffing duties. These included challenges in maintaining safe and effective staffing levels, variation in workforce planning approaches, and opportunities to strengthen governance and oversight arrangements to ensure concerns were identified, escalated and addressed in a timely manner.

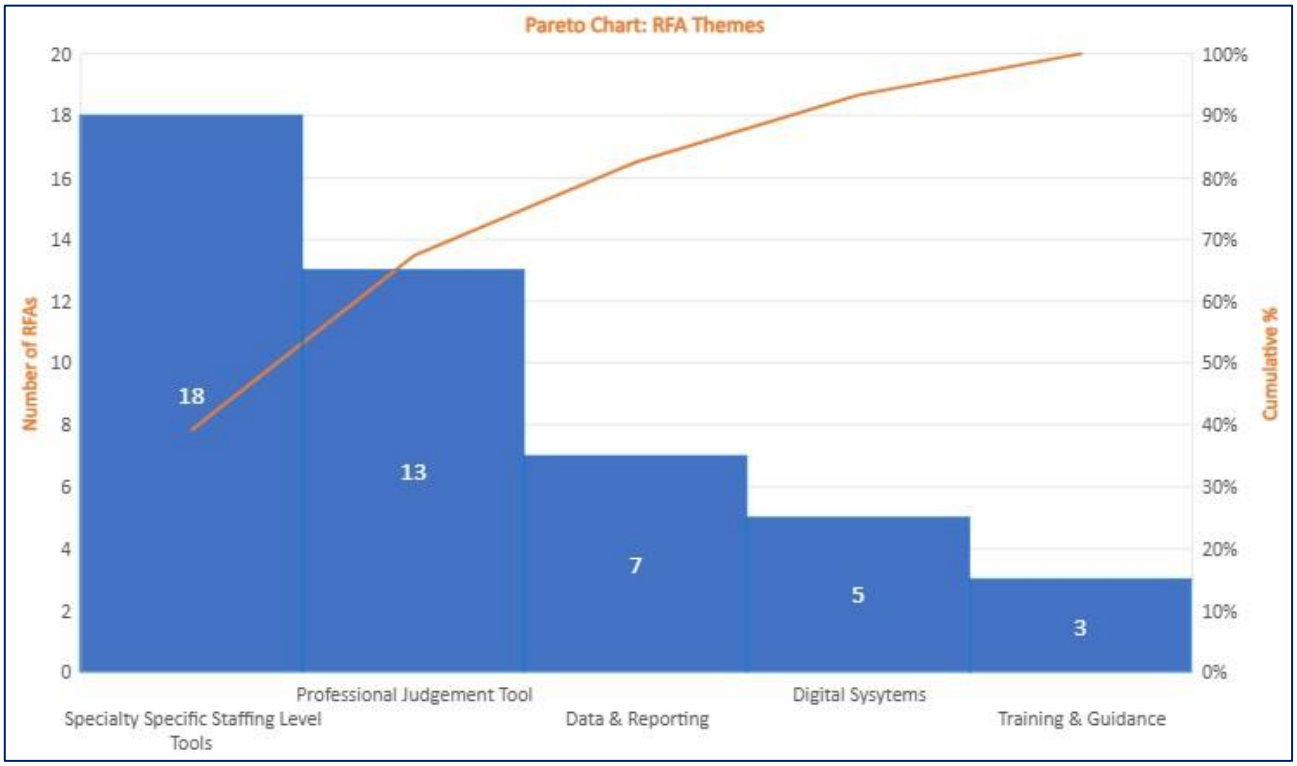
In some cases, findings highlighted inconsistent application of professional judgement and real time staffing assessment processes, alongside opportunities to strengthen assurance mechanisms demonstrating compliance with the Act. These themes have informed HIS Healthcare Staffing Programme's ongoing engagement with NHS Boards, supporting targeted improvement activity and reinforcing expectations for the consistent implementation of the Health and Care (Staffing) (Scotland) Act 2019.

1.5 Requests for assistance

The request for assistance process provides a structured, transparent and auditable route for NHS Boards and stakeholders to seek support from the HIS Healthcare Staffing Programme. It ensures consistent handling of requests, clear accountability and effective prioritisation of resources, while generating national insight into emerging workforce and improvement needs.

In 2025-26, a total of 46 requests for assistance were received across a broad range of themes. Demand was primarily focused on staffing level tools, professional judgement tool, data and system support and methodological clarification, with additional requests reflecting evolving requirements as implementation of the Act progresses.

Figure 3: Request for assistance themes



The Pareto analysis demonstrates the majority of the requests for assistance are associated with specialty staffing level tools and the professional judgement tool, reflecting boards' statutory duty to apply the Common Staffing Method and highlighting these as the areas where boards most frequently sought support. Ongoing requests for support relating to data, digital systems (including SafeCare), and methodological application indicate a continued a focus on embedding these approaches into routine practice.

Key areas of recurring requests include:

- consistency in understanding and applying staffing level tools, particularly in complex or non-standard settings
- clarification on the application and scope of professional judgement tool

- ongoing support with digital systems and data reporting

Requests relating to training and board level engagement highlight the continued need for national support to strengthen capability and ensure compliance. Targeted responsive support was also provided to address complex service specific issues, including within mental health and learning disability inpatient services.

To strengthen governance and insight, HIS Healthcare Staffing Programme is developing an interactive request for assistance dashboard to improve monitoring, reporting and identification of emerging trends. This will support more effective targeting of improvement activity and inform future resource development.

1.6 Responsive support

As part of its improvement support function, the HIS Healthcare Staffing Programme provides responsive improvement support to NHS Boards where staffing related risks, challenges or opportunities for improvement have been identified. This support may be commissioned in response to inspection findings, concerns activity, requests from boards, or intelligence gathered through HIS's monitoring and assurance processes. The support is tailored to local circumstances and aims to strengthen workforce planning, decision making and implementation of the Health and Care (Staffing) (Scotland) Act 2019.

During 2025-26, responsive improvement support was delivered to a territorial NHS board's mental health and learning disabilities inpatient services over a twelve week period (March to May 2026). Led by the HIS Healthcare Staffing and Excellence in Care Programmes, the improvement support focused on strengthening workforce planning and decision making processes to support safe and effective staffing. Key areas of support included enhancing real time staffing systems, embedding consistent approaches to staffing assessment and deployment, and developing workforce capability in line with the requirements of the Act.

The HIS improvement support was delivered using a structured approach, combining on-site and virtual engagement. Key components included stakeholder engagement, training, education and process mapping workshops, application of improvement methodology sessions and ongoing support through tool runs. A scoping survey, stakeholder feedback and workshop evaluations and were used to assess impact and capture learning throughout the improvement support process.

The HIS improvement support identified strong engagement from staff across the NHS board and a clear commitment to improving staffing processes. Safety huddles were recognised as an important mechanism for supporting real time staffing decisions; however, variation in practice, challenges relating to data quality, and inconsistencies in escalation processes and the application of professional judgement were identified.

Educational needs were also highlighted, with variable levels of staff knowledge and confidence in the use of key systems and processes, including SafeCare, Optima, staffing level tools and the Common Staffing Method. Findings demonstrated the need for more structured, consistent and role-specific training, alongside greater clarity regarding roles, responsibilities and the effective use of staffing systems to support implementation of the Act.

The HIS improvement support contributed to increased awareness, knowledge and confidence among staff in the application of staffing level tools and the principles of common staffing methodology. The engagement also supported the identification of key improvement priorities. Including, the reduction of duplication between systems, strengthening communication and feedback mechanisms, and improving the quality and use of data to inform staffing decisions.

As a result of the HIS improvement support, the board developed a number of improvement actions, including work to streamline processes between the Operational Pressure Escalation Levels system and SafeCare. Local teams progressed a series of Plan-Do-Study-Act cycles, supported by the development of structured tools, guidance and improvement resources to support sustainable change.

The responsive improvement support provided by HIS established a strong foundation for improvement through the structured approach and dedicated expertise of the Healthcare Staffing and Excellence in Care Programmes. Evaluation feedback indicated that the support was valued by stakeholders, particularly the relevance, quality and practical application of the sessions delivered.

Sustained progress will require continued board commitment to implementing identified actions, including embedding consistent staffing processes, improving data quality and system use, strengthening leadership and governance, and maintaining routine assurance of safe staffing arrangements in line with the requirements of the Health and Care (Staffing) (Scotland) Act 2019.

1.7 Reviews of care: NHS Greater Glasgow and Clyde

HIS undertook and published an independent review of emergency departments within NHS Greater Glasgow and Clyde in 2025 following concerns raised by consultants at the Queen Elizabeth University Hospital. The review examined patient experience, quality and patient safety, leadership and culture and safe staffing across Queen Elizabeth University Hospital, Glasgow Royal Infirmary and Royal Alexandra Hospital.

The review identified sustained system pressures resulting in emergency departments operating beyond intended capacity, including routine use of corridor care, escalation areas and ambulance stacking, creating unacceptable risks to patient dignity, observation and patient safety. Workforce pressures were identified as a key contributor to these risks, with evidence of persistent medical and nursing vacancies, recruitment and retention challenges, reliance on locums and demand exceeding planned staffing capacity. Staff survey findings highlighted concerns regarding staffing

adequacy, workload intensity, fatigue, overcrowding, psychological strain and organisational responsiveness to safety concerns.

The review found staffing resources were frequently stretched across escalation areas created to manage overcrowding, contributing to fatigue, moral distress and reduced ability to consistently deliver the standard of care staff aspired to provide. Workforce wellbeing, safety culture and patient safety were found to be intrinsically linked. The review also identified a breakdown in trust between some emergency department teams and senior leadership at Queen Elizabeth University Hospital, affecting psychological safety, governance and improvement activity, while recognising the professionalism and commitment of staff working in exceptionally challenging conditions.

In relation to the Act, recommendations included undertaking a comprehensive multidisciplinary workforce review using the Common Staffing Method to ensure staffing models better reflect operational demand and complexity, strengthening real time staffing assessment and escalation processes, supporting staff access to training and development, and enhancing compassionate leadership and staff engagement.

The review also identified a national workforce assurance issue regarding emergency department staffing methodologies. Recommendation 40 called for HIS' Healthcare Staffing Programme to prioritise the development of a revised emergency care provision staffing level tool that better reflect current operational pressures, multidisciplinary working and safe care delivery. Work to develop the revised staffing level tool is now underway, supported by a national expert working group and appointed Clinical Leads.

In addition, the review identified actions for HIS to support workforce assurance and improvement, promote national learning on the impact of workforce pressures on patient safety and staff wellbeing, and contribute to wider improvement work relating to safe staffing, compassionate leadership, psychological safety and multidisciplinary team working across NHS Scotland.

1.8 Conclusion

During 2025-26, HIS continued to strengthen its monitoring and assurance arrangements in relation to implementation of the Health and Care (Staffing) (Scotland) Act 2019. Through a multifaceted intelligence-led approach, drawing on board reporting, board review calls, staffing level tool data, safe delivery of care inspection findings, responding to concerns activity and responsive engagement. As a result, HIS has developed a comprehensive understanding of how statutory staffing duties are being discharged across NHS Scotland.

The evidence indicates that NHS Boards have established many of the governance structures, processes and systems required by the Act. Progress was particularly evident in relation to real time staffing assessment, risk escalation and access to clinical advice. However, workforce

pressures, variation in implementation, challenges demonstrating impact and inconsistent application of the Common Staffing Method remain significant areas of focus.

Findings from monitoring activity have informed targeted improvement support, staffing level tool development and national learning. Together, these activities contribute to HIS' statutory responsibilities to provide assurance, promote improvement and support the delivery of safe, effective and sustainable staffing arrangements across NHS Scotland.

Chapter 2 HIS 12IQ: monitoring and review of common staffing method

2.1 Introduction

HIS Healthcare Staffing Programme completed its first statutory review of the Common Staffing Method under the Health and Care (Staffing) (Scotland) Act 2019. The review assessed the effectiveness, usability and consistency of application of the Common Staffing Method across NHS Boards.

To support the review, HIS Healthcare Staffing Programme engaged with a broad range of stakeholders through a national expert working group and an online consultation, ensuring an inclusive and collaborative approach. The review considered compliance with the Act, identified examples of good practice, highlighted areas for improvement and explored opportunities to enhance and expand staffing level tools.

The findings were reported to Scottish Ministers and published, providing transparency and assurance that the Common Staffing Method remains fit for purpose in supporting organisations to meet their statutory staffing responsibilities.

2.2 Methodology

To support the review of the Common Staffing Method, HIS Healthcare Staffing Programme employed a multifaceted intelligence-led approach, combining qualitative research methods with consultation and engagement activities. These involved engaging with key stakeholders to inform an assessment of the common staffing methods effectiveness, usability and application.

Key elements of the approach included:

- Intelligence-led analysis
    - a review of NHS board reports, workforce data and staffing level tools, alongside engagement with boards, to assess the application of the Common Staffing Method and compliance with statutory staffing duties
    - analysis of intelligence from safe delivery of care inspections, responding to concerns activity, national datasets and business intelligence to identify workforce, safety and quality issues
    - consideration of how quality and safety data are used by boards to inform staffing decisions
- Qualitative stakeholder engagement
    - semi-structured interviews with a range of healthcare professionals to gather views and experiences relating to the application of the Common Staffing Method

- engagement with stakeholders from diverse professional roles and service settings across NHS Boards, including urban, rural and mixed settings

This combined approach enabled HIS Healthcare Staffing Programme to develop a comprehensive, evidence-based understanding of the implementation, impact and user experience of the Common Staffing Method across a range of healthcare settings.

2.3 Review findings

Key strengths identified included:

- the establishment of governance structures to support application of the Common Staffing Method
- increasing procedural maturity through locally developed standard operating procedures
- the widespread availability of education and training resources
- evidence of strengthened governance arrangements and greater alignment of staffing review processes

NHS Boards have engaged positively with HIS Healthcare Staffing Programme guidance and tools, however, demonstrable impact on workforce and service outcomes remains limited at this stage.

The review also highlighted several challenges affecting the consistent implementation of the Common Staffing Method. These included workforce shortages, financial pressures, variable staff engagement and confidence in applying the methodology, gaps in governance and feedback mechanisms, and ongoing data quality issues. Compliance and consistent use of staffing level tools varied across boards, service areas and professional groups. In particular, incomplete professional judgement assessments continue to affect the quality of assurance available.

Findings from safe delivery of care inspections and responding to concerns activity reinforced these themes, identifying opportunities to strengthen common staffing method documentation, quality assurance and staffing decision making processes. The review also highlighted the need for better integration of workforce, quality and safety data to support staffing decisions and assurance. Stakeholder interviews further identified gaps in the understanding of the Common Staffing Method, particularly the distinction between the application of staffing level tools and the broader requirements of the Common Staffing Method.

The review's recommendations align with the findings of the Royal College of Nursing's recent evaluation of the Act, which similarly identified the need for improved common staffing method data reporting, stronger staff engagement and feedback mechanisms, as well as greater consistency in the application and assurance of staffing methodologies across NHS Scotland.

2.4 Conclusion

The first statutory review of the Common Staffing Method demonstrated that the methodology remains fit for purpose and continues to provide an appropriate framework to support staffing decision making across NHS Scotland.

The review highlighted growing organisational maturity, strengthened governance arrangements and positive engagement with the common staffing methodology. However, it also identified opportunities to improve consistency of application, staff understanding, data quality, reporting arrangements and the use of evidence to demonstrate impact.

The findings provide a clear direction for future improvement activity and will inform HIS' ongoing work with NHS Boards and national partners to strengthen implementation of the Common Staffing Method and support delivery of the Act.

The focus for 2026-27 will be on implementing targeted recommendations to support greater standardisation, improve reporting and assurance, and enhance the effectiveness of the Common Staffing Method in supporting safe and sustainable staffing decisions across NHS Scotland.

Healthcare Staffing Programme – Common Staffing Method annual review: March 2026

Chapter 3 HIS 12IR and 12IS: monitoring and development of staffing tools

Under duties 12IR and 12IS of the Health and Care (Staffing) (Scotland) Act 2019, HIS is responsible for monitoring the effectiveness of staffing level tools, reviewing their ongoing suitability and considering the development of multidisciplinary staffing level tools where appropriate.

The HIS Healthcare Staffing Programme undertakes a structured programme of review and development activity to ensure staffing level tools remain evidence-based, fit for purpose and reflective of contemporary models of care. This includes evaluation of existing staffing level tools, analysis of national workforce and service data, review of implementation findings, stakeholder engagement and consideration of emerging workforce policy and service delivery requirements.

Staffing level tool development and review activities are supported by expert working groups comprising of representatives from NHS Boards, professional bodies, trade unions, academic partners and people with lived experience where appropriate. This collaborative approach helps ensure staffing level tools are informed by the best available evidence and reflect the realities of service delivery across NHS Scotland.

There are currently ten staffing levels tools mandated for use under the Health and Care (Staffing) (Scotland) Act 2019 as outlined in table 5.

Table 5: Specialty staffing level tools

Type of health care	Location	Employees
Adult inpatient provision	Hospital wards with seventeen occupied beds or more on average	Registered nurses
Clinical nurse specialist provision	Hospitals	Registered nurses who work as clinical nurse specialists
	Community settings	
Community nursing provision	Community settings	Registered nurses
Community children's nursing provision	Community settings	Registered nurses
Emergency care provision	Emergency departments in hospitals	Registered nurses
		Medical practitioners
Maternity provision	Hospitals	Registered midwives
	Community settings	
Mental health and learning disability provision	Mental health units in hospitals	Registered nurses
	Learning disability units in hospitals	
Neonatal provision	Neonatal units in hospitals	Registered midwives
		Registered nurses

Paediatric inpatient provision	Paediatric wards in hospitals	Registered nurses
Small ward provision	Hospital wards with sixteen occupied beds or fewer on average	Registered nurses

The staffing level tools form one component of the Common Staffing Method. Each staffing level tool run must be undertaken alongside the professional judgement tool to inform workforce planning and staffing decisions. It is also recommended that the quality tool is used in conjunction with the Community Children's and Specialist Nurse staffing level tool, the Clinical Nurse Specialist staffing level tool, and the Community Nurse staffing level tool.

In line with the ministerial planning cycle, HIS Healthcare Staffing Programme works to agreed timescales for making recommendations to Scottish Ministers regarding new or revised staffing level tools for prescription under duty 12IJ(3) of the Act. Typically, recommendations are submitted in October to support consideration and, where approved, implementation from April the following financial year.

Delays in the development process may affect HIS' ability to meet these timescales. To mitigate this risk, Scottish Government has provided an additional parliamentary window for recommendations where required. It is recognised that the introduction of a prescribed staffing level tool during an annual reporting period may affect boards' ability to complete staffing level tool runs within the timescales required under the Common Staffing Method. Where this occurs, HIS Healthcare Staffing Programme will communicate with boards at the earliest opportunity to support planning and implementation.

During 2025-26, HIS Healthcare Staffing Programme progressed a range of staffing level tool reviews, methodological enhancements, digital developments and staffing level tool transitions to support continuous improvement in workforce planning, staffing assurance and implementation of the Common Staffing Method. Further information on staffing level tools and methodologies is available on the HIS Healthcare Staffing Programme website.

The following sections summarise the key staffing level tool development, review and implementation activities undertaken by HIS Healthcare Staffing Programme during 2025-26, together with recommendations made to Scottish Ministers under the Act.

3.1 Staffing tool revisions to reflect the reduced working week

The 2023-24 pay settlement for healthcare staff employed under agenda for change terms and conditions included a commitment to explore a reduction in working hours, with the aim of moving to a 36 hour working week. From 1 April 2026, the standard full-time working week for agenda for change staff in NHS Scotland reduced from 37 to 36 hours, with part-time staff

benefiting from a proportionate reduction. NHS Scotland agenda for change staff: working week reduction.

This change had implications for the staffing level tools prescribed under the Act, as the tools were based on a standard 37 hour working week. To ensure the tools continued to provide accurate workforce planning outputs, HIS Healthcare Staffing Programme worked closely with its technical provider, ATOS, to identify and implement the required amendments to staffing level tools hosted within the Scottish Standard Time System.

This work was undertaken between September 2025 and February 2026, with the revised staffing level tools made available from 1 April 2026. HIS Healthcare Staffing Programme also updated the associated Business Objects XI reports to ensure staffing calculations reflected the revised 36 hour working week.

3.2 Mental health and learning disability nurse inpatient staffing level tool

The revised mental health and learning disability nurse inpatient staffing level tool was launched on 30 October 2025, representing the first major redevelopment undertaken by HIS Healthcare Staffing Programme.

The original mental health and learning disability staffing level tool was adapted from a model developed in 2007 and updated in 2018, prior to the Healthcare Staffing Programme transferring to HIS in 2021. The tool was based on a time tasked activity methodology, which was resource intensive for clinical staff to complete and did not generate a validated multiplier based on patient care hours per day. As a result, the tool could not be fully utilised within the national eRostering SafeCare module to support real time staffing decision making.

The redevelopment introduced a new methodology based on three key components: patient occupancy, patient dependency and acuity and nursing activity. Data to support this approach were collected through a series of observation studies.

The first cohort of observation studies commenced in March 2024 and concluded in September 2024, with additional studies undertaken during March and April 2025. The detailed recommendation report, setting out the evidence base and development process, was published in July 2025. To support implementation, HIS Healthcare Staffing Programme delivered four national training sessions during October 2025, attended by 256 staff.

The mental health and learning disability nurse inpatient staffing level tool has now been in use for almost a year. As part of the ongoing evaluation process, further observation studies are being undertaken during quarters one and two of 2026-27 to assess the effectiveness and application of the staffing level tool in practice.

Any refinements identified through the evaluation process will be considered by HIS and, where appropriate, recommendations will be made to Scottish Ministers in October 2026 for implementation from April 2027.

3.3 Professional judgement tool

The revised professional judgement tool was launched on 30 October 2025 on the current Scottish Standard Time System digital platform, marking the first staffing level tool redevelopment undertaken by HIS Healthcare Staffing Programme that was designed to support a broad range of professional groups. The redevelopment represented a significant milestone in advancing multidisciplinary workforce planning and staffing assurance.

The original professional judgement tool was available only to nursing, midwifery and emergency care, including medical staff and was used alongside specialty specific staffing level tools. Recognising the need for a more contemporary and inclusive approach, HIS Healthcare Staffing Programme undertook a comprehensive review and redevelopment of the tool between August 2024 and January 2025.

The redevelopment was informed by the methodology developed by Dr Keith Hurst and aimed to modernise the professional judgement tool while maintaining its role in supporting evidence-based staffing decisions and recommended staffing levels. The revised tool introduced several enhancements to improve usability and data capture, including:

- removal of the previous four-hour recording blocks
- introduction of shift-based recording
- functionality for users to record unpaid breaks
- addition of an “Other” tab to capture staffing groups outside nursing and medical professions with 0 % Professional Activity Allowance

To support the launch of the new professional judgement tool HIS delivered a range of training sessions with 769 staff in attendance. A detailed professional judgement recommendation report was published in July 2025.

The professional judgement staffing level tool has now been in operational use for almost one year. Evaluation of the staffing level tool will be undertaken throughout 2026-27, drawing on user feedback and implementation experience to inform future refinements and ensure it continues to meet the needs of healthcare services across Scotland.

In parallel with the redevelopment of the professional judgement tool, HIS Healthcare Staffing Programme has worked with RLDatix to develop a digital professional judgement tool within the SafeCare platform. This supports the strategic direction of increasing the availability of staffing level tools within SafeCare as the preferred national digital platform. The professional judgement

tool is expected to be available for testing during 2026-27. An evaluation of findings will inform future recommendations to Scottish Ministers, regarding its use alongside existing professional judgement tool arrangements and the wider transition of staffing tools from Scottish Standard Time System digital platform to SafeCare.

3.4 Maternity services staffing level tool

The revised maternity services staffing level tool was launched on 1 April 2026 following a programme of development undertaken between July 2023 and March 2026.

Redevelopment of the staffing level tool was required to reflect changes introduced through The Best Start: a five-year plan for maternity and neonatal care, which resulted in significant changes to maternity service delivery models across Scotland. A national expert working group, comprising of representatives from NHS Boards, professional bodies and trade unions, was established to support the development process and ensure the tool reflected contemporary models of maternity care.

The revised staffing level tool was developed to address areas not fully captured within the previous methodology and includes workforce planning considerations across:

- antenatal inpatient wards
- postnatal inpatient wards
- maternity triage units
- labour suites
- hospital outpatient services
- community and integrated maternity services
- specialist midwifery roles
- leadership roles

A range of methodologies were used to reflect the diversity of maternity services. Observation studies were undertaken within inpatient settings to measure workload and develop staffing multipliers. A Timed Task method was used for outpatient, community, specialist and leadership services. In labour ward settings, National Institute for Health and Care Excellence guidance on one-to-one midwifery care during established labour was incorporated through a standardised staffing calculation. Together, these methodologies provided a robust evidence base for the development of staffing multipliers that reflect workload and service demand across maternity services. Full details of the development process are available within the published maternity services recommendation report.

To support implementation, the HIS Healthcare Staffing Programme delivered a series of national training sessions, attended by 368 staff, alongside updated training materials and an eLearning module hosted on TURAS.

Following stakeholder feedback, further development work will be undertaken during 2026-27. This will include consideration of staffing uplifts in services where staffing ratios apply, assessment of the feasibility of developing national "Once for Scotland" multipliers for maternity theatre services. This will be undertaken in collaboration with the Royal College of Midwives to develop supporting maternity workforce guidance. A formal evaluation of the staffing level tool is planned for April 2027. Any proposed refinements arising from the evaluation will be considered by HIS Healthcare Staffing Programme and, where appropriate, recommended to Scottish Ministers in October 2027 for implementation from April 2028.

3.5 The Community Nurse, the Community Children's and Specialist Nurse, and the Clinical Nurse Specialist staffing level tools

In 2024-25, the HIS Healthcare Staffing Programme developed multipliers for use within the Community Nurse, Community Children's and Specialist Nurse, and Clinical Nurse Specialist staffing level tools. The HIS Healthcare Staffing Programme developed multipliers implemented within the staffing level tools on 1 April 2025.

The multipliers were derived using national data collected through the staffing level tools and methodology developed by Dr Keith Hurst. The dataset captured a broad range of workload activity, including direct and indirect patient care, travel time, clinics and meetings.

The Community Nurse, Community Children's and Specialist Nurse, and Clinical Nurse Specialist staffing level tools are currently undergoing evaluation following the introduction of recommended whole time equivalent calculations. Findings from the evaluation, together with stakeholder feedback, resulted in two revisions being recommended by HIS Healthcare Staffing Programme in March 2026 for implementation from 1 October 2026. Full details of the recommendations are available in the paper submitted to Scottish Ministers: Recommendations for Community Staffing Tools: March 2026.

Revision 1: Incorporation of clinic activity within the Community Nurse staffing level tool

Analysis identified that routine clinics, group clinics, mass vaccination clinics and health promotion and education activities were not reflected within the current recommended whole time equivalent calculation. As a result, staffing recommendations may not fully account for the workload of teams delivering significant clinic based activity.

To address this, HIS Healthcare Staffing Programme analysts developed a revised methodology using national dataset information to incorporate clinic activity into the staffing calculation. This change is expected to improve the accuracy of recommended whole time equivalent recommendations for community nursing teams.

Revision 2: Removal of multipliers from the Community Children's and Specialist Nurse and the Clinical Nurse Specialist staffing level tools

Evaluation findings and stakeholder feedback indicated that recommended whole time equivalent figures generated by the Community Children's and Specialist Nurse and the Clinical Nurse Specialist staffing level tools were frequently outside expected ranges. Further analysis demonstrated substantial variation in the type, frequency and duration of patient interventions across specialist roles. Given the diversity of these services, it was concluded that applying standardised multipliers was not appropriate and did not provide sufficiently reliable staffing recommendations.

As a result, HIS Healthcare Staffing Programme recommended the removal of the multipliers from these staffing level tools. This will ensure that staffing assessments remain aligned with the professional judgement and service specific considerations that underpin safe and effective workforce planning within highly specialised services.

Recognising the complexities associated with workforce planning in community and specialist services, the HIS Healthcare Staffing Programme will dedicate time during 2026-27 to review and enhance the methodologies used within community staffing level tools. This work will seek to identify and develop approaches that more accurately reflect service demand, workload and workforce requirements, while continuing to support safe, effective and sustainable staffing decisions across community settings.

3.6 Revision of statutory staffing level tools to reinstate paid restorative breaks

HIS Healthcare Staffing Programme undertook a national methodological review of statutory staffing level tools and identified a historical assumption regarding the treatment of staff break time that was no longer methodologically robust or aligned with national priorities for staff wellbeing and safe care.

Historically, all unproductive time was excluded from staffing calculations. This approach did not distinguish between unpaid meal breaks, during which staff should be fully relieved of duty in line with Scottish Terms and Conditions, and paid restorative breaks or unavoidable downtime, when staff remain available to respond to patient needs despite reduced service activity.

The review concluded that paid restorative breaks and unavoidable downtime should contribute to staffing calculations, as excluding all unproductive time can underestimate the staffing required to deliver safe and effective care. HIS Healthcare Staffing Programme therefore recommended reinstating paid restorative breaks and unavoidable downtime within staffing calculations, while applying a consistent 8 % deduction for unpaid meal breaks in line with Scottish Terms and Conditions requirements. Modelling indicated that this revision would result in an approximate 4.0-5.1 % increase in recommended staffing establishments, reflecting a correction to the underlying methodology rather than the introduction of a new staffing entitlement.

The review was undertaken in collaboration with NHS Boards, professional bodies, trade unions and other key stakeholders. Full details of the methodology review and recommendations can be found in the published paid breaks recommendation paper. The revised methodology will come into effect on 1 October 2026.

The revised approach is expected to:

- improve the accuracy of staffing recommendations and support safer care delivery
- better support staff wellbeing by recognising the need for restorative breaks during working hours
- reduce the risk of workforce fatigue and its potential impact on patient safety
- align staffing methodologies with national commitments relating to staff wellbeing, sustainable workforce planning and safe care

3.7 Standardising one nurse to one patient ratio calculations

The HIS Healthcare Staffing Programme undertook a national review of one nurse to one patient (1:1) care calculations used within statutory staffing level tools. The review combined clinical expertise from within HIS Healthcare Staffing Programme with analysis of existing staffing level tool methodologies, observation study data and workforce planning assumptions.

As part of wider staffing level tool review activity undertaken during 2024-25 (Healthcare Staffing Programme staffing level tool review 2025), the calculation of 1:1 care requirements were also considered by relevant specialty specific expert working groups, which included representatives from NHS Boards, professional bodies and trade unions.

Inpatient staffing level tools calculate care requirements using Care Hours Per Patient Day. A patient requiring 1:1 care requires a minimum of 24 hours of direct care over a 24 hour period. Unlike other levels of care, these requirements are calculated rather than derived from observation studies.

The review identified variation in the approach used across staffing level tools and concluded that a standardised methodology was required. HIS Healthcare Staffing Programme therefore recommended that, from 1 April 2026, 1:1 care should be calculated as:

- 24 hours direct care + 1 hour handover time + 1 hour paid restorative breaks = 26 care hours per day

This approach reflects the full staffing resource required to deliver continuous 1:1 care safely and consistently, while recognising the need for staff handovers and restorative breaks. Further information on the recommendations and evidence review is available in the published one nurse to one patient ratio calculation recommendation report.

3.8 Emergency care provision staffing level tool

In 2024-25, the HIS Healthcare Staffing Programme completed a review of all staffing level tools. The emergency care provision staffing level tool was identified as the least effective of the current tools.

This finding, together with recommendations arising from the NHS Greater Glasgow and Clyde Emergency Department Review: March 2025, informed HIS Healthcare Staffing Programme's decision to prioritise the development of a new emergency care provision staffing level tool. The revised staffing level tool will better reflect the current operational environment, multidisciplinary models of care and workforce requirements within emergency departments. Development is currently underway, supported by a national expert working group and appointed Clinical Leads, with implementation anticipated from April 2028, subject to approval by Scottish Ministers.

While development of the new tool progresses, the existing emergency care provision staffing level tool transferred to SafeCare on 1 April 2026. In parallel, HIS Healthcare Staffing Programme undertook work to address longstanding concerns regarding the administrative burden associated with data collection and the challenges boards experienced in sourcing the information required to complete the tool.

A pilot project was established to:

- reduce the data collection burden and improve data quality through the direct capture of patient numbers and acuity data within TrakCare
- improve the accuracy of staffing level tool outputs to better support workforce planning
- reduce the staffing resource required to undertake staffing level tool runs
- test and validate the use of SafeCare as the future platform for the emergency care provision staffing level tool
- explore the feasibility of a consistent national approach to data collection

The pilot involved NHS Lothian, NHS Lanarkshire and NHS Greater Glasgow and Clyde. Participating emergency departments configured TrakCare to capture patient acuity information, which was extracted through local business intelligence reporting and transferred into SafeCare.

The work was supported by workforce leads, clinical teams, TrakCare representatives, business intelligence staff and InterSystems.

Evaluation findings demonstrated that the use of TrakCare and SafeCare reduced the administrative burden associated with staffing level tool completion and improved the overall user experience. Participants reported that data entry was less time consuming, SafeCare was easier to use than the Scottish Standard Time System and the overall process required less staff resource.

However, confidence in the accuracy of staffing recommendations did not improve significantly, reflecting the limitations of the emergency care provision staffing level tool methodology, which remains under review. The pilot also highlighted variation in local TrakCare configurations across NHS Boards, presenting challenges for the implementation of a fully standardised national solution.

Overall, the pilot achieved its objectives of reducing data burden, reducing staffing resource requirements and successfully testing the use of SafeCare for emergency care provision staffing level tool activity. While progress was made towards improving outputs and establishing a national approach, these objectives remain dependent on the development and implementation of the revised emergency care provision staffing level tool during 2026-28.

Full details of the TrakCare pilot methodology, findings and recommendations are available in the Emergency Care Provision TrakCare Pilot Report.

3.9 Staffing level tool transition to SafeCare

NHS Scotland's digital landscape continues to evolve, with formal notification issued to all NHS Boards confirming that the Scottish Standard Time System contract will end on 31 March 2028. As a result, all staffing level tools prescribed under duty 12IK of the Health and Care (Staffing) (Scotland) Act 2019 and currently hosted on Scottish Standard Time System will require transition to an alternative digital platform by this date.

In August 2025, HIS Healthcare Staffing Programme published its staffing level Tools Transition Plan, setting out the proposed approach, timelines and actions required to support the transition of staffing tools from Scottish Standard Time System to SafeCare. The plan also outlined preparatory work required by NHS Boards to support successful implementation. Further information is available in the Staffing Level Tools Transition Plan.

On 1 April 2026, the emergency care provision staffing level tool and neonatal staffing level tool successfully transitioned to SafeCare. To support implementation, the HIS Healthcare Staffing Programme delivered a programme of training and updated learning resources. Training sessions were attended by 94 staff for the emergency care provision staffing level tool and 111 staff for the neonatal staffing level tool.

The Scottish children's acuity measurement in paediatric settings staffing level tool is scheduled to transition to SafeCare on 1 October 2026. A programme of training and updated guidance will be provided to support local implementation.

To facilitate the transition from Scottish Standard Time System to SafeCare, HIS Healthcare Staffing Programme has developed an interim reporting solution while SEER, NHS Scotland's national data and analytics platform, is being developed and expanded to support national reporting requirements by partner organisations. While this has enabled continued access to reporting functionality, it has resulted in increased workload for the HIS Healthcare Staffing Programme team and is not considered sustainable in the longer term.

Delays to the development and implementation of SEER may affect the planned transition of additional staffing level tools from April 2027 onwards. This risk has been escalated to the Scottish Government and continues to be actively monitored through HIS Healthcare Staffing Programme governance arrangements.

The transition programme remains a key strategic priority for HIS and will support the continued digitalisation, standardisation and sustainability of staffing level tools across NHS Scotland.

3.10 Conclusion

During 2025-26, HIS continued to fulfil its statutory responsibility to monitor, review and develop staffing level tools and methodologies under the Health and Care (Staffing) (Scotland) Act 2019.

Significant progress was achieved through the launch of redeveloped staffing level tools, implementation of methodological improvements, development of multidisciplinary approaches and continued transition to modern digital platforms. These developments have strengthened the evidence base underpinning workforce planning and improved the ability of staffing level tools to reflect contemporary models of care and service delivery.

The work undertaken during the year demonstrates HIS Healthcare Staffing Programme’s commitment to ensuring staffing level tools remain evidence-based, proportionate and responsive to the changing needs of health services. Ongoing evaluation, stakeholder engagement and further methodological development will continue throughout 2026-27 to support safe, effective and sustainable workforce planning across NHS Scotland.

Chapter 4 Digital Advances

The HIS Healthcare Staffing Programme continued to make significant progress in the digital transformation of workforce planning and staffing assurance during 2025-26. Digital developments focused on improving access to staffing intelligence, modernising staffing level tools and methodologies, reducing administrative burden and supporting the transition to sustainable national digital platforms.

This work supports implementation of the Health and Care (Staffing) (Scotland) Act 2019 by strengthening workforce assurance, improving the availability and quality of workforce data, and enabling more effective use of staffing level tools to inform workforce planning and safe staffing decisions across NHS Scotland.

4.1 Business intelligence and reporting

A Microsoft PowerBI dashboard was launched for nominated NHS board users, providing access to national staffing intelligence and enabling monitoring of compliance with staffing level tools and the professional judgement tool.

The dashboard is updated monthly using data extracted from Business Objects XI, the reporting module for the Scottish Standard Time System, together with data captured through an interim reporting solution for staffing level tools hosted within the SafeCare module of the national eRostering system. The dashboard provides boards with improved visibility of staffing level tool activity and supports local assurance, governance and workforce planning.

HIS Healthcare Staffing Programme also developed interim reporting solutions to support the transition from Scottish Standard Time System to SafeCare while national reporting capabilities continue to be developed through NHS Scotland's national data and analytics platform, SEER.

HIS Healthcare Staffing Programme has worked closely with National Services Scotland, now known as Public Service Delivery Scotland, to support the development of reporting capabilities within SEER, NHS Scotland's national data and analytics platform. This work aims to establish a sustainable national reporting solution for staffing level tool data, enabling improved access to workforce intelligence, enhanced analytics and more effective monitoring of implementation of the Act. The development of SEER is a key enabler of the wider transition from legacy systems and will support a more integrated and scalable approach to workforce reporting across NHS Scotland.

4.2 Modernising staffing tool platforms

During 2025-26, substantial progress was made in transitioning staffing level tools to modern digital platforms. The new mental health and learning disabilities nurse inpatient staffing level

tool, launched in October 2025, became the first staffing level tool to be hosted within SafeCare. This was followed by the launch of the maternity services staffing level tool in April 2026 and the successful transition of both the neonatal and emergency care provision staffing level tools to SafeCare.

In August 2025, HIS Healthcare Staffing Programme published the staffing level tools transition plan, setting out the programme of work to migrate all prescribed staffing level tools from Scottish Standard Time System to SafeCare ahead of the planned decommissioning of Scottish Standard Time System in March 2028.

Alongside staffing level tool transitions, HIS Healthcare Staffing Programme worked with RLDatix to develop new digital solutions, including a professional judgement tool within SafeCare, supporting the strategic direction of establishing SafeCare as the preferred national platform for staffing level tools and workforce planning.

In partnership with InterSystems, HIS Healthcare Staffing Programme also progressed work to develop and standardise the recording of patient levels of care within TrakCare. This will support the consistent capture of patient acuity and dependency information within existing clinical systems, reducing duplicate data entry and improving the quality of workforce and workload information available to inform staffing decisions. Full details of the TrakCare pilot are available in the Emergency Care Provision TrakCare Pilot Report.

This work forms part of a wider programme of digital integration between clinical systems and staffing level tools, creating opportunities for more efficient data collection, improved workforce planning, enhanced staffing assurance and more consistent approaches to capturing patient acuity and workload information across NHS Scotland. Collectively, these developments provide a stronger evidence base for staffing level tool development, real time staffing assessment and future digital innovation.

4.3 Digital data collection and innovation

The digital infrastructure required to support electronic workforce and workload data collection is now in place. During 2025-26, the HIS Healthcare Staffing Programme designed and developed a suite of bespoke digital applications inhouse to support observation studies used in staffing level tool development, evaluation and review activity. This represents a significant milestone for the HIS Healthcare Staffing Programme and a pioneering approach to the digital collection of workforce and workload data within NHS Scotland.

Development of these applications required extensive collaboration across HIS and with national digital partners. This included engagement on information governance, data protection and technical architecture requirements, ensuring that solutions were secure, scalable and aligned with national digital standards. The applications were built using Microsoft Power Platform

technologies, including Dataverse and Microsoft applications, maximising the value of existing national licensing and digital infrastructure arrangements.

The move from paper based to digital data collection is expected to deliver substantial benefits, including improved data quality, consistency and retention, while reducing manual data handling, analysis requirements and administrative burden. Digital collection methods also enable more efficient development, evaluation and maintenance of staffing level tools and methodologies through improved access to high-quality workforce and workload data.

These digital solutions have already been utilised to support major staffing level tool developments, including the maternity services and the mental health and learning disabilities nurse inpatient staffing level tools. They will play an increasingly important role in future staffing level tool development and evaluation activity, providing a sustainable and scalable platform for workforce data collection and supporting HIS' wider ambition to modernise workforce planning, staffing assurance and implementation of the Health and Care (Staffing) (Scotland) Act 2019.

4.4 Conclusion

The scale and breadth of digital transformation delivered during 2025-26 marks a significant milestone for the HIS Healthcare Staffing Programme. From the implementation of national reporting solutions and the transition of staffing level tools to SafeCare, to the development of bespoke workforce data collection applications and enhanced integration with clinical systems, HIS Healthcare Staffing Programme has played a leading role in modernising the digital infrastructure that supports safe staffing across NHS Scotland.

These advances provide a strong foundation for future development and support the long term ambition of delivering consistent, data driven and sustainable workforce planning arrangements. As NHS Scotland's digital landscape continues to evolve, HIS Healthcare Staffing Programme will continue to work with national partners to maximise opportunities for integration, automation and innovation in support of safe and effective care.

These developments have been delivered through close collaboration with national partners including Public Services Delivery Scotland, RLDatix and InterSystems. Together, this work is helping to establish the digital foundations required to support modern workforce planning, national reporting and staffing assurance arrangements across NHS Scotland.

Conclusion

This report outlines the significant progress made by HIS during 2025-26 in delivering its statutory functions under the Health and Care (Staffing) (Scotland) Act 2019.

Through strengthened monitoring and assurance arrangements, the first statutory review of the Common Staffing Method, continued development of staffing level tools and substantial digital innovation, HIS has continued to support implementation of the legislation across NHS Scotland. These activities have been underpinned by close collaboration with NHS Boards, Scottish Government, professional bodies, staff representatives and national digital partners.

The evidence gathered through monitoring activity demonstrates that NHS Boards have made meaningful progress in embedding the requirements of the Act. Governance structures, staffing processes and workforce planning arrangements are becoming increasingly mature, with growing evidence of the Act influencing organisational approaches to staffing and workforce assurance. However, significant challenges remain, including workforce shortages, financial pressures, service demand, variation in implementation and the need for stronger evidence demonstrating the impact of staffing systems on workforce, quality and patient outcomes.

The work undertaken during 2025-26 has established strong foundations for the next phase of implementation. Priorities for 2026-27 will include continued enhancement of staffing level tools and methodologies, strengthening application of the Common Staffing Method, expanding digital solutions and reporting capabilities, and supporting NHS Boards to demonstrate the impact of staffing legislation on safe, effective and person-centred care.

HIS remains committed to working collaboratively with partners across Scotland to promote learning, support improvement and provide assurance that staffing systems continue to support high-quality care and positive outcomes for patients, service users and staff.

Appendices

Appendix 1: NHS board summary reports

- HSP - NHS 24 Annual Summary Report 2025-26: September 2026
- HSP - NHS Ayrshire and Arran Annual Summary Report 2025-26: September 2026
- HSP - NHS Borders Annual Summary Report 2025-26: September 2026
- HSP - NHS Dumfries and Galloway Annual Summary Report 2025-26: September 2026
- HSP - NHS Fife Annual Summary Report 2025-26: September 2026
- HSP - NHS Forth Valley Annual Summary Report 2025-26: September 2026
- HSP - NHS Grampian Annual Summary Report 2025-26: September 2026
- HSP - NHS Greater Glasgow and Clyde Annual Summary Report 2025-26: September 2026
- HSP - NHS Golden Jubilee Annual Summary Report 2025-26: September 2026
- HSP - NHS Highland Annual Summary Report 2025-26: September 2026
- HSP - NHS Lothian Annual Summary Report 2025-26: September 2026
- HSP - NHS Lanarkshire Annual Summary Report 2025-26: September 2026
- HSP - NHS National Services Scotland Annual Summary Report 2025-26: September 2026
- HSP - NHS Orkney Annual Summary Report 2025-26: September 2026
- HSP - NHS Shetland Annual Summary Report 2025-26: September 2026
- HSP - Scottish Ambulance Service Annual Summary Report 2025-26: September 2026
- HSP - NHS Tayside Annual Summary Report 2025-26: September 2026
- HSP - The State Hospital Annual Summary Report 2025-26: September 2026
- HSP - NHS Western Isles Annual Summary Report 2025-26: September 2026

Appendix 2: Review of board assurance levels

- Healthcare Staffing Programme review boards level of assurance 24-25 vs 25-26

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