Healthcare Improvement Scotland (HIS) Healthcare Staffing Programme: NHS 24 Annual Summary Report 2025-26

Background and context

This summary report provides information on how NHS 24 have discharged their duties of the Health and Care (Staffing) (Scotland) Act 2019 and engaged with the HIS Healthcare Staffing Programme in line with HIS duty 12IP of the Act as set out in the HIS Healthcare Staffing Operational Framework.

NHS 24 reports **overall substantial assurance** in relation to implementation of the applicable duties of the Act.

- This reflects established workforce planning, governance and staffing risk management arrangements, supported by real time operational oversight, workforce modelling, digital systems and implementation of a national Customer Relationship Management platform.
- As a national special Health Board, NHS 24 operates within a distinct service delivery context and is subject to amended staffing duties under the Act. The board continues to focus on workforce sustainability, staff wellbeing, digital transformation and further development of evidence demonstrating the impact of staffing arrangements on service quality, patient outcomes and workforce experience.

HIS board review activity 2025-26

Board review call dates

- 9 June 2025
- 21 January 2026

Board reports received

- Q1: 29 July 2025

- Q2: 12 November 2025
- Q3: 23 February 2026
- Annual: 26 June 2026

Safe delivery of care inspections

- not Applicable

HIS responding to concerns related to the Act

- no workforce responding to concerns were raised or managed within the reporting period

Board requests for assistance to HIS Healthcare Staffing Programme

- no requests for assistance s within the reporting period

Non-routine power to require information requests

- no non-routine power to require information requests made

Governance

HIS healthcare staffing internal advisory group meeting review date

- 10 September 2025

HIS Healthcare Staffing Programme business meeting review date

- 25 September 2025

Engagement with the wider HIS Healthcare Staffing Programme team

NHS 24 has engaged with the HIS Healthcare Staffing Programme through board review calls and as part of relevant national working groups. Owing to national special Health Board status, the Common Staffing Method is not applicable.

Assessment

Below is a concise, structured, triangulated summary of how NHS 24 are fulfilling their legislative duties based on the data, evidence and intelligence available to HIS. This includes key strengths and successes, gaps or challenges and mitigating actions, incorporating examples of multiprofessional outcomes where relevant.

This summary presents board reported implementation alongside corroborative evidence and intelligence available to HIS. The extent to which board reporting can be substantiated through independent evidence varies across staffing duties, professions, services and care settings. For special Health Boards, the opportunities for independent corroboration may be more limited where services are nationally delivered, highly specialised or not routinely subject to the same range of performance, regulatory or inspection evidence available within territorial NHS boards.

Consequently, the absence of corroborative evidence should not be interpreted as evidence of non-compliance but rather reflects the limitations of the evidence available to HIS at the time of review to substantiate board reporting or provide independent assurance.

HIS also recognises the importance of taking a proportionate approach to requests for evidence from boards, balancing the need for assurance with the need to minimise additional reporting burden and make best use of existing sources of evidence and intelligence where possible.

Overall summary

NHS 24 reports substantial assurance in relation to implementation of the Act across applicable duties. Available evidence is broadly consistent with this reported position and demonstrates established workforce planning, governance and staffing risk management arrangements, supported by real time operational oversight and continued digital transformation.

Key strengths include a data-driven approach to workforce planning, mature real time staffing and escalation processes, implementation of a national customer relationship management platform, strong recruitment and retention performance, and established arrangements supporting training, competency and workforce development.

Available evidence is largely derived from board reporting, demonstrations of local systems and board review discussions, with limited independent evidence available to substantiate reported assurance levels across some duties. Areas limiting assurance include demonstrating the impact of staffing arrangements on patient outcomes, evidencing the effectiveness of clinical leadership time arrangements, and further development of outcome-based measures associated with workforce and service performance.

12IA: Duty to ensure appropriate staffing and the Guiding Principles

- **Board reported position: Substantial assurance**

  The board reports robust workforce planning arrangements supported by an established Workforce Strategy, governance processes, recruitment activity and workforce sustainability initiatives. The board also reports that staffing decisions are supported by quality monitoring, operational oversight and service transformation activity.
- **Triangulated available evidence:** is broadly consistent with the board's description of workforce planning and governance arrangements. Workforce data demonstrates high staffing levels across registered nursing and mental health workforces, and board review discussions identified established processes for workforce and performance management. While there is positive

evidence of ongoing development, further work is required to strengthen outcome-based measures and data integration to fully demonstrate the impact on quality, service delivery and patient journeys.

- **Board reported mitigations:** workforce planning activity, recruitment and retention initiatives, wellbeing programmes, workforce transformation and digital system development.

12IC: Duty to have real time staffing risk assessment

- **Board reported position: Substantial assurance**

  The Board reports established real time staffing assessment arrangements supported by workforce planning systems, operational oversight, safety huddles, real time monitoring and dynamic workforce deployment processes

- **Triangulated available evidence:** is broadly consistent with the board's description of real time staffing assessment arrangements. NHS 24 provided HIS with demonstration of the systems used to support this duty and board review discussions described established processes for monitoring staffing levels, demand and service pressures. However, the evidence available to HIS is largely based on board reporting and system demonstrations, with limited independent evidence available to substantiate the reported organisational impact.
- **Board reported mitigations:** real time operational monitoring, staffing escalation arrangements, workforce planning and ongoing digital transformation activity.

12ID: Duty to have risk escalation process in place

- **Board reported position: Substantial assurance**

  The board reports established staffing escalation arrangements supported by operational management structures, safety huddles, governance processes and multiple routes for staff to raise concerns.

- **Triangulated available evidence:** is broadly consistent with the board's description of escalation processes and indicates that escalation arrangements are integrated within wider workforce management systems. However, evidence available to HIS is primarily derived from board reporting and demonstrations of local systems. Limited independent evidence is available regarding the effectiveness and impact of escalation processes across the organisation.
- **Board reported mitigations:** escalation matrices, governance oversight, risk management systems and staff reporting mechanisms.

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

- **Board reported position: Substantial assurance**

  The board reports arrangements for identifying, monitoring and managing severe and recurrent workforce risks through risk management systems, workforce governance groups and executive oversight structures.

- **Triangulated available evidence:** is broadly consistent with the board's description of these arrangements and demonstrates oversight of workforce-related risks through established governance processes. However, evidence available to HIS is largely dependent on board reporting and there is limited independent evidence available to demonstrate the longer-term impact of these arrangements on organisational learning or reduction of recurrent workforce risks.
- **Board reported mitigations:** risk management processes, workforce governance arrangements, digital transformation oversight and routine review of workforce risks.

12IF: Duty to seek clinical advice on staffing

- **Board reported position: Substantial assurance**

  The board reports that clinical advice is available through professional leadership arrangements, workforce planning processes, operational management structures and established governance systems.
- **Triangulated available evidence:** is broadly consistent with the board's description of arrangements for obtaining clinical advice on staffing. Board Review discussions provided examples of systems used to record staffing concerns, disagreements, risks and mitigations. However, external evidence available to HIS is limited, which restricts understanding of how these arrangements are applied consistently in practice across all services or the impact of clinical advice on staffing decisions.
- **Board reported mitigations:** professional leadership oversight, governance processes, staff engagement mechanisms and implementation of the renewed enterprise risk management system.

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

- **Board reported position: Reasonable assurance**

  The board reports that leadership time is supported through workforce planning arrangements, dedicated management and professional development time, workforce monitoring systems and leadership development activity.
- **Triangulated available evidence:** is broadly consistent with the board's reported position. Documentation shared with HIS and board review discussions demonstrate ongoing work to define, allocate and monitor leadership time. However, NHS2 4 acknowledges that further work is required to strengthen evidence of impact, organisational consistency and quality assurance arrangements. Evidence available to HIS regarding the effectiveness of protected leadership time remains limited.
- **Board reported mitigations:** workforce planning arrangements, dedicated management time, leadership development activity and ongoing implementation of organisational time-to-lead approaches.

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

- **Board reported position: Substantial assurance**

  The board reports established systems to support staff training, induction, competency assessment and workforce development. The board also reports protected learning arrangements, professional development opportunities and governance oversight of training compliance.
- **Triangulated available evidence:** is broadly consistent with the board's reported position. Board Review discussions identified embedded professional development arrangements and structured staff training associated with implementation of the national customer relationship management system. However, independent evidence available to HIS remains limited and appraisal completion rates remained slightly below organisational targets during the reporting period.
- **Board reported mitigations:** protected learning time, workforce development programmes, mandatory training monitoring, appraisal processes and ongoing digital training activity.

12IJ: Duty to follow Common Staffing Method

- **Board reported position: Not applicable**

  The common staffing method duty does not apply to NHS 24 as a special Health Board.

- Board reported mitigations: Not applicable

12IL: Training and consultation of staff

- **Board reported position: Not applicable**

  The training and consultation of staff (common staffing method) duty does not apply to NHS 24 as a special Health Board.
- Board reported mitigations: Not applicable

Conclusion

HIS noted that NHS 24 reported substantial assurance in relation to implementation of the applicable duties of the Health and Care (Staffing) (Scotland) Act 2019 during 2025–26. Available evidence and intelligence broadly support this position, demonstrating established workforce planning, governance and staffing risk management arrangements, underpinned by real time operational oversight and digital workforce systems, alongside continued development of measures to evidence organisational impact and outcomes.