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

Background and context

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

NHS Borders continue to report **overall reasonable assurance** in relation to implementation of the Act.

- this reflects established governance structures, increasing multiprofessional engagement and strengthening use of workforce planning methodologies
- NHS Borders continues to operate within a context of workforce pressures, including recruitment challenges, high absence, rurality and financial constraints

HIS board review activity 2025-26

Board review call dates

- 12 June 2025
- 20 November 2025
- 7 January 2026

Board reports received

- Q1: 6 August 2025
- Q2: 16 October 2025
- Q3: 30 January 2026
- Annual: 20 March 2026

Safe delivery of care inspections

- Borders General Hospital – safe delivery of care inspection report: September 2025
- Borders General Hospital maternity safe delivery of care inspection report: June 2026

The safe delivery of care inspections demonstrated improvements in real-time staffing risk management and patient safety oversight, as well as a supportive culture, with some improvement opportunities identified relating to staff training and Common Staffing Method application

HIS responding to concerns related to the Act

- no workforce responding to concerns were formally reported during the period

Board requests for assistance to HIS Healthcare Staffing Programme

- no board requests for assistance were identified during the reporting period

Non-routine power to require information requests

One power to require information request was issued on 10 July 2025 to support HIS in exercising its duty under section 12IP of the Act to monitor compliance and review how Health Boards are carrying out their staffing duties.

Governance

HIS healthcare staffing internal advisory group meeting review date

- 8 May 2025

HIS Healthcare Staffing Programme business meeting review date

- 27 May 2025

Engagement with the wider HIS Healthcare Staffing Programme team

NHS Borders has engaged with HIS Healthcare Staffing Programme through board review calls and requests for assistance, and as part of various national staffing level tool redevelopment groups and the national Common Staffing Method review.

Assessment

Below is a concise, structured, triangulated summary of how NHS Borders 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. While evidence is available to support some aspects of reported implementation, its availability and consistency are not uniform across all areas. 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 Borders demonstrates a transparent and committed approach to implementation of the Act, with reasonable overall assurance reported, with many aspects broadly supported by triangulated available evidence.

Key strengths include established governance structures, improving multiprofessional engagement, effective real-time staffing processes in acute services, positive inspection findings regarding multidisciplinary working and leadership within maternity services, and increasing use of workforce planning methodologies and service redesign.

However, cross-cutting challenges remain, including system-wide workforce fragility, variability in implementation across professions and services, continued reliance on short-term mitigation, and inconsistent documentation and limited consistent evidence of impact.

Two areas present the most significant constraint to assurance: clinical leadership time (limited assurance) and training access and completion (reasonable assurance but constrained delivery).

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

- **Board reported position: Reasonable assurance**
  NHS Borders report established workforce planning systems and multiprofessional engagement, including use of Common Staffing Method, Demand, Capacity, Activity and Queue and service review processes.
- **Triangulated available evidence:** Board review discussions, workforce planning documentation and service redesign examples, supports many aspects of this assessment, particularly within acute and nursing services. Inspection findings provided positive evidence of supportive leadership, multidisciplinary working and staff confidence to raise concerns. However, evidence indicates variation in application across professions and smaller services, and limited demonstration of how the guiding principles consistently inform decisions or affect outcomes.
- **Board reported mitigations:** ongoing recruitment pipelines, service redesign and increased use of triangulated data are in place; however, reliance on mitigation, including supplementary staffing and cross-board support, remains.

12IC: Duty to have real-time staffing risk assessment

- **Board reported position: Reasonable assurance**
  The board reports real-time staffing processes embedded across services, supported by TURAS, SafeCare, safety huddles and local systems.
- **Triangulated available evidence:** inspection findings, board review discussions and supporting documentation provide evidence of strong and consistent real-time staffing risk assessment processes within acute settings. However, evidence available to HIS indicates greater variability in community and specialist services. There is also limited evidence of systematic use of real-time staffing data to inform longer-term planning.
- **Board reported mitigations:** continued rollout of SafeCare and use of local systems to support areas where national solutions are not yet fully embedded.

12ID: Duty to have risk escalation process in place

- **Board reported position: Reasonable assurance**
  The board reports clear escalation processes supported by structured huddles and established management routes.
- **Triangulated available evidence:** indicates that escalation processes are established and routinely used, particularly within acute services. However, evidence of consistent documentation, traceability of decisions and feedback to staff is more limited, reducing assurance regarding organisational learning and demonstrable impact.
- **Board reported mitigations:** development of standard operating procedures (SOPs) and strengthening of governance and reporting arrangements.

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

- **Board reported position: Reasonable assurance**
  The board reports structured processes for identifying and managing risk through governance systems and multiple data sources.
- **Triangulated available evidence:** supports that these processes are in place and provides examples where risk identification has informed service redesign. However, recurring workforce-related risks persist, particularly within small, specialist or single-practitioner services, with limited evidence of sustained reduction in risk over time.
- **Board reported mitigations:** ongoing risk register monitoring, targeted service reviews and improvement activity to support oversight and decision making.

12IF: Duty to seek clinical advice on staffing

- **Board reported position: Reasonable assurance**
  The board reports that clinical advice is accessible through routine operational processes including safety huddles and on-call arrangements
- **Triangulated available evidence:** supports that clinical advice is generally accessible through established operational arrangements, particularly in acute settings. However, inconsistent recording of advice and limited audit trails reduce assurance regarding how advice consistently informs staffing decisions.
- **Board reported mitigations:** development of SOPs and anticipated improvements in documentation through wider SafeCare implementation.

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

- **Board reported position: Limited assurance**
  The board reports that clinical leadership time is insufficient and inconsistently protected.
- **Triangulated available evidence:** supports this assessment, indicating that leadership time is frequently eroded because of operational pressures. There is limited evidence of systematic measurement of planned versus delivered leadership time or of the impact of this on quality, safety or staff outcomes.
- **Board reported mitigations:** introduction of supervisory roles and ongoing review of leadership models, although, system and workforce pressures continue to constrain delivery.

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

- **Board reported position: Reasonable assurance**
  The board reports established training systems and governance structures.
- **Triangulated available evidence:** supports that structured arrangements are in place; however, staff access to training is frequently constrained by service pressures. Training compliance remains below expected levels, with recent maternity inspection findings reinforcing challenges in achieving consistent compliance across staff groups, and there is limited evidence demonstrating the impact of missed training on outcomes.

- **Board reported mitigations:** enhanced Continuing Professional Development (CPD) support, educator roles and trial approaches to protected learning time.

12IJ: Duty to follow Common Staffing Method

- **Board reported position: Reasonable assurance**
  The board reports implementation of Common Staffing Method across mandated areas, informing workforce planning and service redesign.
- **Triangulated available evidence:** supports increasing use of Common Staffing Method, particularly supported by staffing level tool engagement as an indicator; however, quality assurance issues, variation in understanding and inconsistent application reduce confidence in the robustness of staffing tool outputs and associated Common Staffing Method application. There is also evidence of reliance on staffing tool outputs in some decision-making.
- **Board reported mitigations:** provision of workforce planning support, ongoing training and development of SOPs to support consistency and quality assurance.

12IL: Training and consultation of staff

- **Board reported position: Reasonable assurance**
  NHS Borders report structured approaches to staff training and engagement in Common Staffing Method.
- **Triangulated available evidence:** supports improving engagement in some areas; however, understanding of the process and feedback to staff remain inconsistent across services, with continued reliance on key individuals.
- **Board reported mitigations:** continued training rollout, digital delivery and supporting guidance development to support understanding, consistency and reduce person dependence.

Conclusion

NHS Borders continues to demonstrate reasonable overall assurance in relation to implementation of the Health and Care (Staffing) (Scotland) Act 2019, supported by established governance arrangements, improving multiprofessional engagement and effective real-time staffing processes. Ongoing workforce pressures, variability in implementation across services and professions, and challenges relating to clinical leadership time and training continue to impact delivery and assurance.