# Healthcare Improvement Scotland (HIS) Healthcare Staffing Programme: NHS Dumfries and Galloway Annual Summary Report 2025-26

## Background and context

This summary report provides information on how NHS Dumfries and Galloway 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 Dumfries and Galloway report **overall substantial assurance** in relation to implementation of the Act. This is an increase upon overall reasonable assurance declared in 2024-25.

- This reflects established governance structures, assurance arrangements, embedded staffing risk management processes, and workforce planning systems across a range of professional groups.
- NHS Dumfries and Galloway continue to operate within the context of workforce pressures including recruitment and retention challenges associated with remote and rural services, specialist workforce shortages and ongoing reliance on mitigation arrangements within some services. Workforce pressures continue to impact training access, leadership capacity and implementation of the Common Staffing Method in some areas.

## HIS board review activity 2025-26

### Board review call dates

- 2 April 2025
- 28 October 2025

## Board reports received

- Q1: 13 October 2025
- Q2: 13 October 2025
- Q3: 30 January 2026
- Annual: 1 May 2026

## Safe delivery of care inspections

- Dumfries and Galloway Royal Infirmary – safe delivery of care inspection report: August 2025

The safe delivery of care inspection findings identified positive multidisciplinary working, visible leadership and supportive team cultures. Requirements were made relating to staff access to training and workforce-related improvement activity.

## HIS responding to concerns related to Act

- one workforce-related responding to concerns was raised and managed within the reporting period

## Board requests for assistance to HIS Healthcare Staffing Programme

- no requests for assistance were submitted during the reporting period

## Non-routine power to require information requests

One power to require information request was issued on 10 December 2025 to support HIS in exercising its duty 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

- 11 November 2025

## HIS Healthcare Staffing Programme business meeting review date

- 27 November 2025

# Engagement with the wider HIS Healthcare Staffing Programme team

NHS Dumfries and Galloway have 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 Dumfries and Galloway 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 Dumfries and Galloway report substantial assurance in relation to implementation of the Act. Evidence and intelligence available to HIS substantiates many aspects of this reported position, particularly in relation to governance arrangements, multidisciplinary working and staffing risk management processes. However, evidence of organisational impact and outcomes remains more limited across some duties.

Key strengths include embedded real-time staffing and escalation processes, visible clinical leadership, strong multidisciplinary working and sustained workforce growth across several professional groups.

However, challenges remain including workforce sustainability pressures, variation in implementation across professions and services, reliance on mitigation arrangements and limited available evidence demonstrating organisational impact from staffing interventions.

Challenges to assurance relate to training access during operational pressures and consistent implementation of the Common Staffing Method, including staffing level tool compliance, professional judgement completion and consultation processes across some services.

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

- **Board reported position: Substantial assurance**
  The board reports established governance arrangements, multiprofessional assurance processes and workforce planning systems supporting delivery of appropriate staffing.
- **Triangulated available evidence:** broadly supports aspects of this position and demonstrates visibility of staffing considerations within organisational governance and performance discussions. However, evidence also indicates ongoing reliance on process-based assurance as well as mitigation, prioritisation and workforce management arrangements to address recruitment and retention challenges, particularly within small, rural and specialist services. Evidence available at the time of review demonstrating the impact of the guiding principles on organisational outcomes remains limited.
- **Board reported mitigations:** ongoing workforce growth, recruitment activity, governance oversight and planned strengthening of healthcare staffing leadership and assurance arrangements.

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

- **Board reported position: Substantial assurance**
  The board reports embedded real-time staffing assessment arrangements supported by SafeCare, local systems, multidisciplinary huddles and operational oversight processes.
- **Triangulated available evidence:** supports that real-time staffing processes are established and functioning across specific service areas, with positive inspection findings relating to staffing oversight and multidisciplinary working. However, evidence available at the time of review of consistent organisational use of real-time data to inform longer-term workforce planning and improvement remains limited.
- **Board reported mitigations:** continued SafeCare implementation, dashboard development and strengthening the use of staffing intelligence to inform workforce planning decisions.

## 12ID: Duty to have risk escalation process in place

- **Board reported position: Substantial assurance**
  The board reports established escalation pathways supported by governance, risk management systems and multidisciplinary staffing oversight arrangements. High percentage of mitigation is reported to be both appropriate and unavoidable.
- **Triangulated available evidence:** provides examples of escalation processes being embedded and routinely used to manage staffing pressures, with staff reporting confidence in escalation and leadership response. There is evidence of longer-term solutions to immediate staffing risk, such as an enhanced staff pool in acute areas. However, escalation frequently results in operational mitigation rather than resolution of underlying workforce pressures and there is limited evidence

available at the time of review of systematic organisational learning from recurrent escalation activity.

- **Board reported mitigations:** continued refinement of escalation recording, governance scrutiny and monitoring of recurrent staffing risks. Implementation of enhanced staffing relief pool within acute services.

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

- **Board reported position: Substantial assurance**
  The board reports structured arrangements to identify, monitor and manage severe and recurrent staffing risks through governance systems and risk management processes.
- **Triangulated available evidence:** supports that risks are visible, monitored and subject to board oversight. However, recurring workforce pressures remain evident within some services and evidence demonstrating sustained reduction of recurring risks from recurrent patterns remains limited at the time of review.
- **Board reported mitigations:** risk register monitoring, targeted review of workforce risks and continued scrutiny through healthcare staffing governance structures.

## 12IF: Duty to seek clinical advice on staffing

- **Board reported position: Substantial assurance**
  The board reports that clinical advice is embedded within staffing governance, escalation processes and professional leadership arrangements.
- **Triangulated available evidence:** is consistent with clinical advice being routinely accessible, particularly within acute and higher-risk services. However, documentation, organisational oversight and evidence of how clinical advice informs decision-making remain variable across services.
- **Board reported mitigations:** continued use of standardised escalation arrangements, professional leadership oversight and governance review processes.

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

- **Board reported position: Reasonable assurance**
  The board reports increasing visibility of leadership capacity through workforce planning, job planning and governance processes.
- **Triangulated available evidence:** identifies visible clinical leadership and leadership involvement in staffing oversight and service delivery. However, workforce pressures continue to affect leadership capacity, with evidence indicating that leadership time is frequently displaced by operational demands. There remains limited evidence of systematic measurement of leadership time erosion and organisational impact.
- **Board reported mitigations:** continued monitoring through workforce systems, increased use of leadership capacity data and incorporation of findings within workforce planning processes.

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

- **Board reported position: Reasonable assurance**
  The board reports established governance arrangements supporting staff training, education and workforce development. Training is recognised as an important component of workforce sustainability and organisational capability.
- **Triangulated available evidence:** supports that governance and monitoring arrangements are established. However, inspection findings identified significant challenges regarding staff access to training, cancellation of learning opportunities and difficulties protecting training time during operational pressures. These findings support the board's declared position of reasonable assurance.
- **Board reported mitigations:** mandatory training prioritisation, workforce planning activity, leadership development programmes and review of training requirements across professional groups.

## 12IJ: Duty to follow Common Staffing Method

- **Board reported position: Substantial assurance**
  The board reports implementation of the Common Staffing Method across mandated services. Examples are provided where Common Staffing Method outputs have informed service review, workforce configuration and skill mix decisions.
- **Triangulated available evidence:** demonstrates examples of effective Common Staffing Method application across acute, community and mental health services. However, staffing level tool engagement, compliance and professional judgement completion remain variable across a significant proportion of mandated services. Evidence of systematic quality assurance and consistent organisational application remains limited at the time of review.
- **Board reported mitigations:** targeted support, quality assurance activity and continued engagement with national staffing tool development and implementation work.

## 12IL: Training and consultation of staff

- **Board reported position: Substantial assurance**
  The board reports established arrangements for staff training, engagement and consultation relating to implementation of the Common Staffing Method. These include local training arrangements, team discussions and governance processes supporting staff involvement in staffing decisions.
- **Triangulated available evidence:** supports that staff engagement mechanisms are in place. However, operational pressures, limited protected time and variable implementation of the Common Staffing Method constrain assurance regarding the consistency and effectiveness of consultation and training across services. Evidence demonstrating how staff feedback routinely influences staffing decisions remains limited at the time of review.
- **Board reported mitigations:** continued use of national and local training resources, staff engagement activity, development of local champions and ongoing governance oversight.

# Conclusion

HIS noted that NHS Dumfries and Galloway reported substantial assurance in relation to implementation of the Health and Care (Staffing) (Scotland) Act 2019 during 2025–26. Available evidence and intelligence support progress across a range of duties, particularly in relation to governance, staffing risk management and multidisciplinary working, while recognising that workforce pressures and variation in implementation across some duties, professions and services remain evident.