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

Background and context

This summary report provides information on how NHS Fife 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 Fife continues to report **overall reasonable assurance** in relation to implementation of the Act.

- this reflects established workforce planning, governance and staffing risk management arrangements, with the strongest evidence of embedded practice within Nursing and Midwifery services
- NHS Fife continues to operate within the context of workforce sustainability and resilience pressures, implementation of reduced working week requirements, recruitment challenges within some specialties and sustained operational pressures affecting service delivery and workforce capacity

HIS board review activity 2025-26

Board review call dates

- 29 May 2025
- 8 December 2025
- 2 February 2026

Board reports received

- Q1: 30 September 2025

- Q2: 2 February 2026
- Q3: 17 April 2026
- Annual: 30 April 2026
- Q4: 27 May 2026

Safe delivery of care inspections

- Victoria Hospital maternity safe delivery of care inspection: March 2026
- Stratheden Hospital – mental health safe delivery of care inspection report: June 2026

The safe delivery of care inspections identified examples of positive clinical leadership, multidisciplinary working and staffing oversight alongside recurring workforce-related requirements concerning training compliance, staffing risk assessment and management, leadership capacity and application of the Common Staffing Method to inform workforce planning.

HIS responding to concerns related to Act

- two workforce-related responding to concerns were raised and managed within the reporting period

Board requests for assistance to HIS Healthcare Staffing Programme

- NHS Fife sought support with the implementation of the Mental Health and Learning Disability staffing level tool and Common Staffing Method and improvements to the arrangements for real time staffing risk assessment and escalation. HIS Healthcare Staffing Programme provided a twelve-week support offer.

Non-routine power to require information requests

- no non-routine power to require information requests were made

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 Fife 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.

NHS Fife also requested focused improvement support from HIS Healthcare Staffing Programme in relation to the Mental Health and Learning Disability inpatient staffing level tool, real time staffing processes and associated Common Staffing Method application.

Assessment

Below is a concise, structured, triangulated summary of how NHS Fife 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 Fife demonstrates an established approach to implementation of the Act, with reasonable overall assurance with many aspects broadly supported by triangulated evidence. Evidence available to HIS is strongest in relation to workforce planning, governance arrangements and staffing risk management processes.

Key strengths include active management of staffing risk through established escalation arrangements, visible clinical leadership, positive multidisciplinary working identified through inspection activity and continued investment in workforce planning and leadership development.

However, challenges remain including workforce sustainability pressures, variation in implementation across professions and services, continued reliance on operational mitigation, limited evidence demonstrating measurable organisational impact and outcomes, and recurring

inspection findings that suggest organisational learning is not yet consistently embedded across services.

Particular challenges identified relate to consistent implementation of the Common Staffing Method, protected leadership time, training compliance and multidisciplinary staffing processes, as evidenced by recent inspections.

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

- **Board reported position: Reasonable assurance**
  The board reports established staffing governance arrangements, workforce planning processes and systems to support appropriate staffing.
- **Triangulated available evidence:** demonstrates established governance and workforce planning arrangements. However, evidence indicates variation in implementation across services and professional groups, together with limited evidence demonstrating how the guiding principles consistently inform staffing decisions and outcomes. Limited board-wide learning evident from HIS inspection activity in relation to consistent staffing related requirements.
- **Board reported mitigations:** continued workforce planning activity, reduction in working week implementation, leadership development and ongoing service redesign activity.

12IC: Duty to have real time staffing risk assessment

- **Board reported position: Reasonable assurance**
  The board reports established real time staffing assessment processes supported through Operational Pressures Escalation Levels (OPEL), local staffing systems and developing digital solutions.
- **Triangulated available evidence:** supports the existence of these arrangements; however, variation remains in implementation, documentation and consistency across services and professional groups. Evidence indicates strongest assurance within Nursing and Midwifery services.
- **Board reported mitigations:** continued implementation of SafeCare and eRostering alongside established local staffing processes and governance arrangements.

12ID: Duty to have risk escalation process in place

- **Board reported position: Reasonable assurance**
  The board reports established escalation processes supported by governance structures, staffing huddles and management oversight
- **Triangulated available evidence:** is consistent with escalation processes being in place and routinely utilised. However, evidence demonstrates variability in documentation, organisational visibility and learning from staffing escalation activity.
- **Board reported mitigations:** ongoing governance development, standardisation of processes and implementation of enhanced assurance arrangements.

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

- **Board reported position: Reasonable assurance**
  The board reports arrangements to identify, monitor and manage severe and recurrent staffing risks.
- **Triangulated available evidence:** supports operational management of staffing risks; however, there is limited evidence demonstrating consistent organisational learning or translation of staffing intelligence into longer-term workforce planning and redesign.
- **Board reported mitigations:** workforce planning activity, risk management processes and continued development of organisational governance arrangements.

12IF: Duty to seek clinical advice on staffing

- **Board reported position: Reasonable assurance**
  The board reports that clinical advice is available through professional leadership arrangements and staffing governance processes.
- **Available Evidence:** is consistent with clinical advice informing staffing decisions, particularly within Nursing and Midwifery services. However, recording, consistency and visibility of clinical advice across all professional groups remain variable.
- **Board reported mitigations:** development of standardised approaches and strengthening of multidisciplinary governance arrangements.

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

- **Board reported position: Reasonable assurance**
  The board reports established leadership structures and arrangements to support clinical leadership activity.
- **Triangulated available evidence:** supports that clinical leaders are visible and influential within services. However, inspection findings indicate that protected leadership time is frequently affected by operational pressures and workforce constraints.
- **Board reported mitigations:** implementation of the Clinical Leadership Framework, workforce planning activity and continued monitoring of leadership capacity.

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

- **Board reported position: Reasonable assurance**
  The board reports established systems to support training, education and compliance monitoring.
- **Triangulated available evidence:** supports that training governance arrangements are in place. However, recurrent inspection findings identified challenges relating to access to training, training compliance and release of staff for learning during sustained periods of operational pressure.
- **Board reported mitigations:** continued monitoring through governance arrangements, development of protected learning approaches and ongoing improvement activity.

12IJ: Duty to follow Common Staffing Method

- **Board reported position: Reasonable assurance**
  The board reports on the implementation of the Common Staffing Method across relevant services.
- **Triangulated available evidence:** demonstrates established Common Staffing Method arrangements; however, variation remains in staffing level tool completion, professional judgement processes, governance and consistency of application across services. Staffing level tool activity is evident but does not consistently translate into demonstrable compliance. Improvement support requested from HIS by mental health inpatient services.
- **Board reported mitigations:** Improvement support, training, governance oversight and continued implementation of digital staffing systems.

12IL: Training and consultation of staff

- **Board reported position: Reasonable assurance**
  The board reports established staff engagement, consultation and training arrangements to support Common Staffing Method implementation.
- **Triangulated available evidence:** demonstrates staff engagement mechanisms are in place. However, consultation, feedback and staff involvement remain variable across services and are closely linked to the consistency of Common Staffing Method implementation. Improvement support requested from HIS by mental health inpatient services.
- **Board reported mitigations:** improvement support, continued staff engagement activity, training provision and development of consistent Common Staffing Method governance arrangements.

Conclusion

HIS noted that NHS Fife reported reasonable assurance in relation to implementation of the Health and Care (Staffing) (Scotland) Act 2019 during 2025–26. Evidence and intelligence indicate established workforce planning, governance and staffing risk management arrangements, alongside continuing workforce pressures and variation in implementation across professions and services.