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

Background and context

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

- this reflects established governance arrangements, workforce planning processes, operational staffing systems and increasing integration of staffing oversight within business-as-usual governance structures
- NHS Forth Valley continues to operate within a context of workforce pressures, including recruitment and vacancy challenges, workforce absence, ongoing staffing pressures within maternity and mental health services and wider service delivery pressures

HIS board review activity 2025-26

Board review call dates

- 28 May 2025
- 7 October 2025

Board reports received

- Q1: 7 August 2025
- Q2: 1 October 2025
- Q3: 26 January 2026
- Annual: 29 April 2026

Safe delivery of care inspections

- Forth Valley Royal Hospital maternity safe delivery of care inspection report: November 2025
- Forth Valley Royal Hospital – mental health safe delivery of care inspection report: January 2026
- Forth Valley Royal Hospital – Unannounced follow up inspection report: June 2026

Inspection activity during the reporting period identified ongoing workforce-related challenges relating to staffing risk management, escalation processes, leadership capacity, training access and application of staffing methodologies.

HIS responding to concerns related to Act

- two workforce-related responding to concerns were investigated and closed by HIS within this reporting 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

- no non-routine power to require information requests were identified during the reporting period

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 Forth Valley has engaged with HIS Healthcare Staffing Programme through board review calls, and as part of various national staffing level tool redevelopments and the national Common Staffing Method review.

Assessment

Below is a concise, structured, triangulated summary of how NHS Forth Valley is 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 Forth Valley demonstrates a committed multiprofessional approach to implementation of the Act, with reasonable overall assurance reported, and many aspects of this supported by triangulated evidence.

Key strengths include established governance and risk management arrangements, workforce planning and sustainability initiatives and increasing engagement with Common Staffing Method implementation. Evidence also demonstrates ongoing organisational focus on workforce improvement, leadership and governance.

However, challenges remain, including ongoing workforce pressures, variation in implementation across services, inconsistent documentation and recording, continued reliance on escalation and operational mitigation, and limited evidence of measurable impact and sustained improvement.

Particular areas limiting assurance relate to severe and recurrent staffing risks, consistency of real time staffing assessment and escalation processes, recording and application of clinical advice,

protection of leadership time, training compliance and consistent application of the Common Staffing Method.

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

- **Board reported position: Reasonable assurance**
  The board reports established governance arrangements, workforce planning processes and workforce sustainability initiatives supporting delivery of appropriate staffing.
- **Triangulated available evidence:** broadly supports aspects of this position and demonstrates increasing organisational maturity in implementation of the Act. However, evidence also identifies ongoing workforce pressures across a number of services, particularly maternity and mental health. There is limited evidence demonstrating how the guiding principles consistently influence decision-making or how workforce interventions have improved outcomes across all professional groups and services.
- **Board reported mitigations:** ongoing recruitment activity, workforce sustainability initiatives, self-assessment activity and continued workforce planning and organisational improvement programmes.

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 SafeCare, eRoster, local systems, operational huddles and escalation processes.
- **Triangulated available evidence:** supports the existence of these arrangements; however, inspection findings demonstrate variation in implementation, staff confidence, training and documentation. There is also limited evidence demonstrating consistent use of real time staffing information to support strategic workforce planning and organisational learning.
- **Board reported mitigations:** continued development of standard operating procedures, workforce training and ongoing implementation of staffing systems and governance arrangements.

12ID: Duty to have risk escalation process in place

- **Board reported position: Substantial assurance**
  The board reports established escalation processes aligned to wider organisational risk management and governance arrangements. Staffing risks can be escalated through operational and corporate structures to support decision-making and mitigation.
- **Triangulated available evidence:** supports that escalation processes are in place; however, inspection findings identify variation in application and documentation. Recurring staffing risks and limited evidence regarding the effectiveness of escalation arrangements constrain assurance regarding organisational learning and sustained mitigation.
- **Board reported mitigations:** standard operating procedures, governance oversight and continued improvement activity following inspection findings.

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

- **Board reported position: Reasonable assurance**

  The board reports systems and governance processes to identify, monitor and manage severe and recurrent staffing risks. Risks are reviewed through service and corporate governance arrangements and linked to workforce planning and action planning processes.
- **Triangulated available evidence:** identifies ongoing recurrence of staffing-related risks, particularly within maternity and mental health services. Evidence demonstrating sustained reduction of risk, trend analysis and measurable impact from mitigation remains limited.
- **Board reported mitigations:** action plans arising from inspection activity, workforce interventions and continued governance oversight of workforce-related risks.

12IF: Duty to seek clinical advice on staffing

- **Board reported position: Reasonable assurance**

  The board reports that clinical advice is accessible through professional leadership, governance and escalation arrangements and routinely informs staffing decisions.
- **Triangulated available evidence:** is consistent with clinical advice being available and contributes to staffing decision-making. However, recording, documentation and auditability remain inconsistent, with limited evidence available regarding how clinical advice and disagreements are captured across services and professional groups.
- **Board reported mitigations:** continued integration of clinical advice within governance arrangements and ongoing development of staffing documentation processes.

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

- **Board reported position: Reasonable assurance**

  The board reports that leadership responsibilities are recognised within workforce planning and job planning arrangements and that leadership capacity is considered through governance processes.
- **Triangulated available evidence:** inspection findings identify that leadership time is frequently affected by operational staffing pressures, particularly within maternity services. Evidence of systematic monitoring and protection of leadership time remains limited.
- **Board reported mitigations:** Workforce planning activity, governance oversight and continued review of leadership capacity arrangements.

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

- **Board reported position: Reasonable assurance**

  The board reports established systems and governance arrangements supporting statutory, mandatory and role-specific training.
- **Triangulated available evidence:** supports that organisational arrangements are in place; however, inspection findings identify training gaps associated with staffing pressures and challenges releasing staff to undertake training. Evidence supporting the reported level of assurance is variable across services.

- **Board reported mitigations:** ongoing monitoring of compliance, governance oversight and workforce development activity.

12IJ: Duty to follow Common Staffing Method

- **Board reported position: Substantial assurance**

  The board reports implementation of the Common Staffing Method across applicable services, supported by governance arrangements and organisational improvement activity.
- **Triangulated available evidence:** demonstrates increasing engagement with staffing tools and improved compliance in several service areas. However, variation remains in quality, compliance and completion of staffing tool processes, particularly within maternity, community nursing and clinical nurse specialist services. Evidence of full Common Staffing Method application and linking Common Staffing Method outputs to workforce decisions and outcomes remains limited.
- **Board reported mitigations:** continued workforce planning support, governance oversight, training and quality improvement activity to improve consistency and application.

12IL: Training and consultation of staff

- **Board reported position: Reasonable assurance**

  The board reports staff training, engagement and consultation arrangements supporting implementation of the Common Staffing Method. Staff are reported to contribute to staffing tool processes and triangulation discussions.
- **Triangulated available evidence:** demonstrates ongoing engagement activity; however, evidence of consistent consultation, feedback mechanisms and organisational learning remains limited. Assurance continues to be influenced by variation in Common Staffing Method implementation across services.
- **Board reported mitigations:** continued training, staff engagement activity and consultation processes supporting Common Staffing Method.

Conclusion

HIS noted that NHS Forth Valley reported reasonable assurance in relation to implementation of the Health and Care (Staffing) (Scotland) Act 2019 during 2025–26. Available evidence broadly supports this position, reflecting effective staffing oversight, ongoing workforce planning and continued development of systems and processes to support staffing decisions. Positive progress was evident in workforce sustainability initiatives and engagement with the Common Staffing Method. However, workforce pressures, variation in implementation across services and limited evidence of sustained impact continued to influence assurance in some areas.