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

Background and context

This summary report provides information on how NHS Grampian 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 Grampian reports **overall limited assurance** in relation to implementation of the Act.

- this reflects their cautious and open approach to assurance reporting, recognising that while that systems, processes and governance arrangements are in place, variation in implementation across professions and services is evident, with a number of areas requiring further development
- NHS Grampian continues to operate within a context of sustained workforce pressures, including recruitment challenges, high absence, rurality and financial constraints

HIS board review activity 2025-26

Board review call dates

- 13 May 2025
- 21 October 2025

Board reports received

- Q1: 2 September 2025
- Q2: 19 November 2025
- Q3: 16 March 2026
- Annual: 29 April 2026

Safe delivery of care inspections

- no safe delivery of care inspections were carried out within the reporting period

HIS responding to concerns related to Act

- no formal workforce responding to concerns raised within the reporting period

Board requests for assistance to HSP

- four requests for assistance were received all relating to staffing level tools

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

- 14 August 2025

HIS HSP business meeting review date

- 28 August 2025

Engagement with the wider HIS Healthcare Staffing Programme team

NHS Grampian has engaged with the HIS Healthcare Staffing Programme team through board review calls and requests for assistance, and as part of various national staffing level tool redevelopments, SafeCare implementation and the national Common Staffing Method review.

Assessment

Below is a concise, structured, triangulated summary of how NHS Grampian 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 Grampian reports limited assurance in relation to implementation of the Act, reflecting a cautious but open approach. Evidence and intelligence available to HIS are broadly consistent with this reported position. Evidence is strongest in relation to workforce planning activity, governance arrangements, implementation of SafeCare and staffing risk management processes.

Key strengths include workforce planning activity, implementation of SafeCare across services, multidisciplinary governance arrangements, reduction in agency staffing expenditure and continued focus on workforce sustainability and leadership development.

However, challenges remain, including workforce sustainability pressures, variation in implementation across professions and services, limitations in documentation and recording processes and operational pressures affecting leadership and training time. Evidence demonstrating organisational impact and consistent implementation across professions and services remains limited.

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

- **Board reported position: Reasonable**
  The board reports workforce planning arrangements, application of the Common Staffing Method and governance processes to support appropriate staffing and workforce decision-making. Alongside sustained workforce, system and fiscal pressures.
- **Triangulated available evidence:** is broadly consistent with the board's description of workforce planning and governance arrangements. Available evidence also demonstrates ongoing workforce sustainability activity and service redesign. However, evidence demonstrating how the guiding

principles consistently inform staffing decisions and organisational outcomes across professions and services remains limited.

- **Board reported mitigations:** workforce planning activity, recruitment initiatives, service redesign and governance review processes.

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

- **Board reported position: Limited Assurance**

  The board reports implementation of real-time staffing assessment processes supported by SafeCare, local monitoring arrangements and governance oversight.
- **Triangulated available evidence:** is broadly consistent with the board's description of real-time staffing assessment arrangements, particularly within services where SafeCare is established. However, evidence available to HIS is limited, current assessment is therefore largely dependent on board self-assessment and reporting. Evidence demonstrating how real-time staffing intelligence informs longer-term workforce planning and improvement activity also remains limited currently.
- **Board reported mitigations:** continued SafeCare implementation across professions and services, development of standard operating procedures and staff training activity.

12ID: Duty to have risk escalation process in place

- **Board reported position: Limited**

  The board reports escalation processes are in place supported by SafeCare, Datix and governance arrangements. The board also identifies variation in implementation, recording and follow-up of staffing risks across services.
- **Triangulated available evidence:** is broadly consistent with the board's description of staffing risk escalation arrangements. However, evidence available to HIS is limited, current assessment is therefore largely dependent on board self-assessment and reporting in relation to the consistency or effectiveness of escalation processes across all professions and services currently. Documentation, auditability and evidence of organisational learning from staffing escalation activity remain limited.
- **Board reported mitigations:** governance oversight, review of escalation arrangements and development of supporting procedures.

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

- **Board reported position: Limited Assurance**

  The board reports arrangements to identify, monitor and manage severe and recurrent staffing risks through workforce, governance and risk management processes. The board also reports challenges in the consistent use of recurrent risk information to inform workforce planning and decision-making.
- **Triangulated available evidence:** is consistent with severe and recurrent staffing risks being visible within governance structures and subject to board oversight. However, evidence available to HIS is limited, current assessment is therefore largely dependent on board self-assessment and reporting relating to how recurrent staffing risk information is consistently translated into organisational

learning, workforce planning and service redesign. Recurring workforce pressures remain evident across a number of services.

- **Board reported mitigations:** workforce planning activity, risk monitoring and workforce sustainability initiatives.

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, workforce planning processes and staffing governance structures. Clinical advice is reported to inform workforce planning, establishment reviews and staffing decision-making.
- **Triangulated available evidence:** is broadly consistent with the board's description of arrangements for obtaining clinical advice on staffing. However, documentation of clinical advice, recording of disagreements and visibility of how advice informs staffing decisions remain inconsistent. However, evidence available to HIS is limited, current assessment is therefore largely dependent on board self-assessment and reporting.
- **Board reported mitigations:** professional leadership oversight, governance arrangements and development of standard operating procedures.

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

- **Board reported position: Limited Assurance**

  The board reports leadership development programmes, workforce planning activity and arrangements intended to support clinical leadership. The board also identifies challenges in monitoring leadership time consistently across professions and services.
- **Triangulated available evidence:** is limited, current assessment is therefore largely dependent on board self-assessment and reporting. Evidence available to HIS demonstrates organisational investment in leadership development and recognition of the importance of clinical leadership. However, operational pressures continue to affect leadership capacity and leadership time.
- **Board reported mitigations:** leadership development activity, review of leadership arrangements and workforce planning processes.

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

- **Board reported position: Reasonable Assurance**

  The board reports established systems and governance arrangements to support staff training, education and workforce development. The board also reports ongoing monitoring of statutory and mandatory training compliance.
- **Triangulated available evidence:** is limited, current assessment is therefore largely dependent on board self-assessment and reporting. Available evidence is broadly consistent with training and compliance monitoring arrangements being in place. However, training compliance remains below organisational targets and operational pressures continue to affect access to training and protected learning time.

- **Board reported mitigations:** compliance monitoring, competency framework development, protected learning approaches and workforce development activity.

12IJ: Duty to follow Common Staffing Method

- **Board reported position: Reasonable Assurance**

  The board reports application of the Common Staffing Method to workforce planning, establishment reviews and service redesign activity, including rebasing of nursing establishments within some services.
- **Triangulated available evidence:** is consistent with implementation of Common Staffing Method processes across a range of services. However, evidence available to HIS demonstrates variation in staffing level tool completion, professional judgement processes and consistency of application. Evidence available to HIS remains limited regarding the extent to which the Common Staffing Method is being applied consistently across all mandated services.
- **Board reported mitigations:** standard operating procedures, governance oversight, workforce planning support and dashboard development.

12IL: Training and consultation of staff

- **Board reported position: Limited Assurance**

  The board reports arrangements to support staff training, engagement and consultation relating to implementation of the Common Staffing Method, including training resources and communication activity.
- **Triangulated available evidence:** is limited and is largely dependent on board reporting. Available evidence indicates training resources and staff engagement arrangements are in place; however, resource limitations, operational pressures and competing priorities continue to affect the consistency of training and consultation activity across services. Variation in staffing tool completion suggests gaps in knowledge and understanding.
- **Board reported mitigations:** staff communication activity, training resources, implementation support and governance oversight.

Conclusion

HIS noted that NHS Grampian reported limited assurance in relation to implementation of the Health and Care (Staffing) (Scotland) Act 2019 during 2025–26. Available evidence broadly supports this position, reflecting a cautious and transparent assessment of implementation across the organisation, with strengths evident in workforce planning, governance arrangements, SafeCare implementation and staffing risk management. However, workforce pressures, variation in implementation across professions and services, and limited evidence of organisational impact continued to affect assurance during the reporting period.