Healthcare Improvement Scotland (HIS) Healthcare Staffing Programme: NHS Greater Glasgow and Clyde Annual Summary Report 2025-26

Background and context

This summary report provides information on how NHS Greater Glasgow and Clyde 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 Greater Glasgow and Clyde reports **overall reasonable assurance** in relation to implementation of the Act.

- this reflects established workforce planning, governance and staffing risk management arrangements, supported by increasing integration of workforce planning within organisational governance structures, implementation of digital staffing systems, use of workforce modelling and continued development of Common Staffing Method processes
- NHS Greater Glasgow and Clyde continue to operate within the context of significant workforce and system pressures, including recruitment and vacancy challenges across a number of professional groups, demand exceeding capacity in some services and patient flow pressures

HIS Board review activity 2025-26

Board review call dates

- 13 June 25
- 11 December 2025

- 29 January 2026

Board reports received

- Q1: 1 October 2025 (draft)
- Q2: 9 December 2025 (draft)
- Annual: 1 May 2026

Safe Delivery of Care inspections

- Glasgow Royal Hospital for Children: Ward 4 – safe delivery of care inspection report: January 2026
- Gartnavel General Hospital – Unannounced follow up inspection report: February 2026
- Skye House – safe delivery of care inspection report: February 2026
- Queen Elizabeth University Hospital maternity safe delivery of care inspection: June 2026

Inspection activity identified ongoing workforce related challenges relating to staffing effectiveness, leadership capacity, training compliance, staffing risk management and escalation processes, particularly within Child and Adolescent Mental Health Services and maternity services. Improvement actions are in place to address these findings.

HIS responding to concerns related to Act

- one formal workforce related responding to concerns was raised to HIS and managed within the reporting period
- NHS Greater Glasgow and Clyde Emergency Department Review: March 2025 – Healthcare Improvement Scotland has also been considered as part of this review owing to publication date being before the start of the new financial year and its association with various elements of the Act

Board requests for assistance to HIS Healthcare Staffing Programme

- five formal and four informal requests for assistance have been received, mainly in relation to staffing level tools

Non-routine power to require information requests

- one power to require information request was issued on 3 October 2025 to support HIS in exercising its duty under section 12IP of the Health and Care (Staffing) (Scotland) Act 2019 to monitor and review how Health Boards are carrying out their staffing duties

Governance

HIS healthcare staffing internal advisory group meeting review date

- 14 August 2025

HIS Healthcare Staffing Programme business meeting review date

- 28 August 2025

Engagement with the wider HIS Healthcare Staffing Programme team

NHS Greater Glasgow and Clyde have engaged with HIS Healthcare Staffing Programme through board review calls and requests for assistance, and as part of various national staffing level tool redevelopments and the national Common Staffing Method review. NHS Greater Glasgow and Clyde have also participated in pilot projects relating to the Emergency Care Provision staffing level tool.

Assessment

Below is a concise, structured, triangulated summary of how NHS Greater Glasgow and Clyde 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 Greater Glasgow and Clyde demonstrate an established approach to implementation of the Act, with reasonable overall assurance reported and many aspects broadly supported by triangulated evidence. Key strengths include established governance arrangements, workforce planning processes, staffing risk management systems and increasing integration of workforce oversight within organisational governance structures.

However, significant workforce and system pressures remain, including recruitment challenges, demand exceeding capacity in some services, variation in implementation across services and continued reliance on operational mitigation. Inspection activity and review findings indicate ongoing challenges relating to staffing risk management, leadership capacity, training compliance and staffing effectiveness.

Particular challenges identified relate to severe and recurrent staffing risks, consistency of real-time staffing assessment and escalation processes, protection of clinical leadership time, training compliance and consistent application of the Common Staffing Method across services. The board is also managing a significant period of transition associated with implementation of the Optima digital system. While this presents additional challenges given the size and complexity of the organisation, it has the potential to support greater consistency and improved outcomes once fully embedded.

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

- **Board reported position: Reasonable assurance**
  The board reports established workforce planning, governance and risk management arrangements, with workforce considerations increasingly integrated within organisational governance, performance and improvement programmes. Workforce planning activity is linked to strategic priorities, service redesign and workforce modelling.
- **Triangulated available evidence:** demonstrates established governance and workforce planning arrangements. Published and localised standard operating procedures are in place to support staff with the various Act associated systems and processes. However, inspection findings, workforce intelligence and board reporting identify persistent workforce pressures, workforce vacancies and demand exceeding capacity in some services. Evidence demonstrating how the guiding principles consistently inform staffing decisions and improve outcomes across all professions and services remains limited.
- **Board reported mitigations:** Workforce Strategy implementation, recruitment and retention initiatives, service redesign programmes, workforce modelling and ongoing governance oversight of workforce risks.

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

- **Board reported position: Reasonable assurance**
  The board reports established real-time staffing assessment arrangements supported by SafeCare, safety huddles, local staffing systems and processes, professional judgement and escalation processes. Real-time staffing information is used to identify and manage staffing risks across services
- **Triangulated available evidence:** supports the existence of these arrangements and demonstrates increasing implementation of digital staffing systems, supported by standard operating procedures. However, inspection findings identify variation in application, documentation and consistency across services. SafeCare implementation remains ongoing and evidence demonstrating consistent organisational impact from real-time staffing systems is limited.
- **Board reported mitigations:** continued SafeCare and e-roster rollout, staff training, development of reporting functionality, strengthening governance arrangements and service-level improvement activity.

12ID: Duty to have risk escalation process in place

- **Board reported position: Reasonable assurance**

The board reports established escalation processes embedded within operational and governance arrangements, supported by multidisciplinary safety huddles, risk reporting systems and committee oversight. Staffing risks are escalated through service and corporate governance structures

- **Triangulated available evidence:** supports that escalation processes are in place and routinely used. However, recurring staffing risks continue to be reported across multiple services and reporting periods. Evidence demonstrating the effectiveness of escalation processes in resolving risks, reducing recurrence and supporting organisational learning remains limited.
- **Board reported mitigations:** continued development of SafeCare and e-roster, strengthened reporting arrangements, governance oversight and implementation of service improvement actions arising from inspections and reviews.

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

- **Board reported position: Reasonable assurance**

  The Board reports established arrangements to identify, monitor and manage severe and recurrent workforce risks through governance structures, risk registers, workforce planning processes and organisational improvement programmes
- **Triangulated available evidence:** demonstrates that workforce risks are visible within governance structures and are subject to ongoing monitoring and review. However, workforce pressures remain persistent across a number of services, including maternity and Child and Adolescent Mental Health Services. Evidence demonstrating sustained reduction in risk severity, recurrence or organisational impact remains limited.
- **Board reported mitigations:** workforce planning activity, recruitment initiatives, service redesign, improvement programmes and continued monitoring through governance and risk management arrangements.

12IF: Duty to seek clinical advice on staffing

- **Board reported position: Reasonable assurance**

  The board reports that clinical advice is available through multidisciplinary staffing arrangements, professional leadership structures, operational decision-making processes and governance arrangements. Clinical advice is reported to inform staffing assessments and workforce planning activity.
- **Triangulated available evidence:** is consistent with clinical advice contributing to staffing decisions and is supported by SOP. However, recording, auditability and consistency of application across services and professional groups remain variable. Evidence demonstrating how clinical advice influences organisational decision-making and outcomes is limited currently.
- **Board reported mitigations:** continued development of governance arrangements, SafeCare implementation and integration of professional judgement within workforce planning and staffing systems.

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

- **Board reported position: Substantial assurance**

The board reports established clinical leadership structures and recognised the importance of leadership roles in supporting safe staffing, governance and quality of care. Leadership capacity is considered within workforce planning and operational management arrangements. Monitoring of provision and impact is somewhat constrained by current systems.

- **Triangulated available evidence:** supports that clinical leadership structures are in place. However, inspection findings and board reporting indicate that protected leadership time is frequently affected by staffing shortages, service pressures and operational demands. Evidence demonstrating systematic monitoring, protection and evaluation of leadership time remain limited.
- **Board reported mitigations:** workforce planning activity, recruitment and service redesign initiatives, governance oversight and continued review of leadership capacity.

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

- **Board reported position: Substantial assurance**

  The board reports established training, education and workforce development arrangements aligned to organisational priorities, workforce strategy and governance processes. Monitoring of provision and impact is somewhat constrained by current systems.
- **Triangulated available evidence:** supports that training systems and governance arrangements are in place. However, inspection findings and board reporting identify challenges relating to access to training, compliance and release of staff during periods of operational pressure. Evidence demonstrating the impact of training on workforce capability and staffing outcomes is variable.
- **Board reported mitigations:** ongoing compliance monitoring, workforce development programmes, engagement with education providers and improvement actions linked to inspection findings.

12IJ: Duty to follow Common Staffing Method

- **Board reported position: Substantial assurance**

  The board reports continued implementation of Common Staffing Method, supported by staffing level tools, workforce planning processes, workforce modelling and digital staffing systems. Engagement with staffing level tools is evident across all mandated services.
- **Triangulated available evidence:** demonstrates increasing implementation of staffing tool use and workforce planning methodologies, supported by a standardised approach. However, variation remains in compliance, quality and consistency of application across services. Evidence demonstrating consistent translation of staffing tool outputs into workforce decisions and measurable improvements in staffing effectiveness remains limited.
- **Board reported mitigations:** governance oversight, workforce planning support, continued rollout of staffing tools, staff training, standardised documentation and participation in national Common Staffing Method activity.

12IL: Training and consultation of staff

- **Board reported position: Substantial assurance**

The board reports established staff engagement, consultation and communication arrangements to support workforce planning activity and implementation of staffing systems and processes. Staff engagement is supported through a range of organisational and service-level mechanisms

- **Triangulated available evidence:** demonstrates that engagement and consultation arrangements are in place. However, evidence regarding consistency of engagement, staff feedback mechanisms and the extent to which staff views influence staffing decisions and organisational learning remains limited. Assurance continues to be influenced by variation in Common Staffing Method implementation across services.
- **Board reported mitigations:** continued staff engagement activity, development of feedback mechanisms, training provision, standardised Common Staffing Method related documentation and governance oversight of workforce engagement and Common Staffing Method implementation.

Conclusion

HIS noted that NHS Greater Glasgow and Clyde 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 established governance arrangements, workforce planning processes, staffing risk management systems and increasing integration of workforce oversight within organisational governance structures alongside transition to new digital solutions. However, workforce and system pressures, variation in implementation across services, and ongoing challenges relating to staffing risk management, leadership capacity and training compliance continued to affect assurance during the reporting period.