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

Background and context

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

- this reflects established governance structures, strong multidisciplinary engagement, embedded staffing risk management processes and increasing use of workforce planning methodologies and Common Staffing Method approaches
- NHS Golden Jubilee continues to operate within a context of workforce pressures, including consultant recruitment challenges, sickness absence, implementation of reduced working week requirements and ongoing reliance on supplementary staffing arrangements in some services

HIS Board review activity 2025-26

Board review call dates

- 18 June 2025
- 27 October 2026
- 21 April 2026

Board reports received

- Q1: 30 July 2025
- Q2: 12 November 2025
- Q3: 16 February 2026
- Annual: 14 May 2026

Safe delivery of care inspections

- Golden Jubilee University National Hospital – safe delivery of care report: October 2025

Follow up inspection findings demonstrated improvements in multidisciplinary huddles, staffing oversight and operational staffing decision-making.

HIS responding to concerns related to Act

- no workforce responding to concerns were formally reported during the period

Board requests for assistance to HIS Healthcare Staffing Programme

- four formal and three informal were requests for assistance submitted relating to Business Objects XI (BOXI), professional judgement tools and SafeCare implementation.

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

- 8 January 2026

HIS Healthcare Staffing Programme business meeting review date

- 28 January 2026

Engagement with the wider HIS Healthcare Staffing Programme team

NHS Golden Jubilee has engaged with HIS Healthcare Staffing Programme through board review call and requests for assistance, and as part of relevant national staffing level tool redevelopment and the national Common Staffing Method review.

Assessment

Below is a concise, structured, triangulated summary of how NHS Golden Jubilee 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 Golden Jubilee demonstrates a transparent and engaged approach to implementation of the Act, with reasonable overall assurance reported. Many aspects of this are broadly supported by triangulated evidence.

Key strengths include well-established multidisciplinary governance arrangements, embedded real-time staffing and escalation processes, strong engagement with Common Staffing Method implementation and positive inspection findings relating to staffing oversight and multidisciplinary huddles.

However, cross-cutting challenges remain, including workforce sustainability pressures, variability in documentation and auditability across professions, continued reliance on local systems pending digital maturity and inconsistent evidence demonstrating organisational impact across some duties. These areas are recognised within board reporting and are subject to ongoing improvement activity and planned mitigating actions.

The most significant constraints to assurance relate to consistency of documentation of clinical advice, protection of clinical leadership time, training access during operational pressures and variation in Common Staffing Method compliance across some nursing services, particularly Clinical Nurse Specialist areas. These challenges are recognised by the board and are reflected within ongoing improvement and monitoring arrangements.

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

- **Board reported position: Substantial assurance**

The board reports mature workforce planning arrangements, established governance structures and increasing integration of staffing assurance within wider organisational decision-making.

- **Triangulated available evidence** broadly supports aspects of this position, including governance reporting, workforce review processes and multidisciplinary oversight arrangements. There is evidence that staffing considerations are increasingly integrated within quality, operational and workforce governance discussions. However, evidence also indicates ongoing workforce sustainability pressures and variation in implementation across some professions and services.
- **Board reported mitigations:** ongoing workforce reviews, reduced working week planning, recruitment and retention activity, establishment reviews and implementation of digital staffing systems.

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 huddles, escalation processes, Datix reporting and operational oversight.
- **Triangulated available evidence** supports strong and embedded practice, including positive inspection findings demonstrating effective multidisciplinary huddles and operational staffing decision-making. However, evidence also suggests variation in recording and auditability across services pending full implementation of eRoster and SafeCare.
- **Board reported mitigations:** continued implementation of eRoster and SafeCare alongside established local escalation and oversight arrangements.

12ID: Duty to have risk escalation process in place

- **Board reported position: Substantial assurance**

  The board reports established escalation processes supported by standard operating procedures, professional leadership arrangements and governance structures. However, variation in documentation and organisational auditability remains a challenge.
- **Triangulated available evidence** supports that escalation processes are embedded and routinely used to identify and manage staffing pressures. Inspection findings also demonstrated operational mitigation and escalation activity in practice.
- **Board reported mitigations:** ongoing digital implementation, governance oversight and continued standardisation of escalation processes.

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

- **Board reported position: Substantial assurance**

  The board reports established arrangements to identify, monitor and manage severe and recurrent staffing risks through governance, risk management and operational review processes.
- **Triangulated available evidence** supports the existence of mechanisms to identify, monitor and manage severe and recurrent staffing risks, which are integrated with wider organisational governance arrangements. Workforce sustainability, recruitment and operational risks are visible within board reporting, and there is evidence of routine consideration of mitigations and

improvement actions. However, evidence of consistent measurement of the long-term impact of mitigations remains limited.

- **Board reported mitigations:** workforce reviews, risk monitoring arrangements, confirm and challenge processes and planned SafeCare implementation.

12IF: Duty to seek clinical advice on staffing

- **Board reported position: Reasonable assurance**

  The board reports that clinical advice is accessible through established professional leadership, governance and escalation arrangements. However, documentation of clinical advice, disagreement and associated decision-making remains inconsistent across services, particularly within smaller professional groups where professional expertise may be concentrated within a very limited number of staff.
- **Triangulated available evidence** supports that clinical advice is routinely available through established arrangements; however, inconsistent documentation limits the extent to which its influence on decision-making can be consistently demonstrated.
- **Board reported mitigations:** development of guidance, templates and escalation pathways together with ongoing implementation of digital staffing systems.

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

- **Board reported position: Reasonable assurance**

  The board reports that leadership responsibilities are formally recognised and monitored through workforce planning, governance and job planning processes. However, operational pressures, workforce shortages and sickness absence continue to impact the ability to consistently protect leadership and supervisory time.
- **Triangulated available evidence** indicates that arrangements are in place to recognise and monitor leadership time. There remains limited evidence of systematic measurement of the impact of reduced leadership time on quality, workforce or service outcomes.
- **Board reported mitigations:** exception reporting, workforce review activity, management oversight and planned digital improvements to strengthen organisational visibility.

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

- **Board reported position: Reasonable assurance**

  The board reports established governance and workforce development arrangements supporting education, training and professional development. However, operational pressures continue to affect protected learning time and completion of training activity, with variation in recording and evidencing across services.
- **Triangulated available evidence** supports that systems are in place to monitor training and competence, and positive learning environments have been identified through inspection activity.
- **Board reported mitigations:** exception reporting, governance oversight, educator support, local learning arrangements and continued digital development.

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 workforce planning processes.
- **Triangulated available evidence** supports improving organisational maturity and increasing use of staffing methodologies. staffing level tool data demonstrates year-on-year improvement in compliance; however, variation persists, particularly within Clinical Nurse Specialist services. Evidence suggests ongoing challenges regarding professional judgement completion and consistency of application across some areas.
- **Board reported mitigations:** quality improvement support, targeted training, governance oversight and continued refinement of staffing level tool processes.

12IL: Training and consultation of staff

- **Board reported position: Substantial assurance**
  The board reports structured approaches to training, consultation and engagement relating to implementation of the Common Staffing Method. This includes quality improvement team support, standardised documentation and opportunities for staff consultation. However, variation in staff confidence and documentation quality remain a challenge in some areas.
- **Triangulated available evidence** supports strong engagement arrangements with clear improvement in staffing tool completion, supported by a standard operating procedure and standardised reporting template.
- **Board reported mitigations:** continued training, targeted support, governance oversight, standardised documentation and ongoing staff engagement activities.

Conclusion

HIS noted that NHS Golden Jubilee reported reasonable assurance in relation to implementation of the Health and Care (Staffing) (Scotland) Act 2019 during 2025–26. Available evidence and intelligence demonstrate established multidisciplinary governance arrangements, staffing risk management processes and engagement with the Common Staffing Method, while identifying ongoing workforce pressures and variation in implementation across some areas.