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

Background and context

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

- this reflects established governance arrangements, workforce planning processes, increasing integration of staffing risk management systems and continuing implementation of real-time staffing and Common Staffing Method approaches
- NHS Highland continues to operate within a complex remote, rural and integrated health and social care context. Ongoing challenges include workforce sustainability pressures, delayed discharge impacts, recruitment difficulties in specialist roles, variation in digital system maturity and implementation, and continued reliance on mitigation arrangements in some services

HIS board review activity 2025-26

Board review call dates

- 27 June 2025
- 26 November 2025

Board reports received

- Q1: 30 September 2025
- Q2: 26 March 2026
- Annual combined with Q3: 11 May 2026

Safe delivery of care inspections

- no safe delivery of care inspections were carried out in the reporting period
- however, there were workforce related requirements from acute hospital inspections at Raigmore and Lorn and Islands Hospital undertaken during 2024 that continued to require follow up activity during 2025-26.

HIS responding to concerns related to Act

- no new workforce related responding to concerns were formally raised to HIS within the reporting period. One ongoing investigation concluded early in the reporting period with follow up actions remaining under active review and implementation by the board

Board requests for assistance to HIS Healthcare Staffing Programme

- no formal requests for assistance submitted
- informal engagement took place regarding staffing level tools and SafeCare implementation

Non-routine power to require information requests

- one power to require information request was issued on 10 March 2026 to support HIS in exercising its duty under section 12IP of the Health and Care (Staffing) (Scotland) Act 2019 to monitor compliance and review how Health Boards are carrying out their staffing duties

Governance

HIS healthcare staffing internal advisory group meeting review date

- 10 September 2025

HIS Healthcare Staffing Programme business meeting review date

- 25 September 2025

Engagement with the wider HIS Healthcare Staffing Programme team

NHS Highland has engaged with HIS Healthcare Staffing Programme through board review calls and informal requests for assistance, 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 Highland 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

Evidence and intelligence available to HIS are broadly consistent with NHS Highland's reporting of implementation of the Act. Evidence is strongest in relation to governance arrangements, workforce planning activity and staffing risk management processes.

Key strengths include workforce planning, reduced reliance on agency staffing, increasing implementation of SafeCare and eRostering, multidisciplinary governance arrangements and innovative workforce planning activity, including an Allied Health Professional (AHP) staffing pilot.

However, challenges remain, including workforce sustainability pressures, delayed discharge impacts, variation in implementation of duties of the Act across services and professional groups, and limitations in documentation, data quality and digital system maturity. Evidence demonstrating measurable organisational impact and consistent implementation across all professional groups remains limited.

The most significant constraints relate to severe and recurrent staffing risk, documentation of clinical advice, protection of leadership time, training access during operational pressures and consistent implementation 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 systems and integrated service planning processes supporting delivery of appropriate staffing. Examples include workforce sustainability initiatives, reductions in agency staffing use and development of the "Ask Once" integrated planning framework.
- Triangulated available evidence: broadly supports aspects of this position and demonstrates visibility of staffing considerations within organisational governance and workforce planning processes. However, evidence also identifies ongoing workforce pressures, delayed discharge impacts, establishment variance, absence pressures and recruitment challenges within some specialist services. Evidence demonstrating the impact of workforce planning interventions and Guiding Principles on organisational outcomes remains limited.
- Board reported mitigations: workforce planning activity, service redesign, recruitment initiatives, development of integrated planning approaches and continued workforce sustainability programmes.

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

- **Board reported position: Reasonable assurance**

  The board reports increasing implementation of SafeCare, eRostering and real-time staffing processes supported by standard operating procedures and governance arrangements.
- Triangulated available evidence: supports the existence of these arrangements and demonstrates increasing use of SafeCare and digital staffing systems. However, variation remains in implementation, utilisation and data maturity across services. Evidence suggests strongest implementation within inpatient services, while adoption across community, medical and some AHP services remain variable. Evidence regarding consistent use of real-time staffing information to support organisational learning and workforce planning remains limited.
- Board reported mitigations: continued SafeCare rollout, data validation processes, workforce training, development of profession-specific real-time staffing approaches and governance oversight.

12ID: Duty to have risk escalation process in place

- **Board reported position: Reasonable assurance**

  The board reports established escalation processes supported by board-approved standard operating procedures, governance systems, multidisciplinary huddles and operational management arrangements. However, variation remains in application, documentation quality, recording of staffing risks and consistency of Datix reporting.

- Triangulated available evidence: is consistent with escalation processes being in place and routinely used to manage staffing pressures in some areas. Evidence demonstrating systematic organisational learning from recurring staffing risks remains limited.
- Board reported mitigations: governance oversight, escalation standardisation, enhanced Datix utilisation, workforce training and strengthened monitoring arrangements.

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

- **Board reported position: Limited Assurance**
  The board reports structured arrangements to identify, review and manage severe and recurrent staffing risks through governance processes, Datix systems and increasing use of SafeCare.
- Triangulated available evidence: supports aspects of the board's declared position. Workforce risks are visible through governance arrangements and there is evidence of ongoing improvement activity. However, variation remains in implementation, use of digital systems, risk definitions and data quality. Evidence demonstrating consistent identification, monitoring and organisational learning from severe and recurrent staffing risks remains limited, particularly outside inpatient settings.
- Board reported mitigations: development of organisational definitions, enhanced governance oversight, thematic review of risk data and continued implementation of staffing systems.

12IF: Duty to seek clinical advice on staffing

- **Board reported position: Limited assurance**
  The board reports established arrangements for seeking clinical advice through professional leadership structures, multidisciplinary governance processes and staffing escalation arrangements. However, documentation, recording of disagreement, auditability and consistency of multidisciplinary engagement remain variable. These limitations constrain organisational assurance regarding how clinical advice informs staffing decisions across all services and professional groups.
- Triangulated available evidence: is consistent with clinical advice being accessible and contributing to workforce and staffing decision-making.
- Board reported mitigations: documentation improvement programmes, standardisation of reporting, strengthened governance processes and enhanced recording requirements within staffing procedures.

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

- **Board reported position: Limited**
  The board reports implementation of its time to lead framework, development of supporting procedures and increasing consideration of leadership capacity within workforce planning arrangements.
- Triangulated available evidence: identifies visible clinical leadership and increasing organisational focus on leadership capacity. However, workforce pressures continue to affect the ability to consistently protect leadership time, and implementation remains variable across professional

groups and services. Evidence of systematic measurement, monitoring and reporting of protected leadership time remains limited.

- Board reported mitigations: time to lead implementation, workforce planning activity, leadership workload assessment and integration into job planning processes.

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

- **Board reported position: Reasonable assurance**

  The board reports established corporate, professional and Act specific training arrangements supported by workforce governance, compliance monitoring systems and digital learning resources.
- Triangulated available evidence: supports the existence of governance arrangements and training systems. However, access to protected learning time, training uptake and appraisal completion remain ongoing challenges. Evidence demonstrating consistent implementation and organisational impact is variable across services, and limitations remain regarding the extent to which available data supports workforce decision-making.
- Board reported mitigations: protected learning initiatives, workforce planning activity, local champions, enhanced monitoring arrangements and continued SafeCare education programmes.

12IJ: Duty to follow Common Staffing Method

- **Board reported position: Limited Assurance**

  The board reports established governance arrangements supporting implementation of the Common Staffing Method, including staffing tools, professional judgement processes and multidisciplinary workforce planning approaches. The board also reports completion of an AHP staffing pilot during the reporting period.
- Triangulated available evidence: demonstrates ongoing implementation of the Common Staffing Method. However, staffing tool compliance, professional judgement completion and governance timescales remain variable across several services. Evidence demonstrates low and inconsistent compliance in a number of mandated areas and evidence linking Common Staffing Method outputs to workforce decisions and service improvement remains variable. This continues to represent the most significant constraint on overall assurance.
- Board reported mitigations: governance improvements, quality assurance processes, SafeCare implementation, workforce planning activity and continued development of multidisciplinary staffing approaches.

12IL: Training and consultation of staff

- **Board reported position: Reasonable assurance**

  The board reports established approaches to staff engagement, consultation and training in relation to implementation of the Common Staffing Method. Staff involvement is supported through governance structures, workforce planning activities and training programmes.
- Triangulated available evidence: supports that engagement and consultation mechanisms are in place. However, operational pressures, variation in protected time, geographical challenges and differing levels of Common Staffing Method maturity continue to affect consistency of participation

across services. Evidence demonstrating how staff feedback routinely informs staffing decisions remains limited.

- Board reported mitigations: continued staff engagement activity, training programmes, digital solutions, governance improvements and development of consistent consultation approaches.

Conclusion

HIS noted that NHS Highland reported reasonable assurance in relation to implementation of the Health and Care (Staffing) (Scotland) Act 2019 during 2025–26. Evidence demonstrates strengths in governance, workforce planning and staffing risk management, while limitations in implementation consistency, documentation, evidence of organisational impact and ongoing workforce sustainability challenges continue to influence overall assurance.