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

Background and context

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

- this reflects established governance arrangements, workforce governance structures, operational staffing processes and increasing integration of staffing intelligence within workforce planning and service delivery. However, significant variability remains in the consistency of implementation, organisational assurance and demonstrable outcomes across services and professional groups
- NHS Lothian continues to operate within a context of sustained workforce pressures, increasing service demand, service complexity and ongoing recruitment and retention challenges across several key professional groups and specialties. Workforce growth has continued throughout the reporting period; however, staffing pressures remain evident in several services, particularly maternity, community nursing and mental health services

HIS board review activity 2025-26

Board review call dates

- 4 September 2025

- 20 January 2026

Board reports received

- Q1: 19 August 2025
- Q2: 16 October 2025
- Q3: 23 February 2026
- Annual: 30 April 2026

Safe delivery of care inspections

During 2025-26 NHS Lothian was subject to three safe delivery of care inspections which included workforce-related findings:

- Royal Hospital for Children and Young People: Melville Inpatient Unit – safe delivery of care inspection report: October 2025
- Royal Infirmary of Edinburgh – safe delivery of care inspection report: October 2025
- Royal Edinburgh Hospital – mental health safe delivery of care inspection report: November 2025

These safe delivery of care inspections identified examples of positive operational practice alongside workforce-related requirements concerning staffing levels, escalation processes, staff wellbeing, leadership capacity, training compliance, recording and management of staffing risks and application of the Common Staffing Method.

HIS responding to concerns related to Act

- Two workforce responding to concerns were managed and closed during the reporting period, as a continuation of those raised the preceding financial year.

Board requests for assistance to HIS Healthcare Staffing Programme

- Four formal and ten informal requests for assistance, all in relation to staffing level tools

Non-routine power to require information requests

- No non-routine power to require information requests were made

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 Lothian has engaged with the HIS Healthcare Staffing Programme through board review call and requests for assistance, and as part of various national staffing level tool redevelopments and the national Common Staffing Method review. During the reporting period the board participated in emergency care provision staffing level tool pilot work, which included use of digital systems.

Assessment

Below is a concise, structured, triangulated summary of how NHS Lothian 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 Lothian demonstrates a developing and increasingly mature approach to the enactment of the Health and Care (Staffing) (Scotland) Act 2019, supported by established governance arrangements, workforce planning processes and routine board oversight. Evidence indicates increasing use of staffing intelligence to inform workforce planning, service redesign and assurance.

Key strengths include established governance and escalation processes, embedded real-time staffing arrangements, workforce investment and examples of positive multidisciplinary working identified through inspection activity.

However, challenges remain, including variation in implementation across services and professional groups, inconsistent documentation and auditability, reliance on local arrangements and operational mitigation, and limited evidence of measurable impact and sustained improvement.

Particular areas limiting assurance relate to severe and recurrent risk, escalation processes, clinical advice, leadership capacity, 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 structures, workforce planning arrangements and real-time staffing processes 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 variation in implementation across services and professional groups, together with continued reliance on mitigation, redeployment and service prioritisation to maintain service delivery. Evidence of impact remains strongest within nursing and midwifery services.
- **Board reported mitigations:** improvement activity continues through governance workstreams, workforce planning, recruitment activity, digital system development and strengthened workforce intelligence.

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

- **Board reported position: Reasonable assurance**

  The board reports embedded real-time staffing assessment supported through SafeCare, Health Roster, MDT huddles and escalation processes.
- **Triangulated available evidence:** supports the existence of these arrangements; however, variation remains in application, recording, auditability and consistency across services and professional groups. Evidence suggests effectiveness is often dependent on local management and operational intervention.
- **Board reported mitigations:** continued digital system rollout, process standardisation and improvement activity through Health and Care (Staffing) (Scotland) Act 2019 governance structures.

12ID: Duty to have risk escalation process in place

- **Board reported position: Reasonable assurance**

  The board report established escalation systems and governance structures are in place and operational. Staff are able to identify and escalate staffing risks.
- **Triangulated available evidence:** demonstrates variation in documentation, application and organisational consistency, reducing organisational learning, auditability and effectiveness of escalation as an early warning system.
- **Board reported mitigations:** development of standardised approaches, policy review and subgroup-led improvement activity.

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

- **Board reported position: Limited assurance**

The board reports that staffing risks are identified and managed through existing governance, escalation and workforce planning processes; however, arrangements for consistently defining, identifying and addressing severe and recurrent staffing risks are not yet fully established across the organisation.

- **Triangulated available evidence:** broadly supports the board's declared position. Workforce pressures are clearly recognised across several services; however, there remains no consistently embedded organisation-wide approach to defining, identifying and managing severe and recurrent staffing risk.
- **Triangulated available evidence:** demonstrates continued reliance on escalation and operational mitigation rather than sustained resolution of underlying pressures. Limited evidence is available regarding measurable impact from improvement activity to date.
- **Board reported mitigations:** development of board-wide definitions, governance arrangements and improvement workstreams focused on severe and recurrent risk.

12IF: Duty to seek clinical advice on staffing

- **Board reported position: Reasonable assurance**

  The board reports that clinical advice is routinely sought through multidisciplinary processes, professional leadership and escalation arrangements.
- **Triangulated available evidence:** provides examples of clinical advice informs staffing decisions in practice; however, recording, documentation and auditability remain inconsistent. This constrains organisational assurance regarding how advice informs decision-making across services.
- **Board reported mitigations:** ongoing policy development, documentation improvements and subgroup activity focused on consistency and governance.

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

- **Board reported position: Reasonable assurance**

  The board reports arrangements to support clinical leaders having sufficient time to undertake leadership responsibilities through staffing models, governance structures and supervision arrangements, recognising that workforce and operational pressures can affect the consistent protection of leadership time.
- **Triangulated available evidence:** Board reporting and inspection evidence identify examples of visible clinical leadership across services, supporting quality oversight, workforce management and service delivery. However, workforce and service pressures frequently require leadership time to be used as part of operational mitigation. Evidence of systematic monitoring and sustained protection of leadership time remains limited.
- **Board reported mitigations:** workforce planning activity, governance review and strengthening of leadership capacity monitoring arrangements.

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

- **Board reported position: Reasonable assurance**

  NHS Lothian reports established organisational systems supporting training and staff development.

However, inspections identified ongoing challenges relating to training compliance, access to training and workforce capacity to release staff for learning activities. Data and assurance limitations also constrain oversight.

- **Triangulated available evidence:** Inspection findings identified ongoing challenges relating to training compliance, access to training and workforce capacity to release staff for learning activities. Data and assurance limitations also constrain oversight. Evidence of training systems and processes is stronger than evidence demonstrating consistent compliance and impact across services.
- **Board reported mitigations:** continued improvement activity focused on access, monitoring, data quality and alignment between workforce planning and training provision.

12IJ: Duty to follow Common Staffing Method

- **Board reported position: Reasonable assurance**

  The board reports implementation of the Common Staffing Method across relevant services. This is supported by their locally developed Common Staffing Method "health checks". Local challenges exist in relation to roster alignment to staffing tools.
- **Triangulated available evidence:** demonstrates ongoing implementation; however, variation remains in staffing tool completion, aligned professional judgement recording, data quality and consistency of Common Staffing Method application. Staffing tool engagement is evident, but variable and does not consistently translate into full demonstrable compliance.
- **Board reported mitigations:** continued workforce planning support, digital development, education and governance activity to improve consistency and quality assurance. The board are working with HIS Healthcare Staffing Programme to support accurate roster alignment.

12IL: Training and consultation of staff

- **Board reported position: Reasonable assurance**

  The board reports established engagement and consultation mechanisms supporting staff involvement in staffing decisions.
- **Triangulated available evidence:** demonstrates staff engagement in some areas; however, consultation processes remain variable across services and staff groups. There is limited evidence available to HIS demonstrating staff consultation in Common Staffing Method process or clear links between staff feedback and staffing decisions.
- **Board reported mitigations:** Ongoing work to strengthen communication, consultation processes and staff engagement arrangements.

Conclusion

HIS noted that NHS Lothian reported reasonable assurance in relation to implementation of the Health and Care (Staffing) (Scotland) Act 2019 during 2025–26. Evidence indicates increasing organisational maturity in implementation of the Act, supported by established governance and workforce planning arrangements, while recognising continuing challenges in consistency of

implementation, documentation and demonstrable impact across some services and professional groups.