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

Background and context

This summary report provides information on how NHS Lanarkshire 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 Lanarkshire reports **overall reasonable assurance** in relation to implementation of the Act:

- this reflects established workforce planning, governance and staffing risk management arrangements, supported by ongoing implementation of SafeCare, workforce strategy development, workforce reviews and established governance oversight of staffing risks
- NHS Lanarkshire continues to operate within the context of significant workforce pressures, including vacancies across several professional groups, high sickness absence rates, workforce supply challenges and continued reliance on supplementary staffing in some services

HIS Board review activity 2025-26

Board review call dates

- 3 June 2025
- 15 October 2025

Board reports received

- Q1: 29 September 2025
- Q2: 6 November 2025
- Q3: 20 January 2026
- Annual: 1 April 2026

Safe delivery of care inspections

- University Hospital Monklands – Unannounced follow up inspection report: May 2026
- University Hospital Wishaw – mental health safe delivery of care inspection report: May 2026

Safe delivery of care inspection evidence demonstrated ongoing use of workforce systems and staffing governance arrangements, including progression of SafeCare implementation within mental health services.

HIS responding to concerns related to Act

- no workforce-related responding to concerns were formally raised within the reporting period

Board requests for assistance to HIS Healthcare Staffing Programme:

- five formal and thirteen informal requests for assistance made to HIS Healthcare Staffing Programme in the reporting period. These mainly relate to staffing level tools and the multiprofessional professional judgement tool

Non-routine power to require information requests

- no non-routine power to require information requests made in the reporting period

Governance

HIS healthcare staffing internal advisory group meeting review date

- 08 January 2026

HIS Healthcare Staffing Programme business meeting review date

- 28 January 2026

Engagement with the wider HIS Healthcare Staffing Programme team

NHS Lanarkshire has 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.

Assessment

Below is a concise, structured, triangulated summary of how NHS Lanarkshire 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 Lanarkshire reports reasonable assurance in relation to implementation of the Act. Available evidence broadly supports this position, demonstrating established governance arrangements, staffing risk management processes and ongoing workforce planning activity.

Key strengths include established arrangements for staffing risk escalation, management of severe and recurrent risks, and seeking clinical advice on staffing. The board has also continued implementation of SafeCare and development of strategic workforce planning approaches.

However, workforce pressures remain, including vacancies, high sickness absence, workforce supply challenges and reliance on supplementary staffing. Challenges relating to SafeCare implementation, protection of clinical leadership time, training compliance and consistent application of the Common Staffing Method continue to limit assurance in some areas.

Inspection activity and wider intelligence identified no significant new workforce concerns during the reporting period.

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

- **Board reported position: Reasonable assurance**

  The board reports established workforce planning, governance and staffing risk management arrangements, supported by workforce reviews, strategic workforce planning and service redesign activity. The board also reports ongoing action to address workforce supply challenges through recruitment, retention and workforce transformation initiatives.
- **Triangulated available evidence:** supports the existence of workforce planning and governance arrangements, including workforce strategies and service-specific workforce improvement activity. However, workforce data demonstrates ongoing vacancies across several professional groups, high sickness absence rates and continued workforce supply pressures. Evidence demonstrating how the guiding principles consistently inform staffing decisions and outcomes across all professions and services remains limited.
- **Board reported mitigations:** recruitment and retention initiatives, workforce strategy development, service redesign, workforce realignment and workforce governance oversight.

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

- **Board reported position: Reasonable assurance**

  The board reports established real-time staffing assessment processes supported by SafeCare, PRAG, daily safety huddles and workforce governance arrangements. The board reports that real-time staffing information is routinely used to assess and manage staffing risks.
- **Triangulated available evidence:** supports ongoing rollout and use of SafeCare within services. However, available evidence also identifies challenges associated with dual-system working and implementation of new systems. HIS has limited evidence to demonstrate the consistency and effectiveness of real-time staffing assessment arrangements across all services and professional groups.
- **Board reported mitigations:** continued SafeCare rollout, staff training, revised operating procedures and governance oversight.

12ID: Duty to have risk escalation process in place

- **Board reported position: Reasonable assurance**

  The board reports established staffing risk escalation arrangements supported by standard operating procedures, workforce systems and governance processes. Staffing risks are reported to be escalated through local and corporate governance structures.
- **Triangulated available evidence:** intelligence does not identify significant concerns regarding escalation arrangements; there is insufficient evidence available to HIS to consistently substantiate how escalation processes operate across all professions and services.
- **Board reported mitigations:** governance oversight, review of escalation processes, staff training and continued system development.

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 workforce systems, risk management processes and governance structures. Workforce risks are reported through corporate risk management processes and organisational governance arrangements.
- **Triangulated available evidence:** supports that workforce risks are visible within governance and workforce planning arrangements. However, workforce vacancies, sickness absence and workforce supply challenges remain ongoing risks across a number of services, requiring continued mitigation and monitoring.
- **Board reported mitigations:** workforce planning activity, recruitment initiatives, risk monitoring processes and governance oversight.

12IF: Duty to seek clinical advice on staffing

- **Board reported position: Substantial assurance**

  The board reports that clinical advice is obtained through established escalation routes, clinical leadership structures and multidisciplinary decision-making arrangements. Clinical advice is reported to inform staffing assessments and workforce decisions.
- **Triangulated available evidence:** is broadly consistent with the presence of clinical leadership and multidisciplinary staffing processes. However, HIS has limited evidence regarding the consistency of recording, auditability and organisational impact of clinical advice across services and professional groups.
- **Board reported mitigations:** senior clinical leadership oversight, on-call arrangements, workforce governance processes and continued implementation of SafeCare.

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

- **Board reported position: Reasonable assurance**

  The board reports arrangements to support clinical leadership capacity through job planning, workforce governance arrangements and monitoring processes. Clinical leadership is reported to be supported through workforce planning and management arrangements.
- **Triangulated available evidence:** indicates that NHS Lanarkshire remains at an early stage of developing more formal arrangements to monitor and evidence protected leadership time. Workforce and service pressures continue to affect the ability of some clinical leaders to maintain protected leadership time consistently.
- **Board reported mitigations:** development of a Time to Lead standard operating procedure, administrative support initiatives and workforce planning activity.

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

- **Board reported position: Reasonable assurance**

The board reports established training, compliance monitoring and workforce development arrangements supported by governance processes and training management systems. Training compliance is reported through workforce governance structures.

- **Triangulated available evidence:** supports the existence of training monitoring arrangements. However, workforce pressures continue to affect staff availability to complete training and HIS has limited evidence regarding compliance levels and the impact of training activity across all professions and services.
- **Board reported mitigations:** protected learning time, compliance monitoring, automated reminders and workforce governance oversight.

12IJ: Duty to follow Common Staffing Method

- **Board reported position: Limited assurance**

  The board reports established governance and reporting arrangements to support implementation of the Common Staffing Method and use of staffing level tools across services. Ongoing work is reported to strengthen implementation and oversight.
- **Triangulated available evidence:** supports continued use of staffing level tools across a range of services. However, staffing level tool data demonstrates variable compliance and inconsistent application across services. Challenges relating to data quality, tool completion and implementation continue to limit assurance for this duty.
- **Board reported mitigations:** development of a Common Staffing Method standard operating procedure, governance oversight, administrative support and ongoing improvement activity.

12IL: Training and consultation of staff

- **Board reported position: Reasonable assurance**

  The board reports arrangements to support Common Staffing Method training, staff engagement and consultation through local resources, individual support and participation in national networks. Governance arrangements are reported to provide oversight of implementation activity.
- **Triangulated available evidence:** is limited. HIS does not routinely have access to local training, consultation or engagement records and is therefore unable to consistently substantiate implementation of this duty across professions and services.
- **Board reported mitigations:** development of a Common Staffing Method standard operating procedure, staff training resources, individual support and governance oversight.

Conclusion

HIS noted that NHS Lanarkshire reported reasonable assurance in relation to implementation of the Health and Care (Staffing) (Scotland) Act 2019 during 2025–26. Available evidence was broadly consistent with this assessment, demonstrating mature governance structures, workforce planning arrangements and processes to monitor and manage staffing risks.

Ongoing workforce pressures, including vacancies, sickness absence and workforce supply challenges, continue to affect assurance in some areas, particularly relating to the Common Staffing Method and protected clinical leadership time.