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

Background and context

This summary report provides information on how NHS National Services Scotland has discharged their duties under 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 National Services Scotland continues to report **overall substantial assurance** in relation to implementation of the Act.

- this reflects established governance, workforce planning and staffing risk management arrangements, supported by a dedicated oversight group, local workforce planning tools and established risk management processes
- NHS National Services Scotland continues to develop its approach to demonstrating the impact of the Act, including improved triangulation of staffing, quality, risk and staff feedback information and planned implementation of digital staffing systems
- as a national special Health Board, available evidence is limited and assurance is derived largely from board reporting, supporting documentation and governance evidence. Workforce challenges remain, including vacancies in specialist services, recruitment pressures and delays to implementation of national digital staffing systems

HIS board review activity 2025-26

Board review call dates

- 28 May 2025
- 1 December 2025

Board reports received

- Q1: 17 September 2025
- Q2: 11 December 2025
- Q3: 25 March 2026
- Annual: 20 May 2026

Safe delivery of care inspections

- not Applicable

HIS responding to concerns related to Act

- no workforce responding to concerns were raised or managed within the reporting period

Board requests for assistance to HIS Healthcare Staffing Programme

- no requests for assistance were received within the reporting period

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:

- 8 January 2026

HIS Healthcare Staffing Programme business meeting review date

- 28 January 2026

Engagement with the wider HIS Healthcare Staffing Programme team

NHS National Services Scotland has engaged with HIS Healthcare Staffing Programme through board review calls and as part of relevant national working groups. Owing to national special Health Board status, the Common Staffing Method is not applicable.

Assessment

Below is a concise, structured, triangulated summary of how NHS National Services Scotland 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 evidence and intelligence available to HIS. The extent to which board reporting can be substantiated varies across duties, professions and services. In some areas, evidence is available to support board reported implementation; however, evidence is often stronger within particular professions, services or settings than others. The breadth of board reporting and variable availability of profession-specific evidence may limit the extent to which implementation can be consistently demonstrated across the organisation. The absence of evidence should not be interpreted as evidence of non-compliance.

Overall summary

NHS National Services Scotland demonstrates an established approach to implementation of the Act, with substantial overall assurance reported by the board. Strengths include established governance arrangements, workforce planning processes, staffing risk management systems and evidence of staff engagement and multidisciplinary approaches to staffing oversight. Supporting documentation provided to HIS demonstrates clear governance, escalation and risk management arrangements across services in scope.

However, available evidence remains limited and is largely derived from board self reporting and supporting documentation. While evidence supports the existence of governance structures, policies and staffing processes, evidence demonstrating their effectiveness and impact on workforce, staff and service outcomes is less developed. Recruitment challenges in specialist services, workforce vacancies and delays to implementation of national digital staffing solutions continue to present risks.

Evidence of implementation is generally stronger than evidence demonstrating sustained improvement or measurable outcomes. Particular areas limiting assurance relate to evidencing the impact of staffing arrangements, leadership time, training activity, clinical advice processes and staffing risk management on staff wellbeing, service delivery and patient outcomes.

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

- **Board reported position: Substantial assurance**

  The board reports established governance and workforce planning arrangements are in place, supported by an Health and Care (Staffing) (Scotland) Act 2019 oversight group, workforce planning tools and policy frameworks. The board reports increasing focus on measuring the impact of implementation and triangulating staffing, quality and staff feedback information

- **Available evidence:** supports the existence of governance, workforce planning and risk management arrangements. Supporting documentation demonstrates defined accountability routes, governance oversight and implementation structures. However, available evidence is limited and largely reliant on board reporting and supporting documentation. Workforce pressures remain evident, including vacancies within specialist services, recruitment challenges and delays in digital system implementation. Evidence demonstrating the impact of workforce planning activity on staffing and service outcomes is less developed.
- **Board reported mitigations:** workforce planning activity, oversight group governance, local workforce planning tools, recruitment activity and planned implementation of Allocate Optima and SafeCare.

12IC: Duty to have real time staffing risk assessment

- **Board reported position: Substantial assurance**

  The board reports that real time staffing systems, escalation processes, local reporting arrangements and staffing oversight mechanisms are in place across services in scope. Real time staffing information is used to support operational management, governance reporting and workforce planning.
- **Available evidence:** supporting documentation and standard operating procedures provide evidence of established real time staffing processes, escalation routes and monitoring arrangements. Documentation demonstrates structured approaches to recording, reviewing and escalating staffing concerns. However, available evidence remains largely process focused. Delays to implementation of SafeCare continue and evidence demonstrating the effectiveness, consistency and impact of real time staffing arrangements across services is limited.
- **Board reported mitigations:** local real time staffing systems, safety huddles, governance reporting, workforce planning reviews and planned SafeCare implementation.

12ID: Duty to have risk escalation process in place

- **Board reported position: Substantial assurance**

  The board reports that structured escalation arrangements are supported through local management routes, professional leads, governance processes, InPhase reporting and corporate risk management structures.
- **Available evidence:** supporting documentation demonstrates defined escalation pathways, governance oversight and links between operational staffing concerns and wider organisational risk management arrangements. Evidence also demonstrates examples of organisational learning and review following staffing-related events. However, evidence demonstrating staff awareness, consistency of application and the impact of escalation processes on workforce and service outcomes is limited. Available evidence is stronger in demonstrating process than effectiveness.
- **Board reported mitigations:** risk management systems, escalation guidance, governance oversight, whistleblowing routes and ongoing review of escalation processes.

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

- **Board reported position: Substantial assurance**

The board reports that formal risk management arrangements are in place, supported by InPhase, governance oversight and established risk escalation processes. Recruitment challenges and specialist workforce pressures continue to be monitored through established governance routes.

- **Available evidence:** supports the existence of formal arrangements for identifying, escalating and managing severe and recurrent staffing risks. Risk governance structures and supporting documentation are well established. However, NHS National Services Scotland acknowledges ongoing challenges in fully mitigating some recurrent workforce risks, particularly in specialist clinical roles. Evidence demonstrating sustained reduction in recurrent staffing risks and the long-term effectiveness of mitigations is limited.
- **Board reported mitigations:** skill-mix review, recruitment initiatives, training and development activity, additional staffing hours and workforce redesign measures.

12IF: Duty to seek clinical advice on staffing

- **Board reported position: Substantial assurance**

  The board reports that processes are in place to seek, record and consider clinical advice within staffing decisions. Real time staffing processes have been updated to record clinical advice sought and any disagreements with advice received.
- **Available evidence:** supporting documentation demonstrates that clinical advice forms part of staffing escalation and decision-making processes within services reviewed. Mechanisms exist for recording and escalating concerns where required. However, limited evidence is available to demonstrate staff awareness, consistency of application or the impact of clinical advice on staffing decisions and outcomes in practice.
- **Board reported mitigations:** updated real time staffing processes, staff training and established professional advice and escalation arrangements.

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

- **Board reported position: Substantial assurance**

  The board reports that leadership time is supported through job planning, appraisal processes, workforce planning arrangements and local monitoring systems. A pilot of 100 % protected time to lead is underway within one service.
- **Available evidence:** supports the existence of systems to record and monitor leadership time and demonstrates organisational recognition of this duty. Examples of leadership pressures and associated governance responses have been reported. However, workforce pressures continue to affect delivery of protected leadership time within some specialist services. Evidence demonstrating the impact and effectiveness of mitigations remains limited, and NHS National Services Scotland acknowledges challenges in measuring this duty.
- **Board reported mitigations:** monitoring through real time staffing processes, workforce planning arrangements, escalation processes and the protected time to lead pilot.

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

- **Board reported position: Substantial assurance**

The board reports training requirements are supported through professional development processes, mandatory training arrangements, protected learning time and regulatory oversight requirements.

- **Available evidence:** supports established governance arrangements for training, appraisal and workforce development. Training requirements are linked to professional standards, quality systems and external regulation. However, reporting limitations associated with eRostering and reliance on local approaches for some staff groups limit the available evidence. Evidence regarding the effectiveness and consistency of training provision across all services remains limited.
- **Board reported mitigations:** protected learning time, appraisal and Personal Development Plan processes, mandatory training monitoring and organisational development reviews.

12IJ: Duty to follow Common Staffing Method

- **Board reported position: Not applicable**

  The Common Staffing Method duty does not apply to National Services Scotland as a special Health Board.
- **Board reported mitigations:** Not applicable

12IL: Training and consultation of staff

- **Board reported position: Not applicable**

  The Training and Consultation of Staff (Common Staffing Method) duty does not apply to National Services Scotland as a special Health Board.
- **Board reported mitigations:** not applicable

Conclusion

HIS noted that NHS National Services Scotland reported substantial assurance in relation to implementation of the Health and Care (Staffing) (Scotland) Act 2019 during 2025–26. Available evidence broadly supports this position, demonstrating clear arrangements for workforce planning, staffing oversight and risk management. While documentation provides evidence of implementation across services in scope, evidence of measurable impact and outcomes is less developed. Workforce vacancies, specialist recruitment challenges and delays to digital staffing system implementation continued to present risks during the reporting period.