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

Background and context

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

- this reflects established governance arrangements, strengthening workforce planning processes, improving training compliance and appraisal arrangements, and continued development of systems and processes to support implementation of statutory staffing duties
- NHS Orkney continues to operate within a context of workforce pressures including recruitment challenges associated with remote and rural services, high consultant vacancy rates, reliance on locum staffing, leadership instability below Executive level and financial pressures associated with Level 3 escalation under the NHS Scotland Support and Intervention Framework

HIS board review activity 2025-26

Board review call dates

- 12 June 2025
- 4 November 2025

Board reports received

- Q1: 18 September 2025
- Q2: 3 December 2025
- Q3: 12 February 2026
- Annual: 30 April 2026

Safe delivery of care inspections

- Balfour Hospital – safe delivery of care inspection report: July 2026
- Balfour Hospital maternity safe delivery of care inspection: July 2026

Safe delivery of care inspection activity identified generally positive arrangements for the delivery of care, with both inspections highlighting multiple areas of good practice and a commitment by staff to providing person-centred care. The inspections also identified opportunities to strengthen workforce and governance arrangements, including ensuring staff are appropriately trained, skilled and supported to deliver safe and effective care, providing sufficient protected leadership time, and strengthening approaches to workforce planning and staffing assurance to support the consistent delivery of high-quality care. Improvement actions are in place to address these findings.

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

- five requests for assistance submitted relating to staffing level tool interpretation, staffing tool multipliers, TURAS educational analytics and responsibilities under the Health and Care (Staffing) (Scotland) Act 2019. All requests were completed during the reporting period

Non-routine power to require information requests

- no non-routine power to require information requests identified

Governance

HIS healthcare staffing internal advisory group meeting review date

- 8 May 2025

HIS Healthcare Staffing Programme business meeting review date

- 27 May 2025

Engagement with the wider HIS Healthcare Staffing Programme team

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

Assessment

Below is a concise, structured, triangulated summary of how NHS Orkney 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 Orkney demonstrates a developing approach to implementation of the Act, with reasonable overall assurance reported, and many aspects broadly supported by triangulated evidence. Evidence indicates established governance arrangements, improving workforce planning processes and development of systems intended to support implementation of statutory staffing duties.

Key strengths include strong organisational engagement with improvement activity, targeted recruitment initiatives, development of leadership programmes, improving training compliance and clear commitment to workforce sustainability within a remote and rural context.

However, challenges remain including workforce fragility, high consultant vacancy rates, reliance on locum staffing, leadership capacity pressures, high sickness absence and variable implementation of staffing processes across services. Evidence also indicates continued reliance on developing systems and local mitigation arrangements and evolving digital infrastructure to support assurance.

The most significant constraints to assurance relate to management of severe and recurrent staffing risks, recording and application of clinical advice, implementation of the Common Staffing Method and staff consultation and training associated with Common Staffing Method processes.

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

- **Board reported position: Limited Assurance**

  The board reports established governance arrangements, workforce planning processes and strengthening compliance with statutory duties. Recruitment activity, service reviews, workforce redesign and targeted recruitment initiatives are reported to support delivery of appropriate staffing.
- **Triangulated available evidence:** broadly supports aspects of this position and demonstrates continued organisational focus on workforce sustainability and service improvement. However, evidence also identifies ongoing workforce pressures, high consultant vacancy rates, high sickness absence and leadership capacity challenges that continue to affect implementation across services.
- **Board reported mitigations:** ongoing recruitment activity, leadership development, workforce redesign, international recruitment and continued monitoring of workforce risks and wellbeing.

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

- **Board reported position: Reasonable Assurance**

  The board reports real-time staffing assessment arrangements supported by SafeCare, safety huddles, local escalation processes and standard operating procedures. However, NHS Orkney reports implementation remains variable across services and professional groups. Challenges relating to SafeCare utilisation, training, documentation and delayed eRostering implementation continue to constrain assurance.
- **Triangulated available evidence:** includes standard operating procedure and local documentation describing these arrangements.
- **Board reported mitigations:** continued development of SafeCare, implementation of eRostering, delivery of staff training and strengthening of standard operating procedures, with a particular focus on improving the use of data for decision-making, performance monitoring and service improvement.

12ID: Duty to have risk escalation process in place

- **Board reported position: Reasonable Assurance**

  The board reports established escalation processes supported by local governance arrangements, safety huddles and standard operating procedures.
- **Triangulated available evidence:** indicates escalation processes are in place and examples of their use were described through board reporting and supporting documentation. However, recording of escalation decisions, accountability and organisational oversight remain inconsistent.
- **Board reported mitigations:** standardisation of escalation processes, strengthened documentation requirements and continued implementation of digital systems supporting staffing oversight.

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

- **Board reported position: Limited Assurance**
  The board reports improving arrangements for identifying and managing severe and recurrent staffing risks through governance systems, risk registers, SafeCare and incident reporting processes.
- **Triangulated available evidence:** supports the board's declared position. While risks are recorded and monitored, variation in documentation, inconsistent use of systems and limited ability to analyse recurring staffing risks over time constrain organisational assurance. Evidence suggests further work is required to consistently identify, measure and manage severe and recurrent staffing risks.
- **Board reported mitigations:** risk register review, strengthened governance arrangements, development of standard operating procedures and ongoing improvement of risk recording and analysis processes.

12IF: Duty to seek clinical advice on staffing

- **Board reported position: Reasonable Assurance**
  The board reports that clinical advice is available through professional leadership arrangements and operational staffing processes. However, systems for recording clinical advice, documenting decisions and managing differing opinions are not yet fully established.
- **Triangulated available evidence:** is limited but is consistent with the board's reported position. Evidence available to HIS primarily comprises board reporting, board review discussions and documentation describing planned improvements.
- **Board reported mitigations:** development of documentation processes, strengthened governance arrangements and continued implementation of SafeCare and eRostering functionality.

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

- **Board reported position: Reasonable Assurance**
  The board reports leadership development activity, implementation of leadership programmes and work to strengthen visibility of leadership time through Optima and SafeCare systems.
- **Triangulated available evidence:** supports that leadership capacity is recognised and monitored. However, workforce pressures within a small remote and rural system continue to affect the ability to consistently protect leadership time, with operational demands frequently taking priority.
- **Board reported mitigations:** leadership development programmes, improved workforce planning, implementation of eRostering and ongoing review of “time to lead” arrangements.

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

- **Board reported position: Reasonable Assurance**
  The board reports improving compliance with statutory and mandatory training, enhanced governance oversight and development of protected learning approaches.

- **Triangulated available evidence:** is limited but is consistent with the board's reported position. Evidence available to HIS primarily comprises board reporting, board review discussions and documentation describing planned improvements. Evidence supports improving training arrangements and positive developments relating to induction and workforce development. However, protected learning time remains inconsistently embedded, accountability for essential training is not always clear and compliance rates remain variable across some areas.
- **Board reported mitigations:** protected learning initiatives, strengthened governance oversight, review of training requirements and continued workforce development activity.

12IJ: Duty to follow Common Staffing Method

- **Board reported position: Limited Assurance**
  The board reports established governance arrangements, local guidance and educational resources supporting Common Staffing Method implementation.
- **Triangulated available evidence:** supports the board's declared position. Although staffing level tools are utilised across mandated services, compliance issues remain recurrent, including incomplete professional judgement, inconsistent application and variation in staff engagement. Evidence indicates that implementation remains variable and is reflected by organisational limited assurance.
- **Board reported mitigations:** continued education, leadership support, governance oversight and refinement of Common Staffing Method processes and documentation.

12IL: Training and consultation of staff

- **Board reported position: Limited Assurance**
  The board reports established processes for staff engagement and consultation following Common Staffing Method activity and plans to strengthen organisational training arrangements.
- **Triangulated available evidence:** supports some engagement activity; however, staff consultation, training delivery and leadership ownership remain inconsistent. There is limited evidence demonstrating consistent implementation of training and consultation processes across services.
- **Board reported mitigations:** Development of formal training programmes, strengthening of staff engagement arrangements and continued governance oversight of Common Staffing Method implementation.

Conclusion

HIS noted that NHS Orkney reported reasonable assurance in relation to implementation of the Health and Care (Staffing) (Scotland) Act 2019 during 2025–26. Available evidence broadly supports this position, demonstrating established governance arrangements, strengthening workforce planning processes and continued development of systems to support delivery of statutory staffing duties. Positive progress was evident in workforce sustainability initiatives, leadership development and training arrangements. However, workforce pressures associated with remote and rural service

delivery, alongside variability in implementation of some staffing duties, remained evident during the reporting period.