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

Background and context

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

- this reflects established workforce planning, governance and staffing risk management arrangements, supported by implementation of digital staffing solutions and ongoing development of integrated workforce planning arrangements
- NHS Shetland continues to operate within the context of workforce sustainability pressures associated with remote and island service delivery, recruitment challenges within some professional groups, consultant vacancies and ongoing implementation of SafeCare and eRostering across services

HIS board review activity 2025-26

Board review call dates

- 19 May 2025
- 30 October 2025

Board reports received

- Q1: 24 September 2025
- Q2: 30 January 2026
- Q3: 17 February 2026
- Annual: 7 May 2026

Safe delivery of care inspections

- no safe delivery of care inspections undertaken during the reporting period

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

- one requests for assistance received in relation to Business Objects XI (BOXI) reporting for staffing level tools

Non-routine power to require information requests

- no non-routine power to require information requests made

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 Shetland 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 Shetland 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 Shetland reports reasonable overall assurance in relation to implementation of the Act. Available evidence is limited but broadly supports aspects of this position and demonstrates workforce planning, governance and staffing risk management arrangements, alongside ongoing implementation of SafeCare, eRostering and the Common Staffing Method.

Challenges remain including workforce sustainability pressures associated with remote and island service delivery, consultant vacancies, variation in implementation across services and continued reliance on digital system rollout. Available evidence is largely derived from board self assessment, with limited independent evidence available to substantiate reported assurance levels for some duties.

Particular challenges identified relate to include inconsistency of real-time staffing processes, staffing risk escalation, leadership capacity and staffing level tool and Professional Judgement compliance.

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

- **Board reported position: Reasonable Assurance**
  The board reports workforce planning, governance and staffing oversight arrangements supporting delivery of appropriate staffing.
- **Triangulated available evidence:** evidence available to HIS is primarily derived from board reporting. Limited independent evidence is available to demonstrate the impact of the guiding principles on

workforce, quality and safety outcomes. However, independent evidence including workforce data demonstrates ongoing workforce pressures, particularly consultant vacancies, alongside continuing workforce planning activity and recruitment initiatives.

- **Board reported mitigations:** integrated workforce planning, recruitment and retention initiatives, reduction in agency use, substantive consultant recruitment activity and implementation of digital staffing systems.

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

- **Board reported position: Reasonable Assurance**

  The board reports real-time staffing assessment arrangements across acute and community services, supported by SafeCare implementation and local processes. The board also reports ongoing rollout of SafeCare as the principal mechanism for strengthening consistency and assurance.
- **Triangulated available evidence:** however, there is no independent evidence available to HIS to substantiate how this duty is being implemented in practice across services. Current assurance is therefore largely dependent on board self assessment and reporting. The board identifies incomplete SafeCare implementation and variation in local arrangements as factors limiting assurance.
- **Board reported mitigations:** continued SafeCare and eRostering implementation, governance oversight and development of SafeCare reporting arrangements.

12ID: Duty to have risk escalation process in place

- **Board reported position: Reasonable Assurance**

  The board reports staffing risk escalation arrangements supported by professional leadership structures, safety huddles, Datix reporting and executive escalation routes. The board further reports challenges evidencing all escalation actions, feedback loops and decision notifications while digital implementation remains incomplete.
- **Triangulated available evidence:** however, the review identified no independent evidence available to HIS to substantiate how escalation arrangements are being applied consistently across services. Current assurance is therefore largely reliant on board self reporting.
- **Board reported mitigations:** Datix risk management systems, safety huddles, professional leadership oversight and continued SafeCare implementation.

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

- **Board reported position: Reasonable Assurance**

  The board reports arrangements for identifying, monitoring and managing severe and recurrent staffing risks through Datix, SafeCare and governance processes. The board also reports use of staffing intelligence to inform workforce planning and service review.
- **Triangulated available evidence:** however, the review identified no independent evidence available to HIS to substantiate how these arrangements operate in practice across services or how intelligence from severe and recurrent staffing risks routinely informs organisational learning,

workforce planning and service redesign. Assurance remains primarily dependent on board self reporting.

- **Board reported mitigations:** risk management processes, SafeCare red-flag reporting, governance scrutiny, continued SafeCare rollout and planned transition to Healthcare Guardian.

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 command structures, with development of a standard operating procedure to support consistency.
- **Triangulated available evidence:** however, there is currently no independent evidence available to HIS to substantiate consistency of access, recording or organisational oversight of clinical advice across services. Current assurance is largely dependent on board self reporting.
- **Board reported mitigations:** professional leadership arrangements, development of a clinical advice standard operating procedure, SafeCare implementation and governance monitoring through compliance reporting.

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

- **Board reported position: Reasonable Assurance**

  The board reports leadership time is incorporated within job planning, appraisal and workforce management arrangements and that concerns relating to leadership capacity can be escalated through governance routes.
- **Triangulated available evidence:** however, the board also reports low appraisal completion rates and partial implementation of SafeCare as limitations to evidencing this duty. Independent evidence available to HIS is limited and does not provide assurance regarding the extent to which leadership time is protected or the impact of operational pressures on leadership capacity.
- **Board reported mitigations:** job planning arrangements, appraisal processes, workforce systems and governance oversight through professional leadership and executive management structures.

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

- **Board reported position: Substantial Assurance**

  The board reports training, education and workforce development arrangements including corporate training plans, training matrices and professional education support.
- **Triangulated available evidence:** the board also identifies appraisal completion rates as an area requiring improvement and reports limited uptake of protected learning time recording processes. However, there is limited independent evidence available to HIS to substantiate the reported level of assurance.
- **Board reported mitigations:** corporate training plans, protected learning time implementation, professional education support, digital workforce systems and governance oversight of training compliance.

12IJ: Duty to follow Common Staffing Method

- **Board reported position: Substantial Assurance**
  The board reports implementation of the Common Staffing Method across relevant services, supported by governance arrangements, standardised reporting and integration with workforce planning processes.
- **Triangulated available evidence:** evidence available to HIS provides a more mixed picture. Staffing level tool dashboard data demonstrates variable compliance and quality assurance, with deterioration in compliance across some mandated services during 2025-26. Dashboard data also indicates that a number of non-compliant tool runs relate to both staffing level tool completion and associated Professional Judgement completion.
- **Board reported mitigations:** staffing level tool quality assurance processes, development of a Common Staffing Method standard operating procedure, governance oversight and continued implementation activity.

12IL: Training and consultation of staff

- **Board reported position: Substantial Assurance**
  The board reports arrangements for staff training, engagement and consultation relating to implementation of the Common Staffing Method, including induction, local training and Clinical Workforce Lead support.
- **Triangulated available evidence:** however, limited independent evidence is available to HIS to substantiate the consistency and effectiveness of these arrangements across services. Variation in staffing tool completion suggests gaps in knowledge and understanding. The board also identifies Clinical Workforce Lead capacity as a potential risk to sustainability.
- **Board reported mitigations:** local training and support arrangements, staff engagement activity, induction processes, Clinical Workforce Lead support and continued embedding of Common Staffing Method processes within routine practice.

Conclusion

HIS noted that NHS Shetland 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, reflecting workforce planning, governance and staffing risk management arrangements, alongside ongoing implementation of SafeCare, eRostering and the Common Staffing Method. However, workforce sustainability pressures, consultant vacancies, variation in implementation across services continued to affect assurance during the reporting period.