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

Background and context

This summary report provides information on how NHS Tayside have discharged their duties of the Health and Care (Staffing) (Scotland) Act 2019 and engaged with HIS Healthcare Staffing Programme in line with HIS duty 12IP of the Act as set out in the HIS Healthcare Staffing Operational Framework

NHS Tayside continues to report **overall reasonable assurance** in relation to implementation of the Act.

- this reflects established workforce planning, governance and staffing risk management arrangements, supported by increasing board-level visibility of workforce risks, development of workforce modelling approaches and ongoing implementation of digital staffing systems, including SafeCare and electronic rostering
- NHS Tayside continues to operate within a context of sustained workforce and operational pressures, alongside ongoing delivery of improvement actions arising from inspection activity. Workforce indicators suggest relative stability across a number of professional groups; however, inspection findings indicate that application of staffing processes and their impact on workforce and service outcomes remain variable across services

HIS Board Review Activity 2025-26

Board review call dates

- 20 October 2025

- 9 April 2026

Board reports received

- Q1: 23 September 2025
- Q2: 9 February 2026
- Q3: 11 May 2026
- Annual: 11 May 2026

Safe delivery of care inspections

- Ninewells Hospital – Unannounced follow up inspection report: June 2026
- Perth Royal Infirmary – Unannounced follow up inspection report: June 2026
- Dudhope Young People's Inpatient Unit – safe delivery of care inspection: February 2026

Safe delivery of care inspection activity identified variation in the consistency of implementation and impact across services. While examples of effective staffing processes, positive teamwork and visible leadership were evident in some areas, ongoing concerns were identified in relation to staffing deployment, workforce gaps, training compliance, real time staffing assessment, risk escalation and management of recurrent risks.

HIS responding to concerns related to HCSA

- no formal workforce related responding to concerns raised or managed by HIS within the reporting period.

Board requests for assistance to HIS Healthcare Staffing Programme

- two formal requests for assistance relating to Business Objects XI (BOXI) reporting and two informal requests relating to emergency care provision staffing level tool and Allied Health Professionals workforce planning

Non-routine power to require information requests

- no non-routine power to require information made

Governance

HIS healthcare staffing internal advisory group meeting review date

- 3 March 2026

HIS Healthcare Staffing Programme business meeting review date

- 25 March 2026

Engagement with the wider HIS Healthcare Staffing Programme team

NHS Tayside has engaged with HIS Healthcare Staffing Programme through board review calls and requests for assistance, 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 Tayside 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 Tayside demonstrates an established approach to implementation of the Act, with reasonable overall assurance reported and many aspects broadly supported by available evidence. Key strengths include established governance and programme structures, ongoing implementation of SafeCare and digital staffing systems, engagement with staffing level tools and the Common Staffing Method, and evidence of workforce stability across a number of professional groups. Inspection findings also identified examples of compassionate care, supportive teamwork and visible leadership.

However, inspection activity presents a mixed picture across services, with evidence of variation in the implementation and impact of staffing processes. Inspection findings identified ongoing challenges relating to staffing deployment, workforce gaps, training compliance, real time staffing assessment, risk escalation and management of recurrent risks. While examples of improvement were evident in some services, concerns persisted in others, indicating that implementation is not yet consistently embedded across the organisation.

Particular challenges identified relate to demonstrating consistent application of real time staffing assessment and risk escalation processes across services, the timely resolution of severe and recurrent workforce risks, protection of clinical leadership time, training compliance and staff readiness, and consistent application of the Common Staffing Method. Evidence of governance arrangements and implementation activity is generally stronger than evidence demonstrating sustained improvement in workforce or service outcomes across all services.

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

- **Board reported position: Reasonable assurance**
  The board reports established governance, workforce planning and improvement arrangements, supported by programme structures, digital systems and ongoing implementation of the Act.
- **Triangulated available evidence:** workforce data demonstrates relative workforce stability across a number of professional groups, while governance reporting and board review activity indicate ongoing oversight of workforce risks and staffing arrangements. However, inspection findings identified service-level concerns relating to staffing sufficiency, deployment and workforce gaps, with variation in outcomes across services. This limits assurance regarding the consistency of implementation and impact across the organisation.
- **Board reported mitigations:** continued development of workforce planning arrangements, implementation of digital systems, service self assessment and oversight through programme governance structures.

12IC: Duty to have real time staffing risk assessment

- **Board reported position: Reasonable assurance**
  The board reports ongoing implementation of SafeCare, supported by an organisational real time staffing standard operating procedure (SOP), governance arrangements and escalation processes.
- **Triangulated available evidence:** inspection findings at Ninewells Acute demonstrated use of real time staffing systems, safety huddles, documentation of professional judgement and active management of staffing risks. However, inspection intelligence identified variation across services, including previous concerns regarding real time staffing assessment processes in maternity services. The board also reports that systems and processes remain variable across services and professions.
- **Board reported mitigations:** continued rollout of SafeCare, implementation of the real time staffing SOP, dashboard development and ongoing governance monitoring.

12ID: Duty to have risk escalation process in place

- **Board reported position: Reasonable assurance**
  The board reports established escalation arrangements supported through SafeCare, Datix, operational procedures and risk management processes.
- **Triangulated available evidence:** inspection findings demonstrate examples of staff escalating concerns and the use of formal escalation processes to manage staffing pressures and workforce risks. However, inspection intelligence identified inconsistencies in the recording, communication and management of staffing risks, with some services continuing to develop or strengthen

escalation arrangements. Evidence demonstrating consistent organisational application remains limited.

- **Board reported mitigations:** continued rollout of risk management guidance, staff training, development of digital systems and governance oversight.

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

- **Board reported position: Reasonable assurance**

  The board reports established arrangements to identify, monitor and manage severe and recurrent risks through governance structures, Datix, SafeCare and review processes.
- **Triangulated available evidence:** inspection findings demonstrate that workforce and service risks are identified, monitored and subject to improvement planning within services. However, repeated inspection findings, carried-forward actions and ongoing concerns across a number of services indicate variable evidence of timely resolution and sustained mitigation of recurrent risks.
- **Board reported mitigations:** continued implementation of SafeCare, thematic review of risks, governance oversight and action planning through programme structures.

12IF: Duty to seek clinical advice on staffing

- **Board reported position: Reasonable assurance**

  The board reports established arrangements for clinical and professional input to staffing decisions through workforce planning, governance and real time staffing processes.
- **Triangulated available evidence:** inspection findings and board review discussions demonstrate multidisciplinary involvement in staffing discussions, with examples of professional judgement informing operational staffing decisions. However, evidence regarding how differing clinical views is managed, escalated and reflected in final staffing decisions remains limited. The impact of clinical advice on staffing outcomes is not routinely demonstrated.
- **Board reported mitigations:** continued implementation of the real time staffing SOP, subgroup monitoring and ongoing review of compliance with this duty.

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

- **Board reported position: Reasonable assurance**

  The board reports arrangements to support clinical leadership time through workforce systems, job planning processes and monitoring through governance structures.
- **Triangulated available evidence:** inspection findings at Ninewells Acute identified positive feedback from senior charge nurses regarding their ability to undertake leadership responsibilities and managerial duties. However, evidence supporting protected leadership time across the wider organisation remains limited. Workforce pressures continue to be reported, and inspection findings identified actions relating to protected leadership time within some services.
- **Board reported mitigations:** monitoring through workforce systems, workforce planning processes, subgroup oversight and review of associated risks through governance structures.

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

- **Board reported position: Substantial assurance**

  The board reports established arrangements for workforce training, development and compliance monitoring through LearnPro, Turas and profession-specific education support.
- **Triangulated available evidence::** inspection findings identified examples of training provision, workforce development activity and improvement in some services. However, inspection findings also identified ongoing gaps in mandatory and role-specific training within a number of services, including life support, safeguarding and violence and aggression training. This limits assurance regarding consistency of training compliance and staff readiness across the organisation.
- **Board reported mitigations:** protected training time, monitoring through LearnPro and Turas, workforce development programmes and targeted improvement actions arising from inspection findings.

12IJ: Duty to follow Common Staffing Method

- **Board reported position: Substantial assurance**

  The board reports established processes to support implementation of the Common Staffing Method, including staffing level tools, quality assurance processes, staff training and compliance monitoring.
- **Triangulated available evidence:** staffing level tool data demonstrates engagement with staffing tools across a range of services, supported by ongoing quality assurance and organisational oversight processes. However, staffing level tool compliance remains variable across tools and services, with recurring issues relating to tool completion and professional judgement processes. Inspection findings also demonstrate variation in staffing outcomes across services, limiting assurance regarding the consistent application and impact of the Common Staffing Method.
- **Board reported mitigations:** ongoing quality assurance processes, targeted support for services, staff training and continued development of Common Staffing Method reporting and monitoring arrangements.

12IL: Training and consultation of staff

- **Board reported position: Substantial assurance**

  The board reports established arrangements to support staff engagement, consultation and training in relation to the Common Staffing Method.
- **Triangulated available evidence:** inspection evidence demonstrates delivery of Common Staffing Method education sessions and wider engagement activity supporting implementation of the Common Staffing Method. However, available evidence regarding how staff feedback is consistently acted upon, evaluated and fed back to staff remains limited. The impact of consultation activity on staffing decisions and service improvement is not routinely demonstrated.
- **Board reported mitigations:** ongoing education programmes, manager support, service-level engagement activity and further development of feedback and review mechanisms.

Conclusion

HIS noted that NHS Tayside 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 established governance and workforce planning arrangements, ongoing implementation of digital staffing systems and engagement with the Common Staffing Method. While examples of effective practice, supportive leadership and workforce stability were evident, available evidence identified variation in the implementation and impact of staffing processes across services, with ongoing challenges relating to workforce gaps, training compliance, staffing risk management and recurrent risks.