# Healthcare Improvement Scotland (HIS) Healthcare Staffing Programme: The State Hospital Annual Summary Report 2025-26

## Background and context

This summary report provides information on how The State Hospital 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.

The State Hospital continues to report **overall substantial assurance** in relation to implementation of the Act.

- this reflects established workforce planning, governance and staffing oversight arrangements, supported by workforce modelling, multidisciplinary staffing processes and ongoing implementation of SafeCare
- as a national specialist service, the availability of independent evidence and intelligence is limited. Assessment is therefore reliant primarily on board reporting, workforce data and governance documentation
- the board continues to report workforce pressures relating to sickness absence, attrition and increasing service demand, while continuing to develop and embed staffing systems and workforce planning processes

# HIS board review activity 2025-26

## Board review call dates

- 23 June 2025
- 19 January 2026

## Board reports received

- Q1: 23 September 2025
- Q2: 3 December 2025
- Q3: 3 March 2026
- Annual: 23 April 2026

## Safe delivery of care inspections

- no safe delivery of care inspections within 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 formal and one informal request for assistance made

## 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

- 14 August 2025

## HIS Healthcare Staffing Programme business meeting review date

- 28 August 2025

# Engagement with the wider HIS Healthcare Staffing Programme team

The State Hospital has engaged with the 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 The State Hospital 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. For special Health Boards, the opportunities for independent corroboration may be more limited where services are nationally delivered, highly specialised or not routinely subject to the same range of performance, regulatory or inspection evidence available within territorial NHS boards. 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

The State Hospital demonstrates an established approach to implementation of the Act, with substantial overall assurance reported by the board. Key strengths include established workforce planning and governance arrangements, increasing use of workforce modelling, implementation of SafeCare, multidisciplinary staffing processes and high reported compliance with staffing level tool requirements.

However, available evidence is limited and remains largely reliant on board self reporting owing to the specialist nature of the service. Workforce pressures relating to sickness absence, attrition and increasing service demand continue to be reported.

Particular challenges identified relate to demonstrating the effectiveness and impact of staffing risk escalation processes, reducing severe and recurrent workforce risks, protecting clinical leadership time, evidencing the impact of training and workforce development activity, and demonstrating how clinical advice and Common Staffing Method outputs influence staffing decisions and outcomes.

Evidence of implementation is generally stronger than evidence demonstrating sustained improvement in workforce or service outcomes.

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

- **Board reported position: Substantial assurance**
  The board reports established workforce planning and governance arrangements supported by workforce modelling, board oversight and recruitment activity. Workforce modelling has informed board decisions regarding workforce establishment and staffing requirements.
- **Triangulated available evidence:** demonstrates increasing maturity in workforce planning processes, supported by workforce modelling, routine governance reporting and workforce plan development. Workforce data indicates low vacancy levels across several professional groups. Available evidence is largely derived from board reporting, with limited opportunity for independent corroboration owing to the specialist nature of the service. Workforce pressures relating to sickness absence, attrition and increasing service demand continue to be reported, and evidence demonstrating sustained improvement in staffing outcomes remains limited.
- **Board reported mitigations:** recruitment and retention initiatives, workforce modelling, workforce plan implementation and strengthened workforce leadership arrangements.

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

- **Board reported position: Substantial assurance**
  The board reports real time staffing assessment arrangements are supported by SafeCare, daily multidisciplinary huddles, e-rostering systems and professional judgement processes.
- **Triangulated available evidence:** supports implementation of SafeCare and use of twice-daily multidisciplinary huddles as key mechanisms for staffing oversight and operational decision-making. However, available evidence indicates SafeCare remains in development and is not yet fully embedded across all services. Evidence demonstrating consistent application and impact of real time staffing systems remains limited.
- **Board reported mitigations:** continued SafeCare rollout, alignment of e-rostering approaches and ongoing development of staffing oversight systems.

## 12ID: Duty to have risk escalation process in place

- **Board reported position: Substantial assurance**
  The board reports established staffing risk escalation arrangements are supported through daily huddles, formal governance structures and board reporting processes.
- **Triangulated available evidence:** Available evidence supports the existence of multidisciplinary escalation processes and routine reporting of staffing risks through governance structures. However, evidence demonstrating the effectiveness of escalation processes, including how risks are resolved and recurrence reduced, remains limited. Available evidence is stronger in demonstrating the existence of escalation processes than their impact.

- **Board reported mitigations:** continued integration of escalation processes within SafeCare and ongoing governance oversight of staffing risks.

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

- **Board reported position: Substantial assurance**

  The board reports that workforce risks including sickness absence, vacancies, staffing gaps and attrition are monitored through governance structures and board reporting arrangements.
- **Triangulated available evidence:** demonstrates ongoing monitoring and visibility of workforce risks through workforce planning and governance processes. However, workforce pressures identified in previous reporting periods continue to be reported. Evidence demonstrating sustained reduction in recurrent risks and the impact of mitigation measures remains limited.
- **Board reported mitigations:** recruitment activity, workforce planning initiatives and ongoing governance monitoring of workforce risks.

## 12IF: Duty to seek clinical advice on staffing

- **Board reported position: Substantial assurance**

  The board reports that clinical advice is incorporated within staffing decision-making through multidisciplinary huddles involving nursing, medical and Allied Health Professional staff.
- **Triangulated available evidence:** supports routine multidisciplinary involvement in staffing discussions and decision-making processes. However, evidence regarding how clinical advice is consistently recorded, evaluated and used to influence staffing decisions and outcomes remains limited. Evidence of impact is less well developed than evidence of participation.
- **Board reported mitigations:** continued development of SafeCare to support recording of professional judgement and clinical input.

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

- **Board reported position: Substantial assurance**

  Board reports: Leadership structures are in place to support safe staffing and service delivery, with leadership capacity considered within workforce planning arrangements.
- **Triangulated available evidence:** supports recognition of the role of clinical leadership within workforce planning and governance processes. However, board reporting indicates leadership capacity continues to be affected by workforce pressures, with clinical leaders providing direct clinical cover to maintain service delivery. Evidence regarding the monitoring and protection of leadership time remains limited.
- **Board reported mitigations:** workforce redesign activity and recruitment initiatives.

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

- **Board reported position: Substantial assurance**

  The board reports ongoing investment in workforce development, career pathways and staff training supported by engagement with education providers.

- **Triangulated available evidence:** demonstrates continued emphasis on workforce development and training through organisational planning and governance arrangements. However, workforce pressures continue to affect access to training opportunities and evidence demonstrating the impact of training activity on workforce and service outcomes remains limited. Available evidence is focused primarily on activity rather than outcomes.
- **Board reported mitigations:** development of career pathways, workforce development initiatives and continued engagement with education partners.

### 12IJ: Duty to follow Common Staffing Method

- **Board reported position: Substantial assurance**
  The board reports ongoing implementation of the Common Staffing Method, supported by staffing level tools, workforce modelling and participation in national development work.
- **Triangulated available evidence:** staffing level tool data demonstrates high levels of reported compliance and participation, with all wards reported as completing the staffing level tool during the reporting period. Available evidence also indicates continued engagement with national Common Staffing Method development activity. However, available evidence suggests implementation remains an evolving area of practice. Evidence demonstrating how Common Staffing Method outputs consistently inform staffing decisions and improve outcomes remains limited.
- **Board reported mitigations:** continued rollout of Common Staffing Method processes and integration with SafeCare and workforce planning arrangements.

### 12IL: Training and consultation of staff

- **Board reported position: Substantial assurance**
  The board reports staff engagement and consultation activities include open days, staff forums, peer support initiatives and opportunities to contribute to service development.
- **Triangulated available evidence:** available evidence supports ongoing staff engagement activity and high reported compliance with staffing level tool processes. However, evidence demonstrating how staff feedback is systematically analysed, acted upon and translated into measurable improvement remains limited. The impact of staff consultation on staffing decisions and service outcomes is not routinely demonstrated.
- **Board reported mitigations:** continued staff engagement initiatives, peer support development and wider culture improvement activity.

## Conclusion

HIS noted that The State Hospital 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, reflecting established workforce planning and governance arrangements, increasing use of workforce modelling, implementation of SafeCare and multidisciplinary approaches to staffing. Available evidence broadly supports this position and is largely derived from board

reporting and supporting documentation, reflecting the specialist nature of the service and the limited availability of external corroborative evidence. Workforce pressures relating to sickness absence, attrition and increasing service demand continued during the reporting period.