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

Background and context

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

- this reflects that governance, workforce planning and staffing risk management arrangements are in place, supported by Strategic Workforce Group oversight, routine board reporting and increasing use of SafeCare and eRostering data to inform staffing decisions
- the board continues to operate within a challenging remote and rural context, including recruitment difficulties across several professional groups, persistent consultant vacancies, reliance on locum staffing and workforce sustainability pressures. Evidence also indicates variation in implementation across services and continued challenges in embedding the Common Staffing Method consistently across the organisation

HIS Board review activity 2025-26

Board review call dates

- 29 July 2025
- 20 January 2026

Board reports received

- Q1: 24 September 2025
- Q2: 12 November 2025
- Q3: 19 February 2026
- Annual: 30 April 2026

Safe delivery of care inspections

During 2025-26 NHS Western Isles was subject to three safe delivery of care inspections which included workforce related findings:

- Western Isles Hospital maternity safe delivery of care inspection: January 2026 – Healthcare Improvement Scotland
- Western Isles Hospital – Unannounced follow up inspection report October 2025 – Healthcare Improvement Scotland
- Western Isles Hospital – mental health safe delivery of care inspection report: June 2026 – Healthcare Improvement Scotland

These inspections identified examples of positive operational practice alongside recurring workforce related requirements concerning staff training, real time staffing risk processes and Common Staffing Method application.

HIS responding to concerns related to the Act

- no formal workforce related responding to concerns raised

Board requests for assistance to HIS Healthcare Staffing Programme

- three requests for assistance submitted in 2025-26 in relation to staffing 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

- 28 May 2025

Engagement with the wider HIS Healthcare Staffing Programme team

NHS Western Isles has engaged with 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 NHS Western Isles 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 Western Isles demonstrates a structured approach to implementation of the Act, with reasonable overall assurance, with many aspects broadly supported by triangulated evidence. Governance, workforce planning and staffing risk management arrangements are in place, supported by board oversight and increasing use of SafeCare and eRostering data.

Strengths include established staffing risk escalation arrangements, multidisciplinary risk review processes, access to clinical advice, structured approaches to staff training and workforce governance, and effective use of hospital huddles to support operational decision-making.

However, challenges remain including workforce sustainability pressures, consultant vacancies, reliance on locum staffing, variation in implementation across services and continued reliance on mitigation.

Key limitations relate to consistent Common Staffing Method implementation, staffing level tool compliance, consistent recording of real time staffing risks and protected leadership time, supported by recurring inspection findings.

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

- **Board reported position: Reasonable Assurance**
  The board reports governance arrangements, workforce planning processes and multidisciplinary oversight supporting delivery of appropriate staffing across professional groups.
- **Triangulated available evidence:** broadly supports aspects of this position and demonstrates workforce considerations are visible within organisational governance and decision-making processes. However, recruitment challenges, consultant vacancies, locum reliance and workforce sustainability pressures continue to affect service delivery within a remote and island context. Evidence demonstrating the longer-term impact of workforce planning interventions remains limited.
- **Board reported mitigations:** Strategic Workforce Group oversight, workforce planning activity, recruitment initiatives and increasing use of SafeCare and eRostering data to inform staffing decisions.

12IC: Duty to have real time staffing risk assessment

- **Board reported position: Reasonable Assurance**
  The board reports implementation of real time staffing assessment arrangements through SafeCare, eRostering and local operational processes.
- **Triangulated available evidence:** supports that real time staffing assessment processes are established within many services, with increasing use of SafeCare to support staffing oversight. However, variation remains across services and professions, and inspection findings identified ongoing challenges regarding consistent recording and management of real time staffing risks.
- **Board reported mitigations:** continued SafeCare rollout, eRostering implementation, standard operating procedures and workforce governance oversight arrangements.

12ID: Duty to have risk escalation process in place

- **Board reported position: Reasonable Assurance**
  The board reports established staffing risk escalation arrangements supported by SafeCare, hospital huddles, governance processes and escalation pathways.
- **Triangulated available evidence:** is consistent with escalation arrangements are embedded and routinely used to manage staffing pressures. However, variation remains where local arrangements continue to operate alongside SafeCare processes, limiting consistency across services.
- **Board reported mitigations:** escalation standard operating procedures, multidisciplinary huddles, SafeCare reporting and continued implementation of consistent escalation processes.

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

- **Board reported position: Substantial Assurance**
  The board reports structured arrangements to identify, monitor and manage severe and recurrent staffing risks through risk management systems and governance processes.
- **Triangulated available evidence:** supports that staffing risks are visible, monitored and subject to regular organisational oversight. However, evidence demonstrating how recurring themes are systematically used to inform workforce planning and longer-term service improvement remains limited.
- **Board reported mitigations:** risk register monitoring, multidisciplinary risk review meetings, SafeCare reporting and established governance oversight processes.

12IF: Duty to seek clinical advice on staffing

- **Board reported position: Substantial Assurance**
  The board reports that clinical advice is embedded within staffing governance, escalation arrangements and professional leadership structures.
- **Triangulated available evidence:** is consistent with clinical advice being routinely accessible and informing staffing decisions across operational and strategic settings. However, evidence demonstrating consistent organisational reporting on how clinical advice informs workforce decisions remains limited.
- **Board reported mitigations:** professional leadership arrangements, SafeCare documentation processes, executive review arrangements and governance oversight.

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

- **Board reported position: Reasonable Assurance**
  The board reports arrangements to define, monitor and review leadership responsibilities through appraisal, job planning and workforce systems.
- **Triangulated available evidence:** identifies visible clinical leadership and leadership involvement in staffing oversight and service delivery. However, workforce pressures continue to affect leadership capacity, with evidence indicating that leadership time is occasionally displaced by operational demands. Evidence demonstrating the routine measurement of leadership time erosion remains limited.
- **Board reported mitigations:** workforce planning processes, job planning arrangements, appraisal systems and monitoring through eRostering and governance structures.

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

- **Board reported position: Substantial Assurance**
  The board reports established governance arrangements supporting staff training, education and workforce development.
- **Triangulated available evidence:** supports improving compliance with training requirements and demonstrates organisational commitment to workforce development. However, operational

pressures continue to affect equitable access to protected learning time across some services and professional groups.

- **Board reported mitigations:** organisational learning and development arrangements, practice development support, protected learning initiatives and ongoing monitoring of training compliance.

12IJ: Duty to follow Common Staffing Method

- **Board reported position: Limited**

  This is significant reduction in assurance.

  The board reports implementation arrangements for the Common Staffing Method supported by governance structures, annual staffing level tool schedules and local guidance.
- **Triangulated available evidence:** demonstrates ongoing engagement with the Common Staffing Method and examples of implementation across mandated services. However, staffing level tool and professional judgement tool completion and compliance remain variable across a number of services. Evidence demonstrating consistent organisational application of Common Staffing Method outputs to inform workforce planning and service improvement remains limited. This remains the most significant area constraining overall assurance, with recurring inspection requirements.
- **Board reported mitigations:** annual staffing level tool schedules, local guidance, Strategic Workforce Group oversight and HIS Healthcare Staffing Programme support relating to staffing tool interpretation and Common Staffing Method implementation.

12IL: Training and consultation of staff (Common Staffing Method)

- **Board reported position: Reasonable Assurance**

  The board reports established arrangements for staff training, engagement and consultation relating to the Common Staffing Method.
- **Triangulated available evidence:** supports that staff engagement mechanisms and training resources are available to support participation in Common Staffing Method processes. However, operational pressures and variation in Common Staffing Method implementation continue to affect the consistency of training, consultation and staff feedback arrangements across services. Evidence demonstrating how staff feedback routinely informs staffing decisions remains limited.
- **Board reported mitigations:** Local training programmes, access to national resources, HIS Healthcare Staffing Programme support and ongoing governance oversight of Common Staffing Method implementation.

Conclusion

HIS noted that NHS Western Isles 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, supported by increasing use of SafeCare and eRostering data. However, workforce sustainability pressures, reliance on locum staffing and consultant vacancies, variation in implementation across services, and challenges relating to Common Staffing Method

implementation and clinical leadership capacity continued to affect assurance during the reporting period.