HIS: Healthcare Staffing Programme monitoring board compliance review of board assurance levels from 2024-25 versus 2025-26

This report compares NHS board assurance ratings against the statutory duties set out in the Health and Care (Staffing) (Scotland) Act 2019 between 2024-25 and 2025-26. The analysis is based on the levels of assurance reported by NHS boards in their annual Health and Care (Staffing) (Scotland) Act 2019 reports and examines changes in performance across the statutory duties, highlighting the proportion of boards whose assurance ratings improved, deteriorated or remained unchanged over the reporting period.

Using nineteen boards (excluding 'not applicable' assessments where applicable), the percentage of boards whose assurance ratings improved, deteriorated or remain unchanged for each statutory duty is presented in the table below.

Table 1: Change in level of assurance by duty (2024-25 to 2025-26)

Duty	Improved	Deteriorated	No Change
12IA: Ensure appropriate staffing and guiding principles	15.8 %	10.5 %	73.7 %
12IC: Real time staffing assessment in place	26.3 %	0.0 %	73.7 %
12ID: Risk escalation process in place	21.1 %	5.3 %	73.7 %
12IE: Arrangements for severe and recurrent risks	15.8 %	10.5 %	73.7 %
12IF: Seek clinical advice on staffing	26.3 %	0.0 %	73.7 %
12IH: Adequate time given to clinical leaders	21.1 %	10.5 %	68.4 %
12II: Training of staff	5.3 %	21.1 %	73.7 %

12IJ: Follow the common staffing method (CSM)*	18.8 %	18.8 %	62.5 %
12IL: Training and consultation of staff*	18.8 %	18.8 %	62.5 %

*Based on sixteen applicable boards (excluding NHS 24, NSS and Scottish Ambulance Service).

Key messages

The comparison of NHS board assurance ratings between 2024-25 and 2025-26 indicates that assurance levels remained broadly stable across the statutory staffing duties, with the majority of board assessments reporting no change year-on-year. However, there is evidence of reported improvement in several key duties.

Strongest improvement

Significant improvements were evident for duty 12IC to have a real time staffing assessment in place and duty 12IF to seek clinical advice on staffing, with 26.3 % of boards reporting an improved level of assurance for each duty and no boards reporting a deterioration in assurance. Duty 12ID (having a risk escalation process in place) also demonstrated positive movement with 21.1 % of boards improving their level of assurance and 5.3 % reporting a deterioration.

Stable position

Most boards maintained their previous assurance levels across the reporting period. Duty 12IA relating to ensuring appropriate staffing, duty 12IE arrangements for addressing severe and recurrent risks and duty 12IH adequate time for clinical leaders, demonstrated generally stable assurance positions, with over two thirds of boards reporting no change.

Areas of deterioration

The analysis also highlights areas requiring further attention. Duty 12II to ensure appropriate staffing through training of staff showed the greatest deterioration, with 21.1 % of boards reporting a reduction in assurance and only 5.3 % reporting improvement. Duty 12IJ to follow the common staffing method and duty 12IL to provide training and consultation of staff presented a mixed picture, with equal proportions of boards improving and deteriorating (18.8 %).

Table 2: Level of assurance ranked by net change

Duty	Net Change (%)
12IF: Seek clinical advice on staffing	+26.3 %
12IC: Real time staffing assessment in place	+26.3 %
12ID: Risk escalation process in place	+15.8 %
12IH: Adequate time given to clinical leaders	+10.5 %
12IA: Ensure appropriate staffing	+5.3 %

12IE: Arrangements for severe and recurrent risks	+5.3 %
12IJ: Follow common staffing method	0.0 %
12IL: Training and consultation of staff	0.0 %
12II: Training of staff	-15.8%

Conclusion

Overall, NHS board assurance ratings remained broadly stable between 2024-25 and 2025-26. Notable improvements were observed in relation to duty 12IC real time staffing assessment and duty 12IF seeking clinical advice on staffing. These duties, together with the duty 12ID relating to having a risk escalation process in place, demonstrated the highest proportions of boards reporting improved assurance, with little or no deterioration in assurance levels. In contrast, the duty 12II relating to staff training showed the greatest reduction in assurance levels, while implementation of the duty 12IJ Common Staffing Method and duty 12IL staff training and consultation duties demonstrated a mixed picture, with equal proportions of boards reporting improvement and deterioration.

Resource: HSP Board level of compliance 24-25 vs 25-26