

Executive Summary and Introduction

The **Health and Care (Staffing) (Scotland) Act 2019** (referenced as ‘the Act’ throughout this summary) makes provisions about staffing in the NHS and in care services. It aims to ensure safe high-quality care and improved outcomes for people, whilst supporting the health, wellbeing and safety of patients, and the wellbeing of staff.

The Act specifies a number of duties that Health Boards, Councils, Integration Authorities, Healthcare Improvement Scotland, Care Inspectorate and Scottish Ministers need to report publicly on.

NHS Grampian is required to report annually to Scottish Ministers on how we have carried out the duties in the Act in relation to all health aspects, using a detailed template. Every Health Board must also publish their report. This document provides a summary of NHS Grampian’s health report for the 2025/26 financial year.

The Annual Report was approved by the NHS Grampian Chief Executive Team, Staff Governance Committee and Board prior to the submission to Scottish Government on 30 April 2026.

A copy of the full report can be accessed via the following link: **Health and Care Staffing Act (HCSA)**.



“This year’s Health and Care Staffing Act Annual Report gives an honest picture of where NHS Grampian is on our journey to fully embedding the principles of the Act. While our overall assurance rating remains ‘limited’, it is important to recognise the tangible progress made during 2025/26, with several statutory duties now moving to reasonable assurance and none deteriorating. I am particularly encouraged by the strengthening of real-time staffing oversight, wider use of SafeCare, clearer workforce data and improved clinical engagement in staffing decisions. These changes matter because they directly support safer care for patients and a more sustainable working environment for our staff.

At the same time, we do not underestimate the scale of the challenge ahead. Ongoing system pressures, workforce availability and financial constraints continue to limit the pace of improvement, and this report is clear about the further work required. What gives me confidence is the commitment I see every day from our teams across Grampian, who continue to engage openly with the Act, raise risks, and work collaboratively to improve how care is delivered to our patients.

We now have stronger foundations in place than a year ago. Building on that progress - through consistent practice, continued leadership focus and partnership working - will be critical as we move towards higher levels of assurance and deliver the safe, high-quality, person-centred care our communities expect.”

Laura Skaife-Knight,
Chief Executive Officer, NHS Grampian

Intent of the Act

The Act was passed by the Scottish Parliament and received Royal Assent in 2019 however due to the COVID-19 pandemic, it did not formally commence until 1st April 2024.

The Act intends to:

- Enable safe, high-quality care and improved outcomes for people; and
- Supports the health, wellbeing and safety of patients, as well as the wellbeing of staff.

What does it mean for the public?

For NHS Grampian's citizens, the Act ensures that health and care services are accountable for having appropriate staffing in place. This means having the right staff in terms of numbers, professions and skill mix, at all times, so that patients receiving care achieve their best possible health and wellbeing outcomes.

When considering appropriate numbers and skill mix of staff, NHS Grampian needs to consider:

- the kind of health care being provided;
- local context in which it is being provided;
- the number of patients being provided care;
- the needs of patients being provided care; and
- appropriate clinical advice regarding staffing.

What does it mean for our staff?

The Act recognises the link between increased staff wellbeing and the safety and quality of care. For NHS Grampian colleagues, the Act builds on existing policies and procedures and aims to embed a culture of openness and transparency, ensuring staff are informed about decisions relating to staffing and able to raise concerns.

The Act applies to approximately 13,000 staff across NHS Grampian, from 16 different clinical disciplines. These different clinical disciplines are known as the 'roles in scope'. A number of the duties within the Act are in place to ensure there are robust processes in place, with clear lines of escalation and consistent means of recording risks and decisions.

The reporting requirements of the Act will support both local and national workforce planning and encourage service redesign and innovation where appropriate. The legislation does not seek to prescribe a uniform approach to workload or workforce planning.

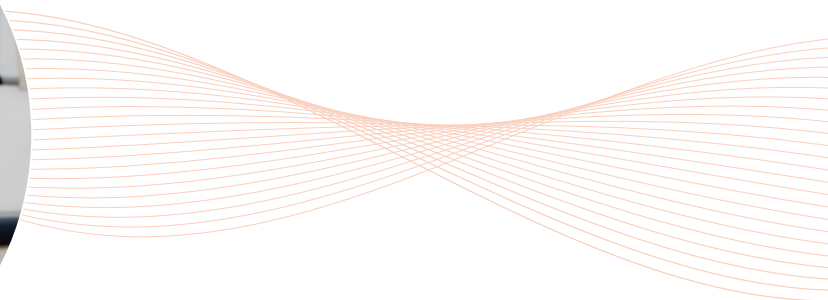


Year Two Achievements and Progress

Year two has delivered areas of emerging progress across patient experience, service delivery, workforce, culture and wellbeing. The achievements outlined below highlight how NHS Grampian has strengthened clinical pathways, improved access to care, enhanced the use of data and digital tools, and invested in its people. Together, these developments demonstrate continued commitment to delivering safe, effective and person-centred care, while building a more resilient and supported workforce.

- ✓ Delivery of multiple Community Appointment Days, bringing support directly to people with chronic pain, COPD, dementia and other long-term conditions.
- ✓ Launch and expansion of real-time patient feedback, giving frontline staff insight into patient experience within 48 hours.
- ✓ Development of integrated care pathways across Orthopaedics, Cardiology and Endoscopy, ensuring patients across Grampian access care more consistently.
- ✓ Successful pilot of home haemodialysis, offering more flexibility and reducing travel for patients.
- ✓ Performance in responding to complaints within 20 days improved from 35% to 47%, with further work underway to improve consistency.
- ✓ Increased learning from patient feedback, Care Opinion, and complaints is feeding into service improvements and clinical governance discussions.
- ✓ Royal Aberdeen Children's Hospital achieved Tessa Jowell Centre of Excellence status for paediatric brain tumour care—one of only six in the UK.
- ✓ Over 331 clinical areas now use SafeCare which is an electronic system that highlights staffing risks in real time, so teams can act early and maintain safe care.
- ✓ Use of the Common Staffing Method (CSM) has helped NHS Grampian rebalance nursing staffing levels in priority areas to better match patient needs.
- ✓ Public Health have developed three new staffing frameworks to guide safe and appropriate staffing, escalation and training requirements across its services.
- ✓ A new visual Workforce Dashboard has been created to give clearer insights into workforce risks, staffing capacity and quality indicators across Nursing, Midwifery and Allied Health Professionals.
- ✓ Integrated service planning is being improved so staffing decisions better match available funding and service needs, in line with recommendations from our recent external review.
- ✓ NHS Grampian delivered a wide range of wellbeing initiatives, including:
 - Signing the Migraine Trust workplace pledge
 - Weekly wellbeing communications
 - Access to mental health, financial wellbeing and resilience support.

- ✓ Over 342 staff were recognised through the Long Service Award Programme, totalling more than 10,000 years of service.
- ✓ A new Culture Programme Board was established to improve leadership, strengthen inclusion and support staff wellbeing.
- ✓ Regular shared learning events and leadership training were expanded, such as Leading an Empowered Organisation, Leading Excellence in Care, coaching programmes and management forums.
- ✓ Some services, including Mental Health & Learning Disability (MHLD), have developed and are now embedding structured systems to identify, escalate and manage severe or recurring staffing risks.
- ✓ MHLD services continued their journey toward Pathway to Excellence® accreditation with strong staff participation.
- ✓ The organisation continued progress toward Magnet Recognition® in children's services.
- ✓ New resources including a Leadership Toolkit, enhanced Manager Development Forum, and structured leadership programmes were launched.
- ✓ A new, comprehensive HCSA SharePoint site was launched, offering staff 24/7 access to guidance, training materials and duty-specific resources.



What does the Annual Report for 2025/26 tell us?

NHS Grampian continues to report 'Limited Assurance' with the Act overall, based on the declarations provided by Scottish Government. This means we recognise that there is still further improvement required to our governance, risk management and the controls put in place, to effectively manage risks and achieve full implementation of the Act.

Overall level of assurance of compliance	2024/25	2025/26
	Limited	Limited






Although our overall position has remained the same, we have seen progress across three duties moving from 'Limited Assurance' to 'Reasonable Assurance'. More information on these duties can be found over the next few pages. None of our assurance levels have worsened.

Duty	2024/25	2025/26
Duty to ensure appropriate staffing and guiding principles.	Limited	Reasonable
Duty to have real-time staffing assessment in place.	Limited	Limited
Duty to have risk escalation process in place.	Limited	Limited
Duty to have arrangements to address severe and recurrent risks.	Limited	Limited
Duty to seek clinical advice on staffing.	Limited	Reasonable
Duty to ensure adequate time given to clinical leaders.	Limited	Limited
Duty to ensure appropriate staffing: training of staff.	Reasonable	Reasonable
Duty to follow the Common Staffing Method (CSM).	Limited	Reasonable
CSM - Training and consultation of staff.	Limited	Limited
Planning and securing services.	Limited	Limited

What might stop us fully implementing the Act?

Following our escalation to Stage 4 of the NHS Scotland Support and Intervention Framework early 2025, we can evidence progress is being made on our targeted improvement plans to reduce our longest waits, stronger collaborative and system working and the delivery of value-based care. Whilst there is evidence of progress, we continue to face considerable challenges across national standard performance and that which we aspire to provide for our patients and the communities we serve.

Some of the key challenges stopping us from being able to implement all aspects of the Act are outlined below. We will continue to monitor and help minimise these so they do not stop us delivering safe, high-quality care at all times.

	Competing system pressures	System-level pressures continue to create sustained gaps between service demand and workforce capacity. This limits the time our colleagues have to develop and deliver the necessary requirements of the Act.
	Financial constraints and organisational resilience	Ongoing national and local financial challenges continue to impact progress and assurance levels as NHS Grampian works toward financial balance. Reduced organisational resilience also impacts our ongoing progress, due to continued financial constraints, implementation of a reduced working week and increasing workforce fatigue.
	Consistency and variation in practice	Variation across the organisation impacts overall assurance, as the Annual Report requires a consistent assessment across all clinical professions and NHS functions. Operational variation in applying critical aspects of the Act continues, affecting consistency and compliance across services.
	Complex infrastructure and systems	Progress in adopting IT systems to support staffing visibility is constrained by national compatibility issues with other established systems, which is out with our local control. Insufficient technological and organisational infrastructure to fully support consistent compliance and assurance limits our progress.
	Gaps in governance and escalation	Gaps in governance and escalation processes limit early identification, escalation and mitigation of recurring issues. Variation can limit organisational oversight and assurance across multiple services and professions.

Despite these challenges, there have been many opportunities for learning throughout the year.

Summary of our progress

The Act specifies a number of duties that we need to report on. A summary of our progress against each one, is captured below.

Duty to ensure appropriate staffing and guiding principles

This overarching duty seeks to ensure safe, high-quality, person-centred care through having the right staffing in place. This means having the right people, with the right skills, in the right place, at the right time to provide care. This duty must be discharged alongside the guiding principles of the Act. These principles are based on the Staff Governance Standard and the Health and Social Care Standards.

NHS Grampian works to make sure teams always have the right mix of skilled and competent staff to provide safe, high-quality care. This includes gathering real-time feedback, supporting staff wellbeing, strengthening leadership and culture and using data to understand local needs and patient demand. Progress has been made through initiatives like Putting People First, improved feedback systems, community-based appointment days and new staffing frameworks. While positive developments continue, monitoring remains inconsistent, and workload pressures still affect the ability to fully meet the duty.

Duty to have real-time staffing assessment in place – and – Duty to have risk escalation process in place

Having processes in place to identify risks relating to staffing and then mitigating these or escalating them as required.

A lot of teams now use SafeCare to identify and record staffing risks in real time, helping leaders take quick action to protect patient and staff safety. Where SafeCare isn't yet in place, teams still use local processes to assess and escalate risks. Training, checklists and support tools are available but use of these processes is inconsistent. NHS Grampian has processes for escalating staffing risks when they cannot be resolved locally, including reporting to senior leaders and using staffing frameworks in areas like Public Health and Psychology. Some areas use these processes well, but overall escalation remains inconsistent, especially for recurring risks or risks linked to other duties such as leadership time or training. Limited time, ongoing system pressures and delays to rostering software continue to affect full compliance.

Duty to have arrangements to address severe and recurrent risks

Having processes in place on how information on staffing risks will be gathered, analysed, recorded and managed to try limit how often they occur again in the future or reduce the severity.

Severe and recurring staffing risks are monitored through systems like DATIX, SafeCare trend reports, risk registers, and local governance groups. Some services, such as MHL, have strong processes in place with clear escalation and action plans. Further clarity, training and consistent monitoring is required to ensure teams are using trend data to inform decisions.

Duty to seek clinical advice on staffing

Having processes in place to consider and have regard of clinical advice when making staffing decisions and having arrangements for recording and explaining decisions that conflict with that clinical advice.

Clinical leaders are involved in decisions about staffing through Board Level Clinician reports, professional forums, daily huddles and structured leadership processes. Clinical advice is sought when risks arise and clinicians are engaged in major change programmes such as CSM implementation and Quality Impact Assessments. At the time of writing the Annual Report, there is no consistent way to record disagreements when decisions differ from clinical advice, and mechanisms for capturing staff views vary across professions.

Duty to ensure adequate time given to clinical leaders

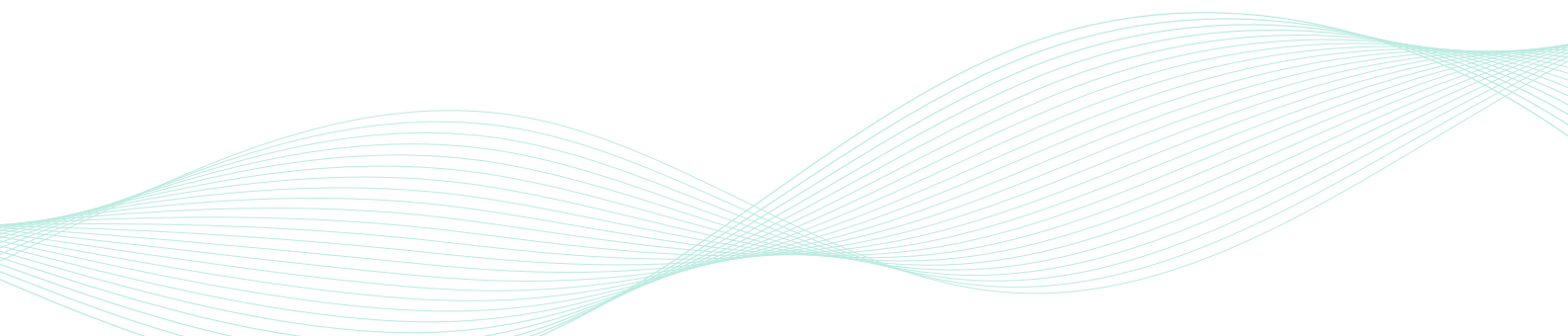
Giving sufficient time and resources to clinical leaders so they can carry out their leadership responsibilities.

Training, leadership development and resources such as toolkits and forums help clinical leaders carry out their responsibilities. New programmes like Leading Excellence in Care and Leading an Empowered Organisation aim to build confidence and capability. High workload, reduced working hours, financial pressures and the need to cover staffing gaps often limit leaders' protected time. Monitoring of leadership time is often inconsistent, especially in areas not using electronic rostering. Leadership time is often repurposed to mitigate real-time staffing risks.

Duty to ensure appropriate staffing: training of staff

Ensuring that staff are provided with information and training to make sure they are suitably qualified and competent in their role and able to implement the duties required in the Act.

Staff have access to a wide range of training, including leadership development, person centred practice tools, and role specific frameworks. Protected Learning Time guidance specifically for staff in Grampian has been introduced to support completion of the new Once for Scotland mandatory and statutory modules. While many teams make good use of these opportunities, competing priorities and staffing pressures mean training is sometimes cancelled or delayed. Training compliance varies across professions and escalation processes are not always used when planned training cannot take place.



Duty to follow the Common Staffing Method (CSM), including training and consultation of staff

The CSM is a consistent process with nine components that determines the staffing provision required for certain types of health care. This includes using specific staffing level tools and professional judgement tools and a range of other considerations. The Act requires the entire process to be completed a minimum of once per year and staff should be appropriately trained and consulted on the entire process. Currently this is only relevant for nursing, midwifery and medical colleagues in Emergency Department.

A new Standard Operating Procedure and SharePoint site includes a range of resources to support consistent practice. The method has already led to rebasing nursing establishments in some key areas. Staff are encouraged to share their views on staffing arrangements and are signposted to CSM resources, training and support where applicable. Governance structures are in place, but internal training capacity is limited and competing priorities, variable understanding and the complexity of some tools continues to limit consistent application across all services.

Planning and Securing Services

The aim of this requirement is to ensure that service users receive safe, high-quality care and the best outcomes regardless of who the healthcare provider is. This could be private healthcare providers, third sector or healthcare from another health board.

When securing services from other healthcare providers, NHS Grampian aims to ensure those providers have appropriate staffing in place and that they adhere to the guiding principles of the Act. Some teams have already incorporated HCSA requirements into their processes, such as Primary Care Contracts Team and Aberdeenshire Health and Social Care Partnership. Since commissioning is done in different ways across the organisation, it's challenging to apply this duty consistently.



What happens after April 2026?

We will continue to progress implementation of the Act and follow our route to substantial assurance, which will continue beyond April 2026 on all aspects of the Act. There has been some tangible progress made so far with plans in place to share the good learning and areas of success across the organisation.

As we plan for the year ahead, our compliance with the Act has informed a focused set of workforce priorities to improve staff wellbeing, staff experience and service delivery. These priorities include launching a new organisational culture programme built on leadership, wellbeing and equality; increasing staff involvement and transparency in decision making; and boosting completion rates for appraisals and mandatory training. Progress in these areas will strengthen staff engagement, capability and wellbeing, helping to create a more sustainable workforce and ultimately improving outcomes for patients across Grampian.

We will continue to report our progress (and any challenges) to the Grampian NHS Board and Staff Governance Committee regularly, and to Scottish Ministers on an annual basis.



“Throughout the year, professional discussions across Nursing, Midwifery, AHPs and Psychology have been central to balancing appropriate staffing with the financial challenges facing the organisation. These discussions have strengthened transparency, ensured clinical advice is embedded in decision-making, and supported more informed, risk-based staffing and financial decisions in line with the Act.

We have made meaningful progress in embedding the Common Staffing Method across prioritised services. The introduction of a clear and consistent Standard Operating Procedure has strengthened governance and enabled clinically informed decisions on staffing establishments, including the appropriate rebasing of nursing establishments. Together with the involvement of Board Level Clinicians in quality impact and assurance processes, this provides a strong foundation for clinically led, quality-focused decisions that place patient safety and workforce wellbeing at the centre.

While limited assurance in some duties reflects ongoing workforce, capacity and system pressures, this report is transparent about those challenges. I am reassured by the professionalism and openness demonstrated across our nursing and multiprofessional teams, who continue to engage constructively with the Act and its requirements. Building on this momentum - while supporting staff wellbeing, leadership capacity and learning - will be essential as we move towards stronger assurance and the delivery of safe, compassionate care for our patients.”

June Brown,
Executive Nurse Director, NHS Grampian

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