

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	25 June 2026
Title:	Workforce Report 2025/26
Agenda reference:	Board Paper 2026/27/15
Responsible Executive/Non-Executive:	Lorraine Hall, Director of HR and Support Services
Report Author:	Laura Pottinger, HR Manager (Recruitment, Planning and Systems) Kirsty Clark, Learning and Development Manager Marianne Williamson, PA to HR Director

1. Purpose

This is presented to the Board/Committee for:

- Awareness
- Discussion

This report relates to:

- Government policy/directive
- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person-centred

2. Report summary

2.1. Situation

The Workforce Report 2025/26 is presented to provide the Board with assurance in relation to workforce performance, staff experience and delivery of key workforce priorities.

The report was discussed in detail at Staff Governance Committee is presented to Board for noting and assurance.

The report is produced on a bi-annual basis and the content updated and developed following feedback from members.

2.2. Background

The Workforce Report provides an overview of workforce metrics, including staffing levels, absence, turnover and staff experience indicators such as iMatter.

It also supports the Board's responsibilities in relation to Staff Governance Standards and demonstrates how the organisation is progressing against these.

The report has been reviewed by Staff Governance Committee.

2.3. Assessment

The current position reflects ongoing workforce challenges, including recruitment and retention pressures and sustained levels of absence, alongside continued focus on staff experience and engagement.

Staff Governance Committee provided scrutiny and was assured that:

- workforce risks are clearly identified and monitored
- appropriate actions are in place to address key pressures
- national and local workforce priorities continue to be progressed

Areas for ongoing monitoring include workforce sustainability, absence trends and maintaining staff engagement.

2.3.1. Quality / patient care

Workforce stability remains a key factor in maintaining safe and effective patient care.

Challenges in recruitment and absence may place pressure on service delivery, however mitigating actions, including use of temporary staffing and workforce planning measures, support continuity of care.

2.3.2. Workforce

There is continued focus on supporting staff health and wellbeing, improving attendance, and strengthening recruitment and retention.

Staff experience data, including iMatter, provides evidence of engagement levels and informs local action planning. The Staff Governance Committee emphasised the importance of maintaining response rates and ensuring meaningful following through Action Planning.

2.3.3. Financial

Workforce pressures may result in increased expenditure on bank and agency staffing.

These costs are monitored through established financial governance arrangements, with ongoing work to reduce reliance on temporary staffing where possible.

2.3.4. Risk assessment/management

The Strategic Risk Register is a standing agenda item at the Staff Governance Committee, providing ongoing oversight and assurance in relation to workforce-related risks.

2.3.5. Equality and Diversity, including health inequalities

Workforce initiatives support the Board's duties under the Public Sector Equality Duty and Fairer Scotland Duty.

An Equality Impact Assessment has not been completed, as this report provides a summary of workforce data rather than introducing a new policy or service change.

2.3.6. Other impacts

N/A

2.3.7. Communication, involvement, engagement and consultation

N/A

2.3.8. Route to the meeting

Staff Governance Committee, 21 May 2026

Area Partnership Forum, 10 June 2026 (Meeting cancelled but paper shared with members)

2.4. Recommendation

- **Awareness** – For Members' information only.
- **Discussion** – Examine and consider the implications of a matter.]

3. List of appendices

The following appendices are included with this report:

Appendix No 1, Workforce Report 2025/26

NHS Shetland Workforce Report

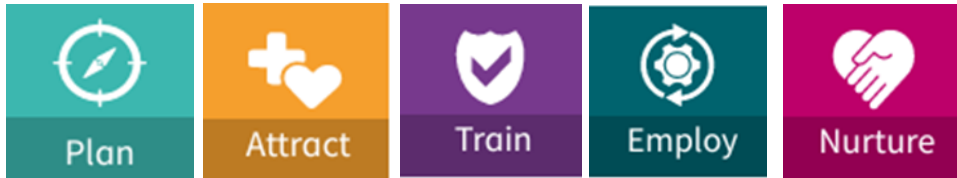
April 2025-March 2026

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1. Introduction

The information in this report has been collated under '5 Pillars of the Workforce Journey' as laid out in the [National Workforce Strategy for Health and Social Care in Scotland](#). An overall RAG rating is provided for each pillar.



This report is published twice a year, with information covering April to September and then the full year in June.

Following feedback from Staff Governance Committee we have adapted the template to include a RAG rating for each of the pillars.

2. Plan

Establishments and Staff in Post

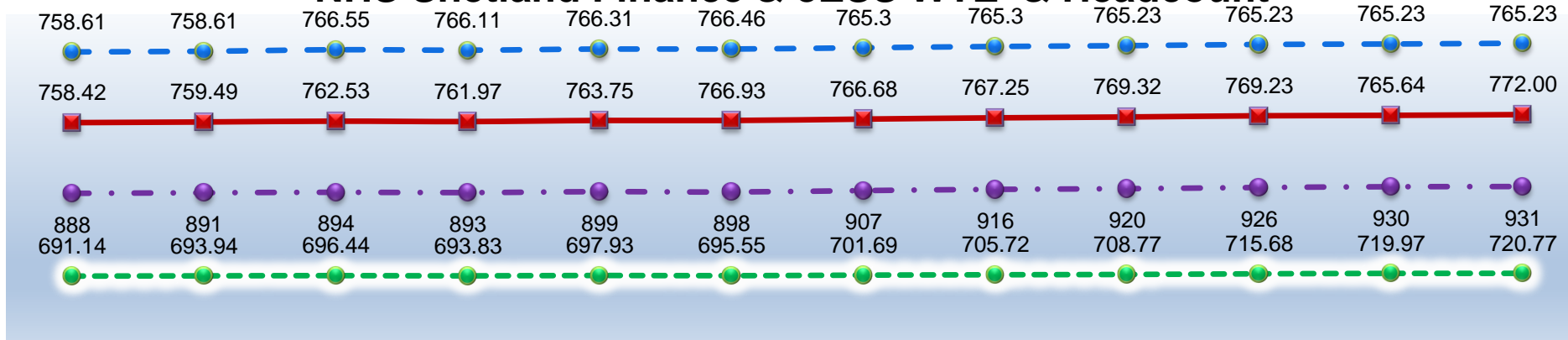
Headcount has increased from 888 to 931 and WTE from 691.14 to 720.77. Rationale for increase - during 2025/26

9 x new GP Hub Staff recruited

15 new posts – these are within Estates (Transport Drivers x 2, Capital Projects Admin, Project Manager and 1 Apprentice), Physio x 3 mostly external funded posts, 1 x new Learning Disabilities Nurse, 1 x Apprentice in HR, 1 new post in Information Governance, 1 new post within Medical Imaging for RIS/PACS Co-Ordinator, 3 x directly employed Resident Doctors filling rotational gaps,

The remainder being replacement posts from long term vacancies – 2 x Dental Officers, 1 x Medical Physics Officer, 1 x Dietitian, 2 x Mental Health Nurses plus 1 x Team Leader, 3 x GP's, 1 x Medical Education Administrator, 1 x Chief Audiologist, 3 x Consultants (PH, O&G, Anaesthetist) and the remainder acute staff nurse posts x 4

NHS Shetland Finance & eESS WTE & Headcount



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
●— Finance Establishment wte (budgeted)	758.61	758.61	766.55	766.11	766.31	766.46	765.3	765.3	765.23	765.23	765.23	765.23
■— Finance Paid wte (Actual YTD)	758.42	759.49	762.53	761.97	763.75	766.93	766.68	767.25	769.32	769.23	765.64	772.00
●— In Post Headcount (eESS)	888	891	894	893	899	898	907	916	920	926	930	931
●— In Post WTE (eESS)	691.14	693.94	696.44	693.83	697.93	695.55	701.69	705.72	708.77	715.68	719.97	720.77

As per PCS (AFC) 2024/2 the final reduction in working week was implemented from 01/04/2026

Total pay costs for 2025/26 were £58.251m against a budget of £55.956m resulting in an overspend of £2.295m. Included in this total is £2.343m in respect of agency and other directly engaged staff.

Cost Centre	Description	WTE			Annual Budget	Current Month			Year to Date		
		Budget	YTD			Budget	Actual	Variance (Over) / Under	Budget	Actual	Variance (Over) / Under
ZP 10	Dir Public Health	36.59	33.52		2,205,581	186,464	195,327	-8,864	2,205,581	2,190,816	14,765
ZP20	Dir Finance	23.45	21.18		2,734,279	582,612	593,506	-10,895	2,734,279	1,716,002	1,018,277
ZP 40	Dir Acute & Sp	269.12	285.91		22,089,764	2,242,247	2,191,318	50,929	22,089,764	24,340,249	-2,250,485
ZP41	Dir Comm Health	241.36	231.74		17,600,664	1,551,961	1,665,510	-113,550	17,600,664	18,540,983	-940,319
ZP42	Medical Director	5.5	4.41		337,808	25,440	26,334	-894	337,808	338,664	-856
ZP 43	Dir Chsc Salary	44.38	41.04		2,762,050	298,064	238,891	59,173	2,762,050	2,668,423	93,627
ZP 45	Commissioner	4.68	4.59		293,678	35,187	22,046	13,140	293,678	261,894	31,784
ZP50	Dir Human Resources	22.86	22.2		1,399,050	119,192	127,382	-8,191	1,399,050	1,465,362	-66,312
ZP 60	Office Of The C	117.29	117.3		6,533,368	524,962	574,921	-49,959	6,533,368	6,728,900	-195,532
		765.23	761.89		55,956,242	5,566,126	5,635,237	-69,110	55,956,242	58,251,293	-2,295,050

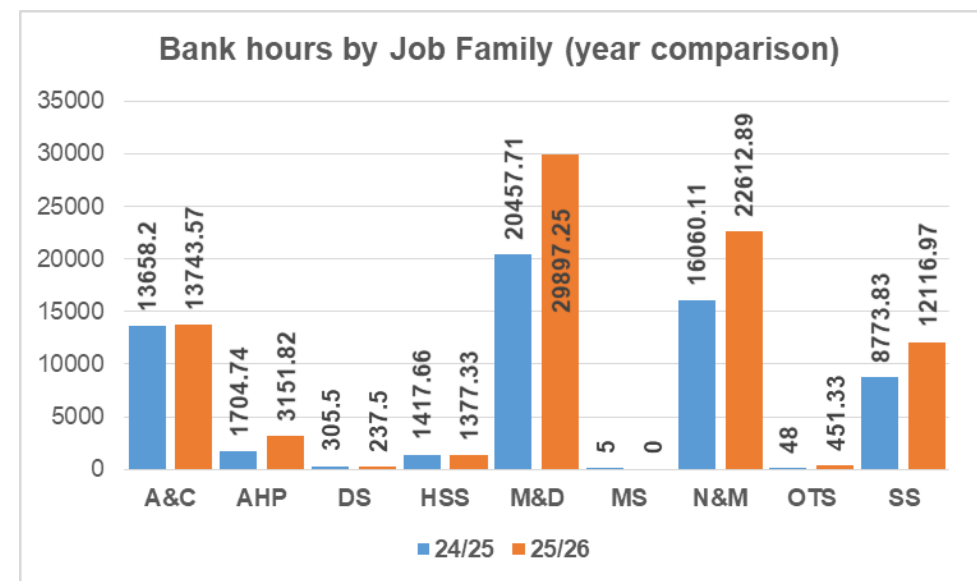
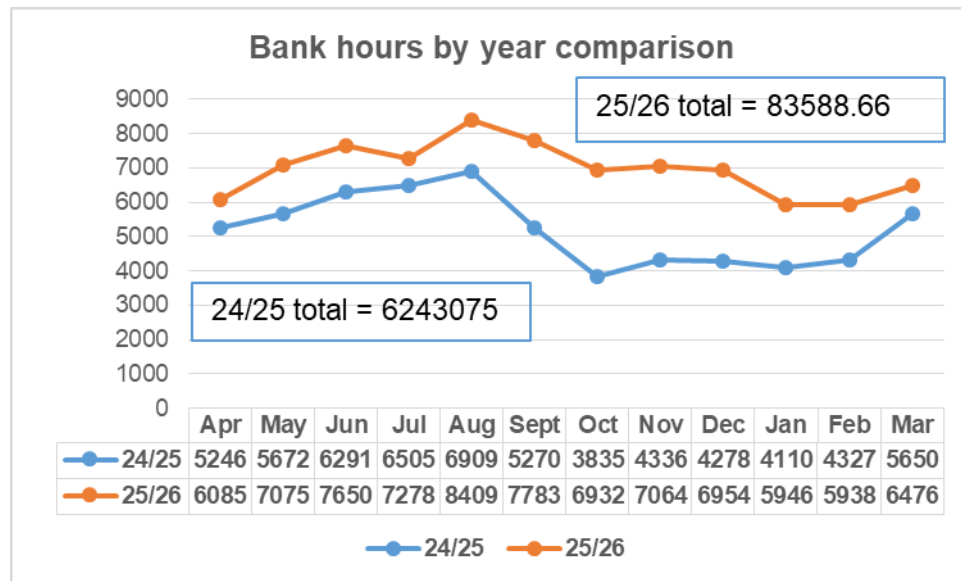
Bank Usage

The charts below illustrate total bank hours used per month during 2024/25 and 2025/26, as well as a breakdown of bank hours by job family for same periods. Overall, bank hours in 2025/26 have shown an increase of 33.89% compared to the previous year. As clearly seen from the chart below the increase in bank usage for 2025/26 is within Nursing & Medical & Dental Job families.

The increase within **M&D Job family group** is reported mainly as clinical demand however this is most likely due to vacancies currently covered by long term bank workers (reported as clinical demand in system rather than vacancy) Of the M&D bank hours, the areas utilising bank are as follows: - Acute Consultants = 76.69%, Psychiatry = 22.93% with PH Consultant cover = 0.13% and CAMHS = 0.24%

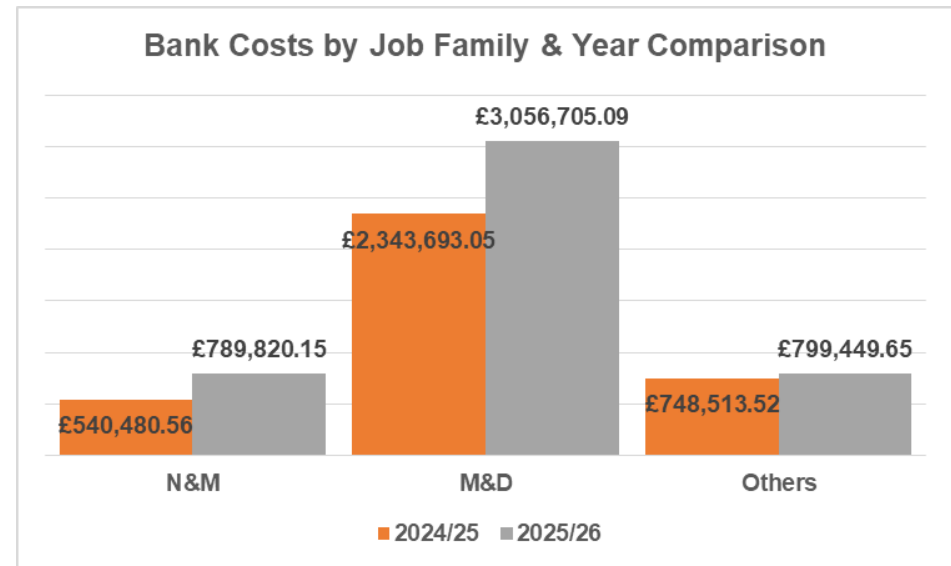
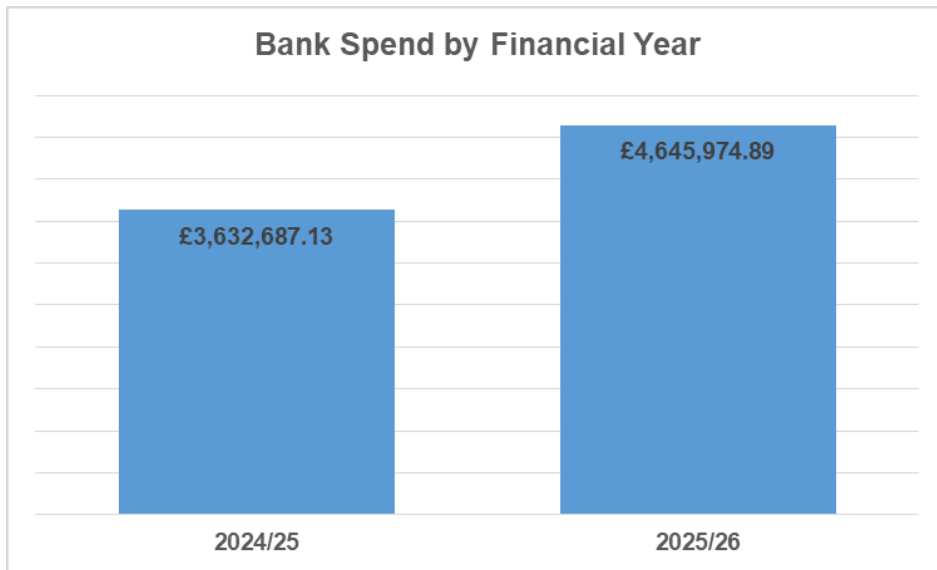
The increase within the **N&M Job family** reasons are reported due to Workload Demand = 42.61%, Absence Cover = 19.54%, Clinical Demand = 18.65%, vacancy cover = 16.06% and other being 3.13%. The areas with the highest bank cover are Ward 3 and Maternity followed by Community Nursing, Ward 1, Mental Health and A&E in that order.

Absence by area for year is Community Nursing = 23.44%, Maternity- 19.48%, Ward 3 - 13.13%, OPD 9.17%, A&E 7.40%. Nursing vacancies during the year were primarily concentrated across Ward 3, Maternity cover, Community Nursing and Mental Health services, with a smaller number arising within Accident & Emergency.



The charts below display total bank spend for the period 2025/26, compared to the previous year. Over this timeframe, there has been a 27.89% increase in total rolling year bank spend of £1,013,287.76. The chart on the right presents a year-on-year comparison of bank spend by Job Family, highlighting an increase across mainly N&M and M&D as also highlighted in above bank hours data.

Medical and Dental remains the highest spend bank but this would be expected with the senior level of bank cover being utilised. As noted under Bank hours, the reasons recorded for this are ‘Clinical Demand’ however as noted in previous reports – these are bank workers covering substantive Consultant vacancies.

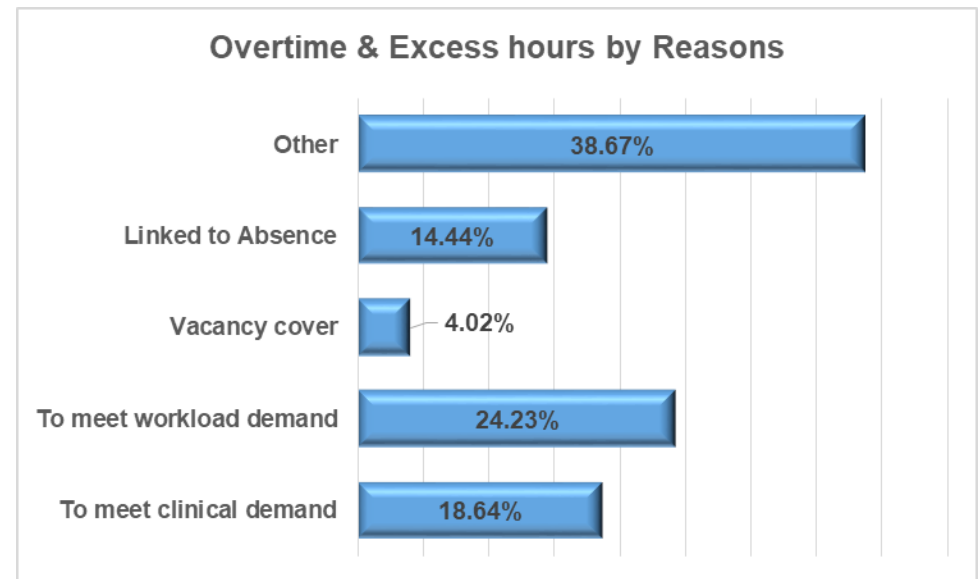
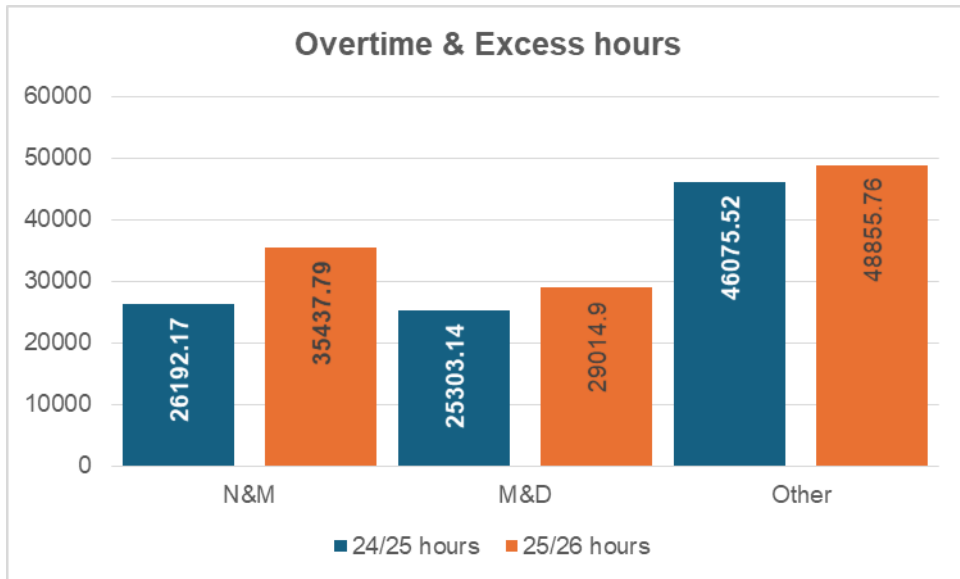


Insights: There has been a Short Life Working Group (SLWG) set up to discuss plan for consultant vacancies. The board recently advertised an expressions of interest advert which addressed all current consultant vacancies in the hope of attracting a fair bit of interest however in light of current recruitment challenges this was not as successful as hoped. Plans are currently being discussed on how best to take this forward.

Overtime and Excess Hours

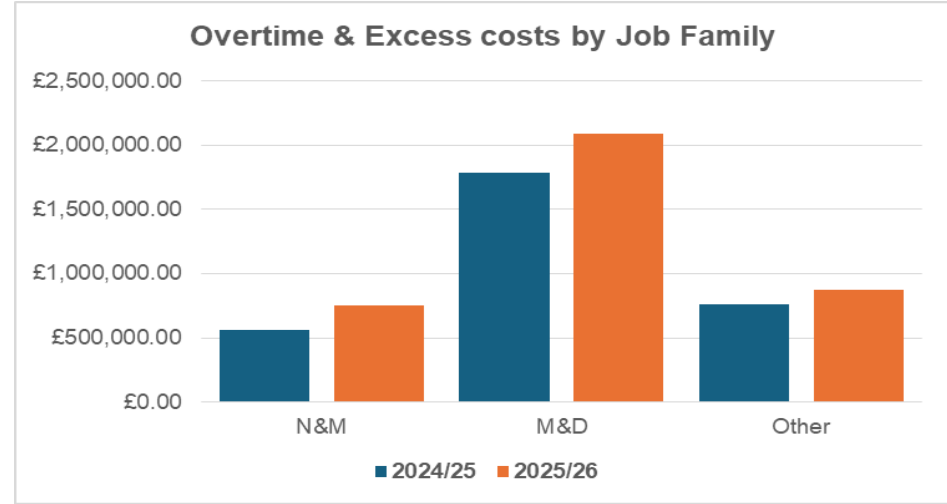
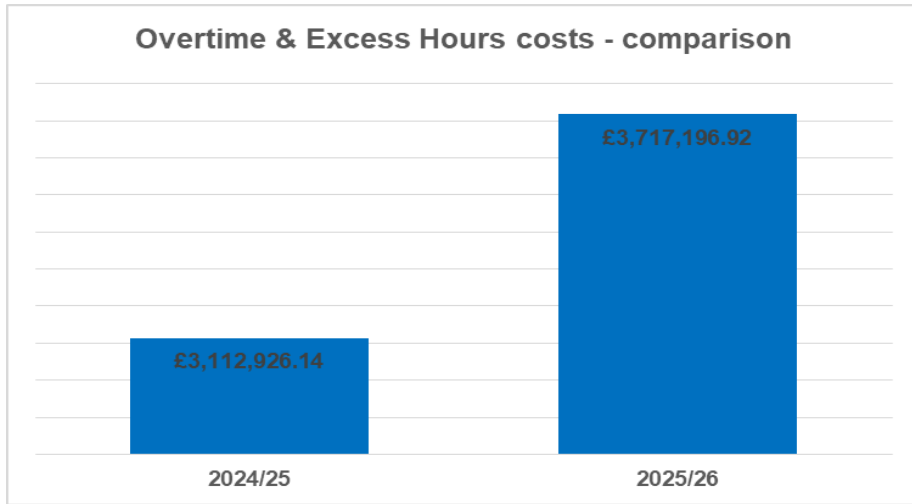
Below is charts showing the Overtime & Excess hours worked for 2025/26 with a comparison for same period in previous year (*hours data taken from Finance reports*). It shows an increase by 16.13% of additional hours worked in most job families. Also shown is a breakdown of reasons recorded for these hours (*this data taken from SSTS reports as Finance data does not show reasons*). Other remains highest reason,

this includes PAIAW (*Pay as if at work, pay for staff that have worked any sort of unsocial, on-call, call-out, excess or overtime in their reference period inc non-clinical staff*) as well as Mandatory Training and Additional hours due to the Reduced Working Week.



As illustrated, both additional hours and associated costs have increased. Overall, the annual cost has risen by £604,270.78, representing an increase of 19.41%. The highest levels of additional cost within the Medical and Dental workforce relate to Acute Consultants, followed by GPs, Psychiatry, Public Health and Dental services, reflecting known longstanding vacancies within.

Within the Nursing and Midwifery workforce, increased costs are concentrated mainly in acute services, alongside Community and Mental Health areas. Overtime and excess costs are likely to be rising as sustained clinical and workload demand continues to be met through additional hours. In many cases, reason coding is inconsistent, and even relatively small increases in additional hours can result in a disproportionate rise in overall spend.



Insights: Service areas are increasingly relying on overtime and excess hours to maintain safe staffing levels during sustained clinical and workload demand. This has a greater financial impact in higher-cost job families. Mitigation actions for the forthcoming year will include routine exception reporting and improved reason coding, to better identify pressure hotspots and support the transition from recurrent overtime to planned staffing solutions.

Overall RAG Rating	Plan
RED/AMBER/GREEN	AMBER – CONTROLS ARE IN PLACE

3. Attract

International Recruitment

The North of Scotland (NoS) International Recruitment (IR) Service, hosted by NHS Grampian, continues to provide a specialist recruitment, pastoral and professional registration support to NHS Grampian, Highland, Orkney, Shetland and Western Isles. The service also provides a Practice Education service, delivering OSCE Education Programmes for internationally educated nurses to achieve their NMC pin and full registration in the UK. OSCE Education Programmes are delivered in five-weekly cycles, offering approximately ten programmes per year. The NoS IR service have successfully delivered OSCE education to Adult and Mental Health nurses and are currently undergoing a campaign for Learning Disabilities nurses. Other specialities may be considered in the future, depending on board needs within the collaboration. Overall,

NHS Shetland have recruited a total of 13 International Recruits via the above scheme to date, 3 within 23/24, 5 within 24/25 and a further 5 within 25/26 . All nurses are based within Acute Nursing.

Employability

NHS Shetland continues to support employability and early careers through a range of initiatives aimed at developing local talent, widening access to NHS careers and supporting longer term workforce sustainability. Work has progressed on developing employability pathways, including engagement with the Scottish Government's Earn As You Learn initiative, contribution to national apprenticeship research and the use of apprenticeship frameworks to upskill, retain and support existing staff. Five staff undertaking Modern Apprenticeships, primarily at SVQ Level 2 and above within clinical areas. In addition, two individuals have commenced Modern Apprenticeships in Digital Applications at SCQF Level 6, supporting the development of practical digital skills relevant to an increasingly digital healthcare environment.

Over the past year, NHS Shetland has supported short-term placements through DFN Project SEARCH, providing supported internships for young people with learning disabilities or autism to gain workplace experience and build confidence towards paid employment.

During 2025/26, 33 work experience students were supported across a range of areas including laboratories, acute nursing, pharmacy, medical records, medical imaging, allied health professions and hotel services. The organisation also continues to support learning and participation through 21 active volunteers across a range of roles and 9 Open University nursing students at different stages of training, including three due to complete in September 2026.

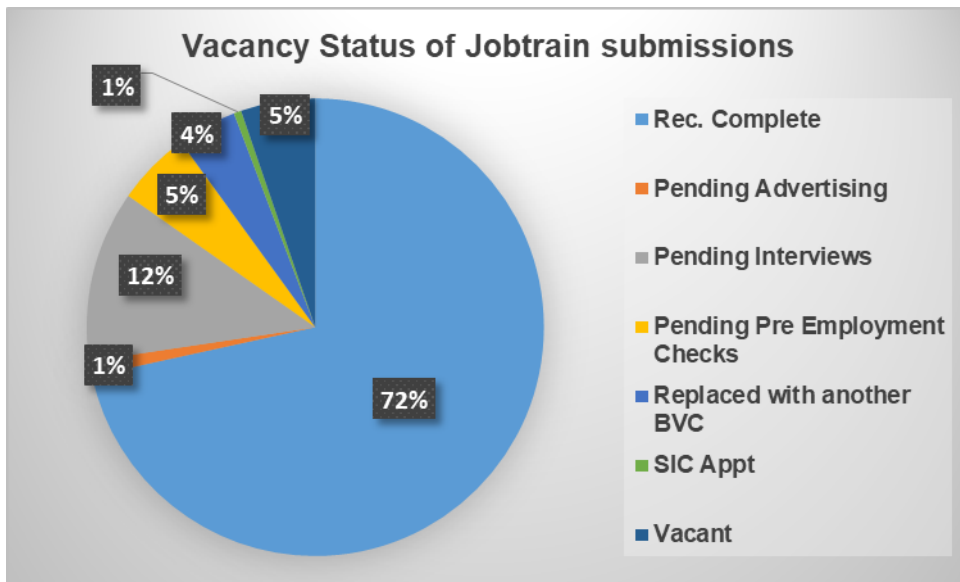
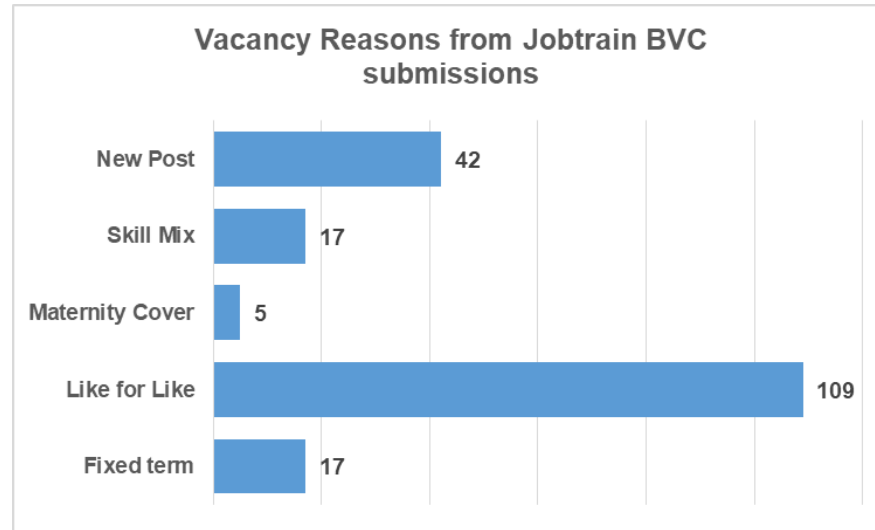
Alongside structured programmes, NHS Shetland remains committed to the Developing the Young Workforce agenda through engagement with local schools and partners, attendance at careers and employability events where capacity allows, and promotion of the wide range of clinical and non-clinical roles available within the NHS to encourage future workforce entry.

Vacancy Management

The below table and charts shows a total of 337 BVCs (*190 Jobtrain BVCs and 147 old style BVCs*) have been submitted for approval during Apr 2025 to Mar 2026 which is an increase of 15.41% for the same period last year. These remain split between BVCs that go through the Jobtrain System (*those that require advertising*) and old style BVCs, (*those that do not require to be advertised*). Of the 190 JobTrain BVCs submitted since April 2025, all were approved and, at the time of writing, remain at various stages within the recruitment process, as illustrated in the pie chart below.

There remains the added governance step in the Vacancy Management process with all vacancies being considered by the Executive Management Team.

Reasons	JT BVCs	Old Style BVCs
Fixed term	17	34
Like for Like	109	11
Maternity Cover	5	2
Skill Mix	17	14
New Post	42	15
Agency/Locum	N/A	40
Bank	N/A	2
Change in useage	N/A	6
Change to contract	N/A	21
Ext to FTC	N/A	2
TOTALS	190	147



As illustrated in the pie chart opposite the vacancy status for some of these vacancies remain ongoing, including those who have appointed persons to the role but have yet to be cleared to start and there are several posts which have not yet been advertised so it is expected the figure recruited to will increase.

There has been a marked increase in BVC submissions in the most recent year, reflecting changes in workforce demand and service pressures rather than growth driven by routine replacement activity.

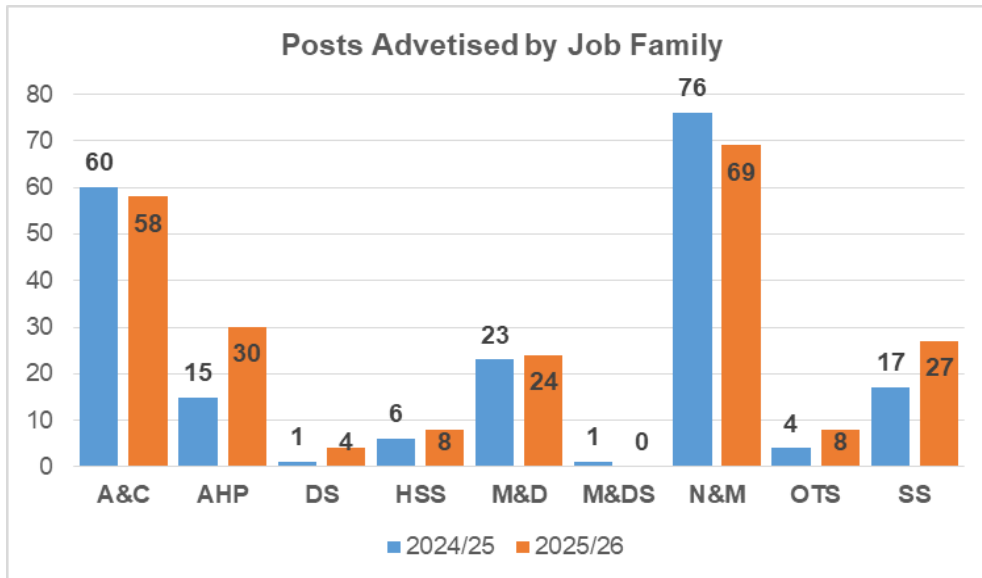
Fixed-term posts increased from 7 in the previous year to 17 in the most recent year. This growth appears to be primarily driven by time-limited service requirements and temporary capacity solutions, rather than an increase in maternity cover or like-for-like replacements, which have remained broadly consistent year on year. This suggests a greater reliance on fixed-term arrangements as a mechanism to respond to short-term operational pressures, service change, or funding constraints.

New posts increased significantly from 21 to 42 over the same period. The scale of this increase indicates a step change in workforce demand, likely linked to service development, redesign, external funding and additional capacity requirements. The reasons for these posts span specific service areas and roles, as outlined below, and point to structural pressures rather than isolated or ad-hoc workforce growth.

Area	WTE	Reasons noted for New Post
Acute Nursing	1.5	Frailty funding
Child Health	0.5	Budget transfers
Community Nursing	3.36	Budget/Skill mix and RWW
Dental	1	Dental Funding Allocations
Dietetics	1	Frailty funding
Estates & Facilities	2.52	Combination of within budget establishment, secondment cover and capital project plus 1 Apprentice
HR	1	Apprentice
IT	1	Cost pressure
Labs	1	Increased Acute Savings
Medical Imaging	0.38	Non-recurring planned care allocation
Medical Services	0.1	DME post funded from Medical Act Funded
Medical Records	0.24	RWW funded
Specialist Nursing	3	Additional cost pressure
OT	2	Frailty or HaH funded plus cost pressures
Pharmacy	1	Skill mix funded from non-recruitment to qualified roles (so new development post created)
Physio	2.1	Frailty, Ortho or other ring fenced funding
Planning & projects	0.7	Fixed term funding
Surge Beds	2.8	Service requirement
Walk IN Clinic	2	SG Pilot funding
Ward 3 - HCSW	2	No details noted on s/s, SBAR submitted and approved

As illustrated below, there is variation in the number of posts advertised across most job families between 2024/25 and 2025/26. It should be noted that these figures include re-advertisements, which can contribute to higher volumes within certain job families where posts were not filled at first advertisement.

The data presented is taken from the HR Job spreadsheet and therefore differs slightly from the BVC approval figures referenced earlier. This variance reflects the fact that a number of BVCs are submitted for workforce changes that do not require external advertisement, such as acting-up arrangements or short-term service cover. As a result, advertised post numbers should be interpreted as an indicator of recruitment activity and market challenge by job family, rather than a direct proxy for total BVC volume.

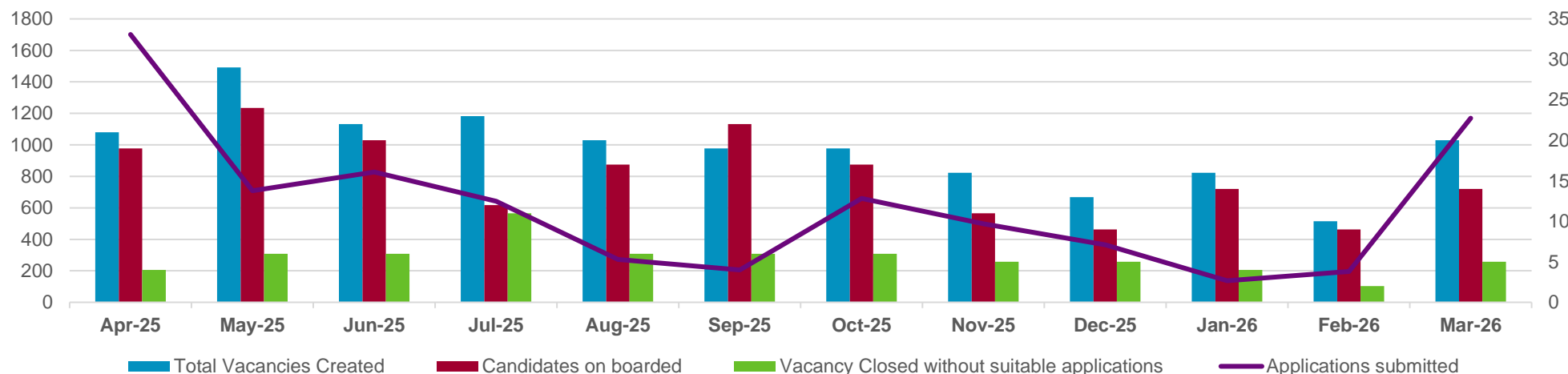


Of all posts advertised, 10 were Bank, 159 substantive and 59 fixed term. Of the posts requiring re-advertisement this consisted of:-

- A&C – Operational Manager, Reception Supervisor, Receptionist and Risk Management Support Officer
- AHP – Podiatrists, Occupational Therapist and Physiotherapy Support Worker
- M&D – Consultants, Senior Dental Officer, Dental Officers and Salaried GPs
- N&M – Healthcare Support Workers, Specialist Nursing roles, Mental Health Nursing
- SS – Domestic Support Workers, Food Service Assistants, Multi Skilled Generic Worker

The chart below shows posts advertised between April 2025 and March 2026, broken down by post status. As this is a relatively detailed chart, a data table has been included below to provide visibility of the actual numbers behind each category and support ease of interpretation.

NHS Shetland Recruitment Activity - Apr 25 - Mar 26



	Total Vacancies Created	Candidates on boarded	Vacancy Closed without suitable applications	Vacancies Re-advertised	Applications submitted	Number of Applications not eligible to apply	% not eligible
Apr-25	21	19	4	3	1701	1261	74%
May-25	29	24	6	4	708	433	61%
Jun-25	22	20	6	7	828	663	80%
Jul-25	23	12	11	10	642	514	80%
Aug-25	20	17	6	1	273	99	36%
Sep-25	19	22	6	6	206	103	50%
Oct-25	19	17	6	4	659	444	67%
Nov-25	16	11	5	4	499	285	57%
Dec-25	13	9	5	3	365	328	90%
Jan-26	16	14	4	4	137	45	33%
Feb-26	10	9	2	0	196	63	32%
Mar-26	20	14	5	6	1170	465	40%

We continue to experience large numbers of overseas applications, this trend is being reported consistently across NHS Scotland, with multiple Boards highlighting similar issues relating to the volume, quality and legitimacy of applications. Early analysis suggests that a significant proportion of these applications are being generated via Artificial Intelligence (AI) tools and automated bots, resulting in non-genuine applications that do not meet essential eligibility criteria. Importantly, this remains a system-wide limitation, not a local failure in recruitment practice.

The impact of this has been increased administrative workload for recruiting managers and HR teams, extended shortlisting times, and reduced efficiency within recruitment processes. There is also a risk that genuine and eligible applicants may be delayed or obscured within high volumes of unsuitable submissions.

This issue has been escalated to the national team and is currently being progressed with Jobtrain Management to explore system-level mitigations. These include potential enhancements to eligibility screening, tighter application controls, and broader safeguards aimed at filtering or preventing automated and non-genuine applications at the point of submission. In the interim, all Boards continue to manage this challenge locally while contributing to national discussions aimed at developing a consistent Once-for-Scotland approach.

Current National Approach:-

- ALL NHS Scotland Boards report significant increase in non-genuine and ineligible applications for high volume and entry level roles (as noted mostly attributed to AI generated applications, bots and third party)
- The issue has been formally acknowledged at national level including Jobtrain National Systems Governance Group and National Recruitment Steering Groups
- National teams have confirmed that Jobtrain currently has no built in mechanism to reliably identify AI generated applications at submission stage or prevent bulk or automated applications where eligibility criteria are clearly not met. In the absence of a technical fix, the current national consensus is that:
 - Boards manage the issue **operationally and proportionately**, using:
 - clearer essential criteria and eligibility wording in adverts;
 - early sifting against Right to Work / eligibility requirements;
 - Appropriate scrutiny at shortlisting and interview stages.

Unfortunately, despite testing additional mitigations locally, including the introduction of enhanced assessment forms and killer questions requiring more specific and targeted responses, this has not resulted in a meaningful reduction in application volumes. Evidence suggests that AI-generated and automated applications are sufficiently sophisticated to bypass these additional controls, completing assessment questions without meeting underlying eligibility or suitability requirements.

This reinforces the view that local, vacancy-level mitigations are unlikely to fully address the issue and that a system-level solution is required. In the interim, these measures will continue to add administrative burden for recruiting managers and HR teams without delivering the intended reduction in non-genuine applications.

The table below shows the KPI data for NHS Shetland from Apr 2025 to Mar 2026. KPI target days are in the header section so as you can see NHS Shetland are within targets for most areas other than those highlighted in pink/red – this is due to delays in managers returning shortlisting, advising of outcomes of interviews and offer to start mostly due to delayed starts due to staff relocating to Shetland, or staff unable to commence as early as we would like e.g. struggles in finding suitable accommodation.

KPI Target (Days)	7	3	14	21	6		31		116
	Time from Creation to approval	Time from Approval to Live	Job Live to closing	Closing to Interview	Interview to Offer	Advert to Offer	Offer date to Start Date	Overall Creation to Start	Overall Approval to Start
Apr-25	1	1	2	16	5	23	7	87	86
May-25	1	1	3	19	4	26	22	128	127
Jun-25	2	2	2	13	4	19	10	94	92
Jul-25	1	1	4	15	3	22	17	77	76
Aug-25	1	1	4	16	3	23	16	142	141
Sep-25	1	1	6	16	3	25	32	104	103
Oct-25	1	1	2	13	3	18	22	108	107
Nov-25	1	1	2	13	2	17	21	90	89
Dec-25	1	1	3	16	8	27	6	85	84
Jan-26	1	1	-16	0	3	-13	28	112	111
Feb-26	1	1	4	18	52	74	13	232	231
Mar-26	1	1	3	19	14	36	54	181	180

Insights: The Board continues to maintain an active recruitment approach, while proactively exploring new and innovative ways to attract talent.

Reasons for decline 2025/26	Count
Offer Declined - Change in personal circumstances	9
Offer Declined - Decided not to move to Shetland	3
Offer Declined - Decided on different career pathway	2
Offer Declined - No Reason	3
Offer Declined - Offered another job	5
Offer Declined - Other	3
Offer Withdrawn - Paperwork not returned	3
Offer Withdrawn - Unsatisfactory PEC's	3
TOTALS	31

During 2025/26 we had 31 offers declined, this is an increase of 9 (40.9%) since previous year. The table opposite show reasons for decline/non start.

The increase is mainly attributed to change in personal circumstances including no longer moving to Shetland and offered another post.

Overall RAG Rating	Attract
RED/AMBER/GREEN	GREEN – CONTROLS IN PLACE

4. Train

Core and Mandatory Training

At an organisational level, **Shetland NHS Board sits at 70% compliance**, which aligns with the overall NHS Scotland figure. Performance across directorates shows a mixed picture:

Organisations 1	Line Managers 141	Employees 1,070	Mandatory Courses 11
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Departments	Line Managers	Courses	Job Fz
↑ Organisation	↓ Compliance	↓ Completions	
⊖ NHS Shetland	70%	8249	
⊖ None	100%	11	
⊖ No Division	82%	9	
⊖ SHETLAND NHS BOARD	70%	8249	
⊖ Director of HR & Support Serv	91%	330	
⊖ Director of Finance	78%	265	
⊖ Director of Nursing & Acute Services	75%	3251	
⊖ Chief Executive	75%	1662	
⊖ Director of Public Health & Planning	75%	411	
⊖ Director of Community Health & Social Care	61%	2671	
Total	78%	9193	

- The **Director of HR & Support Services** demonstrates the highest compliance at **91%**, reflecting strong engagement with mandatory training requirements.
- **Director of Finance** also shows relatively strong compliance at **78%**, closely aligned with the organisational average.
- **Director of Nursing & Acute Services**, **Chief Executive**, and **Director of Public Health & Planning** each report **75% compliance**, indicating moderate engagement but with scope for improvement.
- The lowest compliance is seen within the **Director of Community Health & Social Care** at **61%**, representing a key area for targeted improvement activity.

The following national modules were launched on 2 March 2026, replacing existing local provision with a standardised, Once for Scotland approach to statutory and mandatory training across all NHS Boards:

Once for Scotland Module	Revalidation / Refresher Period
Cyber Security	1 year
Safe Information Handling	1 year
Fire Safety	2 years
Manual Handling	3 years
Understanding Equality, Diversity and Human Rights	3 years
Why Infection Prevention and Control Matters	3 years
Fraud Awareness	3 years
Prevention and Management of Violence and Aggression	3 years
Child Protection and Adult Support and Protection	3 years

Significant development activity preceded the launch including the design, review and agreement of module content, governance arrangements, and implementation processes. NHS Shetland’s Staff Development Team contributed extensively across all three national workstreams, alongside ongoing local preparation activity. Subject Matter Experts also invested significant time in supporting module development, including scoring and participating in SME Lead meetings to agree revalidation periods, reflecting the scale of collaborative effort required prior to implementation. In addition NHS Staff must complete the two local modules – Preventing hazards in the workplace, and Valuing feedback and complaints.

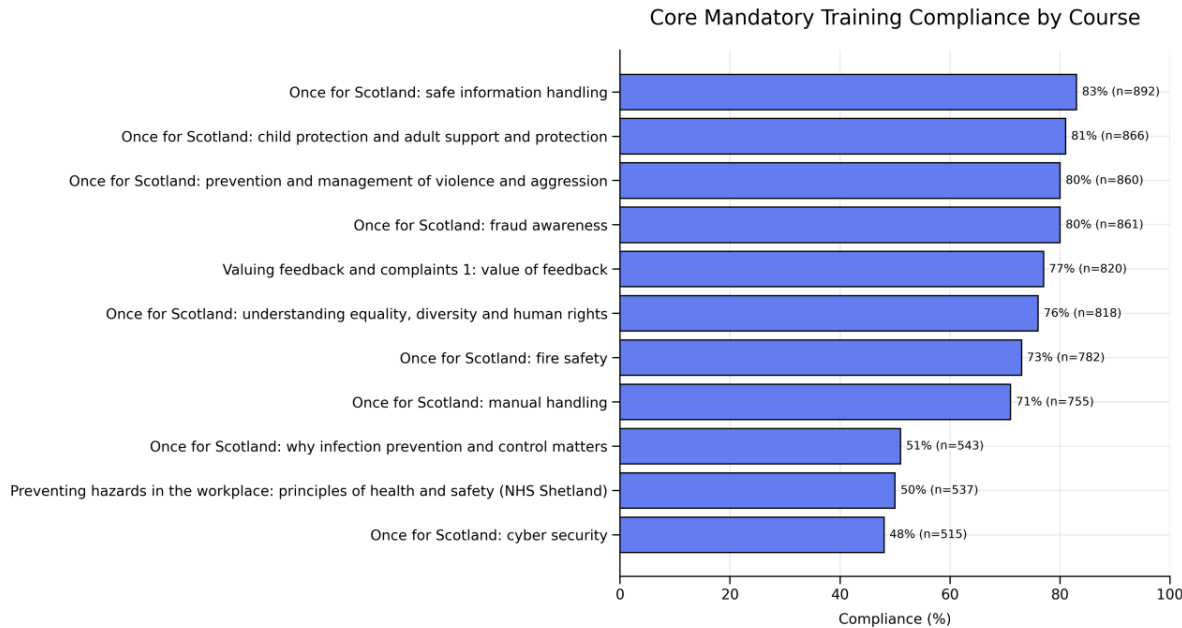
Considerable time was spent throughout the year to engage with national workshops relating to the development and implementation of compliance reporting. The data underpinning organisational and line manager reporting within Turas Learn is drawn from Turas Appraisal for Agenda for Change contracted staff. The planned national transition of workforce data feeds from SWISS to e:ESS, which also took place in March 2026, significantly impacted data quality within reporting outputs. This resulted in a requirement for extensive local validation and consolidation of data. Consequently, the rollout of key reporting tools previously available in Turas Learn has been delayed, and currently limits visibility, with Directors and service managers only able to view Core Mandatory compliance for their direct reports. At the time of writing, no national timeline has been issued by PSDS for resolution.

Analysis of core mandatory training by course indicates some variation in compliance levels when compared to the organisational average of **70%**.

Lower levels of compliance are seen in **Once for Scotland: Cyber Security (48%)**, **Preventing Hazards in the Workplace: Principles of Health and Safety (50%)**, and **Why Infection Prevention and Control Matters (51%)**. While these courses sit below the overall average,

they highlight areas where further attention and support may help improve uptake and ensure continued alignment with statutory and mandatory training requirements.

Core Mandatory Training Compliance by Course



Protected Learning Time

[Circular DL \(2025\) 26](#) asks that Protected Learning Time is reported to Staff Governance Committees on a bi-annual basis using a national template. At the time of writing the template has yet to be provided to Boards. Please see below for the hours recorded on Allocate under 'Protected Learning Time- Core' and 'Protected Learning Time- Role/Profession' for the period 01 April 2025-31 March 2026:

Protected Learning Time- Core	58 hours
Protected Learning Time- Role/Profession	125 hours

These figures are considered to be an under-recording. An increase is anticipated in 2026/27 as understanding of Protected Learning Time and use of the Allocate system continues to improve.

Agenda for Change Training Budget

The analysis of Agenda for Change training budget highlights a clear difference between projected training demand and actual uptake across directorates.

The projected training spend totalled £202,220.20, with the highest anticipated demand coming from Chief Executive (26.5%) and Corporate Services (CH&SC – 24.6%), followed by Acute services (18.6%) and HR&SS (11.9%). Smaller proportions were allocated to Finance (0.3%) and Public Health (1.3%). These projections reflect expected organisational priorities and workforce development needs at the planning stage.

Projected	HR&SS	Public Health	Finance	Chief Exec	Acute	CH&SC	Total
Fees	21938	2530	665	38828.2	15304	£33,155	112420.2
Return flights	4	0	0	15	42	51	112
overnights	2	0	0	86	92	196	376
Total estimated cost	24288	2530	665	53528.2	45304	75905	202220.2

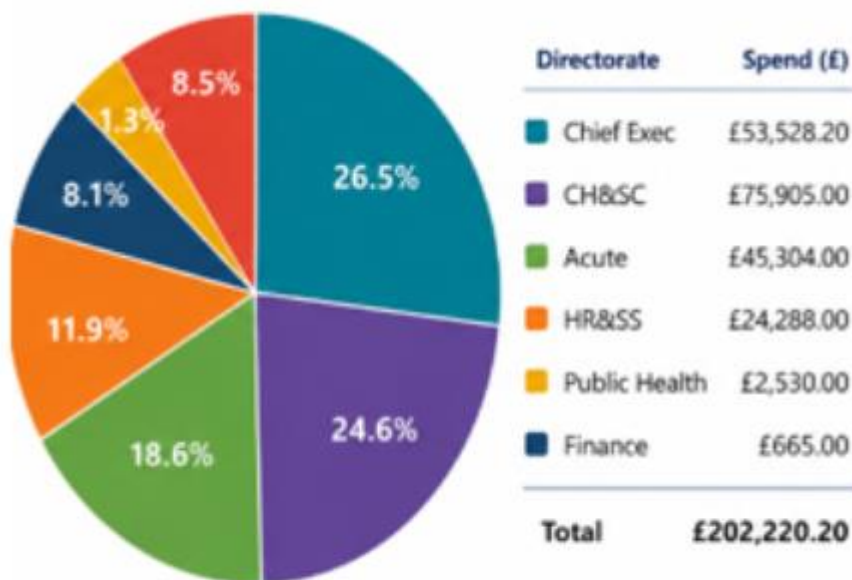
In contrast, the actual training spend was significantly lower at £74,825.20, representing approximately 37% of the projected spend. The distribution of actual spend also shows a shift in uptake. The Chief Executive Directorate accounts for the largest share at 44.8% of spend (£33,506.20), followed by CH&SC (20.0%) and Acute services (19.1%). HR&SS activity (10.8%) remained moderate, while Public Health and Finance activity remained minimal.

TRAINING SPEND BY DIRECTORATE

Comparison of Projected Plan vs Final Plan

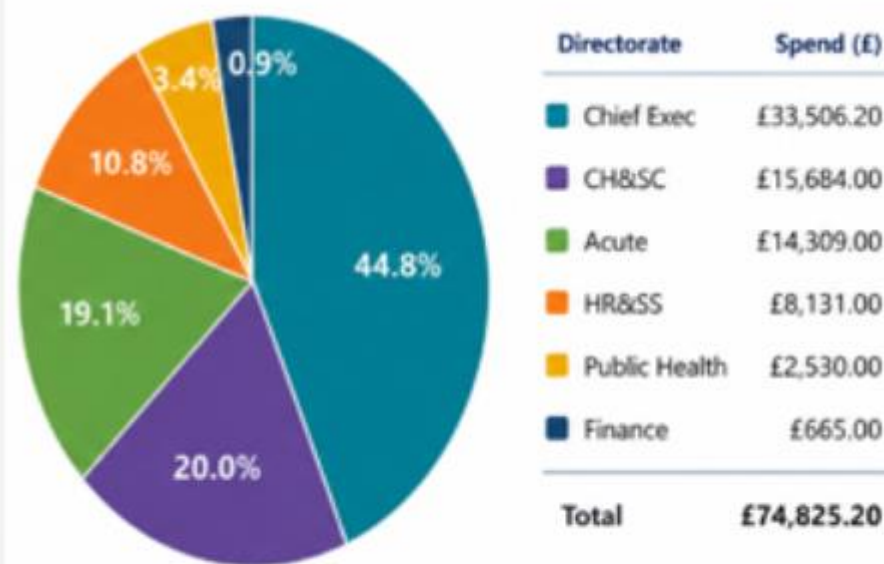
PROJECTED TRAINING PLAN

(Total: £202,220.20)



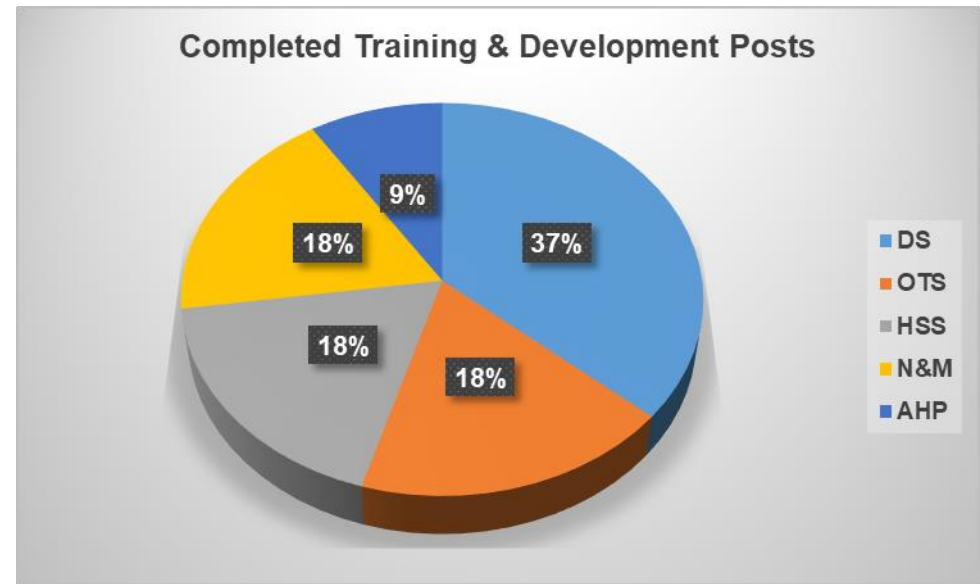
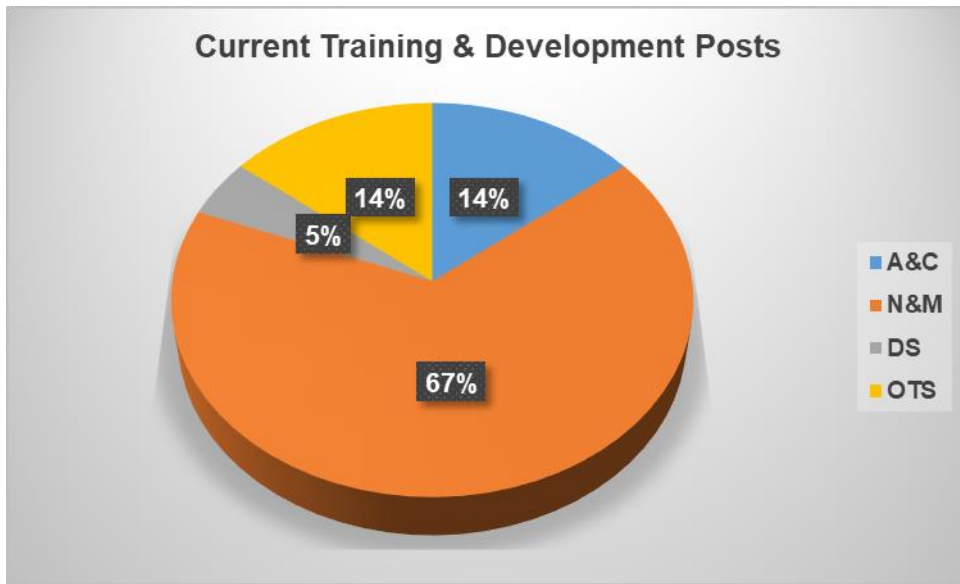
FINAL TRAINING PLAN

(Total: £74,825.20)



Training/Development Roles

During 2025/26 a total of 11 members of staff successfully completing Training / Development posts and move and progressed into their substantive roles accordingly. In addition we have 2 Apprentices both estimated completion of qualifications during 2026/27. There are a further 21 staff currently employed in Training and Development roles across the organisation. These posts span a wide range of job families (as shown on charts below), demonstrating the breadth of roles supported through training and development pathways within NHS Shetland.



Management and Leadership Development

Over the past year, NHS Shetland has continued to strengthen leadership and management capability across the workforce through a combination of national programmes and locally delivered training.

Two staff members undertook the national *Leading for the Future* programme. This is aimed at senior leaders working at, or close to, strategic level across health and care. It supports leaders to work across organisational boundaries, manage complexity and apply leadership approaches such as systems and compassionate leadership in practice. The programme combines national learning sessions with peer-based “Adaptive Learning Sets”, where participants explore real leadership challenges from their own roles.

A total of 24 staff completed the *Leading Empowered Organisations* programme, supporting the development of leadership skills focused on empowerment, improvement and delivering high-quality care.

Alongside this provision, a locally developed suite of management training opportunities has continued. These sessions seek to provide practical, role-specific support for managers and focus on key areas such as recruitment and selection, appraisal, and conflict management, as well as a structured management induction including a new induction guide for recruiting manager to help them navigate the specific recruitment and induction responsibilities towards new managers.

However, as with many areas of the system, managers can face challenges in accessing development opportunities, particularly in balancing service delivery pressures with the time required to participate in training.

Over the past year, significant work has also been undertaken to design and develop a new, integrated management development offer: *Leading Well in NHS Shetland*.

This brings together a Management Fundamentals handbook, a six-month People Management Programme, and a Management Network, creating a clearer and more consistent development pathway for managers.

The full *Leading Well in NHS Shetland* offer is scheduled for formal launch at the end of May 2026.

Overall RAG Rating	Train
RED/AMBER/GREEN	GREEN

5. Employ (Retention)

Induction

Total expected to attend	172	
Attended	118	68.6%
Still to attend	54	31.4%

Attendance at Corporate Induction remains strong, with 118 staff attending, though 54 are still to attend. Work continues to improve uptake, including the introduction of audits for temporary and bank staff, and increased management support to ensure fuller use of the TURAS induction programme resources alongside locally tailoring induction programmes for their new staff.

Workforce Profile

As reported in Section 2 Establishment & Staff in Post during period April 2025 to March 2026, headcount has increased from 888 to 931, with WTE rising from 691.14 to 720.77. This reflects a combination of new service developments, targeted investment and the filling of long-standing vacancies during 2025/26.

The increase includes:

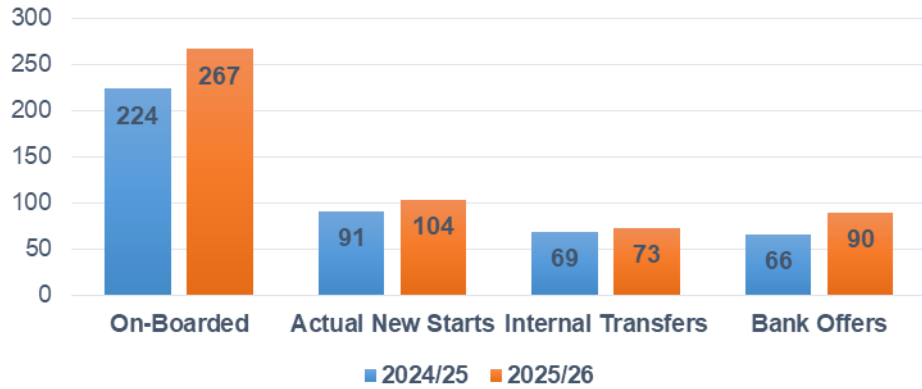
- Nine new GP Hub staff, recruited to support service delivery and resilience within primary care.
- Fifteen new posts, spanning a range of services. These include roles within Estates (two Transport Drivers, a Capital Projects Administrator, a Project Manager and one Apprentice); three Physiotherapy posts, predominantly supported through external funding; a new Learning Disabilities Nurse; an HR Apprentice; a new Information Governance post; and a RIS/PACS Co-ordinator within Medical Imaging.
- Three directly employed Resident Doctors, recruited to address rotational gaps and maintain clinical cover.

The remainder of the increase relates to replacement and long-term vacancy filling, rather than growth in establishment. This includes two Dental Officers, a Medical Physics Officer, a Dietitian, two Mental Health Nurses and one Team Leader, three GPs, a Medical Education Administrator, a Chief Audiologist, three Consultants (Public Health, Obstetrics & Gynaecology, and Anaesthetics) and four Acute Staff Nurse posts.

Overall, the increase in headcount and WTE reflects a balanced approach to workforce sustainability, addressing service need, reducing reliance on temporary arrangements and progressing long-term recruitment challenges rather than a wholesale expansion of services.

Since April 2025, there have been 267 new starts, comprising 104 external starters, 73 internal transfers and 90 Bank offers. Figures are taken from the On-Boarding log, which allows for more detailed analysis and may differ slightly from eESS and SWISS reports due to timing of report extraction. Overall, this represents a 19.20% increase in on-boarded staff compared to the same period last year with internal transfers continuing to make up a significant proportion of the total.

On-Boarders by year comparison



Actual new starts = 38.95%

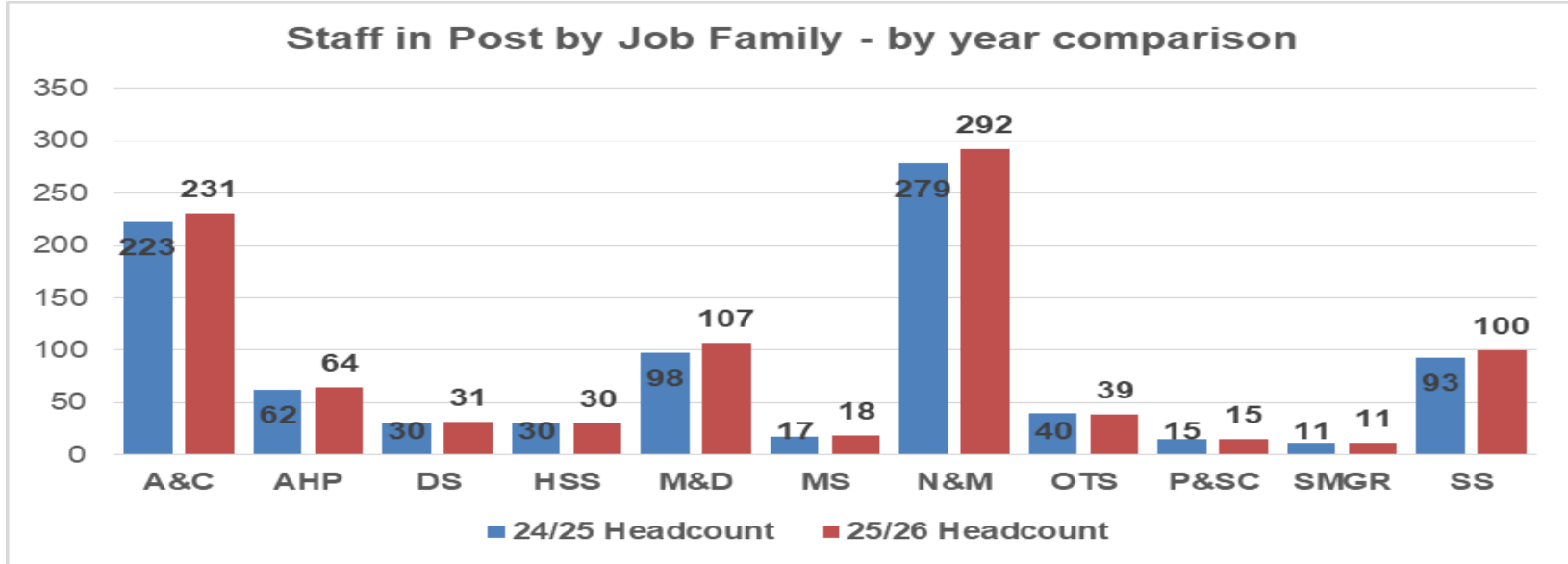
Internal Transfer = 36%

Bank = 33.71%

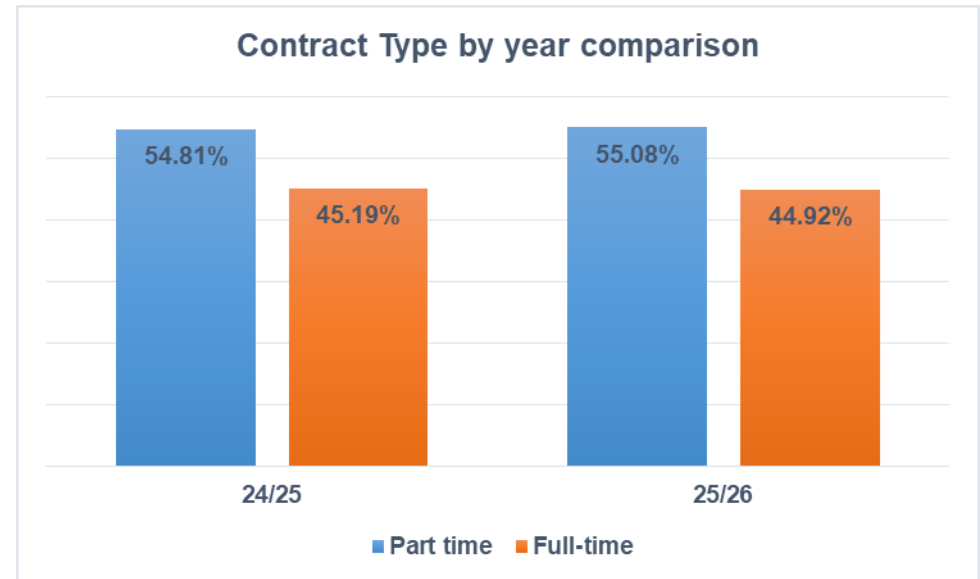
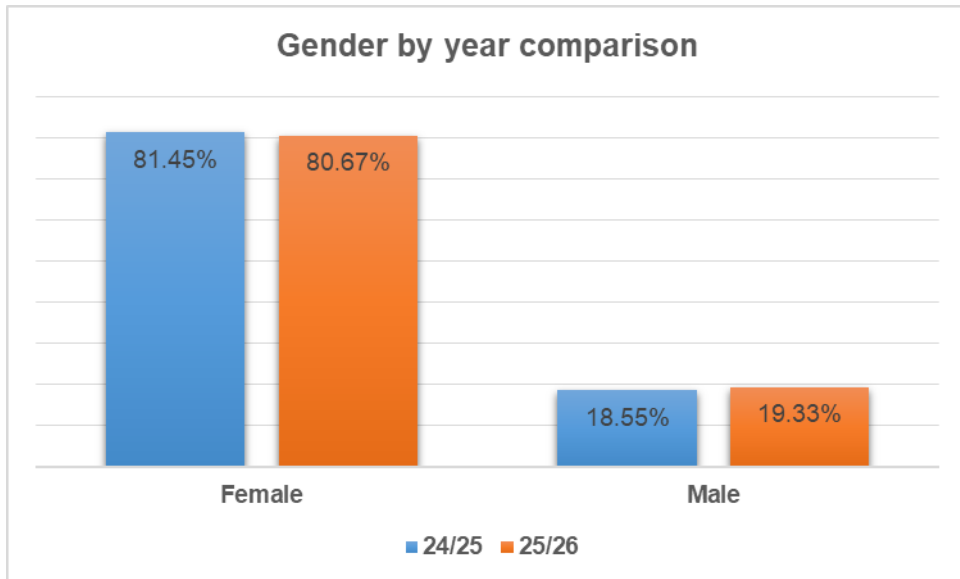
Of the 73 internal transfers, 29 of these are internal promotions (39.73%) – representing an increase compared to same period last year and reflecting continued workforce development and internal progression.

The chart below illustrates Staff in Post by Job Family headcount for 2024/25 and 2025/26, demonstrating areas of increased headcount previously identified.

Staff in Post by Job Family - by year comparison



As illustrated in the charts below, the workforce gender profile for April 2025 to March 2026 remains predominantly female at 80.67%, with males comprising 19.33% of the workforce. This reflects a marginal increase in male representation compared with the previous year. Part-time working has increased slightly to 55.08%, with full-time working decreasing to 44.92% over the same period.



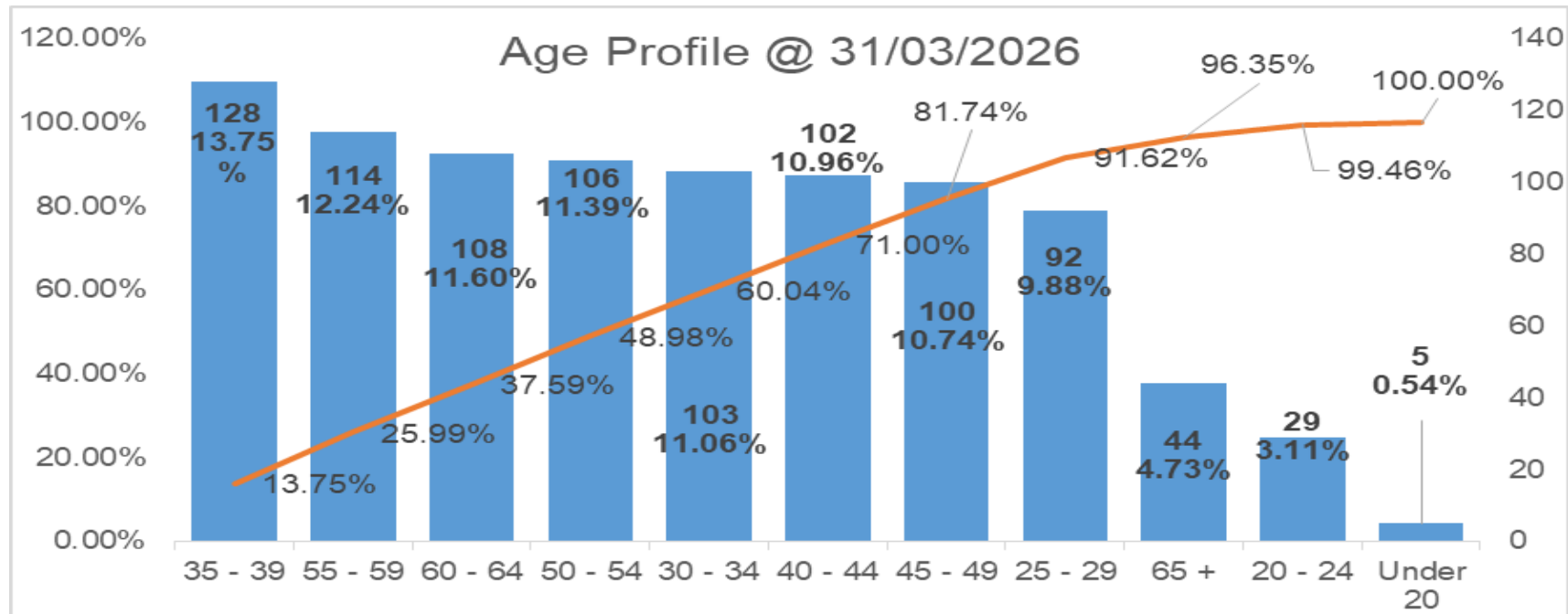
Equality and Diversity

The Equality and Diversity profile remains broadly consistent with that reported in last year's Workforce Report, with no significant changes identified across the protected characteristics. The Board continues to work within Equality and Diversity guidelines and remains committed to promoting fairness, inclusion and compliance with statutory and NHS Scotland requirements.

Age Profile

The workforce age profile at 31 March 2026 shows the largest proportion of staff within the 35–39, 40–44, 45–49 and 50–54 age bands, indicating a predominantly mid-career workforce. A significant percentage of staff are aged 45 and over, highlighting the importance of ongoing workforce planning, succession planning and retirement-related activity. Younger age groups (under 25) continue to represent a small proportion of the workforce, reflecting continued challenges in attracting and retaining early-career staff. Overall, the age profile reinforces the need for targeted recruitment, development and retention strategies to maintain workforce sustainability

Staff aged 55+ represent 28.57% of the workforce, a slight decrease of 0.96%. The median workforce age is 46/47, marginally lower than the previous year.



Supporting the Work Life Balance

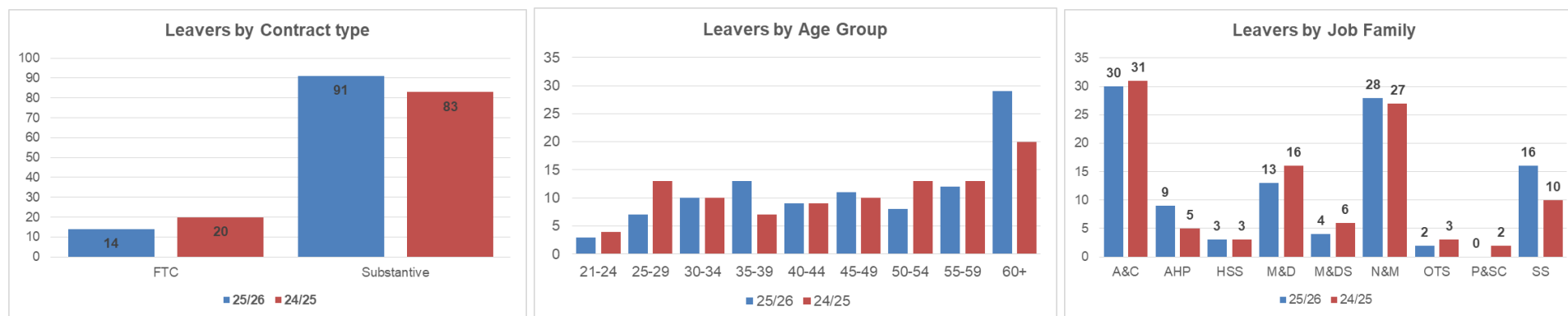
Work–life balance activity remains a key feature of workforce management, with continued use of a range of flexible and supportive arrangements across 2024/25 and 2025/26. Overall activity reflects both demographic change and increased staff engagement with available policy provisions.

There has been an overall increase in maternity, retirement, flexible retirement, special leave and secondment activity during 2025/26. Requests for parental leave and flexible working patterns have reduced slightly year-on-year, while requests for flexible work location remain unchanged.

	24/25 Requests	25/26 Requests	Change YoY	Key Notes
Maternity Leave	21	27	↑	Increased demand; 4 staff not returning across two reporting years
Adoption Leave	0	0	-	No activity recorded
New Parent Support (Paternity Leave)	1	2	↑	Low volume, minor
Career Break	3	4	↑	Remains low and stable
Parental Leave	187	150	↓	Reduction in requests year-on-year
Flexible Work Location	3	3	-	No Change
Flexible Work Pattern	61	55	↓	Slight reduction
Retirement	16	22	↑	Increase aligned with workforce demographic
Retire & Return	5+2	1+8	↑	1 to a Part Time post and 8 to Bank
Phased Retirement	4	9	↑	Consistent with increased retirement
Partial Retirement	3	8	↑	Reflects flexible retirement take-up
Special Leave	317	393	↑	Increase in requests; repeat requests included
Secondments	12	21	↑	Predominantly internal arrangements

Leavers

The full-year leaver's summary shows a small increase in turnover from 103 in 2024/25 to 105 in 2025/26. Leavers from substantive posts increased (83 → 91) while fixed-term contract leavers reduced (20 → 14). The most frequently recorded reason for leaving in 2025/26 voluntary resignation (66) which remained same as last year, alongside a modest rise in recorded retirements (16 → 22). The age profile of leavers remained older age groups, with 60+ leavers increasing from 20 to 29, consistent with ongoing retirement-related turnover. Staff group patterns also shifted, with increased leavers in Support Services (10 → 16) and AHP (3 → 9), while most other Job families reduced slightly. Overall, the data continues to emphasise the importance of targeted recruitment and retention activity, alongside workforce planning to mitigate the impact of retirement-driven exits.



The majority of leavers during the reporting period left through **Voluntary Resignation (62.86%)**, with **Retirements (20.95%)** representing the next largest category. Smaller proportions of staff left due to **End of fixed-term contracts (9.52%)**, **Dismissal, including ill-health cases (4.76%)**, **redeployment (0.95%)**, and instances where individuals **did not commence employment (0.95%)**.

At the time of writing, national ISD turnover data for 2025/26 has not yet been published and is expected no earlier than June. As such, the North Board figures shown reflect **data as at 31 March 2025 only**, with overall turnover of **6.6% across all Boards** and **7.5% across North Boards**, noting that ISD methodology does not capture staff who start and leave within the same reporting year, resulting in variances from locally reported figures. Based on locally reported data, which more accurately reflects staff movement, annual turnover was **11.94%**, a small increase from **10.94%** in the previous year.

Exit Questionnaires

Exit questionnaire data for 2025–26 provides useful qualitative insight into staff experiences though findings should be interpreted with caution due to low participation. Approximately 25% of leavers completed an exit questionnaire. As a result, the feedback reflects the views of a subset of staff and may not be representative of all leavers.

Reasons for leaving were varied and, in many cases, related to natural or planned workforce turnover. Retirement and early retirement feature prominently across several service areas. Other commonly cited reasons include career change, re-entering training, better career opportunities and family or personal circumstances. These factors suggest that much of the recorded turnover was driven by life stage or career development decisions rather than dissatisfaction with employment.

Among respondents who completed the questionnaire, perceptions of the job itself were generally positive. Staff reported that roles were challenging and rewarding, skills were used effectively and working relationships with colleagues were good. Many respondents indicated a supportive team environment and positive day to day work experience. Access to training and development was also viewed favourably where responses were provided.

Feedback relating to remuneration and benefits did not emerge as a dominant theme. While pay and benefits were noted by some individuals, they were less prominent than retirement or career related drivers, consistent with patterns seen in previous years.

Experiences of line management were largely positive among respondents, with line managers described as supportive, fair, and open to feedback. In contrast, feedback on organisational level management and communication was more mixed, suggesting variation in staff experience at a whole organisation level compared to local teams.

There were limited references to workload pressures and mental wellbeing, along with occasional comments on appraisal processes. While not widespread, these areas remain important for ongoing monitoring. Improving exit interview participation and consistency remains a priority to strengthen organisational learning and workforce planning.

Employee Relations

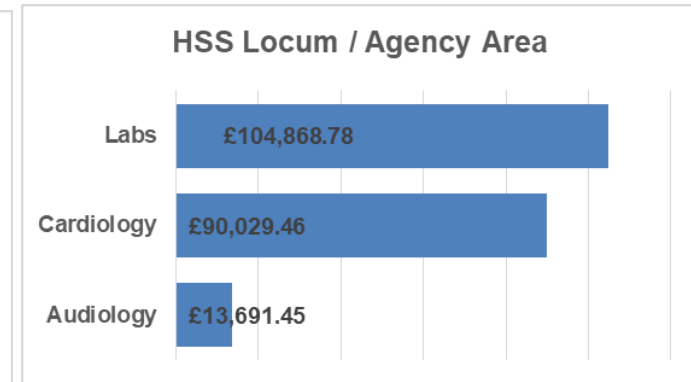
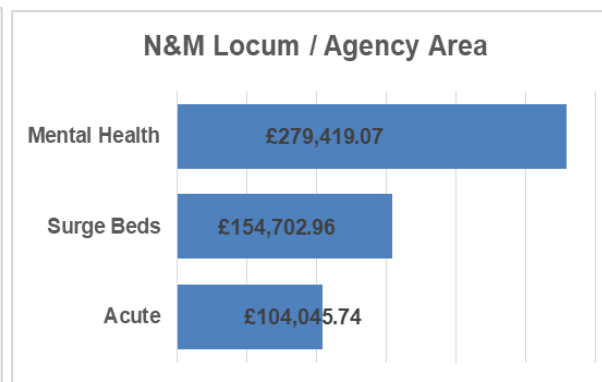
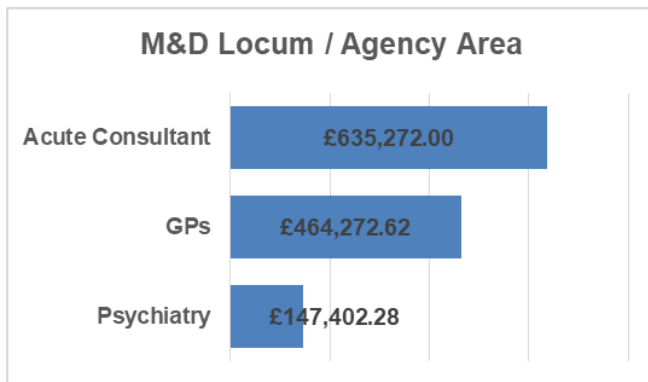
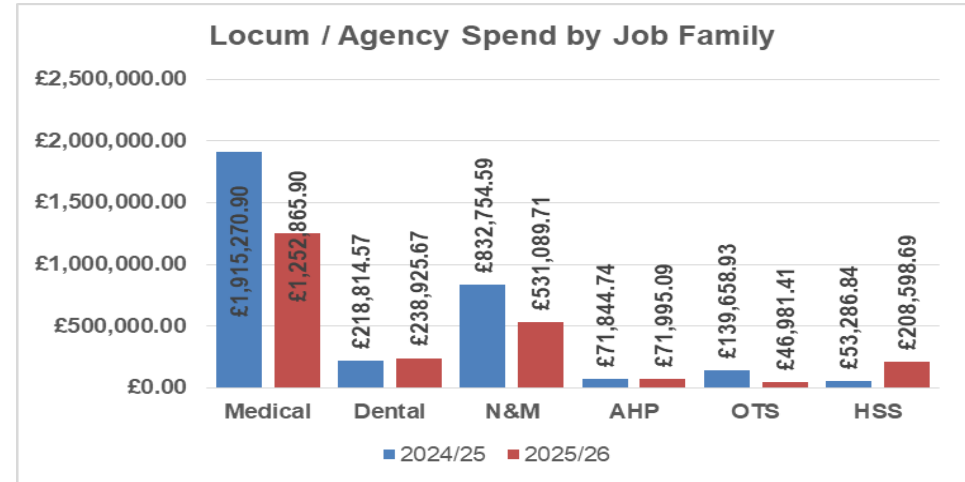
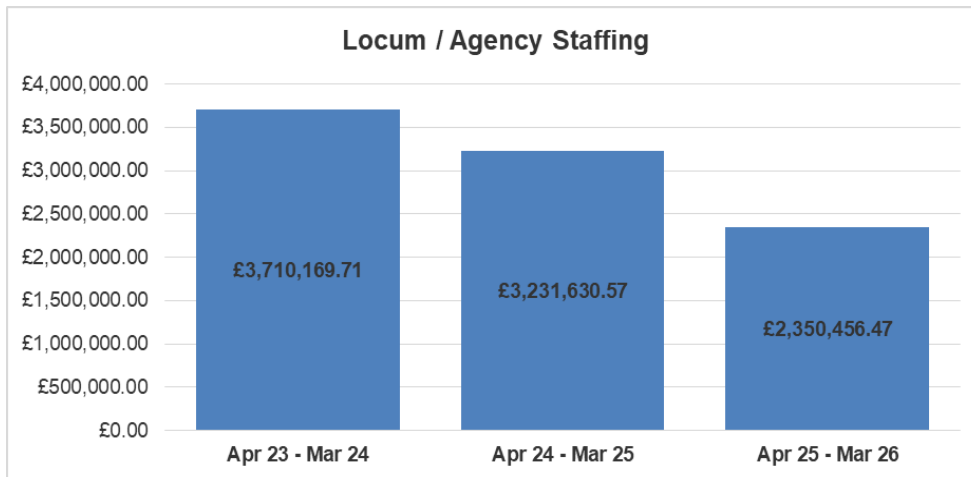
Formal processes have been initiated in line with the NHS Scotland Workforce Policies including investigation, attendance, grievance and capability (there are currently 34 formal processes underway alongside a number of informal processes).

Locum Use

The graphs below illustrate Locum/Agency spend from Finance data across 2023/24, 2024/25 and 2025/26, showing a clear reduction in spend in the most recent financial year. The accompanying breakdown of locum spend by job family and year highlights a reduction across most job families, with the exception of Dental and Health Science Services, where spend is slightly higher. This is expected given service pressures linked to absence and ongoing recruitment challenges in these areas.

Medical Staffing and Nursing remain the highest spend areas overall, reflecting the continued need for vacancy cover, including the ongoing use of locum CPN cover within Mental Health and GP cover.

N.B Island Medics fees for the year = £135,783.50. Island Medics fees relate to agency commission costs associated with the engagement and coordination of medical staff working through Island Medics, charged on an hourly basis for both worked and on-call hours



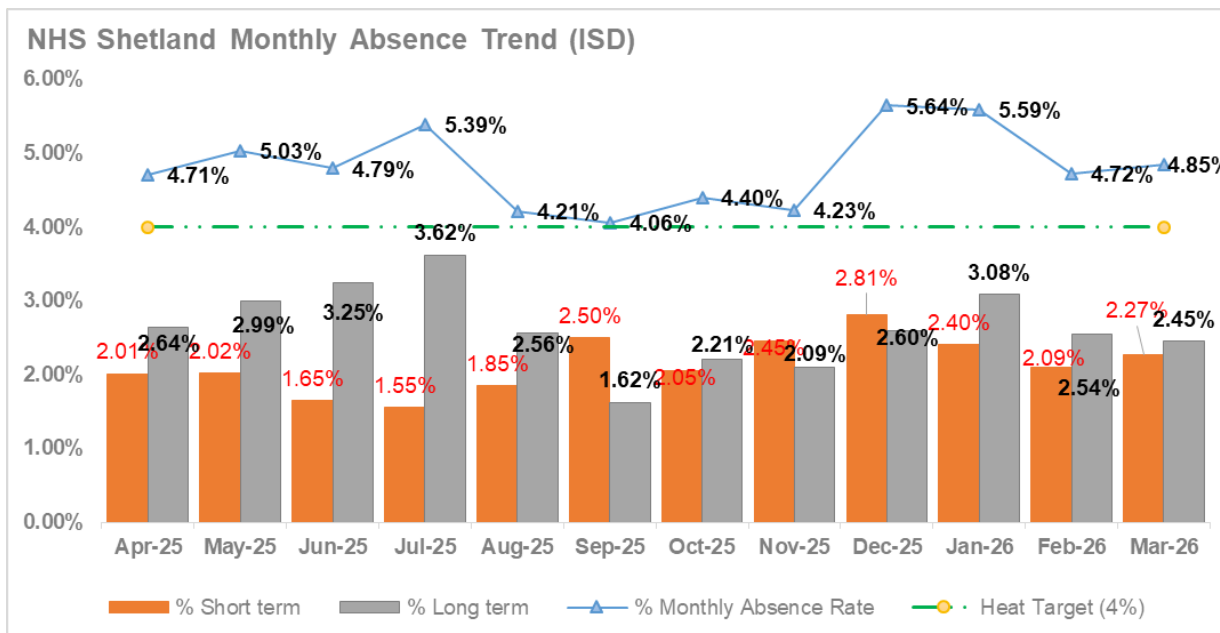
Insights: Overall, the reduction in locum and agency spend reflects improved workforce stability and recruitment progress, although continued reliance in Medical Staffing and Nursing highlights ongoing vacancy pressures, particularly within Mental Health CPN cover and GP services.

Overall RAG Rating	Employ (Retention)
RED/AMBER/GREEN	AMBER

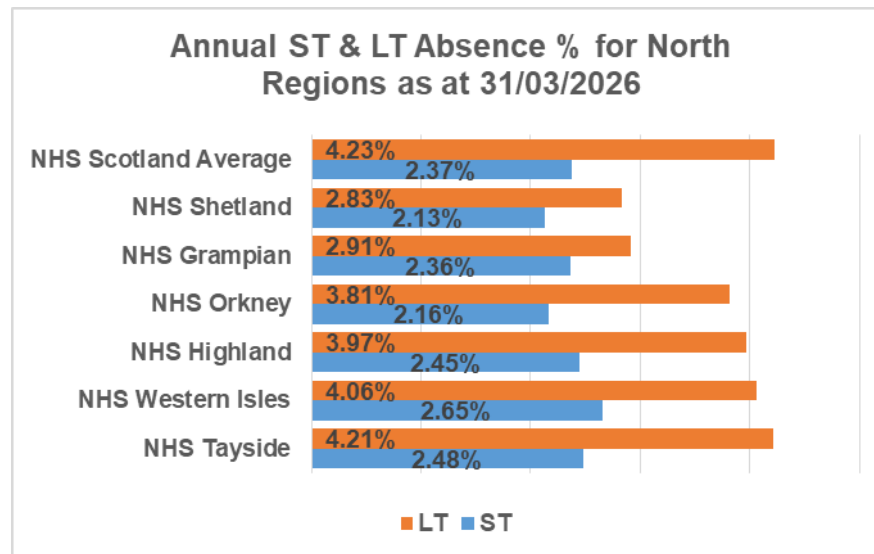
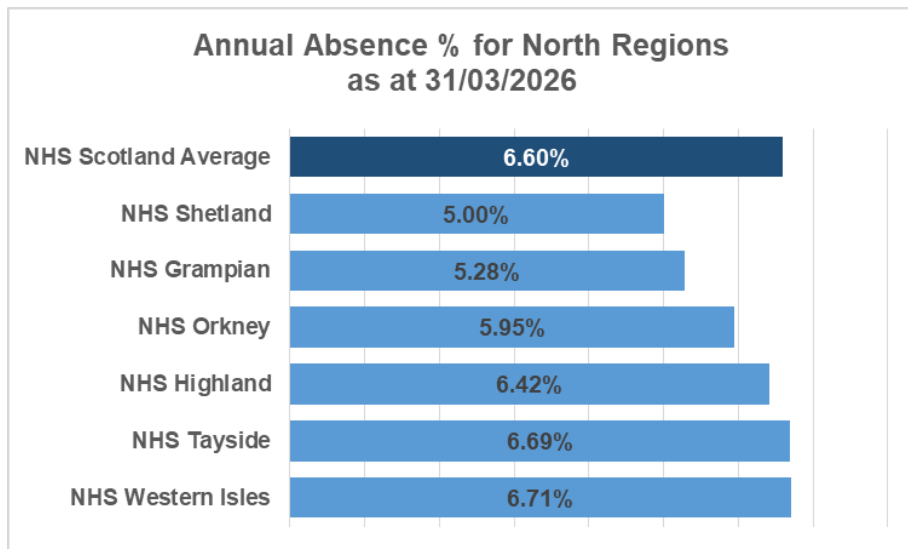
6. Nurture

Sickness Absence

Over the past year, NHS Shetland’s monthly sickness absence rate fluctuated between 4.06% and 5.64%. The chart below presents ISD (Information Services Division) monthly sickness absence data, detailing short- and long-term absence on a month-by-month basis from April 2025 to March 2026.



The graphs below illustrate ISD annualised sickness absence across the North Region Boards, alongside the NHS Scotland average, and provide a further breakdown of annual short and long-term absence. These comparisons show that NHS Shetland continues to report the lowest annualised sickness absence rate among territorial Boards, a position that has been consistently maintained over a number of years. The national Heat Target for sickness absence remains set at **4.00%**



Sickness Absence - Hot Topics

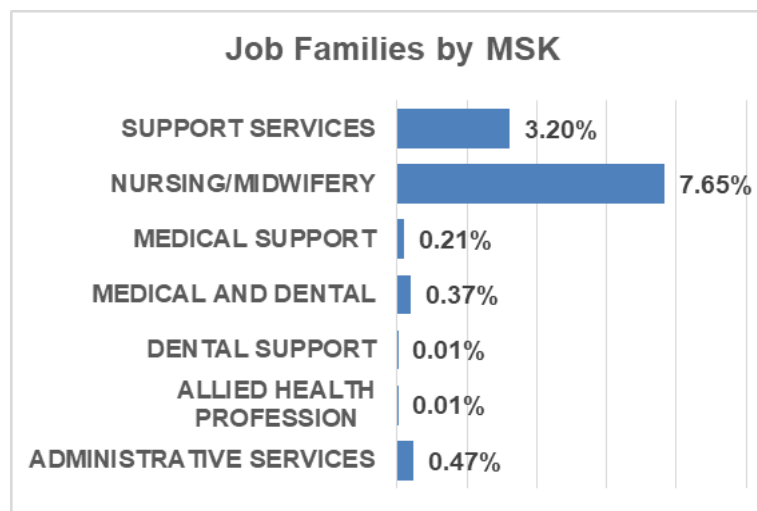
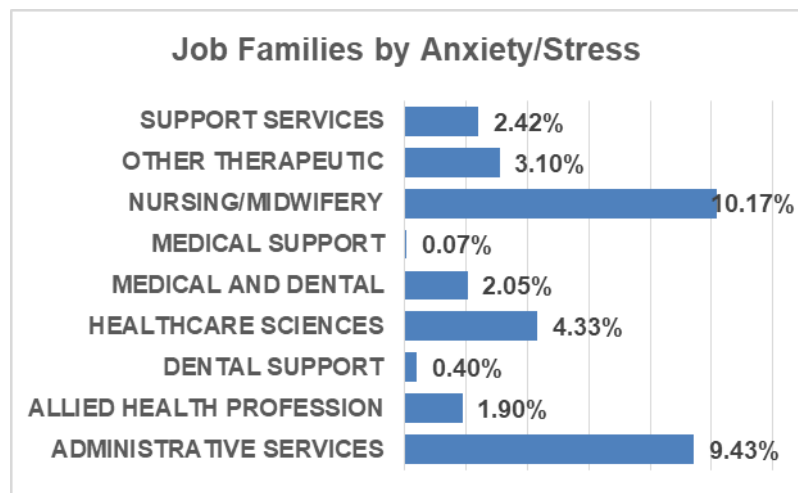
From the eESS Absence reports, '**Anxiety/stress/depression/other psychiatric illnesses**' remained the leading cause of sickness absence in 2025/26, totalling **20,784.50 hours** for the year. This represents **33.87%** of all sickness absence within NHS Shetland, affecting 151 employees (113 individual staff members, with some experiencing multiple episodes). This is an increase of 5.23 % compared to 2024/25.

'**Cough, cold, flu**' was the second highest reason, with **8,514.56 hours** lost, equating to **13.87%** of all sickness absence. This represents a decrease of 2.53 % compared to 2024/25 and reflects 487 episodes across NHS Shetland.

'**Other musculoskeletal problems**' was the third highest reason, totalling **7,317.33 hours** lost. This equates to **11.92%** of all sickness absence within NHS Shetland, affecting 52 employees (43 individual staff members, with some experiencing multiple episodes). This has increased by 4.00 % compared to the same period last year.

Following discussion at the last meeting of the Staff Governance Committee, a query was raised about the potential hotspots. The below chart shows a breakdown of the Stress related absence by job family for the full year 2025/26. I have also added the same chart for MSK Reasons.

Because Nursing and Admin make up a large proportion of the workforce, Committees should be reminded that “Patterns of sickness absence broadly reflect workforce composition, with larger job families naturally accounting for a higher proportion of total absence.” This avoids “Misinterpretation” and “Unhelpful assumptions about specific staff groups”. We are unable further detail because doing so would risk identifying specific areas or individuals. From an assurance point of view, the HR team contacts managers on a monthly basis where staff members have reached trigger points in the Attendance Policy. This provides an opportunity to check that appropriate measures are in place and being considered, such as referral to Occupational Health, application of the appropriate level of the policy or other early supportive interventions.



Insights: Sickness absence during 2025/26 continues to be driven primarily by mental health-related conditions, which account for around one-third of all sickness absence and remained increased year-on-year. Respiratory-related absence has reduced compared to the previous year, while musculoskeletal absence has increased and remains a significant contributor. Overall trends reflect workforce composition and align with wider NHS patterns, highlighting the ongoing importance of organisational wellbeing and proactive absence management.

Occupational Health Activity Overview

Occupational Health activity increased in 2025/26, with high attendance maintained (over 90%) despite reduced capacity, reflecting strong engagement and effective management of non-attendance.

Occupational Health continues to deliver a comprehensive range of services to NHS Shetland staff and external clients. Ongoing system upgrades have created additional operational pressures, while service improvements, including referral triage, support effective demand management and timely access to appropriate support.

Appraisals

	Active Employments	Completed Appraisals	Learning Activities Accepted	Objectives Accepted	Discussion Summary Updated	KSF Progress Updated	% Completed Appraisals	Learning Activities Accepted	Objectives Accepted %	Completed Appraisals Higher/Lower than previous Month
Apr-25	1064	198	60	155	198	26	19%	6%	15%	
May-25	1058	198	56	148	198	26	19%	5%	14%	Equal
Jun-25	1053	215	60	159	215	28	20%	6%	15%	Higher
Jul-25	1063	227	69	167	227	26	21%	6%	16%	Higher
Aug-25	1080	231	74	175	231	24	21%	7%	16%	Higher
Sep-25	1082	248	78	189	248	30	23%	7%	17%	Higher
Oct-25	1087	239	74	181	239	29	22%	7%	17%	Lower
Nov-25	1092	223	74	169	223	31	20%	7%	15%	Lower
Dec-25	1095	214	70	160	214	31	20%	6%	15%	Lower
Jan-26	1103	212	66	155	212	30	19%	6%	14%	Lower
Feb-26	1101	214	67	158	214	30	19%	6%	14%	Higher
Mar-26	1109	252	67	169	252	31	23%	6%	15%	Higher

This table presents monthly appraisal activity across NHS Shetland for the period April 2025 to March 2026. It summarises the number of appraisals completed and associated review activity within each month, alongside the proportion of the active workforce this represents. It is important to note that these figures reflect activity within each reporting period rather than overall compliance with appraisal requirements; they therefore provide a measure of organisational throughput and engagement rather than the proportion of staff currently in date.

Across the year, appraisal activity shows a broadly steady pattern with some expected fluctuation. Higher levels of completion are evident in late summer and early autumn, followed by more stable but slightly reduced activity through the winter months. These variations are consistent with operational pressures, including workforce constraints, leave patterns and competing service priorities, which impact managers' capacity to undertake appraisals.

Improvement activity has focused on strengthening processes between HR Services and the Staff Development team to ensure that line manager and reviewer details are accurately maintained. Newly identified managers are asked to book onto the Effective Appraisal Conversations training (a two-hour session delivered bi-monthly via Teams). However, uptake remains low, with 11 attendances from 72 available places, and frequent cancellations linked to workforce capacity.

Data quality has also been impacted by the transition in March 2026 from SWISS-fed data to the e:ESS interface within Turas Appraisal, requiring extensive local validation and consolidation. There are currently 161 managers recorded in Turas Appraisal. At a national level, the Staff Development team is actively contributing to a Short Life Working Group developing a Once for Scotland eLearning module to support the new PDPR policy. This is expected to strengthen manager and reviewer capability and, over time, support improved appraisal activity and consistency.

Data limitations

The appraisal data presented is drawn from the national Turas Appraisal dashboard, which does not currently support reporting to specific month-end or year-end positions. As a result, the table reflects the closest available data extract at the time of reporting. A single compliance figure has not been presented, as the system does not provide a robust or consistently extractable measure.

Producing reliable monthly reporting would require increased local capacity to manually extract and validate data, and there is currently no accessible reporting functionality for Directors or service managers to view this information directly. There are also no planned enhancements to Turas Appraisal functionality, including reporting, within either the national Digital Learning Infrastructure or Business Systems Transformation programmes.

Medical Appraisals

During Apr 25 –Mar 26 a total of 30 Secondary Care staff currently received their appraisals locally through SOAR with 2 more in progress – this includes consultants and junior doctors with 29 Primary Care Appraisals carried out for GPs with 5 in progress and 1 not completed as yet.

We have 8 appraisers with some support being provided by NHS Orkney.

Medical Job Plans

NHS Shetland currently has 20 colleagues who require an annual job plan (includes Consultants and SAS doctors). Draft job plans have been added to the e-job planning system. Annual job plan discussions for all colleagues to take place before job plans can be signed off. One signed off job plan remains in paper format but will be moved across to the e-job planning system in due course.

Staff Engagement-iMatter 2025 Cycle

The following action is included under the 'Nuture' strand in the Staff Governance Action Plan 2025/26:

Following review of the 2024 cycle, the iMatter team have identified the following aims for 2025:

- Maintain 60% response rate
- 50% of Actions Plans completed before 29 July deadline
- Refresh communication and support for Action Planning, with focus on celebrating success
- Increase involvement of Executive Management Team in overall iMatter process
- Review success of electronic only distribution

The process includes three phases: team confirmation, questionnaire distribution and action planning. In 2025, 1,662 staff across 115 teams were invited to participate, with a 56% response rate achieved. Social Care staff employed by Shetland Islands Council are included in the distribution.

The Employee Engagement Index (EEI) for NHS Shetland was maintained at 78. The highest-rated survey areas included manager approachability, care for staff wellbeing, clarity of duties, and dignity and respect at work. Lower scores were noted for confidence in organisational performance management, trust in board members, board visibility, and staff involvement in decision-making—these areas also reflected national trends.

Action planning completion reached 50%, the highest to date, with targeted support provided to managers. The move to electronic-only distribution streamlined the process and improved timelines. Directorate-level results varied, with response rates ranging from 44% to 95% and EEI scores from 74 to 87.

Regular communication and updates were provided throughout the cycle, and benchmarking against national results will follow the publication of the National Health and Social Care Staff Experience Report in November 2025.

Looking forward

During the final quarter of the reporting year, preparation for the 2026 cycle has been underway. Following discussion, the decision has been taken to remove Local Authority only teams from the process. We will monitor the results to see if this has a positive impact on our response and action planning rates.

After a failed update to the Webropol system in January 2026, the decision was taken to revert to the previous version for the 2026 cycle. The iMatter team will be involved in the testing of the system in Autumn 2026.

Staff Engagement- Greatix

Greatix is a positive feedback system for staff that was launched in March 2023. Since its inception, 790 submissions have been made. These have been a mixture of individual and group 'awards and covered staff from across all Directorates in the organisation. Feedback for the scheme has been universally positive, and those involved are delighted that it has been embedded as business as usual within the organisation.

Facilities Time

Facilities time is provided in line with the national Facilities Arrangements for Trade Unions and Professional Organisations Policy. During the reporting period, facilities time has been captured through two recording systems. Please see below for the total hours recorded on both systems:

SSTS	98.25
Allocate	233.12

The new Once for Scotland Facilities Arrangements Policy came into force in October 2025, strengthening expectations around the consistent recording of facilities time. Staff side representatives have been asked to complete and return facilities time recording forms to the Area Partnership Forum Administrator. To date, response levels have been low and based on known staff side activity undertaken locally, the figures recorded are an under-representation of actual activity. NHS Shetland will continue to work in partnership with staff side representatives to encourage accurate and timely recording of facilities time to support transparency and reporting requirements.

Again, it is hoped that as use of Allocate becomes business as usual for the organisation, we will see an improvement in the recording of Facilities Time.

Wellbeing Activity

Between April 2025 and March 2026, the Staff Wellbeing Group progressed a coordinated programme of activity to strengthen psychological safety and improve access to support across NHS Shetland. Central to this was the integration of services, including Spiritual Care,

Occupational Health and wider wellbeing initiatives, ensuring a consistent and accessible offer aligned to the Scottish Government Staff Wellbeing Framework.

Spiritual Care formed a key component of this system-wide approach, delivering 107 confidential one-to-one staff support sessions and 16 facilitated group sessions. These provided trauma-informed, non-clinical listening and reflective space for staff experiencing distress, bereavement, moral injury and organisational pressure, contributing directly to early intervention and staff resilience.

The Staff Wellbeing Group prioritised the development of psychologically safe environments, where staff feel respected, able to speak openly, and supported without judgement. This included promoting compassionate leadership, addressing workplace stressors, and strengthening support pathways across services. This work strengthened awareness of available support pathways. Collectively, this activity contributed to a more compassionate workplace culture, reducing isolation and enhancing reflective practice. Delivered within robust governance arrangements, the coordinated wellbeing offer provides assurance that staff have access to high-quality, confidential support, reinforcing NHS Shetland's commitment to psychological safety, early intervention, and sustainable workforce wellbeing.

Overall RAG Rating	Nurture
RED/AMBER/GREEN	GREEN