Agenda Item 11

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**28th July 2026**
Title:	**Health and Care Staffing Act Implementation- Q4 Addendum 2025-26**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People & Culture**
Report Author:	**Brydie J Thatcher, Workforce Lead, HCSA Programme Manager**

Report Recommendation:

Report Recommendation

This Quarter 4 Addendum is presented to the Board for approval after of consideration by Area Partnership Forum (APF) on 12th June 2026 & Staff Governance Committee (SGC) on 7 July 2026.

NHS Highland continues to propose an overall moderate level of assurance in relation to delivery of the statutory duties set out in the Health and Care (Staffing) (Scotland) Act 2019 for 2025/26.

This position remains consistent with the assurance rating reported within the 2025/26 End of Year Report and reflects continued progress in embedding statutory duties, strengthening governance arrangements, expanding SafeCare implementation, and improving multidisciplinary professional engagement and assurance.

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	X
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well		**All** Well Themes			

2 Report summary

2.1 Situation

2.1 Situation

Quarter 4 Addendum: Health & Care (Staffing) (Scotland) Act 2019 (2025/26)

2.1 Situation

This Quarter 4 Addendum supplements the NHS Highland Health and Care (Staffing) (Scotland) Act 2019 End of Year Report for 2025/26, providing an update on developments, assurance activity and implementation progress during the final quarter of the reporting year.

The purpose of this addendum is not to restate the detailed position outlined within the Year End Report, but to provide a brief update on progress since its submission, identify material developments, and strengthen the evidence base informing future reporting, governance and organisational assurance.

It is important to recognise that progress during Quarter 4 has been incremental rather than transformational. Whilst a number of key workstreams have continued to advance, many of the challenges identified within the Year End Report remain relevant. This reflects the reality that implementation of the Health and Care (Staffing) (Scotland) Act 2019 remains a complex, multi-year programme requiring sustained cultural, operational, leadership and digital development to achieve consistent embedding across services and professional groups.

This position is not unique to NHS Highland. National engagement through Healthcare Improvement Scotland, the Healthcare Staffing Programme and Board-to-Board learning networks continues to demonstrate that many Health Boards are experiencing similar challenges as they move beyond initial implementation and into the more demanding phase of embedding statutory duties into routine operational practice and evidencing their effectiveness.

During Quarter 4, NHS Highland implemented a revised HCSA reporting framework and assurance template, approved through the HCSA Programme Board, in preparation for the 2026/27 reporting cycle. The revised approach was designed to support more structured and consistent self-assessment against statutory duties, strengthen professional and operational ownership of assurance, and improve the quality of both qualitative and quantitative evidence available to inform organisational oversight.

Methodology for Assessment and Assurance

This Quarter 4 Addendum has been prepared using a mixed-methods review, drawing upon routinely available organisational evidence, programme intelligence, professional assurance returns and qualitative insight gathered through engagement with operational, professional and workforce leadership groups.

As part of this approach, professional and Implementation Group assurance updates were received from a broad range of services and disciplines, including Acute Nursing, Acute Medical Services, Women and Children's Services, Pharmacy, Medical Physics, Mental Health Services, Psychology Services, Allied Health Professionals and a combined Argyll and Bute report. This has provided a more comprehensive understanding of implementation maturity across professional groups, highlighted areas of both good practice and ongoing challenge, and significantly strengthened the multidisciplinary evidence base available to support Board assurance.

The information gathered through this process has established a stronger baseline for future reporting and enhanced the triangulation of evidence from professional, operational and governance perspectives. However, given the scale, complexity and diversity of services delivered across NHS Highland, establishing a fully comprehensive and definitive assessment of compliance remains challenging. Variations in implementation maturity, workforce methodologies, digital systems and local assurance arrangements continue to influence the consistency and depth of evidence available across services and professional groups.

As NHS Highland transitions from implementation towards operational embedding, the focus increasingly moves from policy development and programme delivery towards demonstrating consistent application, evidencing outcomes, strengthening governance arrangements and supporting sustainable compliance across all services and professional groups.

It is recognised, however, that the maturity of local governance and assurance arrangements remains variable across the organisation. During Quarter 4, the HSCP Implementation Group experienced a period of reduced activity, resulting in a break in the routine cycle of meetings and reporting. Whilst this has limited the breadth of formal assurance available from some community and integrated services during the reporting period, work is now underway to reconvene and strengthen these arrangements, with renewed emphasis on local ownership, multidisciplinary engagement and routine reporting.

Despite this temporary reduction in group activity, some professional groups operating within HSCP services have continued to contribute directly to the assurance process, including Mental Health Services, Psychology Services. These contributions have provided valuable assurance regarding ongoing implementation activity and have helped maintain visibility of progress, risks and priorities across key service areas. They also provide a stronger foundation from which to further develop multidisciplinary governance, reporting and workforce assurance arrangements during 2026/27.

NHS Highland continues to apply a cautious, evidence-based approach to self-assessment. For Board reporting purposes, the organisation uses the term *moderate assurance*, reflecting generally sound governance arrangements and statutory processes whilst recognising ongoing variation in implementation maturity, data quality and operational consistency across sectors and professional groups.

2.2 Background

The Health and Care (Staffing) (Scotland) Act 2019 came into legal effect on 1 April 2024, establishing a statutory framework to support appropriate staffing across health and social care services. The Act is intended to strengthen assurance that services are staffed to deliver safe, effective and person-centred care, whilst supporting staff wellbeing, professional involvement and transparent decision-making.

The Act is underpinned by the principle of ensuring the right people, with the right skills, are in the right place, at the right time. Rather than prescribing fixed staffing levels, it requires Health Boards to apply evidence-based approaches informed by professional judgement, validated workforce methodologies, local service context and real-time operational pressures.

The legislation places a range of interconnected duties on NHS Boards, including responsibilities relating to workforce planning, real-time staffing assessment, risk escalation, professional clinical advice, leadership capacity, staff training, engagement and public reporting. Together, these duties are intended to support safe and sustainable service delivery through robust workforce planning, effective governance and continuous improvement.

Further information on the Health and Care (Staffing) (Scotland) Act 2019 and associated Statutory Guidance is available via the Scottish Government website and supporting national guidance.

Health and Care (Staffing) (Scotland) Act 2019: overview – gov.scot (www.gov.scot)

Following approval and submission of the NHS Highland End of Year Report for 2025/26, NHS Highland continued to progress implementation activity aligned to the statutory duties of the Act. The Year End Report concluded that the Board continued to demonstrate an overall moderate level of assurance, recognising both the progress achieved in establishing governance arrangements, SafeCare implementation, integrated service planning processes and Common Staffing Methodology delivery, alongside ongoing variation in implementation maturity across services and professional groups.

The Year End Report also recognised that whilst progress had been made in establishing systems, processes and governance arrangements, further work remained necessary to strengthen consistency of application, improve workforce data maturity, embed risk escalation processes, support protected leadership time and further develop multidisciplinary approaches to workforce assurance.

An additional theme emerging through implementation activity has been the need to strengthen awareness and engagement beyond senior leadership and governance structures. Whilst professional and operational leadership engagement continues to strengthen, feedback gathered through service engagement and implementation activity suggests that understanding of the Act, its duties and associated processes is not yet consistently reaching all frontline teams. Strengthening this connection between strategic governance, professional leadership and operational practice will remain an important focus during 2026/27.

Throughout Quarter 4, NHS Highland has focused on consolidating progress made during the second year of implementation and strengthening the evidence available to support organisational assurance.

Key areas of activity included:

• Continued embedding of approved Standard Operating Procedures relating to Real Time Staffing, Risk Escalation and Time to Lead.

• Further rollout, scrutiny and governance of SafeCare, including development of the NHS Highland SafeCare Dashboard. By the end of Quarter 4, SafeCare had been implemented across all inpatient areas with the exception of four Acute services, all of which have been identified, escalated and are being advised on solutions.

• Progression of e-rostering rebuild activity and continued development of supporting workforce intelligence and reporting arrangements.

• Ongoing review of Common Staffing Methodology outputs and associated governance processes.

• Review and refinement of the Common Staffing Methodology Standard Operating Procedure, alongside development of a supporting step-by-step implementation guide informed by learning from recent tool runs and output reviews.

• Progression of the NHS Highland Effective Rostering Policy for Nursing and Midwifery through consultation and governance processes, including review and endorsement by the HR Sub Group ahead of consideration by the Area Partnership Forum (APF).

• Continued development of the Ask Once integrated planning framework to support greater alignment between workforce, service, quality, performance and financial planning.

Quarter 4 also saw increased scrutiny of staffing governance arrangements following outputs from the Maternity Common Staffing Methodology review. Significant progress was made in the Executive Leadership commissioned Maternity Sustainability Review programme, alongside enhanced focus on the utilisation, governance and operational application of SafeCare across Acute Services.

Together, these activities have strengthened organisational understanding of the relationship between workforce planning, service sustainability, operational risk and quality of care. They have also provided an opportunity to further develop and test the emerging Ask Once integrated planning framework, supporting a more aligned approach to workforce, service, quality, performance and financial planning.

Key learning and assurance outcomes arising from Quarter 4 include:

• Completion of the second full annual reporting cycle under the Act, providing an increasingly comprehensive understanding of areas of strength, variation and emerging risk across services and professional groups.

• Improved professional engagement and participation through implementation of the revised HCSA reporting framework and professional assurance templates.

• Strengthened multidisciplinary assurance through contributions from Acute Nursing, Acute Medical Services, Women and Children's Services, Pharmacy, Medical Physics, Mental Health Services, Psychology Services, Allied Health Professionals and Argyll and Bute services.

• Increased visibility of workforce risks, governance challenges and areas of good practice through enhanced professional reporting arrangements.

• Recognition of ongoing variation in implementation maturity across services, reinforcing the need for continued focus on operational embedding, leadership engagement, workforce intelligence and governance development during 2026/27.

Development of a revised e-Rostering and SafeCare implementation and maturity plan, supporting completion of system rollout, strengthening governance and reporting arrangements, improving clarity of ownership and accountability, and establishing a framework for ongoing development of workforce intelligence and real-time staffing assurance. Progress remains dependent upon national system developments, digital capability and the recruitment of key staff required to support implementation and sustainability.

In addition, an independent internal audit review of Workforce Planning and implementation of the Health and Care (Staffing) (Scotland) Act 2019 was concluded during Quarter 4. The outcome of this review will be reported in the Quarter 1 2026/27 report and will provide additional assurance regarding governance arrangements, internal controls, implementation progress and opportunities for improvement. The findings will be used to inform ongoing programme development and strengthen future assurance arrangements.

The experience of Quarter 4 reinforces a key learning identified throughout the reporting year: successful implementation of the Health and Care (Staffing) (Scotland) Act 2019 is not solely dependent upon systems and processes, but requires sustained cultural development, workforce engagement, leadership capacity, robust workforce intelligence and continuous organisational learning. NHS Highland remains committed to strengthening these foundations as implementation maturity continues to develop across the organisation.

2.3 Assessment

The Quarter 4 review confirms that NHS Highland continues to demonstrate an overall moderate level of assurance in relation to compliance with the Health and Care (Staffing) (Scotland) Act 2019.

During further review and scrutiny of the 2025/26 Year-End Report, it was identified that a legacy RAG table had inadvertently been in part carried forward, resulting in a small number of assurance ratings being reported at a lower level than had been assessed. The position has been corrected within this Quarter 4 Addendum and does not alter the overall organisational assessment of Moderate Assurance.

Whilst progress has continued in a number of areas, including SafeCare implementation, professional engagement, service review activity and the embedding of Board-approved policies and procedures, implementation maturity remains variable across services and professional groups. NHS Highland therefore continues to adopt a cautious and evidence-based approach to self-assessment. This assessment also reflects a small number of recognised system-level constraints, most notably within Child Health Services operating under the Lead Agency Model, where despite strong professional engagement, established governance arrangements and sustained efforts to identify local solutions, infrastructure and digital limitations continue to restrict access to key workforce systems and constrain the level of assurance that can currently be demonstrated against some statutory duties.

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The updated RAG position set out below reflects the current and complete assessment available at the time of reporting and supports the continued overall assessment of Moderate Assurance

Duty	Q1 2025/2026	Q2 2025/2026	Q3 / Year End 2025/2026	Q4 2025/2026
12IA Appropriate Staffing	Reasonable	Reasonable	Reasonable	Reasonable
12IC Real-Time Staffing	Reasonable	Limited	Limited	Reasonable
12ID Risk Escalation	Reasonable	Reasonable	Reasonable	Reasonable
12IE Severe & Recurrent Risks	Reasonable	Limited	Limited	Limited
12IF Clinical Advice	Limited	Limited	Limited	Limited
12IH Time to Lead	Limited	Limited	Limited	Limited
12II Staff Training	Reasonable	Reasonable	Reasonable	Reasonable
12IJ Common Staffing Method	Reasonable	Limited	Limited	Limited
12IL Staff Consultation & Training	Reasonable	Reasonable	Reasonable	Reasonable
12IM Reporting on Staffing	Substantial	Substantial	Substantial	Substantial
Planning & Securing Services	Reasonable	Limited	Limited	Limited

2.4 Proposed level of Assurance

Please describe what your report is providing assurance against and what level(s) is/are being proposed:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

NHS Highland continues to assess its overall level of assurance against the requirements of the Health and Care (Staffing) (Scotland) Act 2019 as Moderate, consistent with the position reported within the 2025/26 Year-End Report.

Quarter 4 has strengthened the evidence base supporting this assessment through enhanced multidisciplinary engagement and implementation of the revised assurance reporting framework. Overall, a generally sound system of governance, risk management and assurance arrangements is now in place across most Board functions and care sectors, providing a stronger foundation from which to continue embedding the statutory duties of the Act and strengthening implementation maturity during 2026/27.

3 Impact Analysis

3.1 Quality/ Patient Care

The HCSA is intended to support delivery of safe, high-quality services.

3.2 Workforce

The HCSA is fundamentally about providing appropriate staffing to deliver services.

3.3 Financial

There are financial implications associated with addressing staffing risks and improvement actions identified through the mechanisms required to demonstrate compliance with the Act. However, the Act does not introduce new principles regarding workforce investment, instead reinforcing the expectation that services are planned, resourced and delivered through effective integrated service and workforce planning arrangements to support safe and sustainable care.

3.4 Risk Assessment/Management

Staffing risk remains a strategic risk for NHS Highland and is routinely reflected in Board-level risk registers. The HCSA duties, particularly those relating to real-time assessment, escalation, and management of severe/recurrent risks, provide a structured mechanism to identify, respond to, and learn from workforce-related risks.

Strengthening the identification, monitoring and management of severe and recurrent staffing risks will remain a priority during 2026/27. This will include continued development of SafeCare reporting, improved multidisciplinary oversight, strengthened governance arrangements and consideration of findings arising from planned internal audit and assurance activity during Quarter 1**.**

3.5 Data Protection

There is no personally identifiable information provided or considered.

3.6 Equality and Diversity, including health inequalities

N/A

3.7 Other impacts

No other impacts identified.

3.8 Communication, involvement, engagement, and consultation

This report has been prepared on behalf of the Medical Director, Boyd Peters, and Executive Nurse Director, Louise Bussell.

The NHS Highland HCSA Programme Board continues to provide strategic oversight of implementation activity, supported by professional, operational and staff-side representation from across Board functions.

The programme continues to be supported through a range of engagement, feedback and briefing sessions. Quarter 4 has also seen the introduction of a revised assurance reporting framework, supporting increased professional engagement and strengthening the evidence available to inform Board assurance.

3.9 Route to the Meeting

N/A.

4.0 List of appendices

The following appendices are included with this report:

- Appendix 1: Quarter 4 Progress and Organisational Learning (below)
- Appendix 2: Strategic Priorities and Quarter 1 (2026/27) Forward Look(below)
- Appendix 3: HCSA Implementation Group Assurance & Reporting Framework 2026 (attached)
- Appendix 4: Professional Assurance Summary by Service and Profession(below)
- Appendix 5: High-Cost Agency Staffing Report (attached)

Appendix 1: Quarter 4 Progress and Organisational Learning

Theme	Quarter 4 Progress	Key Learning / Assurance Outcome
Governance and Assurance	Implementation of revised HCSA reporting framework and professional assurance templates.	Improved multidisciplinary engagement and strengthened organisational assurance through richer qualitative and quantitative evidence.
SafeCare and Real-Time Staffing	Continued SafeCare rollout, development of NHS Highland SafeCare Dashboard and agreement of an extended e-Rostering and SafeCare implementation plan.	Increased visibility of staffing risk, improved governance arrangements and a clearer roadmap for continued system maturity.
Common Staffing Methodology	Review of recent CSM outputs and refinement of supporting governance arrangements.	Reinforced the importance of structured output review, professional judgement and integration with service planning processes.
Maternity Services	Progression of the Executive Leadership commissioned Maternity Sustainability Review.	Improved understanding of the relationship between workforce planning, service sustainability, operational pressures and quality of care.
Ask Once Framework	Further application and development through workforce and service review activity.	Demonstrated the value of integrated service planning approaches that align workforce, performance, quality and financial considerations.
Workforce Governance	Progression of the Effective Rostering Policy and review of leadership and staffing governance arrangements.	Strengthened organisational focus on workforce deployment, leadership capacity and statutory compliance.
Professional Engagement	Contributions received from a wider range of professional groups including Mental Health, Psychology, AHPs, Medical Services, Pharmacy and Medical Physics.	Improved visibility of implementation maturity, risks and good practice across services and disciplines.

Theme	Quarter 4 Progress	Key Learning / Assurance Outcome
Internal Assurance	Engagement with and completion of Internal Audit review of Workforce Planning and HCSA implementation.	Provides opportunity for independent assurance and identification of future improvement actions during Quarter 1 2026/27.
Organisational Learning	Completion of the second annual reporting cycle under the Act.	Improved understanding of strengths, variation and emerging risks, supporting continued development of governance and assurance arrangements.

Appendix 2: Strategic Priorities and Quarter 1 (2026/27) Forward Look

NHS Highland recognises that implementation of the Health and Care (Staffing) (Scotland) Act 2019 remains a multi-year programme requiring sustained organisational focus, governance maturity, workforce intelligence development and cultural embedding. Learning arising from the second annual reporting cycle, Quarter 4 assurance returns, the Maternity Sustainability Review, SafeCare implementation activity, Healthcare Improvement Scotland engagement and local implementation experience has informed the following priorities for Quarter 1 and the wider 2026/27 programme.

Quarter 1 Priorities (2026/27)

Priority Area	Purpose and Intended Outcome	Key Activity and Delivery Actions
Completion and Consolidation of Common Staffing Methodology (CSM) Cycles	To strengthen governance assurance and ensure staffing tool outputs translate into transparent workforce and service planning decisions.	• Finalise governance closure of outstanding CSM outputs and reviews. • Implement revised CSM SOP and supporting implementation guide. • Strengthen output review and decision-making arrangements .• Improve alignment between staffing tool outputs, establishment reviews and integrated service planning. • Share learning arising from Acute, Community, Mental Health and Maternity reviews and outputs.
SafeCare, Real-Time Staffing and Workforce Intelligence	To improve reliability, utilisation and governance of real-time staffing intelligence and strengthen organisational assurance.	• Complete SafeCare implementation within remaining Acute services. • Strengthen operational use of SafeCare within daily staffing reviews and safety huddles. • Embed the NHS Highland SafeCare Dashboard and formal reporting framework.

Priority Area	Purpose and Intended Outcome	Key Activity and Delivery Actions
		• Undertake SafeCare data quality, validation and reporting audits .• Define and strengthen ownership, accountability and governance arrangements for SafeCare rollout and reporting. • Develop agreed datasets, reporting standards and escalation triggers. • Strengthen training compliance monitoring and local ownership of implementation. • Continue transition from implementation breadth towards utilisation, quality assurance and reporting maturity.
Risk Escalation and Severe/Recurrent Risk Management	To support consistent recognition, escalation and governance oversight of workforce risks.	• Strengthen implementation of Board-approved RTS and Risk Escalation SOPs .• Improve consistency of severe and recurrent risk reporting. • Strengthen links between staffing risks, Datix reporting, service risks and governance oversight. • Improve visibility of workforce risks through routine reporting arrangements.
Leadership Capacity, Time to Lead and Effective Rostering	To support delivery of safe care through strengthened leadership capacity and workforce deployment.	• Progress implementation of the Effective Rostering Policy for Nursing and Midwifery. • Continue development of approaches supporting the Time to Lead duty. • Strengthen understanding and recording of protected leadership time. • Align leadership responsibilities with workforce governance and job planning arrangements .• Engage with multidisciplinary professional leadership groups to support implementation.
Governance, Reporting and Assurance	To strengthen organisational assurance and improve consistency of reporting across services and professional groups.	• Embed the revised HCSA reporting framework and professional assurance templates. • Re-establish and strengthen HSCP implementation and assurance arrangements.

Priority Area	Purpose and Intended Outcome	Key Activity and Delivery Actions
		• Strengthen multidisciplinary contributions to reporting processes. • Review and respond to findings from the Internal Audit of Workforce Planning and HCSA implementation. • Continue development of Board-level assurance reporting.
Engagement, Education and Cultural Embedding	To improve awareness, confidence and engagement with statutory staffing duties.	• Continue development of HCSA implementation resources and guidance. • Increase awareness of statutory duties within frontline teams. • Expand engagement with managers, professional leaders and staff-side representatives. • Share examples of good practice and learning identified through assurance reporting.• Strengthen staff feedback and organisational learning mechanisms.

Strategic Priorities for 2026/27

Strategic Priority	Purpose and Strategic Intent	Key Areas of Development and Delivery Focus
Integrated Service Planning and Ask Once	To operationalise a single evidence-based planning approach that strengthens alignment between workforce requirements, service configuration, quality, performance and financial planning.	Continue development and implementation of the Ask Once integrated planning framework, building on learning from the Maternity Sustainability Review and wider service planning activity. Improve transparency and consistency in organisational decision-making, strengthen alignment between workforce modelling and service configuration decisions, reduce duplication of planning requests and improve organisational ability to anticipate and respond to emerging workforce and service pressures.
Expansion of Multidisciplinary Workforce Assurance	To strengthen statutory assurance across all professional groups, recognising current limitations in nationally validated staffing methodologies.	Continue to strengthen assurance arrangements for professional groups and services where validated staffing tools are not currently available. This will include supporting the use of professional judgement, consideration of available workload and service information, and sharing learning from

Strategic Priority	Purpose and Strategic Intent	Key Areas of Development and Delivery Focus
		local and national developments to support workforce planning and assurance..
Digital and Data Maturity	To strengthen workforce intelligence capability and improve reliability, accessibility and triangulation of safe staffing assurance data.	Continue development of SafeCare reporting and analytics, workforce dashboards and workforce intelligence products. Improve interoperability between workforce systems, strengthen data governance and auditability, establish sustainable reporting arrangements and improve the quality of evidence supporting operational decision-making and Board assurance.
Strengthening Commissioned and Integrated Service Assurance	To improve compliance and governance assurance across commissioned, partnership and integrated service arrangements.	Strengthen engagement with local authority partners, commissioned providers and HSCP services. Clarify governance responsibilities, reporting pathways and assurance expectations. Support development of consistent approaches to safe staffing assurance across integrated services.
Supporting Service Sustainability and Workforce Resilience	To strengthen medium and long-term workforce sustainability and organisational resilience.	Continue workforce modelling, service sustainability reviews and establishment review activity. Particular focus will remain on maternity services, remote and rural services, delayed discharge pressures, recruitment and retention challenges and areas experiencing sustained workforce pressures.
Leadership, Culture and Organisational Learning	To embed safe staffing as a shared organisational responsibility supported through leadership, staff engagement and continuous improvement.	Strengthen leadership development, psychological safety, professional voice and organisational learning. Continue sharing good practice across services and strengthen the connection between strategic governance, professional leadership and frontline operational practice.

- **Appendix 4: Professional Assurance Summary by Service and Profession(below)**

As part of the revised HCSA reporting framework introduced during Quarter 4, professional groups, services and operational areas were asked to undertake a structured self-assessment against the statutory duties of the Health and Care (Staffing) (Scotland) Act 2019. The summaries below provide a high-level overview of the assurance information received and highlight key areas of progress, emerging themes and opportunities for further development across NHS Highland.

Whilst implementation maturity remains variable across services and professional groups, the process has strengthened multidisciplinary engagement and provided a broader and more robust evidence base to support organisational assurance and future reporting.

Professional and Service Assurance Updates

Acute Nursing

Overall, Acute Nursing has established many of the core systems, processes and governance arrangements required to support delivery of the statutory duties. The focus moving forward will be less on implementation of the tools themselves and more on strengthening consistent operational use, understanding and ownership at service and team level. This includes supporting staff and leaders to understand how staffing information, professional judgement, escalation processes and SafeCare outputs can be used to inform decision-making, improve workforce planning and demonstrate the value of the effort invested in these processes. Acute Nursing therefore continues to provide a significant proportion of the Board's evidence base in relation to real-time staffing, workforce risk management and safe staffing assurance.

The service has, however, experienced particular challenges in progressing and closing some Common Staffing Methodology outputs due to the complexity associated with a historically significant unfunded bed base and the need to reconcile staffing tool outputs with existing service models, funded establishments and operational demand. Considerable progress has been made during Quarter 4 to strengthen governance review of these outputs and support clearer alignment between workforce requirements, service delivery and establishment planning.

Women's and Children's Services (Maternity and Neonatal)

Women's and Children's Services continue to demonstrate one of the strongest examples of operational application of the statutory duties across NHS Highland. Daily directorate huddles provide oversight of staffing, activity, acuity and workforce requirements across medical, nursing and midwifery services. SafeCare is routinely utilised alongside professional judgement, escalation processes, supplementary staffing monitoring and Datix reporting to support management of workforce pressures and patient safety risks.

Quarter 4 also saw increased scrutiny of staffing arrangements through the Executive commissioned Maternity Sustainability Review, providing an opportunity to move beyond implementation of statutory processes and focus on the interpretation, challenge and application of workforce intelligence and Common Staffing Methodology outputs. This has strengthened organisational oversight of workforce sustainability, service resilience, escalation arrangements and operational risk, whilst supporting wider consideration of service configuration, workforce planning and quality of care.

Whilst opportunities remain to strengthen documentation of escalation outcomes, recurring risk analysis and multidisciplinary workforce planning, the service demonstrates a comparatively mature approach to both implementation of the statutory duties and the use of staffing information to inform operational and strategic decision-making.

Acute Medical Services

Acute Medical Services demonstrate early to developing implementation of the statutory duties through existing medical staffing rotas, job planning arrangements and specialty-level operational oversight processes. Workforce planning discussions, professional judgement and staffing risk management are present within local management structures; however, application of the specific requirements of the Health and Care (Staffing) (Scotland) Act 2019

remains variable across specialties and is not yet consistently embedded within routine operational practice.

Clinical advice arrangements are well established and leadership responsibilities are supported through job planning processes, although operational pressures continue to impact capacity. Recording of real-time staffing assessments, mitigation actions, escalation outcomes and workforce intelligence remains inconsistent, limiting the ability to provide comprehensive assurance against statutory duties.

Quarter 4 returns suggest growing awareness of the Act and its requirements within Medical Services; however, further work is required during 2026/27 to strengthen understanding of how statutory duties translate into day-to-day medical workforce governance, workforce planning, risk escalation and assurance processes. This remains an important area of development as NHS Highland continues to support consistent implementation across all professional groups.

Allied Health Professionals (Acute and HSCP)

The AHP assurance return highlights that implementation of the statutory duties remains at a relatively early stage of maturity across many professions and services. Whilst staffing information is available through SSTS and local management processes, and services routinely respond to operational pressures through professional judgement and resource reallocation, many of the formal arrangements required to support comprehensive assurance remain under development.

Progress has been challenged by the diversity of AHP services, which range from single-handed specialist practitioners to larger multidisciplinary teams, alongside capacity constraints and the absence of nationally validated workforce methodologies for many professional groups. As a result, arrangements relating to professional judgement, real-time staffing assessment, workforce risk recording, escalation processes and assurance reporting are not yet consistently established across services.

The development of profession-specific assurance reporting, workforce review processes and multidisciplinary workforce assurance arrangements represents an important next step during 2026/27. However, significant work remains to strengthen the evidence base and support more consistent implementation and assurance across the breadth of AHP services.

Pharmacy Services

Pharmacy services have established several important foundations supporting compliance with the Act, including recording of actual staffing levels, supplementary staffing usage and workforce training requirements. Professional judgement regarding staffing requirements is routinely applied, although documentation remains under development. Informal mitigation and escalation discussions occur regularly within services but are not yet consistently recorded through structured governance arrangements. Quarter 4 has identified opportunities to strengthen documentation, workforce intelligence, staffing risk recording and leadership assurance. Overall, Pharmacy demonstrates a developing but positive trajectory toward more formalised compliance and assurance processes.

Medical Physics and Healthcare Science

Medical Physics and Healthcare Science services demonstrate well-established governance and quality management arrangements that support many of the principles underpinning the Act. Staffing requirements are informed through professional judgement, business continuity arrangements and laboratory quality management systems. Risk identification, escalation,

monitoring and trend analysis are embedded within existing quality assurance processes, including non-conformance reporting and laboratory governance systems. Whilst current workforce systems do not yet provide all staffing information at the level of detail required by the Act, transition to SSTS and continued development of workforce reporting arrangements are expected to strengthen assurance further. The service provides a strong example of how existing professional governance frameworks can support statutory staffing duties.

Mental Health and Learning Disability Services

Mental Health and Learning Disability inpatient services continue to demonstrate comparatively mature implementation of real-time staffing assessment and escalation arrangements through SafeCare, twice-daily staffing reviews, demand and capacity monitoring, daily site rundown processes and tactical scrums. Staffing levels, professional judgement requirements, supplementary staffing usage and workforce pressures are routinely reviewed and discussed. Risk escalation processes are well established through Datix, operational management structures and daily operational oversight arrangements. Opportunities remain to strengthen recording of severe and recurrent risks, multidisciplinary workforce oversight and documentation of training time and workforce planning activity. The service is also seeking to strengthen tracking and governance arrangements associated with Common Staffing Methodology outputs and implementation planning.

Argyll and Bute HSCP

Argyll and Bute HSCP continues to demonstrate moderate assurance overall, supported by completion of Common Staffing Methodology reviews across nursing and midwifery services and the development of a structured multidisciplinary workforce planning approach. The HSCP has established a credible governance framework for workforce review, risk identification and service planning, supported by strong professional leadership engagement. Significant progress has been made in establishing a strategic framework for Allied Health Professional workforce reviews, with a full programme of multidisciplinary establishment reviews planned during 2026/27. Areas requiring continued development include real-time staffing arrangements, escalation processes, leadership time, workforce data maturity and completion of outstanding Mental Health review activity. The HSCP continues to provide valuable learning regarding multidisciplinary workforce assurance, service redesign and integrated workforce planning within remote and rural settings.

Psychology Services

Psychology Services have demonstrated steady progress in developing systems and governance arrangements to support compliance with the Health and Care (Staffing) (Scotland) Act 2019. Workforce information is routinely recorded through SSTS, providing visibility of staffing levels, leave and workforce availability across services. During Quarter 4, Psychology Services have focused on strengthening the governance infrastructure required to support safe staffing assurance, including development of a formal escalation Standard Operating Procedure, establishment of arrangements for documenting staffing risks and mitigations, and consideration of a dedicated departmental Risk Assurance Group to support ongoing oversight.

Whilst Psychology Services are not delivered within an acute real-time staffing model and are not currently within scope of Common Staffing Methodology tool requirements, there is evidence of developing processes to support staffing oversight, contingency planning, escalation and workforce risk management. Staffing risks are escalated through Heads of Service to the Director of Psychology or Senior Service Manager, with use of Datix where appropriate, and supplementary staffing arrangements are formally authorised and recorded. The service has also recognised opportunities to strengthen arrangements relating to professional judgement, leadership capacity, training governance and protected time for clinical

leaders. Interim Associate Director roles have been introduced with dedicated non-clinical time to support service oversight, workforce planning and quality improvement activities. Overall, Psychology Services demonstrate a positive trajectory towards strengthened staffing governance and assurance, with Quarter 1 priorities focused on finalising Safe Staffing and escalation SOPs, developing daily staffing monitoring processes, strengthening training governance arrangements and further embedding Time to Lead principles within leadership structures.

Child Health Services (Lead Agency Model)

Child Health Services continue to face significant challenges in demonstrating compliance with a number of the statutory duties contained within the Health and Care (Staffing) (Scotland) Act 2019. Whilst professional governance arrangements, workforce oversight processes and risk escalation mechanisms are established, implementation is constrained by the Lead Agency Model and the continued absence of access to a number of core NHS workforce systems, including SafeCare, SSTS, eRostering and other supporting digital infrastructure.

Local teams have developed a range of interim processes and workarounds to support staffing oversight, risk management and service continuity. However, these arrangements have not provided a sustainable or auditable alternative to the nationally recognised systems and methodologies required by the Act. As a result, assurance remains limited across a number of statutory duties, including real-time staffing assessment and application of the Common Staffing Methodology.

Professional leadership within Child Health Services have demonstrated a high level of engagement with the requirements of the Act and have worked proactively to develop local processes, governance arrangements and interim solutions. However, progress remains significantly constrained by unresolved infrastructure, digital access and system limitations associated with the Lead Agency Model, many of which sit beyond the direct control of the service.

APPENDIX 3: HCSA Implementation Group Assurance & Reporting Framework 2026

HCSA Implementation Group Assurance & Reporting Framework

Please find below the draft HCSA Implementation Group Assurance & Reporting Framework.

This sets out the proposed layered assurance model, governance linkages and reporting structure to support how Implementation Groups collate and present assurance under the Health and Care (Staffing) (Scotland) Act 2019. The intention is to provide clearer line of sight from service level through to the Programme Board and wider corporate governance structures.

Implementation Groups will establish a baseline assurance position at the outset of the reporting cycle and thereafter update this on a quarterly basis. Each return will reflect progress, emerging risks and any changes in assurance level, ensuring a cumulative and traceable record of compliance throughout the year.

Assurance Model and Governance Linkages

Assurance under the Health and Care (Staffing) (Scotland) Act 2019 is provided through a layered assurance model, designed to reflect how care is delivered through multidisciplinary teams (MDTs), while maintaining appropriate professional accountability and clear corporate oversight.

At implementation level, assurance operates through a two-tier reporting structure:

- service- and MDT-level assurance, aggregated and owned by HCSA Implementation Groups; and
- profession-specific underpinning assurance, provided through established professional governance arrangements.

This implementation-level assurance is then escalated and assured corporately through the HCSA Programme Board and into the NHS Highland's governance framework.

Governance Flow and Oversight

The assurance framework operates across the following interconnected levels:

1. Local Clinical and Operational Governance

At service level, assurance is informed by:

- MDT working arrangements
- real-time staffing assessment and escalation
- service risk registers
- local clinical and operational governance structures
- quality, safety, and performance intelligence

This level captures how staffing arrangements affect care delivery in practice — both through formal workforce planning processes and through day-to-day operational pressures and mitigations

2. Professional Governance

Profession-specific assurance is provided through:

- nursing and midwifery governance
- medical governance
- AHP, pharmacy, healthcare science, and other professional structures

These arrangements provide assurance on:

- professional standards and safety
- competence, training, and supervision
- profession-specific workforce risks
- systemic issues affecting multiple services
-

3. HCSA Implementation Groups

HCSA Implementation Groups bring together service-level and professional intelligence to provide a single, aggregated assurance view across a defined portfolio of services.

They are responsible for:

- assessing compliance with statutory duties
- determining the overall level of assurance
- identifying cross-cutting risks and escalations
- agreeing actions to strengthen compliance

This is the primary point at which assurance is consolidated.

4. Corporate and Board-Level Governance

Aggregated assurance from Implementation Groups is reported to the HCSA Programme Board, which provides strategic oversight and coordination of compliance with the Act.

From there, assurance is embedded within NHS Highland's wider corporate governance framework, including:

- Area Partnership Forum (APF)
- Staff Governance Committee
- relevant Board committees
- and ultimately the NHS Highland Board

This ensures that workforce assurance under the Act is fully aligned with organisational decision-making, risk management, and statutory reporting responsibilities

Assurance Reporting Structure – What Each Version Looks Like in Practice

Assurance under the Health and Care (Staffing) (Scotland) Act 2019 is provided through a two-tier reporting model, designed to reflect how care is delivered through multidisciplinary teams (MDTs) while maintaining appropriate professional accountability.

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HCSA Implementation Group Aggregated Assurance Report

Owned by: HCSA Implementation Group
Audience: HCSA Programme Board
Focus: Services, MDT delivery, statutory compliance

This is the primary assurance document and the report that provides formal assurance to the Programme Board.

The report: (Appendix 1)

- provides an aggregated, service-level view across the Implementation Group's defined portfolio of services;
- reflects how care is delivered in practice through MDT models;
- sets the overall assurance rating (Substantial / Moderate / Limited / None);
- includes a RAG-rated summary against statutory duties;
- identifies service-level and cross-cutting risks, including required escalations;
- highlights key themes emerging across professional groups; and
- sets out forward actions, dependencies, and required support.

This report draws together intelligence from multiple sources and presents a single, coherent assurance narrative to support Programme Board oversight.

2. Profession-Specific Underpinning Assurance Reports

Owned by: Professional Leads / Professional Governance
Audience: HCSA Implementation Group
Focus: Professional safety, capability, readiness, and risk

These reports provide underpinning assurance inputs to the Implementation Group and are not parallel reports to the Programme Board.

Each professional group completes a short, structured assurance return as per template (Appendix 2) focused on how statutory duties are met from a professional perspective. These reports typically cover:

- professional advice arrangements;
- training, competence, and supervision;
- profession-specific workforce risks and pressures; and
- known gaps or systemic issues impacting MDT delivery across services.

Profession-specific assurance reports are used to inform, validate, and strengthen the top-level service-based assurance, helping the Implementation Group to triangulate evidence and identify cross-service or system-wide issues.

Relationship Between the Two

The Implementation Group provides a single, aggregated assurance report to the HCSA Programme Board.

APPENDIX 3: HCSA Implementation Group Assurance & Reporting Framework 2026

This report is underpinned by profession-specific assurance, drawn from established professional governance arrangements.

Professional assurance inputs do not replace or duplicate the Implementation Group report; they exist to support it.

The Implementation Group owns assurance to the Programme Board; professional groups provide underpinning assurance to the Implementation Group

List of Appendix

- **Appendix 1 :HCSA Implementation Group Aggregated Assurance Report**
- **Appendix 2: HCSA Profession Quarterly Update Assurance Report**
- **Appendix 3: Staff in Scope – Confirmation Statement Support**
- **Appendix 4 RAG Status**

Appendix 1 :HCSA Implementation Group Aggregated Assurance Report

NHS Highland

HCSA Implementation Group Assurance Reporting Template

Meeting Details

Reporting to:
HCSA Programme Board

Reporting period:
e.g. Q3 2025/26 or Annual Update

Implementation Group:
Acute / HSCP / Argyll & Bute / Child Health / Other

Chair / Senior Responsible Officer:
Name, Role

Report Author(s):
Name(s), Role(s)

Date submitted:
DD/MM/YYYY

APPENDIX 3: HCSA Implementation Group Assurance & Reporting Framework 2026

Scope Confirmation Statement

☐ The Implementation Group confirms that all relevant staff groups delivering healthcare services within scope of the Health and Care (Staffing) (Scotland) Act 2019 have been actively considered in developing this assurance report.(Appendix 3)

☐ The Implementation Group recognises that the availability and maturity of workforce tools, data, and monitoring arrangements vary across professional groups. Assurance has therefore been provided using a proportionate and pragmatic approach, drawing on the best available evidence, professional judgement, and existing governance arrangements, in line with the principles and intent of the Act.

☐ Any exclusions or limitations are explicitly noted below, reflect current service configuration or system maturity, and do not indicate that a staff group has been disregarded.

Exclusions / Limitations (if any):

The Implementation Group is committed to strengthening workforce intelligence and assurance arrangements over time as tools, data, and systems mature.

Assurance under the Health and Care (Staffing) (Scotland) Act 2019 is provided through a layered assurance framework, with service- and profession-level intelligence consolidated by HCSA Implementation Groups and escalated through the HCSA Programme Board into NHS Highland's corporate governance and Board assurance structures.

1. Purpose of Report

This report provides an assurance update from the *[named]* HCSA Implementation Group to the HCSA Programme Board, setting out:

This assurance report covers all staff groups delivering healthcare services within scope of the Health and Care (Staffing) (Scotland) Act 2019, including nursing and midwifery, medical staff, allied health professionals, healthcare scientists, pharmacy staff, and other clinical professionals, with assurance provided proportionate to role, service context, and available workforce tools. Implementation Groups should gather assurance primarily from service areas where MDT care is delivered, and supplement this with professional lead input to provide professional-specific assurance and system-wide insight.

- Progress against statutory duties under the Health and Care (Staffing) (Scotland) Act 2019
- The level of assurance the Implementation Group can provide
- Key achievements, learning, risks, and required escalations
- Actions planned to address gaps or strengthen compliance

APPENDIX 3: HCSA Implementation Group Assurance & Reporting Framework 2026

☐ For assurance
☐ To inform escalation / decision-making

2. Summary of Assurance

2.1 Overall Position

Provide a concise narrative summary (1–2 paragraphs) covering:

- Overall progress with implementation of the Act in this area
- Confidence in current arrangements
- Key themes since the last report (progress, risks, learning)
- How this intelligence is informing local workforce planning and escalation

2.2 Overall Assurance Level

Based on the evidence below, the Implementation Group assesses its overall level of assurance as:

☐ **Substantial Assurance**
☐ **Reasonable Assurance**
☐ **Limited Assurance**
☐ **No Assurance**

Provide a short rationale for the selected assurance level.

3. Statutory Duties – Assurance by Duty For each relevant duty, complete the sections below.

Duty 12IA – Duty to Ensure Appropriate Staffing

Assurance Level:
☐ Substantial ☐ Reasonable ☐ Limited ☐ No Assurance

Steps taken to comply:
Brief description of systems, processes, and approaches in place.

Evidence / demonstration of compliance:
e.g. use of tools, SafeCare, professional judgement, workforce plans.

Monitoring arrangements:
How compliance is reviewed, monitored, or assured locally.

Successes / learning:
What is working well or improving.

Risks / challenges / escalation required:
Key gaps, pressures, or unresolved risks.

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Further actions planned:
Actions underway or planned, with indicative timescales.

Duty 12IC – Duty to Have Real-Time Staffing Assessment

Assurance Level:
☐ Substantial ☐ Reasonable ☐ Limited ☐ No Assurance

(Repeat structure as above)

Duty 12ID – Duty to Have Risk Escalation Process

Assurance Level:
☐ Substantial ☐ Reasonable ☐ Limited ☐ No Assurance

(Include reference to escalation routes, decision-making, recording of disagreements, staff awareness.)

Duty 12IE – Duty to Address Severe and Recurrent Risks

Assurance Level:
☐ Substantial ☐ Reasonable ☐ Limited ☐ No Assurance

(Include how risks are collated, reviewed, and acted upon.)

Duty 12IF – Duty to Seek Clinical Advice on Staffing

Assurance Level:
☐ Substantial ☐ Reasonable ☐ Limited ☐ No Assurance

(Include access to clinical advice, recording of decisions, and reporting arrangements.)

Duty 12IH – Duty to Ensure Adequate Time for Clinical Leaders

Assurance Level:
☐ Substantial ☐ Reasonable ☐ Limited ☐ No Assurance

(Include time to lead, supervision, leadership capacity, and constraints.)

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Duty 12II – Duty to Ensure Appropriate Staffing Training

Assurance Level:
☐ Substantial ☐ Reasonable ☐ Limited ☐ No Assurance

(Include training on staffing systems, escalation, and statutory duties.)

Duty 12IJ – Duty to Follow the Common Staffing Method (CSM)

Assurance Level:
☐ Substantial ☐ Reasonable ☐ Limited ☐ No Assurance

(Include tool runs, review processes, professional judgement, and outcomes.)

Duty 12IL – Training and Consultation of Staff on CSM

Assurance Level:
☐ Substantial ☐ Reasonable ☐ Limited ☐ No Assurance

(Include staff engagement, training, communication of outputs.)

Planning and Securing Services (where applicable)

Assurance Level:
☐ Substantial ☐ Reasonable ☐ Limited ☐ No Assurance ☐ N/A

(Include commissioning, procurement, third-party assurance.)

4. Key Risks and Escalations

Summarise:

- Risks that cannot be mitigated locally
- Matters requiring Programme Board awareness or action
- Dependencies on corporate decisions, investment, or policy

5. Forward Look

APPENDIX 3: HCSA Implementation Group Assurance & Reporting Framework 2026

Outline:

- Priority actions for the next reporting period
- Anticipated pressures or risks
- Support or decisions required from the Programme Board

6. Assurance Declaration

On behalf of the *[named]* HCSA Implementation Group, this report provides a fair and accurate reflection of compliance, risks, and assurance in relation to the Health and Care (Staffing) (Scotland) Act 2019.

Name:
Role:
Date:

Appendix 3: Staff in Scope Confirmation Statement Support

- Scope of Staff Included
- Local action plans
- Risk registers
- CSM/SLT Assurance Reports
- CSM/SLT Action Monitoring Reports
- Audit or review outputs

Appendix 1: Scope

A. Nursing and Midwifery (Mandatory)

☐ Registered Nurses (all fields)
☐ Midwives
☐ Nursing Associates (where applicable)
☐ Healthcare Support Workers / Nursing Support Workers

Note: Nursing and midwifery services are fully within scope of the Act and must always be included.

B. Medical and Dental Staff

☐ Consultants
☐ SAS Doctors
☐ Doctors in Training
☐ GPs delivering services on behalf of the Board
☐ Dental staff delivering NHS services

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C. Allied Health Professionals (AHPs)

☐ Physiotherapy
☐ Occupational Therapy
☐ Radiography
☐ Speech & Language Therapy
☐ Dietetics
☐ Podiatry
☐ Orthoptics
☐ Prosthetics & Orthotics
☐ Paramedics (where employed by the Board)
☐ Other AHPs (please specify): _____

D. Healthcare Science Workforce

☐ Biomedical Scientists
☐ Clinical Scientists
☐ Healthcare Science Practitioners
☐ Healthcare Science Assistants

E. Pharmacy Workforce

☐ Pharmacists
☐ Pharmacy Technicians
☐ Pharmacy Support Staff

F. Psychological and Therapies Workforce

☐ Clinical Psychologists
☐ Psychological Therapists
☐ Counselling Psychologists
☐ Arts Therapists
☐ Other (please specify): _____

G. Community and Public Health Nursing

☐ District Nursing
☐ Health Visiting
☐ School Nursing
☐ Community Staff Nurses

APPENDIX 3: HCSA Implementation Group Assurance & Reporting Framework 2026

☐ Specialist Community Nursing
☐ Clinical Nurse Specialists

H. Staff Delivering Services Through Planning and Securing Arrangements

☐ Staff employed by third-sector providers
☐ Staff employed by independent providers
☐ Local authority staff delivering integrated health services
☐ Other commissioned service staff (please specify): _____

Out-of-Scope Declaration

The following staff groups are not directly covered by the Act, but have been considered where relevant to service delivery risk:

☐ Administrative and clerical staff
☐ Corporate services staff (HR, Finance, IT)
☐ Estates and facilities staff
☐ Adult Social Work

Appendix 4 RAG Status

Statutory Duty	Duty Description	Assurance Level	RAG	Headline Risk / Comment	Escalation Required
12IA	Duty to Ensure Appropriate Staffing	Substantial / **Moderate** / Limited / None	🟢 / 🟡 / 🔴	*Headline issue or progress*	☐ Yes ☐ No
12IC	Real-Time Staffing Assessment	Substantial / **Moderate** / Limited / None	🟢 / 🟡 / 🔴	*Headline issue or progress*	☐ Yes ☐ No
12ID	Risk Escalation Process	Substantial / **Moderate** / Limited / None	🟢 / 🟡 / 🔴	*Headline issue or progress*	☐ Yes ☐ No
12IE	Severe & Recurrent Risks	Substantial / **Moderate** / Limited / None	🟢 / 🟡 / 🔴	*Headline issue or progress*	☐ Yes ☐ No
12IF	Clinical Advice on Staffing	Substantial / **Moderate** / Limited / None	🟢 / 🟡 / 🔴	*Headline issue or progress*	☐ Yes ☐ No

APPENDIX 3: HCSA Implementation Group Assurance & Reporting Framework 2026

Statutory Duty	Duty Description	Assurance Level	RAG	Headline Risk / Comment	Escalation Required
12IH	Time for Clinical Leaders	Substantial / **Moderate** / Limited / None	🟢 / 🟡 / 🔴	*Headline issue or progress*	☐ Yes ☐ No
12II	Staffing Training	Substantial / **Moderate** / Limited / None	🟢 / 🟡 / 🔴	*Headline issue or progress*	☐ Yes ☐ No
12IJ	Common Staffing Method (CSM)	Substantial / **Moderate** / Limited / None	🟢 / 🟡 / 🔴	*Headline issue or progress*	☐ Yes ☐ No
12IL	CSM Training & Consultation	Substantial / **Moderate** / Limited / None	🟢 / 🟡 / 🔴	*Headline issue or progress*	☐ Yes ☐ No

Assurance Level	RAG Rating	Board Interpretation
Substantial	🟢 Green	High confidence; maintain and monitor
Moderate	🟡 Amber	Acceptable but improvement required
Limited	🔴 Red	Material risk; escalation required
None	🔴 Red	Critical risk; urgent action required