Agenda Item 12

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**25th November 2025**
Title:	**HCSA, Quarter 1 2025**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People & Culture**
Report Author:	**Brydie J Thatcher, Workforce Lead, HCSA Programme Manager**

Report Recommendation

The Board is asked to **Note** the content of the report and take **moderate assurance** in relation to delivery of the statutory duties set out in the Health and Care (Staffing) (Scotland) Act 2019 for the period 1 April – 30 June 2025. This position reflects continued progress alongside recognised variation in maturity and implementation and is consistent with the closing assurance position for 2024/25.

1 Purpose

This is presented to the Board for:

- Noting

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 NHScotland 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

Quarter 1 2025/26: Health & Care (Staffing) (Scotland) Act 2019

This is the first quarterly update of 2025/26, following the inaugural statutory reporting year for the Health and Care (Staffing) (Scotland) Act 2019. It provides an overview of implementation progress, challenges, and planned priorities from 1 April – 30 June 2025.

The report builds on the Q4 Addendum approved in July 2025, maintaining a transparent and consistent approach to assurance. Given the 12-week period since the last report, the updates are understandably incremental, reflecting both the short time frame and the realities of progressing substantial, organisation-wide change across a complex portfolio of work

This report provides an overview of NHS Highland's progress during Quarter 1 of 2025/26 in implementing the statutory duties of the Health and Care (Staffing) (Scotland) Act 2019. It builds on the Year-End Report for 2024/25 (covering Q1–Q3) and the Quarter 4 Addendum approved in July 2025, maintaining a transparent and consistent approach to assurance.

Given the 12-week period since the last report, the updates are understandably incremental, reflecting both the short time frame and the realities of progressing substantial, organisation-wide change across a complex portfolio of work

Q1 activity focused on:

- Embedding Standard Operating Procedures (SOPs) for Real-Time Staffing (RTS) and Risk Escalation
- Continuing SafeCare rollout to remaining inpatient areas and planning for maternity alignment
- Completing final post-run reviews from the 2024/25 Common Staffing Methodology (CSM) cycle
- Commencing planning for the 2025/26 CSM cycle, including workshop scheduling and output review structures
- Strengthening governance arrangements for HCSA oversight groups
- Preparing for increased national and internal reporting requirements in Q2

Methodology for Assessing Compliance and Assurance

A combination of board-wide quantitative and qualitative methods has been used to evaluate implementation and compliance with the Act. Key sources of assurance include:

- Engagement with local and Board-level HCSA Implementation Groups
- Professional input from managers, lead clinicians, and staff-side representatives
- Programme team analysis and direct feedback gathered through engagement sessions

This mixed-methods approach ensures a balanced view of statutory delivery, supports identification of variation, and informs the Board's self-assessed assurance level.

Governance Note:
This report is to be presented to the NHS Highland Board on 25th November 2025 for assurance and approval.

2.2 Background

The Health and Care (Staffing) (Scotland) Act 2019 came into legal effect on 1 April 2024, placing statutory duties on Health Boards and care service providers to ensure services are appropriately staffed to deliver safe, high-quality care. The Act reinforces the importance of embedding professional advice and evidence-based methodologies into routine practice, while also promoting transparency in workforce planning, responsiveness to staffing risks, and improvements in staff wellbeing.

The NHS Highland Quarter 4 Addendum, approved in July 2025, marked the conclusion of the first full year of enactment. In line with statutory responsibilities, the year-end report was published as part of the Board papers for public access and reference.

Quarter 1 of 2025/26 has represented a transitional phase, moving from initial set-up and process-building into a period of embedding, standardising, and aligning systems across services.

Progress in Quarter 1 has been supported by:

- Ongoing HCSA Implementation Group activity in Acute, HSCP, Argyll & Bute, and Child Health.
- Direct engagement sessions with operational management teams.
- Deep-dive exercises exploring the practicalities of operationalising the Act and translating policy into practice.
- Staff and leadership training in SafeCare and ratification of Standard Operating Procedure (SOP) supporting key responsibilities.
- Partnership engagement with social care and local authority colleagues to strengthen third-party compliance.
- Continued participation in the national HCSA Leads Network and Healthcare Improvement Scotland engagement calls.

In addition, Quarter 1 has seen the start of a governance review with a strong focus on the *"Act into Action"* approach, ensuring clear, consistent dissemination of information to staff, supported by a more cohesive feedback loop. This aims to enable sustained progress, embed good practice, and capture learning from the insights and experiences of the workforce.

A key initiative from Quarter 1 has been the initiation of plans for a Q2 Executive Leadership Workshop. This will work directly with senior leaders to strengthen understanding of the Act's impact, reinforce the *"Board to Ward"* commitment to safe staffing, and promote a culture where leadership drives change not only through words, but through visible, sustained action.

NHS Highland recognises that there remain many areas requiring further development and improvement, and we are committed to addressing these as part of our ongoing implementation journey.

Further details on the Act's statutory duties and guiding principles can be found in the Health & Care (Staffing) (Scotland) Act 2019: Statutory Guidance and the Scottish Government overview:

- Health & Care (Staffing) (Scotland) Act 2019 – Statutory Guidance
- Health & Care (Staffing) (Scotland) Act 2019 – Overview

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

2.3 Assessment

Assessment – Quarter 1 (2025/26)

NHS Highland's self-assessment for Quarter 1 maintains an overall moderate level of assurance in meeting the statutory duties set out in the *Health and Care (Staffing) (Scotland) Act 2019* and delivering against the HCSA Programme work plan.
This rating reflects both continued progress and the persistence of system-wide challenges, and is consistent with the cautious, evidence-based approach applied throughout 2024/25.

Under the national HCSA reporting framework, most duties would be classified as Reasonable Assurance (Yellow RAG), with a smaller proportion at Limited Assurance (Amber RAG) due to partial implementation, variation in practice, or structural constraints. Locally, NHS Highland uses the term *moderate assurance* for Board-level reporting to provide a pragmatic summary that aligns with our internal governance language while remaining consistent with the intent of national RAG descriptors.

Key strengths in Quarter 1

- Continued SafeCare rollout across rostered inpatient areas, including maternity and mental health, with a clear roadmap for remaining sites.
- Ratification of the *Real-Time Staffing and Risk Escalation SOP* and *Time to Lead SOP*, with operationalisation planning underway.
- Strengthened governance for the Common Staffing Methodology (CSM), including improved processes for output review and integration with operational decision-making.
- Clearer links between workforce data, escalation processes, and real-time staffing risk management.

Key constraints sustaining a moderate rating

- Variation in maturity and consistency across sectors, especially in non-rostered, community, and third-party commissioned services.
- Governance decisions for the 2024/25 CSM cycle remain to be finalised, with outputs still to be fully embedded in 2025/26 budget-setting and service planning.
- Persistent operational pressures and limited leadership capacity affecting the pace of delivery.
- Gaps in data quality and digital infrastructure, particularly where hybrid (paper/digital) processes remain in place.

Forward focus
Quarter 1 has consolidated gains in SOP adoption, SafeCare implementation, and CSM governance. Learning from this period, including operational refinements, improved data utilisation, and strengthened escalation pathways will be shared organisation-wide to support

standardisation, continuous improvement, and service resilience.
The Quarter 2 programme will include a dedicated executive leadership workshop to reinforce the “board-to-ward” leadership role in driving Act delivery, ensuring progress is supported not only in strategic commitments but in operational practice.

Quarter 1 Assurance Checklist

The checklist below summarises NHS Highland’s Quarter 1 position against each statutory duty and related programme deliverable. It evidences a **moderate** overall assurance rating, reflecting a generally sound system of governance and controls, with targeted improvements underway in areas of partial implementation or variation.

	Q1 FY 23/24	Q2 FY 23/24	Q3 FY 23/24	Q4 FY 23/24	Q1 FY 24/25	Q2 FY 24/25
12IA: Duty to ensure appropriate staffing (Ref to 2IC,12IE,121F,12IL,12IJ)						
Section 12IB: Duty to ensure appropriate staffing: agency workers.						
12IC: Duty to have real-time staffing assessment in place						
12ID: Duty to have risk escalation process in place						
12IE: Duty to have arrangements to address severe and recurrent risks.						
12IF: Duty to seek clinical advice on staffing.						
12IH: Duty to ensure adequate time given to leaders						
12II: Duty to ensure appropriate staffing: training of staff.						
12IJ & 12IK relating to the common staffing method						
12IL: Training and Consultation of Staff-Common Staffing Method						
12IM: Reporting on Staffing						
Planning & Securing Services						

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 proposes an overall moderate level of assurance in relation to its delivery of the statutory duties outlined in the Health and Care (Staffing) (Scotland) Act 2019 during Quarter 1 of 2025/26. This position is consistent with the assessment at the close of 2024/25 and reflects ongoing progress in embedding statutory duties, alongside recognition of the challenges inherent in delivering large-scale, system-wide change.

This moderate level of assurance is supported by the following:

- A generally sound system of governance, risk management, and internal controls is in place across most Board functions and care sectors.
- Standard Operating Procedures (SOPs) for real-time staffing, risk escalation, and clinical leadership have been finalised, ratified, and are moving into implementation.
- SafeCare implementation is progressing in line with e-rostering rebuild work, with extension to additional inpatient areas scheduled.
- Post-tool run reviews and strengthened processes for analysing and acting on staffing data have advanced considerably, laying important groundwork for greater consistency in evidence-based workforce planning and operational decision-making in future cycles. While these developments position us strongly for the next cycle, the 2024/25 cycle remains in the final stages of completion.

However, a number of ongoing constraints continue to influence the overall assurance position:

- Variation in maturity and implementation persists, particularly in non-rostered settings and in relation to wider professional engagement beyond NMAHP groups.
- Some statutory duties require further development, underpinned by improved digital infrastructure, strengthened data quality, and broader workforce participation in assurance processes.
- Operational pressures, workload intensity, and limited leadership capacity remain significant factors affecting the pace of implementation.
- Several actions from 2024/25 continue into the 2025/26 work plan as part of a phased and sustainable approach to delivery.

Rationale:
While the Quarter 1 period has seen clear progress in embedding SOPs, advancing SafeCare rollout, and consolidating learning from the first full CSM cycle, there is continued variability in practice, data quality, and engagement across services. The Scottish Government's recognition that system maturity will develop incrementally supports the

appropriateness of maintaining a moderate assurance rating at this stage, with a focus on sustained improvement, alignment, and leadership capacity building in the quarters ahead.

Under national HCSA reporting guidelines, the level of assurance is classified using the following RAG scale:

- **Substantial Assurance**: A sound system of governance, risk management, and controls operating effectively and consistently.
- **Reasonable Assurance** (Yellow RAG): Generally sound systems, with some issues or scope for improvement.
- **Limited Assurance** (Amber RAG): Significant gaps or weaknesses are present, requiring improvement to manage risks effectively.
- **No Assurance**: Immediate action is required; systems are inadequate to manage risks.

Under national definitions, most duties align with “reasonable assurance” (Yellow RAG), with a smaller number at “limited assurance” (Amber RAG) due to partial implementation or structural constraints. Locally, we use the term “moderate assurance” for Board-level reporting to provide a clear, pragmatic summary that aligns with NHS Highland’s internal governance framework, while acknowledging the variance from national RAG terminology

3 Impact Analysis

3.1 Quality/ Patient Care

The Health and Care (Staffing) (Scotland) Act 2019 is fundamentally designed to support the delivery of safe, effective, and person-centred care**.** By ensuring that staffing decisions are based on robust data, clinical advice, and real-time service pressures, the Act strengthens NHS Highland’s ability to maintain high standards of care across all settings

3.2 Workforce

While the Act does not create new principles or workforce investment, it strengthens the requirement that services are planned, staffed, and resourced appropriately to ensure safe, high-quality care. NHS Highland acknowledges that addressing staffing risks, through enhanced agency controls, improved e-rostering, and strengthened escalation protocols — will have financial implications.

However, the continued development of standardised establishment reviews, real-time staffing dashboards, and more effective deployment of substantive staff is expected to support cost avoidance, reduce unnecessary premium spend, and improve workforce utilisation over time. Embedding CSM tool outputs into budget-setting and service planning during 2025/26 will be critical to achieving financial sustainability while meeting safe staffing obligations.

The introduction of the proposed ‘Ask Once’ framework in 2025/26 will further support this by aligning corporate, operational, and workforce planning processes into a single coordinated approach, reducing duplication, improving data coherence, and ensuring resources are directed where they will have the greatest impact.

3.3 Financial

There are financial implications in relation to addressing staffing risks and issues identified through the mechanisms required to demonstrate compliance with the duties of the act. However, it is important to emphasise that the act does not introduce anything new in terms of the principle that services should already be planned and delivered with an appropriate workforce plan in place to deliver the service to the required standards.

3.4 Risk Assessment/Management

This 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..

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

N/A

3.7 Other impacts

N/A

3.8 Communication, involvement, engagement and consultation

This report has been ratified for internal reporting purposes to our Board of Directors by both our Medical Director, Boyd Peters and Executive Nurse Director, Louise Bussell.
NHSH HCSA Programme Board is now well established with professional and staff side involvement for all professional and operational leads across all Board functions.
The programme continues to be supported by a range of, feedback, engagement and briefing sessions.

3.9 Route to the Meeting

Staff Governance Committee

4.1 List of appendices

The following appendices are included with this report:

- **Appendix 1;** Strategic Priorities for 2025–26 – Q1 Progress Update
- **Appendix 2:** Key Areas of Focus – Q1 2025/26 Progress Update
- **Appendix 3:** Revised HIS Board Engagement Arrangements: 2025/26
- **Appendix 4:** HCSA Quarter 1 External High-Cost Agency Report- attached

Appendix 1: Strategic Priorities for 2025–26 – Q1 Progress Update

The work programme for 2025–26 is structured across six strategic domains:

1. Programme Governance and Oversight
Q1 Progress:

- Transitional Oversight Board model in design phase; membership review underway.
- Implementation Group structures being refined, with relaunch planned for early Q2.
- Executive workshop held to review governance processes, with proposals to streamline decision-making, strengthen accountability, and improve feedback loops.
- Governance review aligned to “Act into Action” focus, ensuring Board-level visibility and clear routes for escalation and learning.
- Q1 submission and Board Engagement Call (27 June) completed, meeting national timelines.

Q2 Priorities:

- Launch updated governance arrangements and Implementation Groups with business-as-usual remit.
- Agree programme success measures for 2025–26 and embed them in performance cycles.
- Maintain oversight of national reporting, including the September 2025 submission.
- Implement recommendations from the Executive governance review to support transparency, speed of action, and stronger frontline feedback mechanisms.

2. Safe Staffing Tools, Systems and SOP Implementation
Q1 Progress:

- SafeCare rollout nearing completion at Raigmore Acute; maternity implementation (inpatient and community) on track for September 2025 go-live.
- Self-service training in use; interim e-rostering policy drafted.
- RTS and Risk Escalation SOPs ratified and early operationalisation started in acute areas.
- Mental health SafeCare evaluation completed with positive outcomes.

Q2 Priorities:

- Complete SafeCare activation at Raigmore and maternity services.
- Progress SafeCare rollout to next inpatient areas.
- Embed RTS and escalation SOP use in daily huddles and Datix processes.
- Test new SOPs in HSCP and social care environments.

3. Workforce Planning and Data-Driven Decision-Making
Q1 Progress:

- Acute and maternity 2024/25 CSM reports prepared; HSCP report pending.
- Output review SOP drafted; roster directory development underway.
- Medical staffing planning workstream initiated in acute services.
- BOXI reporting limitations identified and being addressed.
- Introduction of the **Ask Once Framework** agreed in principle for 2025/26 to support single-point, integrated workforce and service planning requests across functions.

Q2 Priorities:

- Finalise 2024/25 CSM outputs and governance sign-off.
- Launch 2025/26 CSM cycle with planning workshops and stakeholder engagement.
- Develop and apply flexible workforce modelling tools.
- Strengthen integration between workforce planning, establishment reviews, budget setting, and the Ask Once framework.

4. Policy, Practice and Local Implementation Support
Q1 Progress:

- RTS, Risk Escalation, and Time to Lead SOPs ratified and disseminated.
- "Policy into Practice" initiative launched — development of visual fact sheets, service-level guides, and quick reference tools to embed statutory duties into daily practice.
- Early implementation of **Act into Action** principles to support clear dissemination of key messages, stronger two-way feedback, and embedding lessons learned.
- Engagement sessions delivered to staff across SafeCare, CSM, and SOPs.
- Local authority/third-party compliance discussions progressed through commissioning leads.

Q2 Priorities:

- Finalise and disseminate Health Roster Policy, Locum and Bank Governance Framework, and Maternity Escalation Policy.
- Continue roll out "Policy into Practice" and "Act into Action" resources to all services.
- Provide targeted compliance support to social care and local authority partners.

5. Collaboration and National Alignment
Q1 Progress:

- Active participation in HCSA Leads Network and national HIS engagement calls.
- Shared learning and resources with HIS as part of Board Engagement Call follow-up.
- Ongoing collaboration with NHS Grampian, NHS Ayrshire & Arran, and NHS Lothian on best practice sharing.

Q2 Priorities:

- Continue participation in national groups and cross-Board improvement initiatives.
- Contribute to national consultation on CSM review through HSP working group.

6. Culture and Leadership Development
Q1 Progress:

- "Time to Lead" SOP operationalised in nursing and AHP leadership roles; early engagement with medical leaders.
- Leadership engagement sessions delivered alongside policy rollout.
- Executive-level discussions on leadership culture held as part of governance review workshop.

Q2 Priorities:

- Support operational teams assess impact of implementing protected leadership time in job plans.
- Develop tools and resources for ongoing leadership development aligned to safe staffing duties.
- Embed leadership accountability in Act into Action follow-up processes

Appendix 2: Key Areas of Focus – Q1 2025/26 Progress Update

Key Area	Progress in Quarter 1 (2025/26)	Ongoing Challenges	Planned Work for Quarter 2 (2025/26)
Embedding Guiding Principles	Continued application in post-tool run reviews; embedded in Real-Time Staffing (RTS) and escalation SOPs; referenced in “Act into Action” factsheets; feedback loop work initiated to improve staff engagement.	Variable interpretation across services, particularly in non-rostered and third-party settings.	Integrate principles explicitly into service planning cycles and establishment reviews; strengthen alignment with third-party commissioning processes.
Standardising Contracting Processes	Draft guidance on safe staffing clauses in third-party contracts refined; engagement with legal and commissioning teams ongoing.	Variation in contractual terms; complex governance between NHS Highland and HSCPs for commissioned services.	Finalise and approve contract templates; deliver targeted training for commissioning leads and contract managers.
Strengthening Governance	RTS and leadership SOPs ratified by Programme Board (June 2025); early work on revised governance model commenced; Board Engagement Call (27 June) reinforced HIS expectations.	Full governance structure review ongoing; Implementation Groups not yet relaunched with ‘business as usual’ remit.	Relaunch Programme Board and Implementation Groups; embed HCSA duties into standard performance and reporting cycles.
Improving Data Management	Raigmore Acute e-roster rebuild completed; SafeCare readiness progressing (completion due within 4 weeks); interim e-rostering policy drafted; BOXI reporting issues identified for CSM outputs.	Variation in data entry quality; reliance on roster rebuild progress for SafeCare accuracy.	Initiate RTS data quality audits; finalise data validation framework with digital and clinical teams; progress BOXI reporting fixes.
Enhancing Risk Management	Severe/recurrent risk SOP piloted ; Datix under-utilisation identified; training plan developed;	Inconsistent application across all sectors; cultural shift needed to embed	Roll out Datix training; embed risk review SOPs into daily huddles; monitor

Key Area	Progress in Quarter 1 (2025/26)	Ongoing Challenges	Planned Work for Quarter 2 (2025/26)
	risk review processes clearer in high-priority areas.	daily risk review as standard practice.	through weekly review mechanisms.
Leadership Development	"Time to Lead" SOP operationalised; ratified in June; initial application in nursing and AHP leadership; early discussions with medical leadership.	Protected time not consistently applied in job plans; uptake uneven across disciplines.	Provide targeted support for SCNs, AHP leads, and medical leaders to implement SOP expectations.
Training & Staff Engagement	Self-service SafeCare training rolled out; staff trained in Q1 across CSM and SOP use; staff-side engagement maintained; maternity SafeCare implementation workforce briefings completed.	Training uptake still low in smaller/mixed teams; gaps where training not linked to operational policy application.	Develop "Safe Staffing Essentials" e-learning bundle; link SOP training to induction and mandatory training pathways.
Common Staffing Method (CSM) Implementation	Acute CSM report for 2024/25 cycle prepared for EDG; maternity CSM report completed; HSCP CSM report pending; output review SOP in draft; roster directory development underway.	Governance for finalising and acting on 2024/25 outputs still incomplete; variation in understanding of CSM purpose and process.	Establish output review panels; finalise CSM Output-to-Action toolkit; schedule full 2025/26 tool run cycle with governance milestones.
Additional Key Milestones and Actions	Acute e-roster rebuild complete; SafeCare implementation at Raigmore near go-live; maternity rollout (inpatient and community) scheduled for Sept 2025; mental health evaluation positive.	SafeCare not yet deployed across all inpatient areas; hybrid paper/digital sites require further alignment.	Complete SafeCare switch-on at Raigmore and maternity; progress rollout to next wave of inpatient areas; finalise roster and locum policy reviews.

Appendix 3: Revised HIS Board Engagement Arrangements and Q1 Board Engagement Call Summary

Healthcare Improvement Scotland (HIS), under Duty 12IP of the Health and Care (Staffing) (Scotland) Act 2019, has a statutory responsibility to monitor NHS Boards' compliance with the Act's staffing duties. To support this, HIS operates Board Engagement Calls (BECs) as part of an intelligence-led monitoring approach, providing a structured opportunity to triangulate Board-submitted reports with wider data, evidence, and operational context.

Following a review of the 2024/25 process and stakeholder feedback, the Healthcare Staffing Programme (HSP) has moved from quarterly to biannual (Q1 & Q3) Board Engagement Calls for 2025/26, supported by interim desk-based reviews:

Quarter	Engagement Activity	Key Notes
Q1 (Apr–Jun)	Board Engagement Call	Scheduled at any point during Q1; not dependent on an internal quarterly report.
Q2 (Jul–Sep)	No Call	Desk-based review of available data; Boards may be contacted for supplementary information.
Q3 (Oct–Dec)	Board Engagement Call	Scheduled during Q3; not dependent on an internal quarterly report.
Q4 (Jan–Mar)	No Call	Desk-based review; Boards may be contacted to clarify or supplement evidence.

This model aims to balance HIS's statutory assurance role with Board feedback on capacity and reporting burden. It will be reviewed annually in alignment with statutory obligations and Boards' Duty 12IT to assist HIS.

NHS Highland Commitment
NHS Highland will maintain readiness for HIS engagement calls in Q1 and Q3 and ensure all submissions meet HIS expectations for content, quality, and timeliness. Internal processes will continue to capture relevant evidence year-round to support comprehensive engagement.

Q1 Board Engagement Call – 27 June 2025
Key points from the Q1 call between NHS Highland and HIS:

1. **Engagement Model** – HIS confirmed shift to biannual calls; updated Terms of Reference to follow. NHS Highland thanked for continued engagement in 2024/25.
2. **Real-Time Staffing Duties (12IC, 12ID, 12IE)** – SafeCare implementation at Raigmore near completion; maternity rollout (inpatient & community) due by Sept 2025; roadmap in place for further rollout. Self-service training developed; interim e-rostering policy drafted. Mental health evaluation at New Craigs positive with no adverse impacts. SOPs for Real-Time Staffing/Risk Escalation and Time to Lead ratified; focus on operationalising. Work ongoing to embed severe/recurrent risk reviews; Datix training planned to address underuse.
3. **Common Staffing Methodology (12IJ)** – Annual report corrected to "reasonable" assurance. 2024/25 cycle highlighted challenges with post-tool run ratification, ownership, and governance. Roster directory and BOXI reporting improvements underway. Governance for CSM outputs still to be finalised; scheduling for 2025/26 pending. NHS Highland to share CSM guidance/SOP and Workforce Tool pack with HIS.
4. **Agreed Actions** – HIS to share updated Terms of Reference; NHS Highland to share SOPs and CSM documentation; Q3 Board Engagement Call scheduled for Nov 2025.

Appendix 4: HCSA Quarter 1 External High-Cost Agency Report- Please find attached