Agenda Item 12

NHS Highland

Meeting: **Board Meeting**

Meeting date: **29 July 2025**

Title: **HCSA, Quarter 4 Report 2024–2025**

Responsible Executive/Non-Executive: **Gareth Adkins, Director of People & Culture**

Report Author: **Brydie J Thatcher, Workforce Lead, HCSA Programme Manager**

Report Recommendation

This Quarter 4 Addendum **is** presented to the Board ahead of formal submission to the NHS Highland Board on 29 July 2025 for approval.

NHS Highland proposes an overall moderate level of assurance in relation to its delivery of the statutory duties set out in the Health and Care (Staffing) (Scotland) Act 2019 for the period 2024/25. This position is consistent with the assurance rating applied across Quarters 1 to 3 and remains valid following assessment of Quarter 4 activity.

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

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

This addendum supplements the main 2024/25 End of Year Report (covering Quarters 1 to 3), providing an overview of developments and assurance activity during Quarter 4 (1 January – 31 March 2025). Its purpose is to ensure a complete account of implementation progress across the Act's inaugural year.

Although the main report was finalised ahead of the March 2025 HIS Board engagement call to meet legislative and internal submission timelines, this addendum enables retrospective review by the NHS Highland Board of final quarter activity. It also consolidates learning and implementation highlights to inform forward planning and improvement work for 2025/26.

To support transparency and assurance going forward, a separate report summarising Quarter 1 and the early part of Quarter 2 (April – August 2025) will be prepared and submitted to the NHS Highland Board in September 2025, continuing the established rhythm of oversight and statutory compliance.

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 has been presented to the Area Partnership Forum (APF) ahead of its formal submission to the NHS Highland Board on 29 July 2025 for 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 appropriate staffing for the delivery of safe and high-quality care. The Act supports improvements in staff wellbeing, transparency in workforce planning, and responsiveness to staffing risks by embedding professional advice and evidence-based methodologies into routine practice.

Following submission and formal approval of the NHS Highland Year-End Report 2024/25 (covering Quarters 1 to 3) by the Board in March 2025, the report was:

- Submitted to Healthcare Improvement Scotland (HIS) and the Scottish Government within required legislative timelines
- Published on the NHS Highland website in line with the public transparency duties outlined in the Act

NHS Highland has since received confirmation that no direct feedback will be issued by Scottish Government or HIS on the 2024/25 annual reports. However, all Board-submitted reports will be reviewed collectively at national level in 2026 to inform a broader understanding of implementation progress and future guidance. HIS will continue to undertake engagement calls with Boards as part of their monitoring duties.

The duties outlined in the Act continue to frame NHS Highland's approach to workforce planning, real-time staffing assessment, risk escalation, and leadership enablement across acute, community, and integrated care services. The guiding principle remains ensuring the right people, with the right skills, in the right place, at the right time to improve outcomes for both patients and staff.

Throughout Quarter 4, NHS Highland has focused on operationalising SOPs, finalising SafeCare implementation plans, and completing post-tool run reviews to drive completion of the first legislative reporting cycle with a consolidated evidence base

While not all ambitions set out for Quarter 4 were fully achieved**,** this was not due to a lack of effort or commitment**,** but rather reflective of the ongoing operational pressures, competing priorities, and capacity challenges across teams.

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

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

2.3 Assessment

The checklist below demonstrates an overall 'moderate' level of assurance regarding NHS Highland's compliance with the duties set out in the Health and Care (Staffing) (Scotland) Act 2019 and the progress made against HCSA Programme deliverables across the organisation during Quarter 4. This level of assurance is consistent with the assessment applied across Quarters 1 to 3 and is reflected in the HCSA annual report RAG status (Appendix 1).

Whilst we acknowledge that certain areas of practice now demonstrate a higher level of maturity and operational consistency, variances in compliance persist across sectors and service types. In line with our cautious and transparent approach, NHS Highland will continue to adopt a conservative self-assessment rating, using it to guide ongoing system improvement.

Best practices and learning identified during Q4, particularly in relation to SafeCare implementation, SOP testing, CSM process development which will be shared organisation-wide to support standardisation, continuous improvement, and service resilience as we move into the second year of legislative delivery.

	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 2024/25. This assessment is consistent with the assurance position taken throughout Quarters 1 to 3 and remains applicable following the review of Quarter 4 activity.

This moderate level of assurance reflects that:

- A generally sound system of governance, risk management, and internal controls is now in place across most Board functions and care sectors.
- Standard Operating Procedures (SOPs) for real-time staffing, risk escalation, and clinical leadership have been developed and are now being tested and embedded.
- SafeCare implementation is progressing, with rollout extending across rostered inpatient services.
- Post-tool run reviews and improved visibility of staffing data have supported more consistent and informed workforce planning and operational decision-making.

However, we also recognise that:

- Variation in implementation and uptake remains, particularly in non-rostered settings and in relation to wider engagement across professional groups beyond NMAHPs.
- A number of statutory duties still require targeted improvement, strengthened digital infrastructure, and more robust data collection to support consistent compliance and assurance.

In acknowledging these strengths and limitations, it is also important to reflect the ongoing complexity and pressure within the system. The pace of implementation continues to be affected by:

- Workload intensity and limited capacity across operational teams and professional leadership roles
- The need for sustained focus on digital maturity, leadership time, and cross-sector alignment
- The reality that not all Q4 deliverables were fully achieved, and some actions will continue into the work plan for 2025/26

The Scottish Government has recognised that system development and maturity will take time and has confirmed that there are no punitive implications for Boards taking an incremental and proportionate approach.

As per national definitions, most duties would be broadly classified as having "reasonable assurance" (Yellow RAG), with a small number remaining at "limited assurance" (Amber RAG) due to partial implementation or structural limitations. In balance, it is appropriate and proportionate to describe NHS Highland's overall assurance as moderate.

While this terminology does not precisely mirror the national assurance language, it has been agreed locally that "moderate" provides a clear and pragmatic interpretation for the purposes of Board-level reporting and aligns with NHS Highland's internal governance framework.

This assurance level will be reviewed again ahead of the September 2025 Board reporting cycle, which will cover Quarter 1 and early Quarter 2 of 2025/26.

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 introduce new principles in relation to workforce investment, it reinforces the expectation that services must be planned, staffed, and resourced appropriately to deliver safe care.

NHS Highland recognises that identifying and responding to staffing risks, particularly through enhanced agency controls, e-rostering improvements, and

escalation protocols, will carry financial implications. However, the development of standardised establishment reviews, real-time data dashboards, and more efficient use of substantive staff are expected to support cost avoidance, reduction of unnecessary premium spend, and improved workforce deployment over time. The alignment of CSM tool outputs with budget-setting and service planning in 2025/26 will be key to ensuring financial sustainability while maintaining safe staffing standards.

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

APF & Staff Governance

4.1 List of appendices

The following appendices are included with this report:

- **Appendix 1:** Strategic Priorities for 2025–26
- **Appendix 2:** Quarter 4 Progress, Challenges, and Quarter 1 (2025/26) Priorities – High-Level Summary
- **Appendix 3:** Revised HIS Board Engagement Arrangements: 2025/26
- **Appendix 4:** HCSA Quarter 3 External High-Cost Agency Report- attached

Appendix 1: Strategic Priorities for 2025–26

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

1. Programme Governance and Oversight

    - Transition the HCSA Programme Board to a Transitional Oversight Board, with updated membership and clarified implementation group structures.
    - Define and agree programme success measures for 2025–26.
    - Support local governance embedding through groups such as the Acute Workforce Group and HSCP-level governance structures.
    - Maintain oversight of key national reporting requirements, including the September 2025 report summarising Quarter 1 and early Quarter 2 activity.

2. Safe Staffing Tools, Systems and SOP Implementation

    - Finalise SafeCare rollout and activation across all remaining rostered inpatient areas, including Raigmore Acute.
    - Align SafeCare with the national Maternity and Neonatal Tool, supported by completed roster rebuilds.
    - Expand use of real-time staffing escalation SOPs and refine data collection methods for assurance reporting.
    - Develop and test new SOPs in HSCP and social care settings.

3. Workforce Planning and Data-Driven Decision-Making

    - Complete the 2024/25 Common Staffing Methodology (CSM) cycle, ensuring that all outputs are finalised, reviewed, and shared. Focus will be placed on capturing shared learning and embedding findings into local workforce planning processes.
    - Commence the 2025/26 CSM cycle**,** including planning workshops, stakeholder engagement, output review, and aligned governance reporting Establish clear alignment between CSM outputs and establishment reviews, budget setting, and service redesign.
    - Advance medical staffing planning in Acute services through a structured, service-based approach.
    - Develop flexible workforce modelling tools for scenario planning (e.g. bed base, LOS).
    - Build on the operationalising a framework to strengthen integrated service and workforce planning, reducing duplication, improving data coherence, and enabling operational teams to plan against a single, aligned set of workforce assumptions.

4. Policy, Practice and Local Implementation Support

    - Finalise and disseminate key policies (Health Roster Policy, Locum and Bank Governance Framework, Maternity Escalation Policy).

- Launch a suite of “Policy into Practice” Fact Sheets and visual tools to support local implementation and compliance.
- Continue delivery of engagement and education sessions to managers and professional leads across all sectors.
- Initiate targeted support for social care and local authority partners, with a focus on third-party compliance obligations and reporting clarity.

5. Collaboration and National Alignment

- Participate actively in HCSA Leads Network and contribute to national working groups and shared learning forums.
- Maintain regular engagement through Healthcare Improvement Scotland Board Calls, sharing implementation updates and lessons learned.
- Engage in cross-Board improvement activities and peer learning—especially in partnership with NHS Grampian, NHS Ayrshire & Arran, and NHS Lothian.

6. Culture and Leadership Development

- Begin scoping work on how to define and embed the “Time to Lead” principle, supporting protected leadership time for SCNs, AHP leads, and clinicians.
- Continue delivery of leadership engagement sessions and alignment of job planning to reflect statutory responsibilities.
- Develop tools to support ongoing clinical leadership development, linked to service delivery, staff wellbeing, and safe staffing assurance.

Appendix 2: Quarter 4 Progress, Challenges, and Quarter 1 (2025/26)

Key Area	Progress in Quarter 4 (2024/25)	Key Challenges	Planned Work for Quarter 1 (2025/26)
Embedding Guiding Principles	Applied in post-tool run reviews; referenced in SafeCare and escalation SOPs; bulletin shared.	Inconsistent interpretation across services; limited use in third-party service planning.	Integrate principles explicitly into annual service planning and local establishment
Standardising Contracting Processes	Legal and commissioning leads engaged; early draft guidance	Variation in third-party contracts; complex governance for HSCP-commissioned services.	Finalise contract templates; initiate phased implementation and training.
Strengthening Governance	RTS and leadership SOPs tested; reporting template refinements	Full revision of HCSA governance structure delayed; Implementation Groups not yet	Relaunch Programme Board and Implementation Groups with 'BAU' focus; embed in performance cycles.
Improving Data Management	SafeCare data introduced in pilot areas; early reporting examples gathered.	Data entry variation; system reliance on consistent roster rebuild progress.	Begin RTS reporting audits; create data validation framework with digital & clinical
Enhancing Risk Management	SOPs for RTS and severe/recurrent risks implemented; early local testing initiated.	Limited uptake in non-acute areas; mixed use of escalation documentation tools.	Embed SOPs into daily huddle structure and Datix prompts; monitor use via weekly reviews.
Leadership Development	"Time to Lead" SOP circulated and National Group engagement	Protected time not consistently reflected in job plans; uptake varied in medical teams.	Provide targeted support for SCNs, AHP leads, and medical leaders.
Training & Staff Engagement	SafeCare & CSM, training delivered to >150 staff; staff-side consulted on new	Training uptake low in smaller and mixed teams; training not always linked to policy use.	Develop Safe Staffing Essentials e-learning bundle; link SOP training to induction/mandatory systems.

Key Area	Progress in Quarter 4 (2024/25)	Key Challenges	Planned Work for Quarter 1 (2025/26)
Common Staffing Method (CSM) Implementation	2024/25 cycle completed; post-run workshops held; feedback [illegible]	Gaps in how output is translated into planning actions; variation in tool	Establish output review panels; produce CSM Output-to-Action toolkit and workforce planning links. Look to digitisation of output
Additional Key Milestones and Actions	Acute e-rostering rebuild commenced; MHLD/Maternity areas SafeCare test sites.	Incomplete SafeCare coverage; issues with alignment across hybrid (paper/digital)	Prioritise inpatient SafeCare rollout; develop switch-on checklist; finalise roster and locum policy reviews.

Appendix 3: Revised HIS Board Engagement Arrangements:

2025/26 Revised HIS Board Engagement Arrangements: 2025/26

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 staffing duties. To support this function, HIS introduced a programme of Board Engagement Calls (BECs) as part of a broader, intelligence-led monitoring approach. These calls provide a structured opportunity for HIS to triangulate Board-submitted reports with wider data, evidence, and context.

Following a review of this process and stakeholder feedback, the Healthcare Staffing Programme (HSP) has confirmed a revised model for 2025/26, moving to a biannual (6-monthly) engagement structure, as outlined below:

Quarter	Engagement Activity	Key Notes
Q1 (Apr–	Board Engagement Call	To be scheduled at any point during Q1; not dependent on an internal quarterly report.
Q2 (Jul–Sep)	No Call	HIS/HSP will undertake a desk-based review of available data, including annual reports and internal submissions. Boards may be contacted to provide additional information if needed.
Q3 (Oct–	Board Engagement Call	To be scheduled during Q3; again, not dependent on a current internal report being available.
Q4 (Jan–	No Call	Further desk-based review by HIS/HSP. Boards may be contacted to clarify or supplement evidence.

This approach supports a flexible and proportionate model for HIS engagement, balancing assurance responsibilities with feedback received from Boards on capacity and reporting burden. HIS will continue to assess and refine this model annually, in alignment with its statutory obligations and Boards' Duty 12IT to assist HIS in discharging its functions.

NHS Highland will maintain internal readiness for engagement calls in Q1 and Q3, and ensure all submitted reports are prepared in line with expected content and timelines.