NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**29th September 2026**
Title:	**Health and Care Staffing Act Implementation- Q1 Report 2026-27**
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
- Take Moderate Assurance in relation to the delivery of the statutory duties set out in the Health & Care (Staffing) (Scotland) Act 2019
- Approve the report for publication

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 Quarter 1 2026/27.

This assessment recognises material progress in governance, multidisciplinary assurance, policy implementation, SafeCare and Rostering development, Common Staffing Method activity, statutory reporting and the Executive-commissioned Maternity Sustainability Review as NHS Highland's test of change for the Ask Once integrated-planning approach. It also reflects the internal audit conclusion of a range of required improvements and continuing variation in operational application, data quality, evidence of outcomes, implementation maturity across services and professional groups.

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

This report provides NHS Highland's Quarter 1 2026/27 assurance update on implementation of the Health and Care (Staffing) (Scotland) Act 2019 for the period 1 April to 30 June 2026. It builds on the Quarter 4 Addendum and the 2025/26 Year-End position, using evidence from Acute Services, Highland HSCP, Argyll and Bute, Child Health, professional and service returns, Healthcare Improvement Scotland engagement, SafeCare and eRostering reporting, commissioned Adult Social Care reporting, high-cost agency monitoring and internal audit.

The Quarter 1 evidence base is broader and more multidisciplinary than in previous cycles. It demonstrates established operational staffing controls in many services, progress in translating staffing reviews into recruitment and workforce action, and clearer plans for strengthening governance. It also includes the Maternity Sustainability Review, which is bringing workforce, activity, finance, quality, risk and service evidence together across Raigmore and community maternity services and is providing the principal test of change for the emerging Ask Once approach. However, the evidence also confirms that implementation maturity is not uniform and that the organisation cannot yet demonstrate consistently reliable operation, recording and outcome assurance for every statutory duty across every service model.
The overall position remains Moderate Assurance. This is not an arithmetic average of local ratings. It reflects the combined strength, coverage and materiality of organisational controls while recognising significant limitations identified through local assurance and internal audit.

Progress against Quarter 4 commitments

The Quarter 4 Addendum set out specific priorities for Quarter 1 and the wider 2026/27 programme. Those commitments have been traced into this report rather than replaced by a new set of themes. Progress is mixed: several foundations have advanced, some actions remain in delivery, and a number have been delayed or are dependent on corporate and national decisions. Please see high level summary below:
(Appendix 1 provides the detailed crosswalk)

Quarter 4 commitment	Quarter 1 position
Common Staffing Method	Substantial tool activity continued, but full governance closure and several outputs remain delayed.
SafeCare and eRostering	Coverage and support increased, but the wider rollout is currently paused pending further decision paper to EDG August 2026. NHS Highland is not on the current trajectory for March 2028.
Risk escalation and severe/recurrent risk	Local processes are operating, but audit and service returns confirm that standardisation, trend reporting and feedback remain incomplete.
Leadership capacity and effective rostering	The Safe & Effective Rostering Policy was approved and launched. The Time to Lead SOP has good engagement in terms of efforts to interpret locally however challenges around implementation and evidence persist.
Governance and multidisciplinary assurance	The revised reporting framework produced broader evidence, while some Implementation Group arrangements still require relaunch or strengthening as we move into Q2.

Quarter 4 commitment	Quarter 1 position
Maternity Sustainability Review and Ask Once	The Executive-commissioned review progressed across Raigmore and community maternity services, bringing workforce, activity, finance, quality, risk and service evidence together as the principal test of change for Ask Once. A formal organisation-wide implementation plan and governance route remain outstanding pending outcome of test of change.
Digital and data maturity	Knowledge, dashboards and system coverage developed, but interface, double-entry, retention of datasets and corporate reporting dependencies remain material.
Commissioned and integrated services	The Adult Social Care annual report was published, while contract-monitoring capacity, market sustainability and Lead Agency Model issues remain unresolved.

Methodology for Assessment and Assurance

The report was developed through means of a combined desktop review supported by targeted engagement with professional leads and Implementation Groups. It drew together assurance submissions, operational evidence and governance information from across services and disciplines. This blended approach strengthened multidisciplinary triangulation and provided a clearer baseline of implementation maturity, while recognising variation in evidence sources, workforce methodologies, digital systems and local assurance processes. 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.

Key Quarter 1 achievements

Quarter 1 achievement	Detail
Broader multidisciplinary assurance	Acute Services, Highland HSCP, Argyll and Bute and Child Health all completed Quarter 1 assurance updates. Highland HSCP consolidated eight professional and service returns, materially improving the breadth of evidence available to its Implementation Group and supporting a local Moderate Assurance judgement.
Rostering policy and implementation	The NHS Highland Safe and Efficient Rostering Policy for Nursing and Midwifery was approved through the Area Partnership Forum, published online and moved into implementation. Engagement pland for policy socialisation agreed for Q2. Training plans for roster creators, approvers and wider workforce developed, supported by the eRoster team, policy-library publication and planned quarterly review and audit arrangements.
SafeCare and Optima coverage	164 Optima units and 145 SafeCare units were live at 30 June 2026, covering 3,255 substantive Nursing and Midwifery staff. Monthly SafeCare development sessions for senior Acute Nursing teams commenced, one-to-one support was planned for Senior Charge Nurses and an eRostering knowledge hub was created to support live areas.
Common Staffing Method activity	Acute Nursing completed the 2025/26 review cycle for inpatient wards, theatres, Outpatients, Renal, Emergency Department and Day Infusion services. Argyll and Bute commenced or completed 2026 tool activity across Community Nursing, inpatient, Small Ward, Clinical Nurse Specialist, Mental Health and Learning Disability services.

Quarter 1 achievement	Detail
Evidence of workforce action	Earlier staffing-review recommendations began to translate into recruitment and service decisions. Islay recruited a Band 4 Occupational Therapy Assistant; Mid Argyll secured approval to progress 2.87 WTE Band 3 and 0.5 WTE Band 5 capacity; and the Caithness Cancer and Specialist Palliative Care Nursing review produced a professionally judged recommendation for a 1.2 WTE Band 6 uplift, subject to final governance approval.
Maternity Sustainability Review and Ask Once test of change	The Executive-commissioned Maternity Sustainability Review progressed through engagement across Raigmore and community maternity services. It strengthened the organisational understanding of workforce resilience, community and on-call pressures, leadership capacity, geographic and transfer risks, service configuration and the relationship between professional judgement and organisational decision-making. By combining workforce, activity, finance, quality, risk and service evidence within one evidence storyboard, the review is both a key Women's and Children's sustainability programme and NHS Highland's principal test of change for the Ask Once integrated-planning approach.
Professional innovation and engagement	Acute Pharmacy developed a proportionate staffing model for Quarter 2 pilot, and enhanced Medical engagement established agreement to undertake structured specialty and directorate scoping.
AHP innovation and external recognition	A particular Quarter 1 achievement was the work led by AHP colleagues to develop a proportionate local staffing-level tool for services without a nationally validated methodology or dedicated real-time staffing system. Healthcare Improvement Scotland engaged with the team to understand the model, supporting an important opportunity to test the approach, share learning and recognise NHS Highland's AHP contribution to national workforce-development thinking.
Training improvement	Targeted Raigmore improvement activity increased Moving and Handling compliance from approximately 65% in January 2026 to 70.8%, and Violence and Aggression compliance from approximately 53.8% to 66.1%. Nursing Violence and Aggression compliance was reported at 78.2%, although wider professional compliance remained variable.
Commissioned-care assurance	The Highland HSCP commissioned Adult Social Care Annual Report for 2025/26 was authorised, submitted and published by 30 June 2026. It documented due diligence, contract monitoring, provider engagement and risk-based commissioning across care homes, care at home, support, housing support and day-care services.
Agency control	High-cost agency use remained almost entirely within the Medical workforce and predominantly vacancy driven. The improvement achieved during 2025/26 was sustained, with no evidence of a return to widespread high-cost Nursing agency use; the separate wider dataset also showed Registered Nurse shifts reducing from 810 in October 2025 to 669 in March 2026.
Independent challenge and improvement baseline	NHS Highland responded to the Healthcare Improvement Scotland Board Review follow-up, reconciled the Quarter 3 rating discrepancy and strengthened document-control arrangements. The Azets audit was completed with a rating of Substantial Improvement Required, providing a candid baseline and a formal management action plan for programme governance, operational reporting, SafeCare, escalation and workforce planning.

Quarter 2 delivery plan

Quarter 2 will focus on converting the Quarter 1 foundations into demonstrable operation, governance closure and outcome evidence. The principal deliverables for July to September 2026 are:

Quarter 2 workstream	Planned delivery
Programme governance and audit response	Produce the revised overarching HCSA programme plan with milestones, measures, dependencies and accountabilities; update People and Culture risks to include programme-specific HCSA risks; align Programme Board and Implementation Group terms of reference; and monitor delivery of the Azets management actions.
SafeCare and eRostering	Secure Executive Directors' Group decisions on the accelerated Optima rollout and the future double-entry operating model; complete the establishment information, Staff on Shift templates and roster-rebuild requirements for the four priority Raigmore inpatient areas and four theatre areas; and maintain monthly SafeCare support and local compliance review.
SafeCare evidence and reporting	Establish a retained dataset for completion, Professional Judgement, mitigations and red flags; introduce routine trend analysis and follow-up for missing information; and connect team-level evidence to directorate, Implementation Group, Senior Leadership Team and Programme Board oversight.
Common Staffing Method governance closure	Complete outstanding output meetings and Specialist Nurse reviews; introduce a standard position statement recording tool output, Professional Judgement, quality evidence, establishment assumptions, governance decision, financial implications, implementation and staff feedback; and review delivery of recommendations from earlier cycles.
Real-time staffing, escalation and severe or recurrent risk	Translate the corporate framework into clear local routes, minimum standards, triggers, decision responsibilities and feedback expectations; strengthen links with Datix/InPhase, risk registers and OPEL arrangements; and clarify access to out-of-hours clinical advice.
Implementation Group delivery	Relaunch the Highland HSCP group under its new Chair with operational and professional leads and a monthly action cycle; operationalise the Argyll and Bute Staffing Workload Tool Review and Assurance Group; strengthen Acute governance closure; and obtain a corporate decision on Child Health digital enablement, SafeCare access, ownership and funding.
Maternity Sustainability Review and Ask Once	Complete the Maternity evidence storyboard and progress the options appraisal, stakeholder engagement and organisational decision-making through the agreed governance route. Capture the test-of-change learning on datasets, templates, professional and operational roles, decision points and governance so that it directly informs a formal organisation-wide Ask Once implementation plan.
Workforce planning and establishment	Agree consistent assumptions for funded establishment, substantive staff in post and professionally judged operational requirement; begin an organisation-wide baseline of workforce-plan coverage and quality; and connect the emerging Ask Once model with strategic planning, service redesign, financial stewardship and workforce sustainability.

Quarter 2 workstream	Planned delivery
Leadership, training and rostering practice	Embed the approved Rostering Policy through workshops, quarterly reviews and audit; progress a practical approach to recording planned and delivered Time to Lead; improve access to statutory and mandatory training; and report where staffing pressure displaces training, supervision or leadership activity.
Multidisciplinary development	Commence the coordinated Medical assurance workstream and Acute specialty scoping; pilot and evaluate the Pharmacy staffing model; progress proportionate AHP guidance and external learning; and improve evidence for professional groups without prescribed digital staffing tools.
Sustainability and statutory reporting	Continue high-cost agency scrutiny, medical recruitment and retention action, Adult Social Care provider oversight and contract-monitoring improvement; strengthen SDS Option 2 intelligence; and maintain an auditable evidence repository to support Quarter 2 assurance and year-end statutory reporting.

2.2 Background

The Act came into force on 1 April 2024 and establishes statutory duties intended to ensure that the right people, with the right skills, are in the right place at the right time to deliver safe, effective and person-centred care. It requires evidence-based workforce planning, real-time staffing assessment, escalation and management of risk, access to clinical advice, leadership capacity, training, staff consultation and public reporting.

Quarter 1 marks the beginning of the third reporting year. NHS Highland is moving from initial implementation towards operational embedding and demonstrable effectiveness. This requires the organisation to connect policies and systems with routine management practice, retain auditable evidence, clarify decision-making and show whether mitigations reduce staffing risk or improve outcomes.

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)

Please find high level overview below table below.

Contextual theme	Quarter 1 context	Continuing assurance consideration
Governance and multidisciplinary assurance	The revised framework produced a broader evidence base, including eight Highland HSCP returns and updates from Acute, Argyll and Bute and Child Health.	Evidence maturity remains variable. Some Implementation Groups require relaunch, stronger operational membership or clearer governance closure.

Contextual theme	Quarter 1 context	Continuing assurance consideration
Rostering, SafeCare and real-time staffing	At 30 June, 164 Optima units and 145 SafeCare units were live across 164 Nursing and Midwifery roster locations and 3,255 substantive staff. The approved Rostering Policy establishes the organisation-wide control framework.	Four Raigmore inpatient areas remain the same dependency reported at Quarter 4 however plan agreed for Q2 completion of rebuild and transfer to Safecare. Four theatre areas are a separate cohort. Wider rollout is paused because of double entry and interface constraints, and NHS Highland is not on trajectory for March 2028 under the current model.
Common Staffing Method and workforce planning	The 2026 cycle progressed across Acute, HCSP and Argyll and Bute, with substantial tool activity and service review.	The principal gap is governance closure: outstanding reviews and output meetings, documented professional judgement, decisions, implementation, feedback and monitoring. A range of supporting documents and engagement sessions across Q2 to support areas, including the introduction of HIS Dashboard.
Maternity Sustainability Review and Ask Once	The Maternity review is the principal Ask Once test of change, bringing service, workforce, activity, finance, quality and risk evidence into one storyboard.	Quarter 2 must complete the storyboard and options appraisal and translate learning into a formal organisation-wide implementation plan, governance route, baseline, dataset, responsibilities and training.
Independent internal audit	Azets concluded that Substantial Improvement was Required, recognising progress and a positive culture while identifying inconsistent embedding of controls, governance and data quality. Appendices 2 and 2A contain the findings and all 22 actions.	The audit rating concerns the controls examined and is not directly equivalent to the Board assurance category. It supports retention, rather than improvement, of the overall Moderate Assurance position.
Agency and commissioned services	High-cost agency use remained predominantly medical and vacancy driven. Registered Nurse agency shifts reduced from 810 in October 2025 to 669 in March 2026, with five off-framework shifts. The commissioned Adult Social Care Annual Report was published by 30 June.	Adult Social Care agency use and provider-market fragility remain material. Contract monitoring, provider sustainability and SDS Option 2 intelligence require continued development.
Implementation Group variation	Highland HSCP broadened professional coverage; Argyll and Bute progressed tool runs and local scrutiny; Acute retained comparatively mature Nursing and Maternity controls while expanding multidisciplinary work; Child Health retained important local controls.	Coverage, systems and evidence are not uniform. Child Health remains Limited overall because Lead Agency Model digital barriers prevent prescribed tool use; profession and service limitations are set out in Appendix 3.

2.3 Assessment

The Quarter 1 review supports continued Moderate Assurance overall. There is credible evidence of functioning governance and operational staffing controls across many services, stronger multidisciplinary reporting, progressing Common Staffing Method cycles, expanded system coverage, approved rostering policy, completed statutory reporting and the Maternity Sustainability Review advancing a practical integrated-planning test of change. No organisational conclusion of Substantial Assurance is supportable because implementation and evidence remain materially variable.
The internal audit conclusion, SafeCare adherence baseline, incomplete governance closure, limited trend evidence, unresolved Child Health digital barriers, variable training compliance and the paused eRostering rollout require continued caution. However, these findings identify improvement requirements and do not, in themselves, demonstrate a deterioration in the control environment from Quarter 4. Quarter 4 assurance ratings have therefore been retained where established systems and operational controls continued to function during Quarter 1 and no material reduction in assurance was evidenced.

RAG Status Quarter 1

Duty	Q4 2025/26	Q1 2026/27	Q1 rationale
12IA Appropriate Staffing	Reasonable	Reasonable	Established workforce reviews and operational controls; inconsistent required-versus-actual and outcome evidence across all professions.
12IC Real-Time Staffing	Reasonable	Reasonable	Established real-time controls continued and SafeCare coverage increased to 145 units; consistency, trend data and coverage still require improvement.
12ID Risk Escalation	Reasonable	Reasonable	Established escalation routes and local SOPs continued to operate; standardisation, end-to-end records, feedback and closure require consolidation.
12IE Severe & Recurrent Risks	Limited	Limited	Trend identification and evidence that mitigations reduce recurrence remain underdeveloped.
12IF Clinical Advice	Limited	Limited	Professional advice is available, but out-of-hours and end-to-end recording require strengthening.
12IH Time to Lead	Limited	Limited	Leadership time is described but frequently displaced and not consistently measured.
12II Staff Training	Reasonable	Reasonable	Established training governance and targeted improvement continued; compliance, access and evidence of application remain variable.
12IJ Common Staffing Method	Limited	Limited	Substantial tool activity, but governance closure, Specialist Nurse reviews and Child Health access remain unresolved.
12IL CSM Consultation & Training	Reasonable	Reasonable	Training, Professional Judgement and staff engagement continued through the tool cycle; consolidated consultation and feedback evidence remains incomplete.
12IM Reporting on Staffing	Substantial	Substantial	Broader multidisciplinary returns, statutory reporting and improved assurance structure.

Duty	Q4 2025/26	Q1 2026/27	Q1 rationale
Planning & Securing Services	Limited	Limited	Annual reporting and due diligence are established; market and contract-monitoring risks remain material.

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 Health and Care (Staffing) (Scotland) Act 2019 as Moderate. A generally sound foundation of governance, statutory reporting, workforce review and operational staffing controls is in place, but consistent implementation, reliable datasets, evidence of outcomes and corporate accountability require further development. The internal audit improvement programme and Quarter 2 implementation priorities are central to strengthening assurance during 2026/27.

3 Impact Analysis

3.1 Quality/ Patient Care

The Act and associated improvement programme support safe, effective and person-centred care. More consistent staffing assessment, escalation, rostering, workforce planning and evidence of outcomes should improve visibility and management of risks to care. Current evidence gaps mean that the impact cannot yet be demonstrated uniformly across services.

3.2 Workforce

The programme concerns appropriate staffing, workforce wellbeing, leadership capacity, training, recruitment, retention and sustainable service delivery. The approved Rostering Policy and continued CSM activity provide positive foundations. Remote and rural recruitment, protected leadership time, training release, digital access and specialist vacancies remain material workforce risks.

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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

Workforce availability remains a strategic risk. Internal audit recommended clearer HCSA programme-level risk management and reassessment of the presentation of Corporate Risk 706. Strengthening the identification, monitoring and management of severe and recurrent staffing risks will remain a priority during 2026/27.

3.5 Data Protection

No personally identifiable information is presented in this report. Supporting evidence should continue to be managed through established information-governance arrangements.

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 evidence base includes Implementation Groups, professional leads, operational managers, Staff Side, Healthcare Improvement Scotland engagement, service review activity and governance forums.

Quarter 2 priorities include closing feedback loops after staffing reviews and escalations, strengthening frontline awareness and ensuring operational leads share accountability for implementation.

3.9 Route to the Meeting

The report is intended to progress through the Area Partnership Forum, Staff Governance Committee and NHS Highland Board in accordance with the standard reporting pathway

4.0 List of appendices

Reference	Appendix title
Appendix 1 *Please find below*	Quarter 4 Commitments: Quarter 1 Progress and Quarter 2 Priorities
Appendix 2 *Please find below*	Azets Internal Audit: Findings and Quarter 1 Update
Appendix 3 *Please find below*	Professional and Implementation Group Assurance Summary
Appendix 4 *Please find below*	Key Quarter 1 Metrics and Dependencies
Appendix 5 *Please find below*	High Cost Agency Q1 Report Submission
Appendix 6 *Please find below*	Health and Care (Staffing) (Scotland) Act 2019 2025-2026 Annual Report Commissioned Adult Social Care Services
Appendix 7 *Please find below*	Acute Services Q1 HCSA Assurance Report
Appendix 8 *Please find below*	Argyll and Bute HSCP Q1 HCSA Assurance Report
Appendix 9	Highland Health and Social Care Partnership Q1 HCSA Assurance Report

Reference	Appendix title
Please find below	
Appendix 10 *Please find below*	Child Health Implementation Group Q1 HCSA Assurance Report

Appendix 1 - Quarter 4 Commitments: Quarter 1 Progress and Quarter 2 Priorities

Q4 priority	Q4 intended delivery	Q1 status	Q1 evidence and position	Q2 Priorities
Completion and consolidation of CSM cycles	Complete outstanding outputs; implement revised SOP/guide; align outputs with establishment and integrated planning.	In progress / delayed	Tool activity was extensive across Acute and Argyll and Bute & HCSP. Acute outputs were being consolidated; several Argyll and Bute output meetings and Specialist Nurse reviews remained outstanding. Mental Health restarted the current cycle rather than complete historic outputs retrospectively.	Complete output meetings, standard position statements, decision records, staff feedback and action tracking.
SafeCare, real-time staffing and workforce intelligence	Complete remaining Acute implementation; embed daily use, dashboard, audits, datasets, ownership and training monitoring.	In progress / decision dependent	145 SafeCare units were live at 30 June. Monthly Acute support and local reviews commenced. Four Raigmore inpatient and four theatre areas remained outstanding. Wider rollout was paused because of double entry and interface constraints.	Agree EDG delivery model; complete priority areas; retain compliance data; establish standard reports, red-flag closure and accountable ownership.
Risk escalation and severe/recurrent risk management	Embed Board SOPs; strengthen severe/recurrent reporting, Datix links and routine visibility.	Partly progressed	Local escalation routes operate, including Child Health SOPs and service governance. Audit found that the corporate framework remained high level and local evidence varied. Trend and outcome reporting were not yet consistent.	Develop NHS Highland minimum standards and local routes; introduce recurrence and outcome reporting; strengthen feedback and closure.
Leadership capacity, Time to Lead and effective rostering	Progress Rostering Policy; develop Time to Lead; strengthen protected-time recording and multidisciplinary engagement.	Mixed progress	Rostering Policy approved, published and training commencing in Q2. Planned leadership time is described across services, but delivered time and displacement are not consistently measured. Argyll and Bute proposed a supervision-based approach.	Embed policy and audit; pilot practical Time to Lead approach; record planned versus delivered time and consequences of displacement.
Governance, reporting and assurance	Embed revised framework; strengthen HSCP arrangements; broaden multidisciplinary reporting; respond to Internal Audit.	Progressing	Highland HSCP secured eight returns; Acute, Argyll and Bute and Child Health reported through the revised structure. New HSCP Chair appointed. Audit action plan established. Some governance forums still require relaunch or operationalisation.	Confirm terms of reference, operational membership, monthly delivery cycles, evidence repositories and audit-action monitoring.

Q4 priority	Q4 intended delivery	Q1 status	Q1 evidence and position	Q2 Priorities
Engagement, education and cultural embedding	Increase frontline awareness, expand engagement, share good practice and strengthen staff feedback.	Progressing / incomplete	SafeCare refreshers, tool training, implementation-group engagement and HIS learning activity continued. Pharmacy and AHP innovation provided transferable learning. Frontline awareness, consultation records and feedback after decisions remain variable.	Deliver role-specific guidance, record consultation and feedback, share learning and monitor application rather than attendance alone.

Q4 priority	Q4 intended delivery	Q1 status	Q1 evidence and position	Q2 Priorities
Integrated Service Planning and Ask Once	Operationalise a single evidence-based planning approach aligned to workforce, service, quality, performance and finance.	Test of change progressing; wider rollout delayed	Maternity Sustainability Review continued as the test of change. Audit recognised the five-phase design but found no formal organisation-wide implementation plan, baseline, governance route or central dataset.	Approve governance and rollout plan; capture pilot learning; undertake gap analysis and connect service plans with workforce and financial decisions.
Expansion of multidisciplinary workforce assurance	Strengthen assurance where validated tools are unavailable and share local/national learning.	Progressing	Broader returns were received. Acute Medical scoping commenced; Pharmacy developed a local model; AHP tool development attracted HIS interest; HSCP identified a coordinated Medical workstream. Coverage remains incomplete across several professions.	Confirm scope and minimum evidence by profession; test proportionate tools; establish Medical baseline and extend AHP coverage.
Digital and data maturity	Develop SafeCare analytics, workforce dashboards, interoperability, governance and auditability.	Progressing but materially constrained	Optima and SafeCare coverage grew and a knowledge hub was developed. The payroll interface remained in testing; double entry. SafeCare compliance data and lack of standard local review process continue to require development.	Secure interface and operating-model decisions; retain trend data; improve interoperability, validation, reporting and audit trails.
Commissioned and integrated service assurance	Strengthen partner/provider engagement, governance responsibilities, reporting pathways and consistent assurance.	Progressing / risks remain	Commissioned Adult Social Care annual report published by 30 June; due diligence and oversight were evidenced. Contract-monitoring capacity and SDS Option 2 evidence remain limited. Child Health Lead Agency responsibilities and digital access remain unresolved.	Strengthen contracts and monitoring; clarify provider and integration accountabilities; resolve Child Health system access and funded mitigations.

Q4 priority	Q4 intended delivery	Q1 status	Q1 evidence and position	Q2 Priorities
Service sustainability and workforce resilience	Continue modelling and reviews, focusing on maternity, remote/rural services, delayed discharge, recruitment and retention.	Progressing	Maternity review progressed; Caithness recommendations moved through governance; Sutherland continuity was maintained despite long-term absence; agency reductions were sustained. Rural, specialist and social-care pressures remain.	Complete governance decisions, implement approved recruitment, monitor outcomes and connect sustainability risks to service and financial planning.
Leadership, culture and organisational learning	Embed shared responsibility, psychological safety, professional voice and organisational learning.	Progressing	Audit identified a positive improvement culture and candour. Implementation Groups reported openly on limitations. Reporting-control learning followed the Q3 rating reconciliation.	Convert learning into formal controls, accountable delivery, validated evidence and routine feedback to frontline teams.

Appendix 2 - Azets Internal Audit: Findings and Quarter 1 Update

Audit conclusion

Azets assigned an overall rating of Substantial Improvement Required. The audit found that NHS Highland had made progress in strengthening compliance with the Health and Care (Staffing) (Scotland) Act 2019, but that the operational controls, governance structures, awareness and data-quality processes required for robust and demonstrable compliance were not yet consistently embedded across the organisation. The rating reflects the early maturity and inconsistent operation of the control environment and must be considered alongside, but not displaced by, the progress reported during Quarter 1.

The audit rating concerns the maturity and operation of the controls within the audit scope and is not directly equivalent to the Board's wider statutory assurance category. It provides material evidence supporting retention of Moderate Assurance and a clear improvement baseline for Quarter 2 and the wider 2026/27 programme.

Good practice recognised by Internal Audit

Area of good practice	Audit observation
Ask Once design	The Ask Once proposals described a clear five-phase model supported by standard templates, shared datasets, DCAQ modelling and real-time dashboards, designed to improve evidence-based planning and reduce duplication.
Workforce-planning submission	The required workforce-planning update was submitted in accordance with Scottish Government guidance and referenced HCSA Implementation Groups, eRostering and SafeCare.
SafeCare rollout planning	A clear SafeCare rollout plan existed for Nursing and Midwifery areas, including rebuild timelines, ownership, progress updates and training monitoring.
Improvement culture	Auditors observed a positive improvement culture in which staff were candid about limitations and willing to adapt as guidance and responsibilities developed.

Principal findings and organisational implications

Finding theme	Audit finding and implication
Programme planning	HCSA implementation was fragmented and was not supported by a single overarching programme plan containing baseline compliance, KPIs, milestones, risks and interdependencies.
Governance	Programme and Implementation Group governance required clearer terms of reference, operational accountability and stronger connection to day-to-day delivery.
Operational processes	Real-time staffing, risk escalation and SafeCare processes were at an early stage of maturity, with inconsistent adherence, recording and evidence of outcomes.
SafeCare evidence	SafeCare compliance information was not retained over time. In the sampled week beginning 14 February 2026, only nine of 106 live units completed all required information throughout the week.
Escalation framework	The corporate Real-Time Staffing and Risk Escalation SOP require local operationalisation level SOP’s including agreed triggers.

Finding theme	Audit finding and implication
Workforce planning	Workforce planning remained variable and no consolidated baseline identified which services had current, complete and good-quality plans.
Ask Once implementation	Ask Once had progressed through exploration and the Maternity test of change but lacked a formally approved implementation plan, governance route, baseline gap analysis and central dataset.
Programme risk	A specific HCSA programme risk structure was required, alongside reassessment of the scoring and presentation of Corporate Risk 706.

Azets Internal Audit: Thematic Quarter 1 Response and Quarter 2 Priorities

Azets assigned an overall rating of Substantial Improvement Required. The audit recognised progress, useful foundations and a positive improvement culture, while concluding that the operational controls, governance, awareness and data-quality arrangements needed to demonstrate compliance were not yet consistently embedded across NHS Highland.

NHS Highland reviewed the findings during Quarter 1 and developed a controlled improvement workplan covering all 22 audit actions, with named owners, due dates, delivery steps and completion evidence. The table below provides a high level summary. The exact recommendations and management responses remain available in the separate controlled action plan.

Audit theme	Quarter 1 action and progress	Quarter 2 delivery
Theme 1 - Programme planning and risk	A detailed 22-action workplan was established. Quarter 1 assurance returns broadened the organisational baseline, while eRostering, SafeCare and Maternity review intelligence helped define the principal programme dependencies.	Approve the overarching HCSA programme plan; define measures, milestones, dependencies and accountabilities; strengthen programme risk arrangements; and begin routine monitoring of the controlled workplan.
Theme 2 - Governance and operational oversight	The layered assurance framework was introduced and updates were received from Acute Services, Highland HSCP, Argyll and Bute and Child Health. Highland HSCP consolidated eight professional and service returns, improving multidisciplinary visibility.	Align Programme Board and Implementation Group terms of reference and strengthen membership, action tracking, document control and escalation. Establish a standard team-to-governance dataset, reporting triggers, ownership and a future business-as-usual model.
Theme 3 - Workforce systems, SafeCare and escalation	At 30 June, 164 Optima units and 145 SafeCare units were live. Monthly SafeCare development sessions commenced, an eRostering knowledge hub was created, an EDG options paper was prepared, and the Safe and Efficient Rostering Policy was approved, published and moved into implementation.	Agree the rollout and double-entry operating model; approve the detailed delivery plan; retain and trend SafeCare compliance data; report training and adherence; and translate the escalation framework into clear local routes, triggers, responsibilities and practical guidance.
Theme 4 - Workforce planning and Ask Once	The Maternity Sustainability Review progressed as the principal Ask Once test of change, using an evidence storyboard to bring workforce, activity, finance, quality, risk and service information together. Common Staffing Method activity continued, with earlier recommendations beginning to inform recruitment and service decisions.	Complete the Maternity storyboard and options appraisal, then use the learning to establish a formal Ask Once implementation plan, governance route, baseline assessment, central dataset, defined responsibilities and practical training. Strengthen links between workforce, service, finance and Common Staffing Method decisions.

The audit rating concerns the maturity and operation of the controls within the audit scope and is not directly equivalent to the Board's wider statutory assurance category. It supports retention of Moderate Assurance and provides a clear improvement baseline for 2026/27.

Acute Services - Quarter 1 update summary

Acute Services retained a local position of Reasonable Assurance.
Acute Nursing and Women's and Children's Services continued to provide the strongest operational evidence through daily staffing review, Professional Judgement, SafeCare, huddles, supplementary-staffing oversight and professional escalation. The 2025/26 Acute Nursing review programme was completed for inpatient wards, theatres, Outpatients, Renal, Emergency Department and Day Infusion services, with outputs being collated and quality assured for Acute Senior Leadership Team consideration.
Monthly SafeCare development sessions strengthened report extraction, compliance review and interpretation; ward-level review was being built into Clinical Nurse Manager and Senior Charge Nurse meetings; and a transparent interim approach was agreed to distinguish funded establishment, substantive staff in post and professionally judged operational requirement.
Quarter 1 also delivered targeted training improvement, approval and launch of the Rostering Policy, development of a Pharmacy staffing model and agreement to move Medical Services into structured specialty and directorate scoping.
No material change was reported from the Quarter 4 Medical Physics and Healthcare Science position. Established quality-management, business-continuity, professional-judgement and escalation controls remain in place. The Quarter 2 requirement is to improve the visibility and auditability of that evidence without duplicating effective professional governance.
A particular point for celebration is the commitment and innovation shown by AHP colleagues in developing a locally proportionate staffing-level tool for diverse services that do not have access to a nationally validated workforce methodology or dedicated real-time staffing system. Healthcare Improvement Scotland engaged with NHS Highland to understand the approach, the supporting resources and the learning emerging from development. This provides positive external recognition of the work and an opportunity to test, refine and share learning more widely during Quarter 2.
Quarter 2 focus. Acute Services will complete governance closure of the staffing-review outputs, reconcile establishment assumptions with Workforce and Finance, progress the remaining Specialist Nurse reviews and demonstrate how recommendations influence recruitment, rosters, funding and staff feedback.
The four priority Raigmore inpatient areas and four theatre areas will remain visible dependencies until establishment information, Staff on Shift templates, roster rebuilds and SafeCare implementation are complete. Monthly SafeCare support, retained compliance and red-flag evidence, severe and recurrent risk reporting, Time to Lead, the Pharmacy pilot, AHP learning and the phased Medical workstream will form the principal Quarter 2 programme.

Highland Health and Social Care Partnership - Quarter 1 update summary

Highland HSCP assessed its overall position as Moderate Assurance and consolidated eight professional and service returns from Pharmacy, Dental, Nursing, Mental Health, Psychology, Primary Care Medical Services, selected AHP disciplines and Adult Social Care. This was a significant improvement in multidisciplinary coverage from Quarter 4.
Pharmacy and Dental provided clear local staffing and governance evidence; Nursing reported mature workforce reviews, daily huddles, supplementary-staffing governance and Common Staffing Method oversight; Mental Health described a strong twice-daily nursing staffing model linking actual and required staffing, acuity, impact and mitigation; and Psychology had implemented its escalation SOP and strengthened leadership capacity. Adult Social Care described extensive rostering, dependency, agency, commissioning, inspection and training controls, and the Partnership authorised, submitted and published its statutory commissioned-care annual report by 30 June 2026.

Quarter 2 focus. The Partnership will relaunch its HCSA Implementation Group under the new Chair, add named operational leads to professional leadership, agree clear terms of reference and operate a monthly delivery and assurance cycle. It will establish a coordinated Medical workstream linking the Primary Care evidence with Acute and wider Medical leadership, while retaining the important limitation that the Quarter 1 Medical return covered Primary Care only.
A proportionate minimum evidence standard will be introduced to improve consistency of establishment, vacancy, absence, demand, mitigation, risk, advice and outcome evidence. Broader AHP representation,

multidisciplinary evidence within Mental Health, escalation closure, commissioned-service monitoring and action tracking will also be strengthened.

Argyll & Bute - Quarter 1 update summary

Argyll and Bute assessed its overall position as Moderate Assurance and progressed the 2026 Common Staffing Method cycle across Community Nursing, inpatient and Small Ward services, Clinical Nurse Specialist services, Mental Health inpatient and community services. Learning Disability data collection was complete and output meetings commenced during June, although some were delayed by annual leave, bereavement leave and operational pressure. Importantly, previous-cycle recommendations were beginning to translate into workforce action: Islay recruited a Band 4 Occupational Therapy Assistant; Mid Argyll received approval to progress 2.87 WTE Band 3 posts and 0.5 WTE Band 5 capacity; and interim Band 5 outpatient and clinic hours were being used to secure bank staffing. Draft terms of reference were prepared for a Staffing Workload Tool Review and Assurance Group, and a multidisciplinary task-and-finish group began work on SafeCare reporting, real-time staffing and escalation.
Quarter 2 focus. Argyll and Bute will complete the outstanding output meetings, operationalise the Staffing Workload Tool Review and Assurance Group and apply consistent scrutiny of Professional Judgement, quality, deployment, skill mix, redesign, productivity, mitigation and finance before escalation to the Senior Leadership Team. It will also agree a minimum real-time staffing dataset, improve recording of Professional Judgement and red flags, retain evidence of decisions and feedback, and clarify out-of-hours clinical-advice arrangements. Time to Lead will be progressed through supervision and one-to-one processes, with emphasis on evidence of planned and delivered leadership time. Follow-up will test whether the Islay and Mid Argyll recruitment actions and other mitigations reduce recurring service risk.

Child Health Services - Quarter 1 update summary

Child Health continued to report Limited Assurance overall, while maintaining important professional and operational controls under the Lead Agency Model. Risk Escalation SOPs were in place for Health Visiting, School Nursing and Family Nurse Partnership and were supported by Priorities of Care guidance, feedback and governance expectations. Recurrent risks were reviewed through the Child Health Risk Register and Professional and Clinical Governance Group. Team Leaders remained non-caseload holding, leaders received supervision every eight to twelve weeks and a locally designed first-line manager development programme was in preparation. Staff information sessions maintained awareness of the Act and current limitations. These controls support day-to-day safety, but Quarter 1 also confirmed that locally devised real-time staffing workarounds were labour intensive, unsustainable and unable to produce meaningful auditable evidence.
Quarter 2 focus.
The central requirement is an executive and cross-organisational decision on digital enablement for Highland Council-employed Child Health staff, including access to SafeCare, eRostering, SSTS-related processes, NHS communications, relevant electronic records and learning systems. Child Health remained outside the NHS Highland SafeCare implementation plan and reported No Assurance for Duty 12IJ because prescribed Common Staffing Method tools could not be run. The digital-enablement paper and active corporate risk therefore require clear ownership, sufficient authority, agreement on which organisation funds mitigation and a timed implementation route. In parallel, Child Health will maintain its escalation, supervision, risk-register and leadership-development controls, but these must not be presented as a substitute for resolving the statutory system-access gap.

Appendix 4 - Key Quarter 1 Metrics and Dependencies

Metric	Q1 position	Context
Optima units live at 30 June 2026	164	Q1 return
SafeCare units live at 30 June 2026	145	Q1 return
Nursing and Midwifery substantive staff in rostered areas	3,255	Across 164 locations
Remaining listed clinical staff for future rollout	Approx. 3,772	N&M, AHP, HCS, Other Therapeutic, Personal & Social Care

Metric	Q1 position	Context
Priority outstanding Raigmore areas	8	Four inpatient and four theatre areas
National full implementation deadline	31 March 2028	NHS Highland not currently on trajectory under existing model
High-cost agency position	Predominantly medical	Mainly substantive vacancies
Registered Nurse agency shifts	810 Oct 2025; 669 Mar 2026	Separate wider agency dataset
Off-framework RN shifts	5	October 2025-March 2026
Commissioned care-home services	48 across 46 homes	Position at 31 March 2026
Care-at-home services	17 across 15 providers	Commissioned Adult Social Care annual report
Support services	28 across 25 providers	Commissioned Adult Social Care annual report
Housing-support services	16	Commissioned Adult Social Care annual report
Day-care services	10	Commissioned Adult Social Care annual report

Key corporate dependencies

Ref	Corporate dependency
1	EDG decision on accelerated Optima rollout and a sustainable double-entry operating model.
2	National delivery of Optima, payroll, eESS, PAIAW, absence and SSTS interface dependencies.
3	Finance and establishment information for remaining Raigmore areas.
4	Corporate resolution of Child Health digital access and SafeCare responsibilities under the Lead Agency Model.
5	Formal HCSA programme plan, risk arrangements and operational reporting framework.
6	Implementation of the audit management action plan with evidence of completion and effectiveness.

Highland Health and Social Care Partnership

Health and Care (Staffing) (Scotland) Act 2019

2025-2026 Annual Report

Commissioned Adult Social Care Services

Health and Care (Staffing) (Scotland) Act 2019: Annual Report

Under section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019 ("the Act"), every local authority and integration authority must have regard to a number of listed factors when planning or securing the provision of a care service from a third party:

- the guiding principles in the Act (section 1 of the Act);
- the requirement on care service providers to have regard to the guiding principles (section 3(1) of the Act);
- the duty on care service providers to ensure appropriate staffing (section 7 of the Act);
- the requirement on care service providers with regard to training of staff (section 8 of the Act);
- the requirement on care service providers to have regard to guidance issued by the Scottish Ministers (section 10 of the Act);
- the duties on care service providers under Chapter 3 of Part 5 of the Public Services Reform (Scotland) Act 2010, for example with regard to registration of care services; and
- the duties on care service providers under Chapter 3A of Part 5 of the Public Services Reform (Scotland) Act 2010, for example with regard to the use of any prescribed staffing methods or staffing tools. Note that the Health and Care (Staffing) (Scotland) Act 2019 inserted chapter 3A into the Public Services Reform (Scotland) Act.

Section 3(6) of the Act states that relevant organisations must publish information annually on the steps they have taken to comply with the requirement in section 3(2) regarding the planning and securing of care services and any ongoing risks that may affect their ability to comply with this requirement.

This template should be used by local authorities and integration authorities to publish the information required and should be read in conjunction with the statutory guidance that accompanies the Act, specifically chapter 15.

The information in this template should relate to the financial year, i.e. 01 April to 31 March. All reports must be published by 30 June at the latest each year.

In order to collate the information published, the Scottish Government also requests that you send the completed template to hcsa@gov.scot.

Declaration

Name of local authority / integration authority:
Highland Health and Social Care Partnership
Report authorised by:
Arlene Johnstone
Chief Officer
30 June 2026

Please mark all relevant boxes to show which services have been taken account in this report:

✓	Support services
✓	Care home services
	School care accommodation services
	Nurse agencies
	Child care agencies
	Secure accommodation services
	Offender accommodation services
	Adoption services
	Fostering services
	Adult placement services
	Child minding
	Day care of children
✓	Housing support service

Details of where the report will be published: Highland HSCP publications | NHS Highland

Information Required

1. Please detail the steps you have taken as an organisation to comply with section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019:

3(2) In planning or securing the provision of a care service from another person under a contract, agreement or other arrangements, every local authority and every integration authority (within the meaning of section 59 of the Public Bodies (Joint Working) (Scotland) Act 2014) must have regard to—

(a) the guiding principles for health and care staffing, and

(b) the duties relating to staffing imposed on persons who provide care services—

(i) by virtue of subsection (1) and sections 7 to 10, and

(ii) by virtue of Chapters 3 and 3A of Part 5 of the Public Services Reform (Scotland) Act 2010.

Context

The Highland lead agency governance structure is unique in Scotland, with lead responsibility for adult social care functions delegated to NHS Highland and lead responsibility for children's and criminal justice services with The Highland Council.

As such, NHS Highland is the legal entity responsible for delivering adult social care, including the associated statutory duties under the Health and Care (Staffing) (Scotland) Act 2019 (the Act). This annual report covers adult social care services commissioned by NHS Highland, on behalf of the Highland Health and Social Care Partnership, for the financial year 2025-26.

The Commissioning, Contracts and Compliance Team within NHS Highland supports the commissioning and procurement of adult social care services.

Scope

During 2025-2026, NHS Highland was responsible for planning and securing a range of adult care services as defined under Section 47(1) of the Public Services Reform (Scotland) Act 2010.

Those services commissioned by NHS Highland supported a range of adult client groups - older people, learning disability, mental health, sensory impairment and physical disability. The registered services commissioned from third party organisations (as at 31 March 2026) were as noted:

- 48 care home services across 46 care homes
- 17 care at home services across 15 providers

- 28 support services across 25 providers
- 16 housing support services
- 10 day care services

All of these services are regulated by the Care Inspectorate and fall within the scope of statutory duties under the Health and Care (Staffing) (Scotland) Act 2019.

Steps Taken to Comply with Requirements

Adult Social Care Contracts

The majority of NHS Highland's contractual arrangements are originally drawn from the National Care Home Contract (NCHC).

We believe that the NCHC aligns with the guiding principles of the Act, but can be strengthened by providing additional clarity in respect of contractual compliance requirements. The NCHC does not make reference to the Act and Scotland Excel had in previous years advised that the staffing-related clauses within the NCHC do not require updating. We understand that Scotland Excel is now in the process of updating the NCHC to reflect the Act and other legislation / policy, and is expected to issue a new contract with updated terms and conditions in the 2026-27 financial year.

NHS Highland had previously updated its Model Contract for non-residential services to make reference to the Act and include some general changes to clarify compliance with the Act, however, we intend to do this more holistically in line with the NCHC once the updated contract is received from Scotland Excel.

The majority of NHS Highland's commissioned adult social care contracts are based on established frameworks or model contract arrangements, with standardised terms and conditions applied according to the relevant service category, such as support, housing support, care at home and care home services.

New Contracts / Services

Over the course of 2025-26, NHS Highland planned and / or secured the following new registered care services:

- 5 new support services;
- 1 new housing support service; and
- 1 new care home service.

NHS Highland's pre-award due diligence process considers a range of factors, including the service delivery model and ability to achieve outcomes; Care Inspectorate grades and inspection reports, as well as any previous enforcement action or upheld complaints; previous commissioned experience; workforce capacity, management, staffing, and training; quality assurance arrangements; financial viability and provider stability; wider market impact; and overall risk.

Of the new support and housing support contracts awarded in 2025-26, the majority were from established providers already delivering in Highland and therefore a light-touch process was used to secure the services. Where providers were new to Highland, more rigorous due diligence was undertaken.

In advance of contract award for the non-residential services in 2025-26, we held supportive discussions with the providers to understand how they were intending to deliver the service; how the service was going to be managed, staffed, and what training requirements were needed for the service; and how the service was to remain viable. In collaboration with providers, we capped service delivery to a specified number of hours and / or geographic location for a specified period of time to support services to grow at a steady pace. We also arranged routine quarterly contract review meetings to discuss service delivery, understand any challenges, amend our commissioning targets (where required), and provide additional supports, as required.

One of the non-residential services was for a high level complex package and contract award followed a competitive process from within the existing framework. This process included more rigorous due diligence, with a requirement for interested providers to submit and present a formal presentation, which was evaluated through robust evaluation criteria. Providers were assessed against the stated requirements, including implementation and start up plan, commitment to person-centred support, staffing (skills, training, expertise), and the like.

In advance of contract award for the new residential service in 2025-26, we held a number of discussions with the provider, specifically with regards to their start up and phasing plan, focusing on phased admissions, assured staffing levels, deployment of staff, and staff levels that match the number and dependency of residents. This was an existing and experienced provider of care home services in Highland, and as such, had robust policies and procedures in place in areas such as staffing, recruitment, training, care planning, and quality assurance, which they have been able to demonstrate in practice. Contract award was conditional on an agreed phasing plan, and several “stop point” meetings were held in the 6 months following contract award to review admissions, occupancy, recruitment and training matters, and establish an operational relationship with the care home and manager. As part of this, we also collaboratively reviewed concerns raised by the provider with regards to referral pathways and hospital discharges, with a view of supporting the provision of safe and high-quality services and best care outcomes for residents.

<u>Existing Contracts</u>

Whilst there is no requirement under the Act for NHS Highland to assess services planned or secured prior to 1 April 2024, we give consideration to the requirements on an ongoing basis and in advance of agreements being renewed. This is partly undertaken through our contract monitoring processes.

The market turbulence in Highland over the past few years (multiple care home and care at home exits) has redirected resource from previous planned and formal contract monitoring, in order to support sector and provider stability. We are currently finalising our revised contract monitoring processes, with a view of relaunching a new and structured process in the coming

months. However, there has remained ongoing key areas of monitoring activity along with staffing-specific activity as noted:

- Attendance at Care Inspectorate feedback meetings. This is an important area of monitoring which is helpful in understanding not only providers' compliance with the Act, but also in highlighting areas of risk and where support may be required.
- Sector and individual provider dialogue, including on sector and individual staffing duties and staffing challenges.
- Monitoring through review meetings and assurance and improvement systems.
- Escalation oversight of significant staffing considerations via established governance quality mechanisms.
- Compliance monitoring of Scottish Living Wage.

These requirements are monitored throughout the operation of the contract and are central to our oversight and service improvement discussions.

Forward Focus

NHS Highland is implementing a new procurement process for all existing and prospective new commissioned providers of registered care. The Public Contracts Scotland (PCS) process, was first implemented in 2025–26 through the publication of a contract notice inviting new providers to contract with NHS Highland for Adult Social Care Services through completion of a Single Procurement Document (SPD). This was intended to promote a consistent approach and ensure appropriate registrations for all third parties wishing to contract with NHS Highland. The PCS process is due to be re-issued for 2026-27, with a view of supporting NHS Highland's compliance with the Act by strengthening assurance of provider capability through a structured due diligence and scrutiny process. Advertising via PCS ensures transparent access and consistent vetting of providers which will complement internal assessment, and ensures only safe, compliant providers are commissioned, supported by ongoing oversight and risk-based commissioning measures.

NHS Highland intends to review a number of contracts in 2026-2027, prioritising those longest operating arrangements in place and the opportunity will be taken to ensure the duties of the Act are satisfactorily clear.

The Highland Health and Social Care's Commissioning Strategy and Intentions and also its Market Facilitation Plan have been drafted are due to be published in 2026-2027. As part of their development, and in describing the stages of the commissioning cycle, the new practices required of the Act have specifically been referenced.

Internal arrangements will further be considered and developed to assist and facilitate oversight and reporting of this area to readily provide assurance of compliance for statutory reporting.

2. **Please detail any ongoing risks that may affect your ability to comply with the duty set out in section 3(2).**

There are a number of local and national risks which have and are expected to continue to affect our ability to comply with the above duty. These are noted as follows:

- **Wider third party sector workforce, staffing and financial pressures**
  There has been, and continues to be, a fragile adult social care market in Highland. Workforce recruitment and retention remain central to that fragility and are intensified by the area's remote and rural geography, dispersed population, travel requirements, limited local workforce supply, and wider housing pressures.

  In practical terms, some commissioned services in Highland operate with very small staff teams and may be exposed to significant instability if only one or two members of staff leave, particularly where there is limited local workforce capacity to backfill posts at short notice.

  Providers have reported that management time is increasingly absorbed by recruitment, induction, and rota cover. Where managers are required to spend a substantial proportion of their time on recruitment activity, this can reduce the time available for quality assurance, audit, supervision, learning and improvement activity. This creates a direct risk to the provider's ability to evidence compliance with safe staffing duties under the Act, even where the provider is taking reasonable and proactive steps to sustain the service.

  The workforce pool in Highland is small and is further constrained by the availability and affordability of housing, transport limitations and competition with other sectors and statutory services.

  For a number of years, some providers have relied on international recruitment and sponsorship to help maintain staffing levels. However, this route is administratively complex, costly and dependent on suitable accommodation and support for international staff to settle, understand the local care context and remain in post.

  UK immigration policy changes affecting Health and Care Worker and Skilled Worker routes, including restrictions on international recruitment of care workers and senior care workers and increased skills and salary thresholds, have reduced the certainty and availability of this workforce route. Smaller and more rural providers are therefore disproportionately impacted where local recruitment options are limited.

  Financial and policy pressures compound these workforce challenges. Changes to employer costs, including National Insurance and Statutory Sick Pay, together with wage pressures arising from Real Living Wage and Fair Work First expectations, can narrow provider operating margins. While fair pay and fair work are essential to recruitment, retention and workforce wellbeing, the associated cost pressures can be difficult for commissioned providers to absorb where funding, occupancy, demand and staffing requirements are all changing. Pressures within NHS Highland's Adult Social Care

budget, combined with increasing demand and complexity, therefore create a continuing risk to the ability to secure sufficient, stable and sustainable commissioned provision.

To mitigate these risks, NHS Highland continues to maintain dialogue and oversight arrangements with commissioned providers experiencing staffing challenges and has taken practical steps to support local resilience. This includes support from the Collaborative Care Home Support Team, the Community Response Team, targeted individual or service-specific training such as stress and distress training, and a dedicated Care Home Career and Attraction Lead for the independent sector, hosted by Scottish Care and funded by the Partnership.

These measures do not remove the underlying workforce risk, but they provide a structured means of supporting providers, identifying emerging instability, promoting recruitment and retention activity, and maintaining a focus on safe, high-quality and person-centred care.

- **Diversity of services**
  The range of different care services mean it is challenging to easily collate the requirements of the Act for oversight and reporting. There remains variation in how the staffing related duties under the Act are reflected in commissioning services and monitoring compliance. Going forward, work is progressing to identify opportunities to improve contract monitoring processes and other oversight actions.

- **Timely review, monitoring and updating of contracts**
  This is resource dependent and has been impacted by redirection of effort to support local market instability.

- **Collation of information in relation to SDS option 2**
  Available information for SDS option 2 providers is limited compared to SDS option 3 providers and requires to be reviewed.

NHS HIGHLAND

Health and Care (Staffing) Act 2019

Acute Services Implementation Group Assurance Report

Report field	Detail
Reporting to	HCSA Programme Board
Reporting period	Quarter 1, 2026/27 (1 April–30 June 2026)
Implementation Group	Acute Services
Chair / Senior Responsible Officer	Acute Services leadership; formal details to be confirmed through Acute governance
Report authors	Acute HCSA Implementation Group; Brydie J Thatcher, HCSA Programme Manager and Workforce Lead; professional and operational contributors
Date submitted	August 2026

Proposed overall assurance: Moderate Assurance. This retains the Quarter 4 position and reflects credible operational controls in Acute Nursing and Women's and Children's Services, broad completion of the 2025/26 staffing-review programme, improving SafeCare support, targeted training improvement and developing multidisciplinary workforce methodologies. It is balanced against incomplete Common Staffing Method governance closure, outstanding Specialist Nurse reviews, unresolved SafeCare dependencies, inconsistent risk and advice records, establishment and financial methodology gaps and early maturity of Medical and some professional-group assurance.

Scope Confirmation Statement

The Acute HCSA Implementation Group confirms that this report draws on Quarter 1 evidence from Acute Nursing, Women's and Children's Services, Pharmacy, Allied Health Professions, Acute Medical Services and Medical Physics and Healthcare Science, together with SafeCare, eRostering, Common Staffing Method, training and governance information relevant to Acute Services.

Assurance has been developed proportionately from the best evidence currently available. A completed tool run established meeting or stated escalation route is not treated as sufficient evidence in isolation. The assessment considers whether controls are operating, decisions and mitigations are recorded, staff receive feedback and agreed actions are monitored through to implementation and outcome.

Evidence limitations

- The 2025/26 staffing reviews were completed for inpatient wards, Theatres, Outpatients, Renal, Emergency Department and Day Infusion services; Specialist Nurse tool runs were not completed.
- Acute Nursing outputs were being collated and quality assured for Acute Senior Leadership Team consideration at the end of August. Full financial review, governance decisions,

implementation evidence, and staff feedback were therefore not available at the Quarter 1 reporting point.

- Four priority Raigmore inpatient areas and four theatre areas were not yet fully operational within SafeCare. This limits completeness of real-time staffing evidence and remains distinct from the recurrent-budget position of additional or unfunded capacity.
- SafeCare completion, Professional Judgement, mitigation, red-flag escalation, and closure remain inconsistent. Some teams continue to double-run SafeCare and local reporting systems.
- A Board-wide baseline for funded establishment and consistent assumptions for the 22.5% establishment uplift, Reduced Working Week, leave, sickness, Staff on Shift templates and financial treatment remain under development.
- The Women's Services self-assessment was completed on 13 July 2026. It is used as immediate post-quarter validation of the Quarter 1 position; its planned actions are treated as Quarter 2 commitments.
- The Pharmacy model was developed during Quarter 1, but its Raigmore pilot and evaluation occur in Quarter 2. It is not yet evidence of an embedded or effective control.
- AHP evidence relates mainly to methodology development and Healthcare Improvement Scotland engagement. Acute service-level outputs were not available.
- Acute Medical assurance remains early to developing. No material Quarter 1 change was reported for Medical Physics and Healthcare Science, so the Quarter 4 position is carried forward cautiously.

1. Purpose of the Report

This report provides the Quarter 1 2026/27 assurance update from the Acute HCSA Implementation Group to the NHS Highland HCSA Programme Board. It sets out progress against the statutory staffing duties, the evidence available, improvements from the Quarter 4 baseline, continuing limitations, principal risks, and the actions planned for Quarter 2.

The report uses the same four-level assurance framework as the Argyll & Bute and Highland HSCP reports: Substantial, Moderate, Limited and No Assurance. The earlier term Reasonable Assurance has been mapped to Moderate Assurance to provide a consistent organisational language.

2. Summary of Assurance

2.1 Quarter 1 position

Quarter 1 evidence demonstrates functioning operational staffing controls across significant parts of Acute Services. Acute Nursing completed the 2025/26 staffing-review programme for inpatient wards, Theatres, Outpatients, Renal, Emergency Department and Day Infusion services. Outputs were being consolidated for Acute Senior Leadership Team review, while Specialist Nurse reviews remained outstanding.

SafeCare support has strengthened through monthly development sessions for senior nurses, one-to-one support for Senior Charge Nurses and planned review of ward-level data within Clinical Nurse Manager and Senior Charge Nurse meetings. Surgical services are further advanced than other areas. The intended move away from parallel local reporting is positive, but the four inpatient and four theatre dependencies and inconsistent recording and closure mean that SafeCare is not yet a complete single source of truth.

Women's and Children's Services continue to provide strong operational evidence through daily huddles, SafeCare, professional judgement, supplementary-staffing review, Datix and directorate governance. The Women's Services self-assessment nevertheless identifies partial assurance for professional-judgement recording, mitigation, escalation, feedback, recurrent-risk monitoring, clinical-advice records, leadership time, and protected training time.

The Maternity Sustainability Review progressed as the principal test of change for the Ask Once integrated-planning approach. Its evidence base combines quantitative data, data-quality review, professional intelligence, staff experience, community feedback, standards and workforce and financial considerations. Recommendations will follow multidisciplinary review rather than be derived from a single dataset.

Professional development also continued. Pharmacy developed a proportionate safe-staffing model for Quarter 2 pilot; AHP workforce-methodology work attracted positive Healthcare Improvement Scotland interest; and structured Medical specialty and directorate scoping was agreed. These are important foundations, but operational evidence remains less mature than in Acute Nursing and Women's and Children's Services.

2.2 Overall assurance level

☐ Substantial Assurance ☒ Moderate Assurance ☐ Limited Assurance ☐ No Assurance

Moderate Assurance is appropriate because established daily staffing, escalation, professional oversight, and governance controls continue to operate across major Acute services; the statutory tool programme is broadly complete; and specific improvement activity is underway for SafeCare, rostering, training, workforce methodology and integrated planning.

The rating is moderated by incomplete CSM governance closure, outstanding Specialist Nurse reviews, gaps in SafeCare coverage and adherence, unresolved establishment and financial assumptions, variable evidence of severe and recurrent risk and out-of-hours advice, and early multidisciplinary and Medical workforce assurance. The position is therefore one of progress without material deterioration, but not yet consistently demonstrable compliance.

2.3 Read-across from Quarter 4

Area	Quarter 4 baseline	Quarter 1 read-across
Overall assurance	Reasonable Assurance, with strong Nursing and Women's and Children's controls and variable maturity elsewhere.	Mapped to Moderate Assurance under the common four-level framework; no material deterioration evidenced.

Area	Quarter 4 baseline	Quarter 1 read-across
CSM governance closure	Tool activity generated useful intelligence, but output closure was affected by technical, analytical and establishment issues.	Reviews are complete for inpatient wards, Theatres, Outpatients, Renal, Emergency Department and Day Infusion. Outputs are being collated for ASLT; Specialist Nurse reviews and full governance closure remain outstanding.
SafeCare coverage and use	Most inpatient areas were live, with four Raigmore wards and theatre dependencies outstanding.	Monthly support, one-to-one review, and management use progressed. The four inpatient and four theatre dependencies remain, and recording, red-flag closure and parallel systems are inconsistent.
Establishment and unfunded capacity	Historic unfunded capacity complicated reconciliation of tool outputs and funded establishments.	The issue is now more clearly separated into operational staffing requirement, substantive staff in post and recurrent-budget position. A Board-wide methodology and transparent cost-pressure treatment remain required.
Women's and Children's Services	Daily huddles, SafeCare and the Maternity Sustainability Review supported comparatively mature assurance.	Operational controls continued and a detailed self-assessment was completed. Partial evidence remains for escalation, recurrent-risk trends, advice, leadership time, training time, and SafeCare completeness.
Medical workforce assurance	Implementation was early to developing and variable between specialties.	Structured specialty and directorate scoping was agreed, with comparative learning from other Boards to inform rostering and corporate oversight. Operational assurance remains limited.
AHP methodology	Formal real-time and workforce methodologies were at an early stage across diverse services.	Local methodology development progressed and attracted positive national and Healthcare Improvement Scotland interest; service-level outputs and exception routes are not yet available.
Pharmacy staffing assurance	Professional judgement and local monitoring provided foundations; formal documentation required development.	A locally designed RAG-rated safe-staffing model was developed for Quarter 2 pilot. Effectiveness and governance evidence remain to be demonstrated.
Time to Lead and training	Protected leadership time and training access remained variable.	Time to Lead guidance is being refined. Training compliance improved in priority areas, but operational displacement and its impact are not yet consistently measured.

2.4 Professional and service assurance overview

Professional / service area	Q1 assurance	Balanced rationale
Acute Nursing	Moderate	Broad CSM completion, daily staffing review, SafeCare, supplementary-staffing controls and active governance; Specialist Nurse reviews, output closure and SafeCare consistency remain incomplete.
Women's and Children's Services	Moderate	Daily huddles, activity, and acuity review, SafeCare and completed tools provide strong controls; escalation, advice, trend, leadership-time and training evidence remain partial.
Pharmacy	Moderate	Professional judgement and existing monitoring are supplemented by a locally designed safe-staffing model; the Quarter 2 pilot and formal risk governance are not yet evidenced.
Allied Health Professions	Limited	Positive methodology development and external interest are evident; complete Acute service coverage, routine outputs and financially consequential exception routes remain unavailable.
Acute Medical Services	Limited	Job planning, specialty governance and clinical advice provide foundations; real-time assessment, rostering assurance, mitigation records and corporate oversight are not consistently demonstrated.
Medical Physics and Healthcare Science	Moderate	Established quality, business-continuity, professional-judgement and escalation controls continue; workforce evidence remains insufficiently visible and auditable.

3. Professional and Service Updates

3.1 Acute Nursing

Acute Nursing continues to provide the strongest Acute evidence for day-to-day staffing assessment. Daily reviews, operational huddles, professional judgement, supplementary-staffing oversight and escalation routes support management of staffing pressures. SafeCare development sessions for the senior nursing team are continuing monthly, with further one-to-one support for Senior Charge Nurses and routine ward-data review being incorporated into Clinical Nurse Manager and Senior Charge Nurse meetings.

The 2025/26 staffing reviews are complete for inpatient wards, Theatres, Outpatients, Renal, Emergency Department and Day Infusion services. Specialist Nurse tool runs were not completed. Outputs are being collated and quality assured for ASLT consideration at the end of August. This represents substantial process activity, but the statutory loop is not closed until decisions, financial implications, implementation owners, system changes, staff feedback and review dates are recorded.

SafeCare use is improving, although Surgical services are further ahead than other areas and some services continue to double-run SafeCare and local Teams reporting. Quarter 2 work will reinforce completion each shift, professional judgement, red flags, mitigation, escalation and closure, including reconciliation where a staffing Datix has no corresponding SafeCare red flag.

Training assurance improved in priority areas. Moving and Handling compliance increased from approximately 65% in January 2026 to 70.8%; Violence and Aggression compliance increased from approximately 53.8% to 66.1%; and Nursing Violence and Aggression compliance was 78.2%. The effect of staffing pressure on cancelled or deferred training is not yet directly quantified.

Quarter 2 priorities for Acute Nursing

- Complete and formally record governance review of the 2025/26 outputs, including Finance, professional judgement, decisions, implementation and staff feedback.
- Complete the outstanding Specialist Nurse tool runs and maintain an in-scope service register.
- Resolve the four inpatient and four theatre SafeCare dependencies and progress SafeCare as the single source of operational staffing evidence.
- Retain and review SafeCare completion, professional judgement, mitigation, red-flag and closure evidence at ward, directorate and Acute governance levels.
- Continue SDOC training improvement and record where staffing pressure displaces training or professional activity.

3.2 Women's and Children's Services

Women's and Children's Services continue to use daily huddles to review staffing, activity, acuity and service requirements across nursing, midwifery and medical services. Actual staffing and supplementary staffing are recorded, while SafeCare, professional judgement, the huddle record, Datix and directorate governance provide complementary evidence.

The Women's Services self-assessment records regular establishment and vacancy review and confirms that maternity, neonatal and gynaecology workload and acuity are considered. It also identifies incomplete SafeCare compliance and partial documentation of professional judgement, mitigation, escalation outcomes and advice. Out-of-hours teams do not always obtain timely and appropriate advice through the duty-management route and may rely on their own directorate leadership.

Applicable statutory tools were reported as completed and outputs reviewed. However, leadership time and protected training time remain vulnerable to staffing and activity pressures. Recurrent risk trending, action tracking, continuous improvement evidence and staff feedback also require stronger documentation.

The Maternity Sustainability Review remains in evidence-gathering and validation. Activity, KPI, workforce, service and demographic information are being combined with Public Health analysis, professional intelligence, staff and community feedback, standards, finance and data-quality limitations. This provides a defensible basis for later options appraisal and is the main Acute test of the Ask Once integrated-planning approach.

Statutory area	Relevant Quarter 1 evidence	Current limitation
12IA – Appropriate staffing	Establishments, vacancies, patient need and acuity are reviewed; applicable tools were completed.	Professional judgement depends partly on the decision-maker and establishment assumptions require wider agreement.
12IC – Real-time staffing	Daily staffing, huddles, SafeCare, activity and acuity information are used.	SafeCare completion and detailed professional-judgement and mitigation recording are not consistent.
12ID/12IE – Escalation and recurrent risk	Directorate meetings, EDG, Datix and risk routes are used.	Escalation, feedback, trend monitoring and action closure are only partially documented.
12IF – Clinical advice	Clinical advice is sought for staffing concerns.	Advice and communication are partly recorded; out-of-hours support is inconsistent.
12IH – Time for leaders	Leadership roles and responsibilities are recognised.	Protected and delivered leadership time are not consistently assured.
12II – Training	Training records and governance reporting are maintained.	Protected time can be cancelled because of staffing, activity and acuity pressures.

Quarter 2 priorities for Women's and Children's Services

- Improve SafeCare completeness and triangulate the huddle, Datix, staffing, mitigation and escalation records.
- Revise the escalation protocol to reflect actual operational and professional routes, including out-of-hours advice and a formal decision log.
- Strengthen severe and recurrent risk trend reporting and evidence of action effectiveness.
- Complete the Maternity evidence storyboard, engagement and multidisciplinary options appraisal through the agreed governance route.
- Record planned and delivered leadership and training time and the reasons for material displacement.

3.3 Pharmacy Services

During Quarter 1, Pharmacy developed a locally designed safe-staffing model to support workforce planning and operational decision-making where current digital tools are limited. The spreadsheet-

based approach records planned and unplanned absence, staffing availability and a Red, Amber, Green risk rating, supported by professional judgement and local clinical context.

The model is scheduled for pilot within Raigmore Pharmacy Services during Quarter 2. It is a positive and proportionate innovation, but the Quarter 1 assurance remains dependent on existing professional judgement and governance because the model has not yet been tested. Formal documentation of professionally judged staffing requirements and routine recording, escalation and review of staffing-related risks require further development.

Quarter 2 priorities for Pharmacy Services

- Pilot and evaluate the safe-staffing model within Raigmore Pharmacy Services.
- Define minimum staffing, service-impact and escalation thresholds and retain evidence of decisions and outcomes.
- Confirm governance, ownership, review frequency and the route for risks that cannot be mitigated within existing resources.
- Share applicable learning with professional groups that do not have validated digital workforce tools.

3.4 Allied Health Professions

AHP colleagues continued to develop a proportionate local staffing-level methodology for diverse services without nationally validated workforce tools or a dedicated real-time staffing system. Healthcare Improvement Scotland engagement provided positive external recognition and an opportunity to test, refine and share the approach nationally.

Complete Acute AHP service-level outputs were not available for this report. Assurance therefore continues to rely on professional judgement and existing operational and professional governance. The route for an exception where a robust methodology identifies a staffing requirement that cannot be absorbed within the funded establishment also requires explicit agreement.

Quarter 2 priorities for Allied Health Professions

- Progress the methodology evaluation with Healthcare Improvement Scotland and document scope, validation and limitations.
- Provide service-level outputs and show how they influence skill mix, deployment, redesign and workforce planning.
- Agree governance and escalation for financially consequential exceptions.
- Confirm representation and evidence across the Acute AHP disciplines in scope.

3.5 Acute Medical Services

Acute Medical Services have established clinical advice, job-planning and specialty-governance arrangements, but the specific HCSA duties are not yet consistently translated into corporate medical workforce assurance. NHS Highland does not currently demonstrate the same mature organisation-wide medical rostering and oversight model reported by some comparator Boards.

Quarter 1 discussion identified the need to bring Reduced Working Week and Working Time requirements, medical contracts, job planning, rostering, line management, safe staffing requirements and existing national work into one coordinated framework. Comparative learning from NHS Lothian and further discussion with Medical leadership will inform the next phase.

Quarter 2 priorities for Acute Medical Services

- Agree named corporate and Acute Medical HCSA leadership, scope and governance responsibilities.
- Complete structured specialty and directorate scoping of staffing, rostering, escalation, advice and risk controls.
- Bring back relevant learning from NHS Lothian and other Boards and assess its application in NHS Highland.
- Develop a baseline action plan connecting medical job planning, rostering, workforce supply and service risk.

3.6 Medical Physics and Healthcare Science

No material Quarter 1 change was reported from the Quarter 4 position. Medical Physics and Healthcare Science continue to use established quality-management, business-continuity, professional-judgement, risk-identification and escalation arrangements. These provide a credible professional-governance foundation.

The main limitation is visibility and auditability rather than an identified absence of control. Quarter 2 should make staffing requirements, operational impact, advice, decisions, mitigations and action review more explicit without duplicating effective professional systems.

4. Assurance by Statutory Duty

Duty	Description	Q1 assurance	Headline rationale
12IA	Ensure Appropriate Staffing	Moderate	Established operational controls and broad staffing-review activity; establishment assumptions, Specialist Nurse coverage and outcome evaluation remain incomplete.
12IB	Agency Workers and Supplementary Staffing	Moderate	Supplementary staffing is monitored and authorised; underlying risk, residual gap and high cost Medical agency evidence requires clearer linkage.
12IC	Real-Time Staffing Assessment	Moderate	Daily huddles and SafeCare are established in major services; eight priority areas and inconsistent completion, mitigation and closure limit assurance.
12ID	Risk Escalation Process	Moderate	Operational and professional routes exist; trigger, advice, decision, feedback and closure records are not consistently complete.
12IE	Severe and Recurrent Risks	Limited	Risk systems and local review operate; consolidated trend analysis and evidence that actions reduce recurrence remain underdeveloped.
12IF	Clinical Advice on Staffing	Limited	Professional advice is available, but out-of-hours routes and end-to-end documentation are inconsistent.
12IH	Time for Clinical Leaders	Limited	Time to Lead arrangements are being refined; delivered time and displacement by clinical pressure are not routinely quantified.
12II	Appropriate Staffing Training	Moderate	Established governance and targeted compliance improvement are evident; protected time and impact of deferred training remain variable.

Duty	Description	Q1 assurance	Headline rationale
12IJ	Follow the Common Staffing Method	Limited	The main Acute review programme is complete, but Specialist Nurse reviews, output closure, Finance decisions and implementation evidence remain outstanding.
12IL	CSM Training and Consultation	Moderate	Professional judgement and staff engagement occur; consolidated records of consultation, influence, feedback and closure remain incomplete.
12IM	Reporting on Staffing	Moderate	The Q1 report provides broader multidisciplinary assurance; professional coverage, provenance and retained outcome evidence require strengthening.
P&S	Planning and Securing Services	Limited	Ask Once and maternity work support integrated planning; commissioned, cross-system, financial and establishment dependencies remain unresolved.

Duty 12IA – Duty to Ensure Appropriate Staffing

Assurance level: Moderate

Acute Services have established operational staffing controls and completed the 2025/26 review programme for inpatient wards, Theatres, Outpatients, Renal, Emergency Department and Day Infusion services. Women's Services reviews establishment, vacancies, demand and acuity, while Pharmacy, AHP, Medical Physics and Medical Services use professional judgement and profession-specific arrangements.

Assurance is moderated because Specialist Nurse reviews are incomplete, Acute AHP outputs are unavailable and a consistent baseline for funded establishment, substantive staff in post and professionally judged operational requirement has not yet been agreed. The effect of staffing changes or mitigations on capacity, quality and risk also requires systematic evaluation.

Quarter 2 actions

- Agree the minimum Acute evidence record for actual and required staffing, demand, service impact, mitigation and residual risk.
- Complete Specialist Nurse reviews and confirm professional-group scope and exceptions.
- Agree Board-wide establishment assumptions with Workforce and Finance and make unfunded-capacity implications transparent.
- Demonstrate whether staffing and service actions reduce identified risk.

Duty 12IB – Agency Workers and Supplementary Staffing

Assurance level: Moderate

Acute Nursing and Women's and Children's Services record and review supplementary staffing through operational and professional routes. The wider Quarter 1 evidence indicates that high-cost agency use is predominantly Medical and vacancy driven, with no return to widespread high-cost Nursing agency use.

The remaining requirement is to link every request and use of supplementary staffing to the underlying risk, authorisation, cost, mitigation achieved, unfilled requirement and residual position. The staffing effect of unfunded capacity should also be visible rather than treated only as a financial issue.

Quarter 2 actions

- Standardise Acute reporting of bank, agency, overtime, excess and additional hours.
- Record the underlying risk, authorisation, cost, service impact and residual staffing gap.
- Maintain scrutiny of high cost Medical agency use and recruitment and retention action.

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

Assurance level: Moderate

Daily huddles, SafeCare, professional judgement, activity and acuity review provide established real-time controls in Acute Nursing and Women's and Children's Services. Monthly SafeCare development sessions, one-to-one support and planned use of ward reports in management meetings strengthen the operating model.

Four priority Raigmore inpatient areas and four theatre areas remain outside full operation. Completion, professional judgement, mitigation, red-flag use and closure are not consistent, and some teams continue parallel reporting. Staffing-related Datix reports do not always have a corresponding SafeCare red flag.

Quarter 2 actions

- Complete the remaining SafeCare rebuild, configuration, training and implementation requirements.
- Agree retained daily, weekly and monthly reports for completion, professional judgement, mitigation, red flags and closure.
- Reconcile Datix and SafeCare staffing records and follow up missing or inconsistent entries.
- End parallel local reporting only when SafeCare data quality and governance are demonstrably reliable.

Duty 12ID – Duty to Have a Risk Escalation Process

Assurance level: Moderate

Acute operational huddles, SafeCare, Datix, directorate meetings, clinical governance, professional leadership and senior management routes provide mechanisms for escalation. Women's Services and Acute Nursing can demonstrate active use of operational and professional routes.

The limitation is inconsistent recording of triggers, recipient, advice, decision, mitigation, feedback and closure. Women's Services identifies an out-of-hours support gap, and SafeCare red flags are not always aligned with staffing-related Datix reports. Local protocols require revision so that written arrangements reflect actual practice.

Quarter 2 actions

- Revise and implement local escalation protocols with clear triggers, recipients, responsibilities and out-of-hours routes.
- Introduce a minimum decision and feedback log and sample-test escalations end-to-end.

- Ensure SafeCare, Datix, risk-register and governance records form one coherent assurance trail.

Duty 12IE – Duty to Address Severe and Recurrent Risks

Assurance level: Limited

Datix, risk registers, SafeCare red flags, directorate governance, quality review and business-continuity arrangements provide relevant sources of staffing-risk intelligence. Local services identify and respond to recurring workforce pressures.

A consolidated Acute view of severity, recurrence, action, owner, review date and outcome is not routine. Evidence that mitigations reduce the frequency or impact of recurrent risk is limited, and open SafeCare red flags or incomplete closure reduce confidence in trend reporting.

Quarter 2 actions

- Introduce a quarterly Acute staffing-risk trend report with recurrence triggers, owners, review dates and outcomes.
- Connect SafeCare, Datix, risk registers and CSM actions through Acute governance.
- Escalate risks that cannot be resolved within service or financial authority.
- Report whether actions reduce the frequency, severity or impact of identified risks.

Duty 12IF – Duty to Seek Clinical Advice on Staffing

Assurance level: Limited

Clinical and professional advice is available through Nursing, Midwifery, Medical, AHP, Pharmacy, Medical Physics and Healthcare Science leadership and governance routes. Services can access advice where concerns are recognised.

The adviser, advice, decision, rationale, dissemination, feedback and outcome are not consistently recorded together. Women's Services reports particular difficulty obtaining appropriate supportive advice through the duty-management route out of hours. Equivalent profession-specific routes also require clearer mapping.

Quarter 2 actions

- Map profession-specific and out-of-hours advice routes and clarify the role of duty management and professional escalation.
- Add standard advice, decision, feedback and closure fields to the escalation record.
- Audit a sample of Quarter 2 staffing decisions to demonstrate how advice influenced the outcome.

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

Assurance level: Limited

Time to Lead arrangements are recognised and an SOP is being refined with operational and professional input. Women's Services, Acute Nursing and other professional groups identify leadership, supervision, quality, governance and improvement responsibilities.

Operational pressures can displace leadership time and planned versus delivered time is not routinely quantified. Women's Services records only partial assurance, while the wider effect on supervision, staff support, quality improvement and training access is not consistently evidenced.

Quarter 2 actions

- Finalise practical Time to Lead guidance and define the leadership activities to be protected.
- Record planned and delivered leadership time and reasons for material displacement.
- Escalate recurrent loss of leadership capacity and use it as evidence in establishment and service review.

Duty 12II – Duty to Ensure Appropriate Staffing Training

Assurance level: Moderate

Acute Services monitor statutory and mandatory training through directorate governance, Clinical Governance, Acute Performance Reviews, senior leadership oversight and workforce dashboards. Priority improvement is visible in Moving and Handling and Violence and Aggression compliance.

Operational pressure can limit release for training. SafeCare can record cancellation of training, non-clinical activity and other staffing mitigations, but use is not yet consistent, and no validated measure directly links deferred training with staff wellbeing or care outcomes.

Quarter 2 actions

- Continue targeted SDOC improvement and directorate action plans.
- Use SafeCare to record displaced training and triangulate the information with compliance, workforce and quality evidence.
- Provide scenario-based workshops for Senior Charge Nurses and senior nursing staff.
- Report role-based compliance, overdue priorities, protected time and exception action.

Duty 12IJ – Duty to Follow the Common Staffing Method

Assurance level: Limited

The 2025/26 review programme was completed for inpatient wards, Theatres, Outpatients, Renal, Emergency Department and Day Infusion services. Professional judgement and service review informed the process, and outputs are being collated for ASLT.

The process is not fully closed. Specialist Nurse reviews remain outstanding, and the consolidated outputs still require Finance input, documented governance decisions, implementation owners, ledger and workforce-system changes, staff communication and outcome review. Historic unfunded capacity and inconsistent establishment assumptions add complexity.

Quarter 2 actions

- Complete Specialist Nurse reviews and the ASLT governance paper by the end of August.
- Use a standard CSM position statement covering tool output, professional judgement, quality evidence, assumptions, decision, finance, implementation, feedback and review.
- Agree Board-wide establishment methodology and benchmark the governance process against other Boards and Healthcare Improvement Scotland information.
- Clarify the national maternity reporting-template position before the next cycle.

Duty 12IL – Training and Consultation of Staff on the Common Staffing Method

Assurance level: Moderate

Staff contribute to professional judgement and workforce reviews, and Acute services describe staff engagement through teams, huddles, governance and the Maternity Sustainability Review. Women's Services reports that staff are involved in staffing discussions.

The consolidated record does not consistently show who was consulted, what comments were received, how they influenced decisions and how final outcomes were fed back. Delayed decisions after tool runs create a risk of disengagement where staff cannot see the effect of their contribution.

Quarter 2 actions

- Standardise records of CSM training, staff and Staff Side consultation, comments and responses.
- Provide teams with the outcome, rationale, mitigation, owner and timescale following review.
- Include consultation and feedback evidence in the CSM position statement and action tracker.

Duty 12IM – Reporting on Staffing

Assurance level: Moderate

This report consolidates Acute Nursing, Women's and Children's Services, Pharmacy, AHP, Acute Medical and Medical Physics and Healthcare Science evidence and distinguishes operating controls from planned improvement. It also links Quarter 1 action to the Quarter 4 baseline.

Professional returns and supporting datasets remain variable in coverage, reporting period, provenance and outcome evidence. Quarter 2 should maintain a referenced repository and ensure that local findings enter Acute and corporate governance without delay.

Quarter 2 actions

- Maintain a referenced Acute evidence repository showing source, owner, period, scope, decision and action status.
- Use a consistent professional return and identify explicit gaps or reliance on prior-quarter evidence.
- Report material themes promptly through Acute and corporate governance while detailed review continues.

Planning and Securing Services – Integrated and Cross-System Assurance

Assurance level: Limited

The Maternity Sustainability Review and Ask Once work connect demand, activity, capacity, workforce, finance, quality, risk and service configuration. The emerging approach encourages consideration of skill mix, advanced practice, AHP, Pharmacy, Medical and Nursing roles rather than simple like-for-like vacancy replacement.

A formal organisation wide Ask Once implementation plan, governance route and evidence standard are not yet approved. Cross-board learning, national maternity template work, commissioned dependencies and the financial treatment of unfunded capacity also require clearer mapping and decision-making.

Quarter 2 actions

- Complete the Maternity evidence storyboard, engagement and options appraisal through the agreed governance route.
- Translate the test-of-change learning into an organisation-wide Ask Once plan, dataset, roles, decision points and governance.
- Link workforce proposals explicitly to operational, financial, activity and service-redesign planning.
- Identify and govern cross-board, national, commissioned and third-party dependencies.

5. Key Risks and Escalations

Risk theme	Current concern	Required route
CSM governance closure	The main review programme is complete, but Specialist Nurse reviews, Finance input, ASLT decisions, implementation and staff feedback are outstanding.	Acute Implementation Group / ASLT
Establishment and Finance	No single agreed baseline consistently reconciles funded establishment, substantive staff in post, professional requirement, 22.5% uplift, RWW and unfunded capacity.	Workforce / Finance / Acute leadership
SafeCare coverage	Four priority inpatient and four theatre areas are not yet fully operational in SafeCare.	Acute Nursing / eRostering and SafeCare / EDG where required

Risk theme	Current concern	Required route
SafeCare adherence and closure	Completion, professional judgement, mitigation, red flags and closure are inconsistent; parallel systems and Datix mismatches remain.	Directorates / Acute governance
Severe and recurrent risk	A consolidated Acute staffing-risk trend and evidence of mitigation effectiveness are not routine.	Quality and risk / Acute governance
Clinical advice	Out-of-hours and profession-specific advice routes and end-to-end records are inconsistent.	Professional leads / Programme Board where corporate
Medical workforce assurance	Corporate medical rostering, safe-staffing and workforce oversight remain early to developing.	Medical leadership / HCSA Programme Board
Professional methodologies	AHP service outputs and exception routes are incomplete; the Pharmacy model has not yet been piloted.	AHP and Pharmacy leadership
Leadership and training capacity	Operational pressure can displace leadership and training time without consistent measurement or escalation.	Acute leadership / service governance

Programme Board escalation: Acute Services asks the Programme Board to note the proposed Moderate Assurance position; support timely closure of the 2025/26 CSM cycle; secure organisation-wide agreement on establishment and financial assumptions; maintain executive oversight of the four priority inpatient and four theatre SafeCare dependencies; and progress coordinated Medical workforce assurance and consistent out-of-hours clinical-advice arrangements.

6. Quarter 2 Delivery Plan

Workstream	Quarter 2 deliverable	Lead route
CSM closure	Complete Specialist Nurse reviews; consolidate outputs; secure Finance input and ASLT decisions; record implementation, staff feedback and review dates.	Acute Implementation Group / ASLT / professional leads
Establishment methodology	Agree funded-establishment and workforce-planning assumptions, including 22.5% uplift, RWW, leave, sickness, Staff on Shift and financial treatment.	Workforce / Finance / Acute leadership
SafeCare outstanding areas	Complete data, establishment, Staff on Shift, rebuild, training and implementation requirements for four inpatient and four theatre areas.	Acute Nursing / SafeCare and eRostering
SafeCare evidence	Retain completion, professional judgement, mitigation, red-flag and closure data; reconcile Datix; embed monthly and one-to-one review; reduce parallel reporting.	Directorates / CNMs / SCNs
Women's and Children's Services	Improve escalation and advice records; strengthen trend review; complete the Maternity storyboard, engagement and multidisciplinary options appraisal.	Women's Services leadership / Maternity review governance
Medical assurance	Name leadership, complete specialty and directorate scoping and establish a coordinated medical rostering, staffing and risk action plan.	Medical leadership / HCSA Lead
Allied Health Professions	Progress methodology evaluation, provide service-level outputs and agree governance for financially consequential exceptions.	AHP leadership / Healthcare Improvement Scotland
Pharmacy	Pilot and evaluate the Raigmore safe-staffing model and define thresholds, governance and escalation.	Pharmacy leadership
Time to Lead	Finalise practical guidance and begin planned-versus-delivered leadership-time monitoring.	Acute leadership / professional leads
Training and SDOC	Continue priority compliance improvement and use SafeCare to evidence training displaced by staffing pressure.	Directorates / Learning and Development / SafeCare
Integrated planning and assurance	Capture Ask Once learning; maintain an evidence repository; link service, workforce, finance, quality and risk decisions through Acute governance.	Acute Implementation Group / HCSA Programme

The principal Quarter 2 test is whether completed tool activity and developing methodologies are converted into documented decisions, operational implementation and measurable outcomes, while SafeCare and local governance provide a reliable end-to-end account of staffing risk, mitigation, feedback and closure.

7. Assurance Declaration

On behalf of the Acute HCSA Implementation Group, this report provides a fair and proportionate reflection of the current implementation position, risks and assurance relating to the Health and Care (Staffing) (Scotland) Act 2019, based on the evidence available for Quarter 1 2026/27.

Declaration field	Confirmation
Name	
Role	
Date	

NHS HIGHLAND

Health and Care (Staffing) Act 2019

Argyll & Bute Implementation Group Assurance Report

Report field	Detail
Reporting to	HCSA Programme Board
Reporting period	Quarter 1, 2026/27 (1 April–30 June 2026)
Implementation Group	Argyll & Bute
Chair / Senior Responsible Officer	Linda Currie, Associate AHP Director
Report authors	Linda Currie, Associate AHP Director; Christina West, Lead Nurse
Date submitted	July 2026

Proposed overall assurance: Moderate Assurance. This retains the Quarter 4 position and reflects credible progress in the 2026 Common Staffing Method cycle, workforce action and governance design, balanced against material gaps in real-time staffing, escalation, leadership capacity, training evidence and completion of output meetings.

Scope Confirmation Statement

The Argyll & Bute HCSA Implementation Group confirms that relevant professional leads and service managers representing staff groups delivering healthcare services within scope of the Health and Care (Staffing) (Scotland) Act 2019 were invited to contribute to this assurance report.

Assurance has been developed proportionately, drawing on the best evidence currently available, professional judgement, workforce-tool activity and established operational, professional and clinical governance arrangements. The report builds on the Quarter 4 2025/26 position and incorporates Quarter 1 updates from Adult Services, Children's Services, Mental Health, Midwifery and the Implementation Group.

Evidence limitations

- The evidence base remains uneven across services and statutory duties. Several 2026 output meetings remain underway or were delayed by annual leave, bereavement leave and operational pressures.
- Mental Health community and inpatient services completed the workload-tool stage of the previous cycle but did not complete the associated output meetings. The process has been recommenced within the 2026 cycle with strengthened oversight and administrative support; current tool runs are complete and output meetings are pending.

- Full service-level outputs from the planned AHP review cycle are not available until the tool run and reporting is complete in the autumn. Quarter 1 evidence relates principally to development of the local workforce-planning methodology, staff engagement and engagement with Healthcare Improvement Scotland and national workforce leads.
- Pharmacy continues to rely mainly on professional judgement in the absence of a validated staffing tool. Documentation, escalation and service-gap datasets require further development.
- Child Health assurance remains developmental for this reporting period because tool completion and consistency, workforce-data quality and local governance arrangements vary across teams. Work to improve SSTS roster alignment has progressed, with a further tool run planned for September 2026.

1. Purpose of the Report

This report provides the Quarter 1 2026/27 assurance update from the Argyll & Bute HCSA Implementation Group to the NHS Highland HCSA Programme Board. It sets out progress against the statutory staffing duties, evidence of compliance, improvements arising from earlier reviews, continuing limitations, principal risks and the actions planned for Quarter 2.

Completion of a workload tool is not treated as evidence of compliance in isolation. Assurance depends on the full Common Staffing Method: professional judgement, quality and workforce intelligence, staff engagement, scrutiny of outputs, recorded decisions, implementation and monitoring of resulting actions.

2. Summary of Assurance

2.1 Quarter 1 position

Quarter 1 activity centred on the 2026 Common Staffing Method cycle and on strengthening the governance through which workforce-tool outputs will be reviewed, assured and escalated. Community Nursing, Inpatient, Small Wards, Clinical Nurse Specialist, Mental Health Inpatient and Mental Health Community tool runs were undertaken between April and June 2026. Output meetings began during the week commencing 1 June. Learning Disability data collection was completed and an output meeting is being arranged.

There is early evidence that recommendations from the previous cycle are translating into workforce action. Islay recruited a Band 4 Occupational Therapy Assistant. Mid Argyll was approved to progress recruitment to 2.87 WTE Band 3 posts and 0.5 WTE Band 5 capacity. Healthcare Support Worker interviews were expected, while available Band 5 outpatient and clinic hours were being used to secure bank staffing pending substantive recruitment.

Draft terms of reference were prepared for a Staffing Workload Tool Review and Assurance Group and are going to Strategic Leadership Team for ratification. The proposed model would strengthen service-level scrutiny of workforce risks, current deployment, skill mix, redesign, productivity, mitigations and financial implications before recommendations are escalated to the Senior Leadership Team.

The Implementation Group also agreed to redesign Time to Lead around existing supervision and one-to-one arrangements and established a multidisciplinary task-and-finish group to develop more consistent real-time staffing information, SafeCare reporting and escalation. These are credible improvement actions, but their effectiveness has not yet been demonstrated.

Service-specific evidence strengthens this position. Maternity completed its 2025/26 Pan-Highland tool run and multidisciplinary review, with high-quality data and close alignment between professional judgement, the current funded establishment and tool outputs; no additional resource was requested. Child Health assurance remains developmental because tool completion, data quality and governance have varied, although SSTS roster-alignment work has progressed and a further tool cycle is planned for September 2026.

2.2 Overall assurance level

☐ Substantial Assurance ☒ Moderate Assurance ☐ Limited Assurance ☐ No Assurance

Moderate Assurance is appropriate because the 2026 workforce-tool programme is active across a broad range of services, earlier recommendations are beginning to result in recruitment and workforce action, and specific governance improvements have been designed. This is balanced against continuing limitations in real-time staffing, professional judgement and SafeCare red-flag use, monitoring and feedback after escalation, out-of-hours clinical advice, evidence of Time to Lead, completion of output meetings and consistent multidisciplinary service evidence.

2.3 Read-across from Quarter 4

Area	Quarter 4 baseline	Quarter 1 read-across
Overall assurance	Moderate	Moderate retained; no material deterioration evidenced.
Mental Health review closure	Outstanding Mental Health review activity identified.	Previous-cycle outputs were not completed. The cycle was restarted with stronger leadership and administrative support; current tool runs are complete and output meetings are pending.
AHP workforce assurance	Strategic methodology and 2026/27 review programme planned.	Local methodology continued to develop and attracted Healthcare Improvement Scotland and national interest; complete service outputs were not yet available.
Real-time staffing and escalation	Further development required.	SafeCare refresher activity and a multidisciplinary task-and-finish group progressed, but consistent reporting, professional judgement, red flags and feedback remain incomplete.
Time to Lead	Leadership time remained a priority.	A supervision-based approach was agreed but has not yet been piloted or supported by consistent planned-versus-delivered evidence.
Psychological Services	Workforce information was available through SSTS. A staffing-escalation SOP was in development; workforce forecasting, daily staffing monitoring and related SOPs required further maturity. Interim leadership arrangements supported strategic and operational oversight.	The staffing-escalation SOP was completed and implemented. DCAQ development continued, and appointments including Interim Associate Directors of Psychology and a Business Support Manager strengthened dedicated leadership capacity. No risks requiring escalation were reported. The SSTS and daily staffing-monitoring SOPs were delayed by staffing capacity and carry forward to Quarter 2.

Area	Quarter 4 baseline	Quarter 1 read-across
Maternity Services	SafeCare was operational across maternity services, with consistency of reporting and escalation requiring further development.	The February 2026 Pan-Highland tool run was reviewed and finalised in April. Data quality was strong, professional judgement aligned closely with the current funded establishment and tool outputs, and no additional resource was requested. SafeCare compliance reporting continues; the new national maternity tool is planned for November 2026.
Child Health Services	Workforce-tool assurance remained developmental, with variable completion and data quality.	Tool completion and consistency remained variable. Work with SSTS improved roster alignment, and a further tool cycle is planned for September 2026 to strengthen data quality, staff engagement, governance review and alignment with financial planning.

3. Professional and Service Updates

3.1 Mental Health and Learning Disability Services

Mental Health community and inpatient services completed the workload-tool stage of the 2025/26 cycle, but output meetings were not completed. Changes in operational management, vacancies in key leadership roles, limited administrative capacity and delays in data completion and validation prevented reliable governance closure. The Implementation Group appropriately decided not to complete the process retrospectively using historic data.

The process has restarted within the 2026 Common Staffing Method cycle. Associate Lead Nurse oversight has been established, dedicated administrative coordination is in place and expectations for timely data entry, validation and output-meeting scheduling have been strengthened. Mental Health inpatient and community tool runs are complete, with output meetings pending. Learning Disability data collection is complete and its output meeting is being arranged.

The Quarter 4 professional baseline described comparatively mature real-time staffing and escalation within Mental Health and Learning Disability inpatient services through SafeCare, twice-daily staffing reviews, demand-and-capacity monitoring, daily site rundown and tactical scrums. Quarter 1 evidence focused mainly on restoring CSM governance. The service should therefore confirm continued operation and provide retained evidence of these real-time controls, multidisciplinary oversight, severe and recurrent risk trends, clinical advice, training time and delivery of actions arising from outputs.

Quarter 2 priorities for Mental Health and Learning Disability

- Complete and formally record all Mental Health and Learning Disability output meetings.
- Retain evidence of data validation, professional judgement, quality indicators, decisions, mitigations and staff feedback.
- Confirm the continuing real-time staffing model and standardise reporting of SafeCare completion, professional judgement, red flags and escalation outcomes.
- Connect severe and recurrent staffing risks to risk registers, clinical governance and review of mitigation effectiveness.
- Clarify multidisciplinary and out-of-hours clinical-advice arrangements.

3.2 Psychological Services

Psychological Services reported continued progress during Quarter 1 in strengthening workforce governance, escalation arrangements and planning capability.

A service-specific Standard Operating Procedure for escalating staffing concerns has been developed and implemented. This provides a clearer route for identifying and escalating workforce pressures and represents progress from the Quarter 4 position, when the process was still being developed.

Further development of the Demand, Capacity, Activity and Queue (DCAQ) tool progressed during the quarter. The tool is intended to improve understanding of demand, activity and available capacity and support more reliable workforce forecasting. This provides an important foundation for evidence-based workforce planning, although routine application and demonstrable influence on staffing decisions remain to be evidenced.

Service redesign has strengthened leadership and operational capacity through appointments including Interim Associate Directors of Psychology and a Business Support Manager. These arrangements provide clearer separation of strategic and operational leadership responsibilities and reduce the requirement for these leadership roles to carry clinically facing duties, creating additional capacity for workforce planning, governance, service development and oversight.

Psychological Services reported no staffing risks or issues requiring escalation during Quarter 1. This is positive; assurance will be strengthened further through routine evidence showing how staffing levels, demand, capacity and emerging pressures are monitored and how the escalation SOP operates in practice.

Development of an SSTS SOP and a separate SOP for daily monitoring of staffing levels was planned but delayed because of staffing capacity. These actions therefore carry forward into Quarter 2.

Although the service return did not formally map activity against individual statutory duties, the evidence contributes to assurance in the following areas:

Statutory area	Relevant Quarter 1 evidence	Current limitation
12IA – Appropriate staffing	Continued DCAQ development to improve demand, capacity and workforce forecasting.	Routine use and demonstrable influence on workforce decisions remain to be evidenced.
12IC – Real-time staffing assessment	A daily staffing-monitoring SOP was identified as a planned control.	Development was delayed because of staffing capacity.
12ID – Risk escalation	The staffing-escalation SOP was developed and implemented.	Application, recording and review of escalations should be tested through future reporting.
12IE – Severe and recurrent risks	No risks requiring escalation were reported during Quarter 1.	A consistent monitoring record is required to demonstrate how recurrent risks are identified.
12IH – Time for clinical leaders	Interim Associate Director and Business Support Manager appointments strengthened dedicated strategic and operational leadership capacity.	The effect of the revised structure should be evaluated.
12II – Staffing training	Implementation of the escalation SOP provides a basis for staff guidance.	Training, awareness and application evidence were not included in the return.

Quarter 2 priorities for Psychological Services

- Progress the delayed SSTS SOP, subject to service capacity.
- Develop and implement the SOP for daily staffing-level monitoring.

- Continue DCAQ development and demonstrate how its outputs inform workforce forecasting and service decisions.
- Confirm staff awareness and practical application of the escalation SOP and retain evidence of staffing concerns, decisions, mitigations and outcomes.
- Evaluate the effect of the revised leadership structure on strategic capacity, operational oversight and workforce planning.
- Map future Psychological Services updates explicitly against the relevant HCSA duties.

3.3 Allied Health Professions

AHP services continued development of a proportionate local workforce-planning methodology for diverse services where nationally validated tools are not available. National colleagues, PSD and Healthcare Improvement Scotland expressed interest in the multidisciplinary approach and the governed use of non-validated tools. This is a positive achievement and an opportunity for Argyll & Bute learning to inform wider development. Full service-level outputs were not available during Quarter 1 (tool-run planned for autumn), so assurance continues to depend on professional judgement, existing governance and clear recording of limitations.

3.4 Pharmacy

Pharmacy continues to rely principally on professional judgement because no validated workforce tool is available. Existing foundations include recording actual staffing, supplementary staffing and training requirements. Quarter 2 should strengthen consistent documentation, service-gap datasets, escalation records, leadership assurance and evidence that mitigations influence operational decisions.

3.5 Nursing, Midwifery and Specialist Services

Nursing and Midwifery services provided the majority of Quarter 1 workforce-tool activity. Maternity has used SafeCare across units since September 2025 and continues to work on consistency and reporting. Previous reviews also led to workforce action in Islay and Mid Argyll. Continuing specialist-service work includes re-establishment of the Palliative Care Group, workforce planning for Campbeltown and Bute, capability development relevant to accident and emergency services, and clarification of Cardiac Nurse Specialist and cross-board referral arrangements.

3.6 Maternity Services

SafeCare has been fully rolled out across maternity services since September 2025. During 2026, compliance reports are being reviewed to support assurance, identify variation and inform improvement. Further work is required to strengthen escalation routes so staffing concerns are raised through the appropriate operational route first, with professional escalation used where issues remain unresolved or require senior professional oversight.

The 2025/26 Pan-Highland maternity tool runs took place in February 2026 and were reviewed and finalised in April with the Head of Midwifery for Argyll & Bute, the Associate Director of Midwifery for Highland North and Argyll & Bute Finance colleagues. The existing maternity workforce tool was used because the new national tool did not go live until April 2026, ensuring the annual statutory tool-run

requirement was met. Operational team leads provided high-quality data, professional judgement aligned closely with the current funded establishment and tool outputs, and no additional resource was requested.

Understanding continued to develop around the use of professional judgement to make on-call arrangements visible and the relationship between the Common Staffing Method, supplementary staffing data, Datix triggers and SafeCare reporting, including impacts on scheduled and unscheduled care. The new national maternity tool is planned to run Pan-Highland in November 2026.

Quarter 2 priorities for Maternity Services

- Continue reviewing SafeCare compliance reports and address variation across maternity units.
- Clarify and communicate the operational and professional escalation routes for staffing concerns.
- Prepare for the November 2026 Pan-Highland run of the new national maternity tool.
- Retain evidence linking professional judgement, supplementary staffing, Datix and SafeCare to service decisions.

3.7 Child Health Services

Across Child Health services, workforce-tool assurance remains limited for this reporting period. Elements of the Common Staffing Method have progressed and professional judgement has informed local review, but completion and consistency of tool runs have varied across teams. Contributing factors include service-capacity pressures, differing levels of tool maturity, data-quality limitations and the need for clearer local governance to support timely review, sign-off and action tracking. The current Child Health position should therefore be regarded as developmental rather than fully evidenced.

Significant work has been undertaken with SSTS colleagues to improve roster alignment because previous misalignment reduced the accuracy and reliability of workforce data.

Workforce tools are planned to run again in September 2026, incorporating the restart of the school term and aligning with financial-planning cycles. This is intended to support complete tool runs, stronger data quality, consistent staff engagement and routine reporting through agreed operational and clinical-governance routes during 2026/27.

Quarter 2 priorities for Child Health Services

- Complete the September 2026 workforce-tool cycle across applicable Child Health teams.
- Validate SSTS roster alignment and the workforce data used within the review.
- Ensure consistent staff engagement, timely review and sign-off, and clear action tracking.
- Embed routine reporting through agreed operational and clinical-governance routes.

4. Assurance by Statutory Duty

Duty	Description	Q1 assurance	Headline rationale
12IA	Ensure Appropriate Staffing	Moderate	Broad tool activity and workforce action; output closure and evaluation incomplete.

Duty	Description	Q1 assurance	Headline rationale
12IC	Real-Time Staffing Assessment	Limited	SafeCare available in applicable services; consistent use, reporting and wider-service models remain underdeveloped.
12ID	Risk Escalation Process	Limited	Routes exist, but decision, mitigation, feedback and closure records are inconsistent.
12IE	Severe and Recurrent Risks	Moderate	Risks and responses are visible; trend and effectiveness evidence require strengthening.
12IF	Clinical Advice on Staffing	Limited	Professional advice is available; a comprehensive out-of-hours route is not clearly defined.
12IH	Time for Clinical Leaders	Limited	Supervision-based approach agreed; delivered leadership time and displacement are not quantified.
12II	Appropriate Staffing Training	Limited	Training delivered; coverage, completion and consistent application are not yet demonstrated.
12IJ	Follow the Common Staffing Method	Moderate	Substantial 2026 activity; several outputs and governance arrangements remain incomplete.
12IL	CSM Training and Consultation	Moderate	Staff and Staff Side engagement occur; consultation and feedback records are inconsistent.
P&S	Planning and Securing Services	Limited	Redesign is considered, but commissioning, cross-board and third-party assurance evidence is limited.

Duty 12IA – Duty to Ensure Appropriate Staffing

Assurance level: Moderate

Workforce reviews undertaken during 2025/26 produced service-level recommendations and there is evidence that some have progressed into workforce action. Islay recruited the recommended Band 4 Occupational Therapy Assistant. Mid Argyll received approval to recruit 2.87 WTE Band 3 posts and 0.5 WTE Band 5 capacity; available Band 5 outpatient and clinic hours are supporting bank staffing pending substantive recruitment.

Quarter 1 tool activity across Community Nursing, Community Hospitals, inpatient, specialist nursing, Mental Health and Learning Disability provides an updated basis for considering establishment, skill mix, demand, professional judgement and risk. The proposed Tool Review and Assurance Group would strengthen scrutiny of deployment, redesign, productivity, mitigation and finance before escalation.

Maternity outputs were reviewed and finalised in April 2026; professional judgement aligned closely with the current funded establishment and tool outputs, and no additional resource was requested. Child Health evidence is not yet sufficiently complete or consistent to provide the same level of assurance; the September tool cycle is intended to provide an updated basis for staffing decisions.

The main limitations are incomplete output meetings and the absence of systematic evaluation showing whether recruitment and other changes have reduced service risk or improved capacity.

Quarter 2 actions

- Complete outstanding 2026 output meetings and progress approved recruitment.
- Monitor the effect of substantive and interim staffing changes on capacity, quality and risk.
- Operationalise service-level review and ensure proposals demonstrate consideration of redesign, skill mix, deployment and mitigation.
- Reflect unresolved staffing risks within operational, workforce and financial planning.

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

Assurance level: Limited

SafeCare supports recording of staffing position, professional judgement, red flags and escalation in applicable services. Maternity has used SafeCare across units since September 2025. A May 2026 refresher was offered to service managers and relevant leads, with additional resources issued to Senior Charge Nurses in July.

Across maternity services, SafeCare is fully implemented and compliance reports are being reviewed to identify variation and inform improvement. Consistency of reporting and the use of the correct escalation route remain areas for further development.

Evidence from inpatient output meetings indicates inconsistent recording of professional judgement and use of red flags. Awareness of management reports and reporting standards is limited, and hospital-based approaches do not transfer automatically to community, AHP or psychological services.

A multidisciplinary task-and-finish group comprising Lead Nurse and AHP involvement, supported by SafeCare leads, is reviewing functionality, the minimum dataset, standard reports and proportionate approaches across settings.

Quarter 2 actions

- Agree a minimum real-time staffing dataset and routine unit, hospital and service reports.
- Reinforce professional judgement and red-flag recording and follow up incomplete data.
- Define proportionate approaches for community, AHP, Mental Health and Psychological Services.
- Demonstrate how real-time information influences decisions, mitigations and residual-risk acceptance.
- Use maternity SafeCare compliance reports to identify variation, improve consistency and evidence action taken.

Duty 12ID – Duty to Have a Risk Escalation Process

Assurance level: Limited

Operational and clinical governance routes include Senior Management Team reporting, Clinical Governance Groups, Mental Health incident and quality groups, risk registers and established assurance processes. Risks can therefore be escalated, but the end-to-end record is inconsistent.

The proposed Tool Review and Assurance Group should provide a clearer first stage for reviewing staffing risks and recording evidence, mitigations, redesign options, decisions, owners and timescales. Service-specific work continues on palliative care, Campbeltown and Bute workforce planning, accident and emergency capability, Cardiac Nurse Specialist governance and cross-board referrals.

Maternity is strengthening the distinction between operational escalation in the first instance and professional escalation where concerns remain unresolved or need senior oversight. Child Health requires clearer local governance for timely review, sign-off and tracking of actions arising from workforce-tool activity.

Quarter 2 actions

- Confirm the forum responsible for every risk arising from a CSM output meeting.
- Ensure minutes record decisions, mitigations, responsible leads, timescales and feedback.
- Map service escalation routes into clinical governance and risk-management structures.
- Clarify outstanding palliative care, cardiac nursing and cross-board referral pathways.
- Confirm and communicate maternity escalation routes and Child Health governance for review, sign-off and action tracking.

Duty 12IE – Duty to Address Severe and Recurrent Risks

Assurance level: Moderate

The previous cycle identified recurrent risks relating to night staffing, workforce sustainability, lone-practitioner services, pathway gaps and establishment pressures. Responses include recruitment in Islay, planned recruitment in Mid Argyll, workforce planning for Campbeltown and Bute and re-establishment of the Palliative Care Group.

The connection between existing clinical-governance or risk forums and HCSA assurance is not consistently visible. The next requirement is to show how each risk is tracked over time and whether mitigation reduces severity or frequency.

Quarter 2 actions

- Identify where every severe or recurrent staffing risk is formally recorded and monitored.
- Link Tool Review and Assurance outputs with service risk registers and clinical governance.
- Set review dates for mitigations and escalate risks beyond local authority or resource.
- Report whether actions reduce the frequency or impact of identified risks.

Duty 12IF – Duty to Seek Clinical Advice on Staffing

Assurance level: Limited

Professional and clinical advice informs CSM reviews and operational responses. Quarter 1 examples include support for Tiree Community Nursing, the Kintyre dialysis service and viral haemorrhagic fever preparedness.

Routes are not consistently defined across services, especially evenings, weekends and public holidays. Existing consultant, on-call and senior-management arrangements provide elements of support, but not

a clearly articulated comprehensive route for staffing concerns. Palliative care, Macmillan Clinical Nurse Specialist and cross-board consultant pathways require further clarification.

Quarter 2 actions

- Map profession-specific routes, including evenings, weekends and public holidays.
- Raise the out-of-hours clinical-advice requirement at the HCSA Programme Board.
- Resolve outstanding specialist and cross-board advisory pathways.
- Record who advised, the advice, decision, mitigation and outcome.

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

Assurance level: Limited

The Implementation Group concluded that the existing Time to Lead template risked becoming an overly formal standalone compliance exercise. It agreed that the core test should be whether clinical leaders can undertake the responsibilities expected of their roles and, if not, what barriers and risks arise.

Senior Charge Nurses and Team Leads may spend significant time providing direct clinical cover because of vacancies and sickness, reducing capacity for supervision, staff development, quality improvement, governance, psychological safety and service improvement. The scale and frequency are not yet quantified.

The agreed direction is to integrate Time to Lead within supervision and one-to-one arrangements so recurrent barriers can inform workforce reviews and planning.

Quarter 2 actions

- Redesign and pilot a practical supervision-based Time to Lead approach.
- Map existing evidence of leadership activity, including psychological-safety indicators.
- Record planned and delivered leadership time and reasons for displacement.
- Use recurrent inability to lead as evidence within establishment and workforce reviews.

Duty 12II – Duty to Ensure Appropriate Staffing Training

Assurance level: Limited

The Workforce Planning Lead provided training before the 2026 tool runs. SafeCare update training was offered in May and refresher resources were circulated in July.

Output meetings still identify variable understanding and application of the Common Staffing Method and revised professional judgement tool. Staff have not always used the full functionality to reflect different staffing requirements across a shift. No comprehensive local training-assurance framework yet shows who requires training, completion or consistent application.

Quarter 2 actions

- Deliver targeted refresher training on professional judgement across different points in a shift.
- Continue SafeCare and escalation-process training.
- Create a role-based overview of required HCSA training and completion.
- Test application through tool outputs, SafeCare reports and management review.

Duty 12IJ – Duty to Follow the Common Staffing Method

Assurance level: Moderate

Community Nursing, Inpatient, Small Wards, Clinical Nurse Specialist, Mental Health Inpatient and Mental Health Community tool runs took place between April and June 2026. Output meetings began during the week commencing 1 June. Learning Disability data collection is complete and its output meeting is being arranged.

Mental Health recommenced the process within the 2026 cycle because historic output meetings were not completed and the prior data should not be reviewed retrospectively. Associate Lead Nurse oversight, administrative coordination and clearer validation and scheduling expectations have been introduced.

The 2025/26 maternity tool run was completed in February using the existing tool and finalised through multidisciplinary review in April, meeting the annual requirement before the new national tool became available. Child Health tool completion and consistency remain developmental; a further cycle is planned for September following work to improve SSTS roster alignment and data reliability.

Continuing weaknesses include professional judgement, SafeCare red flags, feedback after escalation, understanding of the full method and service-level scrutiny. Draft terms of reference for a Tool Review and Assurance Group are intended to address this before recommendations reach SLT. AHP methodology development and Healthcare Improvement Scotland engagement are positive, but complete AHP outputs are not yet available.

Quarter 2 actions

- Complete every outstanding output meeting and present the revised assurance-group proposal to SLT.
- Establish joint operational and professional review, including Learning Disability and Staff Side.
- Ensure every output considers the full CSM, not the numeric tool result alone.
- Record and track decisions, mitigations, implementation and staff feedback.
- Complete the September Child Health tool cycle and prepare for the November Pan-Highland maternity tool run, with documented multidisciplinary review and action tracking.

Duty 12IL – Training and Consultation of Staff on the Common Staffing Method

Assurance level: Moderate

Staff contribute professional judgement and are expected to engage in identifying safe staffing and skill mix. Staff Side has attended some output meetings and will be invited onto the proposed Tool Review and Assurance Group.

Maternity operational team leads provided high-quality data for the 2025/26 tool run. The September Child Health cycle is intended to strengthen consistent staff engagement alongside data quality, review and governance closure.

The principal gap is consistent feedback after escalation. Teams need to know whether concerns were reviewed, what decision was made, which mitigations were agreed and what action will follow.

Quarter 2 actions

- Include Staff Side in the Tool Review and Assurance Group and relevant output meetings.
- Standardise consultation, decision and feedback records.
- Ensure teams receive outcomes, rationale, mitigations, owners and timescales.
- Include consultation and feedback evidence in future assurance reports.
- Retain evidence of staff engagement and feedback from the Child Health and maternity tool cycles.

Planning and Securing Services – Planning, Cross-Board and Third-Party Assurance

Assurance level: Limited

Workforce reviews increasingly consider redesign, deployment, skill mix, productivity and pathways alongside establishment. Examples include Campbeltown and Bute workforce planning, capability development relevant to accident and emergency services, and work on specialist palliative care and cardiac nursing pathways.

The maternity review resulted in no request for additional resource. The September Child Health tool cycle is deliberately aligned with the school term and financial-planning timetable so emerging staffing requirements can inform operational and resource decisions.

Direct evidence of formal commissioning, procurement and third-party staffing assurance is limited. Dependencies on other NHS boards, consultant referral routes and externally supported services require clearer mapping.

Quarter 2 actions

- Identify risks dependent on cross-board pathways, commissioned or externally supported services.
- Clarify accountability and assurance for those services.
- Link redesign and workforce proposals to operational and financial planning.
- Include third-party and cross-system dependencies in future reports.

5. Key Risks and Escalations

Risk theme	Current concern	Required route
Professional judgement and SafeCare	Inconsistent professional judgement, red flags and unit-level compliance reporting.	Argyll & Bute improvement action
Real-time evidence	No agreed minimum dataset or standard reporting model across hospital, community, AHP and psychological services.	Task-and-finish group
CSM governance closure	Incomplete output meetings and insufficiently clear ownership for actions and feedback.	Tool Review and Assurance Group / SLT
Clinical advice	Out-of-hours access is not consistently defined.	Programme Board support required
Leadership capacity	Clinical leaders are drawn into direct care; displacement is not quantified.	Local pilot and monitoring
Specialist pathways	Palliative care, cardiac nursing and cross-board referral arrangements require clarification.	Service and clinical governance
Psychological Services monitoring	The escalation SOP is implemented and no Quarter 1 risks were reported; however, the SSTS and daily staffing-monitoring SOPs were delayed by staffing capacity.	Psychology leadership / Quarter 2 monitoring
Maternity reporting and escalation	SafeCare is fully implemented, but consistent reporting and use of operational and professional escalation routes require further development.	Head of Midwifery / operational governance
Child Health workforce assurance	Variable tool completion, workforce-data quality and roster alignment mean the current position remains developmental.	Child Health leads / September tool cycle

Programme Board escalation: Argyll & Bute requests support to develop a clear and reliable organisation-wide route for obtaining appropriate clinical advice in response to staffing concerns during evenings, weekends and public holidays.

6. Quarter 2 Delivery Plan

Workstream	Quarter 2 deliverable	Lead route
CSM closure	Complete output meetings; validate evidence; record decisions, mitigations, staff feedback and implementation owners.	Implementation Group / service and professional leads
Workforce action	Progress approved recruitment and evaluate whether substantive and interim changes reduce risk.	Operational managers / professional leads
Review governance	Present the Tool Review and Assurance Group proposal to SLT and operationalise service-level scrutiny.	Implementation Group Chair / SLT
Real-time staffing	Agree minimum information, reports, ownership and escalation standards across settings.	Task-and-finish group
Mental Health and Learning Disability	Complete current output meetings and evidence real-time, risk, advice and multidisciplinary governance controls.	Associate Lead Nurse / service leads
Psychological Services	Progress the SSTS and daily staffing-monitoring SOPs; continue DCAQ development; evidence application of the escalation SOP and evaluate the revised leadership arrangements.	Psychology professional and operational leadership
Time to Lead	Redesign and pilot the supervision approach and begin planned-versus-delivered monitoring.	Implementation Group / managers
Clinical advice	Map profession-specific and out-of-hours routes and progress the corporate escalation.	Professional leads / Programme Board
Specialist pathways	Progress palliative care, cardiac nursing and cross-board pathway governance.	Relevant service and governance leads
Quarterly assurance	Establish a sustainable update model using routine service returns, output records and flash reporting.	Implementation Group Chair / secretariat

Workstream	Quarter 2 deliverable	Lead route
Maternity Services	Continue SafeCare compliance review, clarify escalation routes and prepare for the November 2026 Pan-Highland run of the new national maternity tool.	Head of Midwifery / maternity operational leads
Child Health Services	Complete the September tool cycle; validate SSTS roster alignment and data quality; and ensure staff engagement, governance review, sign-off and action tracking.	Child Health professional and operational leads

The principal Quarter 2 test is whether governance arrangements designed during Quarter 1 become operational and produce clearer evidence that staffing risks are scrutinised, acted upon, communicated and monitored through to resolution.

7. Assurance Declaration

On behalf of the Argyll & Bute HCSA Implementation Group, this report provides a fair and proportionate reflection of the current implementation position, risks and assurance relating to the Health and Care (Staffing) (Scotland) Act 2019, based on the evidence available for Quarter 1 2026/27.

Declaration field	Confirmation
Name	Linda Currie
Role	Associate AHP Director
Date	07.08.26

NHS HIGHLAND

Health and Care (Staffing) Act 2019

Highland Health and Social Care Partnership Implementation Group Assurance Report

Report field	Detail
Reporting to	HCSA Programme Board
Reporting period	Quarter 1, 2026/27 (1 April–30 June 2026)
Implementation Group	Highland Health and Social Care Partnership
Chair / Senior Responsible Officer	New Chair appointed; formal details to be confirmed through Quarter 2 governance
Report authors	HSCP HCSA Implementation Group; consolidated from professional and service returns
Date submitted	July 2026
Proposed overall assurance: Moderate Assurance. This reflects a credible and broadly embedded staffing-control framework, eight professional and service returns, substantial Common Staffing Method activity and strong operational practice in several services. It is balanced against material variation in real-time evidence, severe and recurrent risk analysis, clinical-advice records, multidisciplinary coverage and governance closure.	

Scope Confirmation Statement

The Highland Health and Social Care Partnership HCSA Implementation Group confirms that the Quarter 1 evidence base includes returns from Pharmacy, Dental, Nursing, Mental Health Services, Psychological Services, Primary Care Medical Services, Allied Health Professions and Adult Social Care. The returns were reviewed proportionately against the statutory intent of the relevant duties.

Assurance draws on the best evidence currently available, including SSTS, SafeCare, service rosters and workplans, professional judgement, staffing and demand tools, Datix/InPhase, risk registers, operational huddles, governance forums, TURAS and profession-specific systems. A positive response in a return is not treated as conclusive evidence of compliance unless the narrative also demonstrates the design, operation, coverage and outcome of the control.

Evidence limitations

- The Medical return relates to Primary Care only and must not be interpreted as assurance for Acute or the wider medical workforce.
- The AHP return represents Podiatry, Speech and Language Therapy and Prosthetics rather than every HSCP AHP discipline.
- Mental Health evidence is strongest for registered mental nursing and healthcare support worker staffing; multidisciplinary coverage remains incomplete.

- Pharmacy evidence is strongest for pharmacy input to general practice; full HSCP Pharmacy coverage should be confirmed.
- Psychology has developed a staffing-escalation SOP, but it was awaiting sign-off at the reporting point. The SSTS and daily staffing-monitoring SOPs remain planned controls.
- Quantified establishment, vacancy, absence, demand, supplementary staffing and outcome trend data were not consistently appended to the returns.
- Adult Social Care evidence requires separate consideration against the applicable care-service provisions and cannot be mapped mechanically to every NHS duty.

1. Purpose of the Report

This report provides the Quarter 1 2026/27 assurance update from the Highland Health and Social Care Partnership to the NHS Highland HCSA Programme Board. It sets out the Partnership-wide position, professional and service evidence, assurance against relevant statutory duties, key risks and the actions planned for Quarter 2.

The report applies a balanced assurance approach. It recognises operating controls and local practice while identifying where documentation, coverage or outcome evidence remains incomplete. Completion of a workforce tool or the presence of an escalation route is not treated as sufficient in isolation: assurance depends on evidence that information is reviewed, decisions are recorded, staff receive feedback and resulting actions are monitored through to closure.

2. Summary of Assurance

2.1 Quarter 1 position

Quarter 1 produced a materially stronger multidisciplinary evidence base through eight professional and service returns. Across the Partnership, actual staffing and leave are widely visible through SSTS, rosters, workplans, GP templates, CM2000 and local systems. Nursing and Mental Health describe particularly strong day-to-day controls through operational huddles, SafeCare, staffing and demand review, escalation routes and supplementary staffing processes.

Pharmacy and Dental describe clear staffing, workplan, contingency and risk-governance arrangements. Primary Care Medical Services use rotas, GP-session requirements and senior escalation routes. AHP and Adult Social Care demonstrate active local management and professional judgement, although their evidence remains uneven across disciplines and service models.

Mental Health reports twice-daily nursing staffing review, SafeCare and demand/capacity assessment, daily site rundown and tactical escalation. However, severe and recurrent risk trend evidence, clinical-advice records and multidisciplinary coverage remain incomplete. Psychology has developed an escalation SOP which is awaiting sign-off; no Quarter 1 risks or issues requiring escalation were reported. Development of SSTS and daily staffing-monitoring SOPs and a formal approach to adequate time for clinical leaders are planned for Quarter 2.

Review and planning work, together with appointment of a new Chair, provides a constructive basis for refreshed HSCP HCSA Implementation Group arrangements. Quarter 2 must convert the improved evidence base into a functioning multidisciplinary delivery and assurance forum, with clear operational ownership, a monthly action and evidence tracker and defined escalation routes.

2.2 Overall assurance level

☐ Substantial Assurance ☒ Moderate Assurance ☐ Limited Assurance ☐ No Assurance

Moderate Assurance is appropriate because all eight areas describe relevant staffing controls, professional oversight or escalation mechanisms; several services demonstrate mature operational practice; and a substantial Common Staffing Method programme is complete or underway. No statutory domain is assessed as No Assurance.

The position is moderated by Limited Assurance in several core domains. The most material gaps concern consistent required-versus-actual staffing evidence, real-time service-impact records, severe and recurrent risk trend analysis, clinical-advice and feedback trails, multidisciplinary coverage, governance closure and evidence that agreed action has reduced risk.

2.3 Read-across from Quarter 4

Area	Quarter 4 baseline	Quarter 1 read-across
Overall evidence base	Positive implementation activity was present, but coordinated reporting and multidisciplinary evidence were incomplete.	Eight professional and service returns were received and consolidated, supporting a proposed overall rating of Moderate Assurance.
Implementation governance	Routine coordinated oversight and accountability were not consistent across services.	Review and planning were completed and a new Chair appointed. A refreshed, delivery-focused Implementation Group is planned for Quarter 2.
Professional coverage	The breadth and boundaries of professional assurance were not consistently visible.	Coverage now includes eight areas, but Medical is Primary Care only, AHP covers three disciplines and Mental Health evidence remains nursing-led.
Real-time staffing	Local staffing controls were operating, with variable Partnership-wide evidence.	Strong models are evident in Nursing and Mental Health. Other services use rosters, workplans or local systems, but the link between staffing, demand, impact and mitigation is inconsistent.
Risk escalation and closure	Escalation routes existed, but coordinated evidence of decisions, feedback and closure was limited.	All areas describe routes or governance mechanisms; end-to-end recording and consolidated severe/recurrent-risk trend analysis remain priorities.
Common Staffing Method	Tool activity and local professional oversight were progressing.	Nursing reports established tracking and sign-off; Mental Health runs were underway in June/July. Governance closure, consultation evidence and action tracking require consolidation.
Psychological Services	Workforce information was available through SSTS and service-specific governance controls were developing.	The escalation SOP has been developed and is awaiting sign-off. No Quarter 1 risks were reported. SSTS, daily monitoring and Time to Lead controls remain planned for Quarter 2.

2.4 Professional and service assurance overview

Professional / service area	Q1 assurance	Balanced rationale
Pharmacy	Moderate	Clear primary-care staffing basis, workplans, weekly mitigation oversight and escalation routes; daily impact and advice-outcome evidence can be strengthened.
Dental	Moderate	Established site controls, contingency arrangements and strong risk governance; complexity impact and formal training-resource evidence require consolidation.
Nursing	Moderate	Mature workforce reviews, daily operational controls, supplementary staffing governance and CSM oversight; variation remains across community and specialist settings.
Mental Health Services	Limited	Strong twice-daily nursing staffing, SafeCare, demand/capacity and escalation controls; severe/recurrent-risk, multidisciplinary and advice records require completion.
Psychological Services	Limited	An escalation SOP has been developed but awaits sign-off; daily monitoring, clinical-advice, leadership-time and formal training controls remain incomplete.
Medical – Primary Care only	Limited	Rotas, nationally informed GP requirements and senior escalation routes are in place; this does not provide assurance for Acute or the wider medical workforce.
Allied Health Professions	Limited	Represented services use professional judgement and local mitigation; real-time, escalation and outcome records are not consistent across disciplines.
Adult Social Care	Limited	Substantial local staffing, agency, dependency, inspection and training controls operate; standardisation and care-service statutory mapping require development.

3. Professional and Service Updates

3.1 Nursing Services

Nursing reports agreed workforce reviews across teams, using the Common Staffing Method and Professional Judgement tools where applicable. Staff-on-shift templates, daily operational huddles and OPEL scoring support consideration of staffing and acuity. SafeCare and eRostering/Optima rollout continue, but use is not yet standardised across all services.

Supplementary staffing requests are risk assessed and authorised through professional and operational leadership, recorded through Allocate BankStaff and supported by daily bank/agency and unfilled-shift summaries. Community hospitals use dynamic risk assessments and Datix themes are reviewed weekly, feeding clinical governance. Documentation and feedback are less consistent in some community and specialist settings, and the risk-escalation SOP remains to be completed.

Quarter 2 priorities for Nursing Services

- Complete, approve and implement the Nursing Risk Escalation SOP across inpatient, community and specialist settings.
- Clarify SafeCare and eRostering ownership, red-flag review, professional-judgement overrides and follow-up reporting.
- Retain evidence of CSM decisions, staff consultation, implementation owners and action closure.

3.2 Mental Health Services

Mental Health demonstrates a strong real-time nursing staffing model. Twice-daily reporting records actual registered mental nurse and healthcare support worker staffing, while SafeCare and a demand/capacity tool identify required staffing, acuity and service impact. Daily site rundowns and tactical scrums provide routes for mitigation, supplementary staffing requests, escalation and feedback.

The service does not yet demonstrate a complete severe and recurrent risk record. Datix reports can be used to identify trends, but the transition to Healthcare Guardian creates uncertainty about initial reporting capability. Clinical advice is sought in some staffing situations, but the adviser, advice, decision and dissemination are not consistently recorded. Current real-time assessment is nursing-focused rather than fully multidisciplinary.

Protected leadership time is recognised, but short-term staffing absence can draw leaders into direct clinical activity. A one-hour shift overlap introduced with the reduced working week supports handover and managerial review. Workforce-tool runs were underway in June/July 2026, with tracking held by the Associate Nurse Director; outcomes and governance closure require confirmation.

Quarter 2 priorities for Mental Health Services

- Confirm workforce-tool outcomes, decisions, actions and staff feedback through a shared governance record.
- Establish severe and recurrent risk trend reporting and confirm Healthcare Guardian capability.
- Record clinical advice and feedback end-to-end and extend staffing assurance beyond nursing where relevant.
- Monitor whether leadership time is delivered in practice and record displacement caused by staffing pressures.

3.3 Psychological Services

Psychological Services reports steady progress in developing safe-staffing governance. Actual staffing and leave are recorded through SSTS, and supplementary staffing is authorised by the Director of Psychology or Senior Service Manager and recorded through Allocate BankStaff.

A service-specific SOP for escalating staffing concerns has been developed and was awaiting sign-off at the reporting point. It must therefore be treated as a designed control rather than an implemented control. Existing escalation routes include Heads of Service, the Director of Psychology or Senior Service Manager and Datix/InPhase where appropriate. Psychological Services reported no Quarter 1 risks or issues requiring escalation.

An SOP for SSTS and a separate SOP for daily monitoring of staffing levels are planned for Quarter 2. The service also plans to discuss and develop its approach to adequate time for clinical leaders. Interim Associate Directors have protected non-clinical time and provide a foundation for this work, but a formal system for leadership time, clinical-advice recording and training assurance remains under development.

Statutory area	Relevant Quarter 1 evidence	Current limitation
12IA – Appropriate staffing	Actual staffing is recorded through SSTS and local escalation routes are identified.	A consistent required-staffing and demand measure is not yet evidenced.
12IC – Real-time staffing	SSTS records available staffing; a daily monitoring SOP is planned.	Daily linkage of staffing, demand, impact and mitigation is not yet operational.
12ID – Risk escalation	The escalation SOP has been developed.	The SOP awaits sign-off; implementation, awareness and sample evidence remain to be demonstrated.
12IE – Severe/recurrent risks	Datix/InPhase and Psychology SMT can support risk review; no Q1 escalation was reported.	A consistent trend, outcome and closure record requires evidence.
12IH – Time for leaders	Interim Associate Directors have protected non-clinical time.	The wider service approach is under review and delivered time is not yet measured.
12II – Training	PDP, TURAS, study-leave and NES coordination arrangements are described.	The return identifies the need for a more formal and consistently evidenced system.

Quarter 2 priorities for Psychological Services

- Secure approval for the staffing-escalation SOP, communicate it to staff and retain evidence of implementation.
- Develop the SSTS SOP and the SOP for daily monitoring of staffing levels.
- Agree a proportionate approach to required staffing, demand, service impact and mitigation for a non-acute service.
- Discuss and develop the approach to adequate time for clinical leaders and improve clinical-advice and training records.

3.4 Pharmacy Services

Pharmacy records staffing through SSTS and uses a planning basis of 1 WTE per 5,000 weighted patients for input to general practice. Practice workplans and a weekly input spreadsheet record coverage and mitigation, including Pharmacy Hub support. Team Leads notify practices and Pharmacy Management of service impacts, reprioritise time-critical work and use Datix for significant risk.

Protected management time, 10% education, training and development time, TURAS, PDP and study leave records provide a credible foundation. Quarter 2 should confirm the full HSCP Pharmacy scope and make the relationship between staffing, workload, service impact, advice and outcome more consistently visible.

3.5 Dental Services

Dental uses SSTS and locality/site staffing information, supported by site and service contingency plans. Weekly management huddles, Datix/InPhase, quarterly risk-register review and senior escalation provide a clear risk-governance structure. Clinical Discussion Groups, weekly leadership meetings, workplanned non-clinical time, TURAS, SOAR and PDP arrangements support professional assurance.

Further assurance should record daily complexity and service impact where this materially affects care, and should strengthen the formal record of training resources, clinical advice and the resulting decision and feedback.

3.6 Medical Services – Current Primary Care Scope

The Medical return covers Primary Care only. GP templates, rotas, leave and sickness records provide staffing visibility. Required GP staffing is informed by nationally recognised guidance on sessions for the practice population; other groups use agreed establishments. Staffing and service risks can be escalated through Primary Care Managers, Clinical Directors, the Head of Primary Care and the Associate Medical Director.

There is no single real-time record of required staffing across disciplines, and severe and recurrent risk evidence is currently based on local knowledge rather than a consolidated trend process. Practice-level recording of advice and feedback varies. Quarter 2 must develop a coordinated Medical assurance workstream that retains the Primary Care evidence and adds Acute and wider medical coverage.

3.7 Allied Health Professions

The AHP return covers Podiatry, Speech and Language Therapy and Prosthetics. Podiatry and Prosthetics use SSTS or shared information to record staffing, while Speech and Language Therapy is preparing a daily huddle-tool trial. Services use clinic requirements, waiting-list priority, professional judgement and local mitigation, but required staffing, service impact, escalation and outcome evidence are not consistently documented.

Podiatry has business-continuity arrangements and a staffing-tool run planned for September or October 2026. Leadership and learning time are described, although operational activity can encroach upon protected time in single-person or pressured services. Quarter 2 should confirm wider AHP coverage, complete planned activity and establish a common, proportionate evidence standard.

3.8 Adult Social Care

Adult Social Care uses rosters, SSTS, CM2000, occupancy, dependency, commissioned-hours information and local professional judgement to support staffing decisions. Bank, agency and Central Resource Team requests are subject to workforce risk assessment, approval and daily scrutiny. Care Inspectorate feedback, improvement plans, provider handbacks, contract monitoring and leadership forums provide relevant risk intelligence.

The main assurance issue is not an absence of operational practice; it is variation across care homes, Care at Home and support services, together with the need to evidence the correct care-service statutory duties. A common staffing-risk record, escalation map, consolidated dashboard and commissioned-service evidence are required.

4. Assurance by Statutory Duty

Duty	Description	Q1 assurance	Headline rationale
12IA	Ensure Appropriate Staffing	Limited	Staffing baselines and professional judgement are widespread; required-versus-actual staffing and service-impact evidence are inconsistent.
12IB	Agency Workers and Supplementary Staffing	Moderate	Formal approval and monitoring controls exist where supplementary staffing is used; terminology and residual-risk recording can be standardised.

Duty	Description	Q1 assurance	Headline rationale
12IC	Real-Time Staffing Assessment	Limited	Strong models exist in Nursing and Mental Health; other services do not consistently connect staffing, demand, impact and mitigation.
12ID	Risk Escalation Process	Limited	Routes exist across services, but the end-to-end record of decision, advice, feedback and closure is variable.
12IE	Severe and Recurrent Risks	Limited	Risk systems and local trend review exist; a consolidated staffing-risk trend and outcome view is not routine.
12IF	Clinical Advice on Staffing	Limited	Professional advice routes are available, but adviser, advice, decision, dissemination and feedback are not consistently recorded together.
12IH	Time for Clinical Leaders	Moderate	Protected or planned time is widely described; operational displacement and delivered time are not consistently measured.
12II	Appropriate Staffing Training	Moderate	TURAS and profession-specific systems provide a credible foundation; protected time, role coverage and exception action require stronger evidence.
12IJ	Follow the Common Staffing Method	Moderate	Substantial activity is reported; scope, governance closure, recorded decisions and action follow-through require consolidation.
12IL	CSM Training and Consultation	Limited	Professional engagement and Staff Side access are evident; consolidated training, consultation and feedback evidence is incomplete.
12IM	Reporting on Staffing	Moderate	Eight returns and this report strengthen annual assurance; provenance, source references and outcome evidence require improvement.
P&S	Planning and Securing Services	Limited	Planning and commissioned-service intelligence are present; explicit cross-system and HCSA assurance evidence remains incomplete.

Duty 12IA – Duty to Ensure Appropriate Staffing

Assurance level: Limited

The Partnership has established staffing baselines and service-specific planning assumptions. Nursing has completed workforce reviews; Pharmacy uses a weighted-patient staffing basis; Dental holds site requirements; Mental Health uses SafeCare and demand/capacity information; Primary Care Medical Services use GP-session guidance and agreed establishments; and AHP and Adult Social Care use professional judgement, clinic, dependency and service-delivery information.

Assurance remains Limited because not every service consistently brings actual staffing, required staffing, skill mix, demand or complexity, service impact, mitigation and residual risk together in one proportionate record. Discipline and service coverage also require clarification in Pharmacy, Mental Health, Medical and AHP.

Quarter 2 actions

- Approve a minimum evidence standard covering actual and required staffing, demand, service impact, mitigation and residual risk.
- Confirm the scope of Pharmacy, AHP, Mental Health and Medical assurance and record explicit gaps or exceptions.
- Use service-appropriate measures rather than imposing an acute inpatient model on community, primary care, psychology or social care services.
- Demonstrate how workforce decisions affect safe, effective and timely care.

Duty 12IB – Agency Workers and Supplementary Staffing

Assurance level: Moderate

Formal controls are evident where supplementary staffing is used. Nursing and Adult Social Care use risk assessment, senior authorisation, Allocate BankStaff and daily summaries. Mental Health records bank and agency use in SafeCare. Psychology requires senior authorisation and records use through Allocate BankStaff. Dental monitors out-of-hours cover, while Pharmacy and Primary Care Medical Services report little or no routine supplementary use.

The remaining opportunity is consistent classification of bank, agency, overtime, excess or additional hours, and a visible link between the staffing request, the risk mitigated, unfilled need and the residual position.

Quarter 2 actions

- Agree common supplementary-staffing definitions and minimum reporting fields.
- Record the underlying risk, authorisation, mitigation achieved, unfilled requirement and residual risk.
- Retain corporate assurance concerning agency induction, competence, supervision and review.

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

Assurance level: Limited

Nursing uses daily operational huddles and OPEL scoring, with SafeCare rollout continuing. Mental Health operates a strong twice-daily model linking nursing staffing, acuity, impact, mitigation and supplementary staffing. Pharmacy, Dental, Primary Care Medical Services and Adult Social Care use workplans, rosters, templates, occupancy, dependency and local review.

Assurance is Limited because the same completeness is not achieved across every service model. AHP evidence is variable and Psychology has not yet implemented its planned daily monitoring SOP. The Partnership requires a proportionate minimum dataset rather than one uniform acute care process.

Quarter 2 actions

- Approve service-specific minimum real-time staffing evidence, including impact on timely, safe and effective care.
- Complete SafeCare governance and test the planned Speech and Language Therapy and Psychology approaches.
- Pilot proportionate Primary Care Medical and AHP records without duplicating existing operational systems.
- Use monthly assurance to show how real-time information changed decisions or mitigation.

Duty 12ID – Duty to Have a Risk Escalation Process

Assurance level: Limited

Escalation routes are present across the Partnership through operational huddles, OPEL arrangements, management and professional leadership, Datix/InPhase, risk registers, clinical governance and commissioning routes. Dental and Pharmacy describe clear pathways; Nursing and Mental Health use established daily operational forums; Primary Care has senior operational and medical routes; and Adult Social Care uses management, professional and commissioning channels.

The main limitation is inconsistent end-to-end evidence of the concern, escalation, advice, decision, mitigation, outcome, feedback and closure. The Nursing SOP remains in development, and the Psychology SOP awaits sign-off.

Quarter 2 actions

- Complete and implement the Nursing SOP and secure sign-off and implementation evidence for the Psychology SOP.
- Adopt one proportionate HSCP escalation minimum record and map existing service routes.
- Sample-test escalations across services to confirm advice, decision, feedback and closure.
- Report material unresolved risks through the refreshed Implementation Group and established governance routes.

Duty 12IE – Duty to Address Severe and Recurrent Risks

Assurance level: Limited

Datix/InPhase, risk registers, dynamic risk assessment, business-continuity plans, inspection evidence and action plans provide relevant controls. Dental and Pharmacy describe routine trend or action-plan review. Nursing reviews Datix themes weekly. Psychology can use Datix/InPhase and Psychology SMT, and Adult Social Care draws on inspection, provider and staffing intelligence.

A consolidated Partnership view of recurrence, severity, actions and outcomes is not routine. Mental Health identifies a specific gap and uncertainty during the Healthcare Guardian transition. Primary Care Medical Services do not yet have a formal trend process, and AHP evidence varies by discipline.

Quarter 2 actions

- Introduce a quarterly staffing-risk trend report with recurrence triggers, owners, due dates and outcomes.
- Confirm Mental Health reporting capability through the Healthcare Guardian transition.
- Formalise Primary Care Medical and AHP severity and trend arrangements.
- Demonstrate whether agreed actions reduced the frequency or impact of the risk.

Duty 12IF – Duty to Seek Clinical Advice on Staffing

Assurance level: Limited

Professional and clinical advice routes are available through Pharmacy, Dental, Nursing, Mental Health, Primary Care Medical Services, AHP and Adult Social Care leadership. Services describe examples of advice or escalation, but the evidence does not consistently bring the adviser, advice, decision, rationale, dissemination, feedback and outcome together.

Mental Health records this only in some cases. Primary Care practice-level consistency varies. AHP pathways depend on discipline and service resilience. Psychology identifies its procedure as an area for development.

Quarter 2 actions

- Add standard advice, decision, dissemination, feedback and closure fields to the minimum record.
- Define proportionate advice routes for community, multidisciplinary, lone-worker and single-person services.
- Audit a small sample of Quarter 2 staffing escalations end-to-end.
- Escalate corporate or out-of-hours advice gaps through the NHS Highland Programme Board where local resolution is not possible.

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

Assurance level: Moderate

Most areas describe protected, planned or workplanned non-clinical leadership time. Pharmacy, Dental, Nursing, Primary Care Medical Services, Podiatry and Prosthetics identify formal or planned arrangements. Mental Health has introduced a shift overlap to support handover and managerial review. Psychology has protected time for interim Associate Directors.

Operational pressures can displace leadership time, particularly in Nursing, Mental Health, AHP and Adult Social Care. Delivered time and the effect of displacement on supervision, quality, governance and improvement are not consistently measured. Psychology plans to discuss and develop its wider approach during Quarter 2.

Quarter 2 actions

- Record planned and delivered leadership time and reasons for material displacement.
- Escalate recurrent loss of leadership time where workforce oversight, quality or improvement is affected.
- Use job planning and establishment review routes to formalise Psychological Services and Speech and Language Therapy arrangements.

Duty 12II – Duty to Ensure Appropriate Staffing Training

Assurance level: Moderate

TURAS, PDP, SOAR, study-leave, professional portfolio, SSSC, induction, supervision and local compliance systems provide a broad training-assurance foundation. Nursing and Adult Social Care describe organisational and role-specific frameworks. Pharmacy has protected development time, while AHP services use TURAS, portfolios and training requests.

Evidence is less consistent for protected time, role-specific requirements, overdue priority training, exception action and the resource impact of releasing staff. Psychology identifies the need for a more formal system, and Mental Health is uncertain whether training time and resources are formally collated.

Quarter 2 actions

- Report role-based training requirements, compliance, overdue priorities, protected time and exception action.
- Formalise Psychological Services training assurance and Mental Health recording of training time and resources.
- Retain profession-specific portfolios while agreeing a common minimum evidence standard.

Duty 12IJ – Duty to Follow the Common Staffing Method

Assurance level: Moderate

Nursing reports central tracking, agreed workforce reviews, multi-lead sign-off and Staff Side access to final reports. Mental Health workforce-tool runs were underway during June/July 2026 and Professional Judgement functionality is available for nursing. The multidisciplinary Professional Judgement Tool has been or will be used in some MDT settings, including Minor Injury Units. Podiatry has a tool run planned for September or October.

The remaining requirement is consistent governance closure: an in-scope register, validated outputs, documented decisions, action owners, implementation evidence, staff feedback and review of outcomes. Mental Health tracking is person-dependent and the scope of Professional Judgement across disciplines requires clarification.

Quarter 2 actions

- Maintain one in-scope register showing scheduled and completed runs, findings, decisions, actions and closure.
- Confirm Mental Health June/July outcomes and the status of the planned Podiatry tool run.
- Ensure each review considers the full Common Staffing Method, not the numeric tool output alone.
- Link decisions to service, workforce and financial planning and monitor implementation through an identified forum.

Duty 12IL – Training and Consultation of Staff on the Common Staffing Method

Assurance level: Limited

Professional engagement and Staff Side access are evident in Nursing, and staff contribute to professional judgement and local workforce review. However, the returns do not provide a consistent Partnership-wide record of CSM training, staff consultation, comments received, how those comments influenced decisions and how final outcomes were fed back.

Quarter 2 actions

- Standardise the record of CSM training, staff and Staff Side consultation, comments and responses.
- Ensure teams receive the outcome, rationale, mitigations, owner and timescale following review.
- Include consultation and feedback evidence within the CSM tracker and future assurance reports.

Duty 12IM – Reporting on Staffing

Assurance level: Moderate

The eight professional and service returns and this consolidated report materially strengthen the Partnership contribution to NHS Highland annual reporting. The revised approach separates reported evidence, assessed assurance, limitations, risks and planned action.

Future cycles should improve reporting-period provenance and retain a referenced evidence repository showing the source, owner, date, coverage, outcome and action status. Current questionnaire mapping should also be corrected so supplementary staffing, training, CSM consultation and ministerial duties are treated under the appropriate provisions.

Quarter 2 actions

- Use a corrected return template and maintain a referenced evidence repository.
- Record evidence owner, reporting period, source, outcome and action status for each duty.
- Maintain separate but connected reporting for NHS duties and care-service provisions.

Adult Social Care – Read-across to Care-Service Provisions

Assurance level: Limited

Provision	Requirement	Q1 assurance	Headline rationale
Section 1	Guiding principles	Limited	Safety, dependency, rurality and quality considerations are visible; staff and service-user involvement and transparent decisions require stronger evidence.
Section 3	Planning or securing care services	Limited	Commissioning, contract monitoring and provider handbacks are active sources of assurance; explicit HCSA contract evidence requires consolidation.

Assurance level: Limited

Provision	Requirement	Q1 assurance	Headline rationale
Section 7	Duty to ensure appropriate staffing	Limited	Rosters, dependency, CM2000, risk assessment and supplementary staffing controls operate; required-versus-actual and impact recording are not standardised.
Section 8	Training of care-service staff	Moderate	Training matrices, TURAS/SSSC, induction and compliance tracking provide a credible foundation; time and resource evidence can improve.
Section 10	Regard to ministerial guidance	Limited	Care Inspectorate and improvement routes are used; explicit evidence of regard to HCSA guidance should be retained.

Adult Social Care demonstrates substantial local operational activity. Quarter 2 should standardise the staffing-risk record and escalation map, develop a consolidated workforce dashboard and confirm provider, commissioning and annual reporting accountabilities.

Planning and Securing Services – Cross-System and Third-Party Assurance

Assurance level: Limited

Service planning, workplans, business-continuity arrangements, commissioned-hours information, contract monitoring and provider handbacks contribute to assurance. Primary Care, Pharmacy and Adult Social Care demonstrate clear dependencies on wider systems and commissioned or supported services.

Direct evidence of how HCSA requirements are specified, monitored and escalated through commissioning, procurement, cross-board or third-party arrangements is incomplete. Workforce and service proposals should also connect explicitly to operational and financial planning.

Quarter 2 actions

- Identify staffing risks dependent on commissioned, cross-board or externally supported services.
- Clarify accountability and assurance requirements for those arrangements.
- Link workforce and service proposals to operational, financial and activity planning.
- Include third-party and cross-system dependencies in future assurance reporting.

5. Key Risks and Escalations

Risk theme	Current concern	Required route
Implementation governance	The refreshed Implementation Group has been designed but must become an active delivery and assurance forum with clear operational ownership.	HSCP leadership / new Chair / HCSA Lead
Real-time staffing evidence	No agreed minimum record consistently links staffing, demand, impact, mitigation and residual risk across service models.	Refreshed Implementation Group
Severe and recurrent risks	A consolidated staffing-risk trend and outcome view is not routine; Mental Health also has a system-transition dependency.	Quality and risk / service governance
Clinical advice and feedback	Adviser, advice, decision, dissemination, feedback and closure are not consistently recorded together.	Professional leads / Programme Board where corporate
Medical scope	The current Medical return covers Primary Care only and cannot provide assurance for Acute or the wider medical workforce.	Medical assurance workstream
AHP and multidisciplinary coverage	AHP coverage is limited to three disciplines and Mental Health real-time evidence is nursing-led.	Professional and operational leads

Risk theme	Current concern	Required route
Psychological Services controls	The escalation SOP awaits sign-off; SSTS, daily monitoring and Time to Lead controls remain in development. No Q1 escalation was reported.	Psychology leadership / Quarter 2 monitoring
Adult Social Care assurance	Local controls operate, but standardisation and correct care-service statutory mapping require completion.	ASC leadership / commissioning

Programme Board escalation: The Partnership asks the Programme Board to note the proposed Moderate Assurance position; support the refreshed HSCP Implementation Group and the coordinated Medical assurance workstream; and assist with corporate dependencies that cannot be resolved locally, including SafeCare/eRostering governance, consistent clinical-advice routes and organisation-wide evidence standards.

6. Quarter 2 Delivery Plan

Workstream	Quarter 2 deliverable	Lead route
Implementation governance	Approve terms of reference, confirm Chair and sponsor, name operational and professional members, establish a monthly cycle and maintain an action/evidence tracker.	HSCP leadership / new Chair / HCSA Lead
Minimum evidence standard	Approve proportionate fields for staffing, demand, impact, mitigation, escalation, advice, feedback and closure.	Operational and professional leads
SafeCare and real-time staffing	Clarify ownership, red-flag and Professional Judgement review, escalation, follow-up and routine reporting; test non-acute approaches.	Nursing / SafeCare and eRostering / service leads
Mental Health	Confirm tool outcomes; establish severe/recurrent-risk trend reporting; verify Healthcare Guardian capability; strengthen multidisciplinary and advice evidence.	Mental Health professional and service leadership
Psychological Services	Secure SOP sign-off and implementation; develop SSTS and daily monitoring SOPs; agree the approach to adequate time for clinical leaders.	Director of Psychology / Senior Service Manager
Nursing	Complete and implement the Risk Escalation SOP and provide sample evidence from inpatient, community and specialist services.	Associate Nurse Director / Professional Lead Nursing
Medical assurance	Define scope and establish a coordinated Primary Care, Acute and wider Medical baseline and action plan.	Medical and Primary Care leadership / HCSA Lead
Allied Health Professions	Complete the huddle pilot and planned Podiatry tool run, address single-person-service resilience and confirm wider discipline coverage.	AHP professional and service leads
Adult Social Care	Standardise the staffing-risk record and escalation map; develop a dashboard; consolidate commissioned-service evidence and reporting accountability.	ASC / Commissioning and Contracts
CSM and consultation	Maintain the in-scope register; record findings, decisions, implementation, staff consultation, feedback and closure.	Professional leadership / HCSA Lead
Quarterly assurance	Create a referenced evidence repository and use a corrected return that distinguishes current operation from planned action.	HCSA Lead / HSCP Governance

The principal Quarter 2 test is whether the refreshed governance arrangements become operational and produce evidence that staffing concerns are assessed, acted upon, communicated and monitored through to outcome and closure across different service models.

7. Assurance Declaration

On behalf of the Highland Health and Social Care Partnership HCSA Implementation Group, this report provides a fair and proportionate reflection of the current implementation position, risks and assurance relating to the Health and Care (Staffing) (Scotland) Act 2019, based on the evidence available for Quarter 1 2026/27.

Declaration field	Confirmation
Name	Julie C Gilmore
Role	Associate Nurse Director, HHSCP HCSA Implementation Group, Chair
Date	17/8/2026

NHS HIGHLAND

Health and Care (Staffing) Act 2019

Child Health Implementation Group Assurance Report

Report field	Detail
Reporting to	HCSA Programme Board
Reporting period	Quarter 1, 2026/27 (1 April–30 June 2026)
Implementation Group	Highland Council Child Health
Chair / Senior Responsible Officer	Toni Barker, Lead Nurse
Report author	Toni Barker, Lead Nurse
Date submitted	August 2026

Proposed overall assurance: Limited Assurance. This retains the Quarter 4 position. Child Health has established professional and clinical governance, service-specific escalation procedures, supervision and risk-register oversight. These controls support day-to-day safety but do not overcome the material statutory gap created by the Lead Agency Model: Child Health staff are employed by Highland Council while NHS Highland retains professional responsibility, and the services do not have reliable access to the NHS workforce, rostering, SafeCare, communication and clinical systems required to evidence several duties. No Assurance can therefore be provided for the duty to follow the Common Staffing Method.

Scope Confirmation Statement

The Highland Council Child Health HCSA Implementation Group confirms that relevant staff groups delivering Child Health services within scope of the Health and Care (Staffing) (Scotland) Act 2019 have been considered. The principal services evidenced in this return are Health Visiting, School Nursing and Family Nurse Partnership, together with relevant nursing and AHP staffing and the professional and operational leadership arrangements that support them.

Under the Lead Agency Model, the staff covered by this report are employed by Highland Council while NHS Highland retains professional responsibility for the relevant Child Health practice and assurance. The resulting interface between employer systems, professional governance, statutory accountability and investment decisions is central to the current assurance position.

Assurance has been developed proportionately from the best evidence available, including professional judgement, local staffing and prioritisation arrangements, supervision, service risk registers, escalation procedures and Child Health professional and clinical governance. Local workarounds are not treated as equivalent to national staffing systems where they are not sustainable, auditable or capable of supporting the full statutory method.

Evidence limitations

- Highland Council-employed Child Health staff do not have reliable access to the NHS workforce and clinical infrastructure required for full implementation, including SSTS and staffing tools, e-Rostering, SafeCare, NHS Scotland Outlook, NHS electronic patient records and elements of TURAS functionality.
- Child Health staff are within scope of the national SafeCare rollout, but the services are not included in NHS Highland's current SafeCare implementation plan and no agreed local implementation route for Highland Council-employed staff was evidenced at the reporting point.
- A locally devised real-time staffing process was tested but was labour intensive, time consuming and did not generate meaningful or auditable assurance information.
- The annual establishment review and the three-year Child Health Workforce Plan provide useful workforce oversight but are not informed by the statutory staffing tools specified within the Common Staffing Method.
- The source return did not assign an assurance level for Duty 12IF or Planning and Securing Services. A proportionate Limited assessment is applied in this report because relevant routes exist, but evidence of consistent recording, shared organisational accountability and outcome monitoring is incomplete.
- A digital enablement paper was scheduled for consideration by the Highland Council Portfolio Board and Chief Officers Group after the Quarter 1 reporting period. Its consideration is an important escalation step but is not yet evidence that access or accountability issues have been resolved.

1. Purpose of the Report

This report provides the Quarter 1 2026/27 assurance update from the Highland Council Child Health HCSA Implementation Group to the NHS Highland HCSA Programme Board. It sets out progress against the statutory staffing duties, evidence of current controls, the continuing effect of the Lead Agency Model, principal risks and the decisions and actions required during Quarter 2.

The report distinguishes between arrangements that support safe operational practice and evidence that demonstrates statutory compliance. Professional judgement, local tools and governance remain important interim controls, but they cannot replace the national staffing tools, auditable real-time information, consultation and organisational decision-making required by the Act.

For consistency with the other NHS Highland Implementation Group reports, the assurance scale is Substantial, Moderate, Limited and No Assurance. References to Reasonable Assurance in the source return are mapped to Moderate Assurance in this consolidated report.

2. Summary of Assurance

2.1 Quarter 1 position

Quarter 1 does not evidence a material deterioration from Quarter 4, but neither does it demonstrate resolution of the principal barriers. Child Health continues to operate established professional and clinical governance, risk escalation and Programme Board reporting arrangements. Risk Escalation Standard Operating Procedures and Priorities of Care guidance support Health Visiting, School Nursing and Family Nurse Partnership services, with recurrent risks reported through the Child Health Risk Register and Professional and Clinical Governance Group.

Leadership controls include non-caseload-holding Child Health Nursing Team Leaders and one-to-one supervision every eight to twelve weeks in accordance with Highland Council policy. A locally designed first-line manager development programme and a new nursing learning and development group are intended to strengthen capability. These are credible foundations, although consistent evidence of delivered leadership time, protected learning time and access to NHS learning opportunities remains incomplete.

The central constraint remains digital and organisational enablement. Current system access does not allow Highland Council-employed Child Health teams to run the mandated Common Staffing Method, use SafeCare through an agreed implementation model or retain a consistent auditable record of real-time staffing decisions. Locally developed alternatives have been tested and found unsustainable. This is an organisational dependency requiring joint executive ownership rather than a gap that can be closed by the Child Health Implementation Group alone.

2.2 Overall assurance level

Assurance option	Selected	Interpretation
Substantial Assurance	☐	High confidence; controls are established, operating and evidenced.
Moderate Assurance	☐	Acceptable evidence with defined improvement requirements.
Limited Assurance	☒	Material gaps remain and require escalation and coordinated action.
No Assurance	☐	Critical absence of evidence or control across the overall report.

Limited Assurance remains appropriate because professional governance and operational risk controls are in place, but the Implementation Group cannot evidence compliance with several core duties. The absence of an agreed digital and organisational solution prevents consistent use of national tools, real-time staffing records, workforce data and auditable action tracking. The overall position is not No Assurance because defined escalation, supervision, risk-register and professional governance arrangements continue to operate.

2.3 Read-across from Quarter 4

Area	Quarter 4 baseline	Quarter 1 read-across
Overall assurance	Limited Assurance.	Limited Assurance retained; no material deterioration or resolution of the principal dependencies evidenced.

Area	Quarter 4 baseline	Quarter 1 read-across
Lead Agency barriers	Employer and NHS system interfaces prevented full compliance.	The same structural and digital barriers remain. A digital enablement paper was scheduled for senior Highland Council consideration.
Common Staffing Method	No Assurance because national staffing tools could not be accessed.	No Assurance retained. Annual establishment and workforce-plan activity does not replace the statutory method.
Real-time staffing	Local workarounds were labour intensive, unsustainable and unauditable.	The tested local process did not provide meaningful or auditable information; no agreed SafeCare implementation route was evidenced.
Risk and professional governance	Service SOPs, risk-register reporting and professional governance were established.	These arrangements continue and remain the strongest part of the evidence base.
Leadership and training	Supervision, non-caseload-holding Team Leaders and development work were in place.	The controls continue, with Band 7 development and a nursing learning and development group planned; system access and protected-time evidence remain limited.

3. Professional and Service Update

3.1 Lead Agency operating model

Child Health operates within a Lead Agency Model in which the relevant workforce is employed by Highland Council and NHS Highland retains professional responsibility. This model requires the two organisations to align employer infrastructure, professional standards, clinical governance, information governance, investment and statutory assurance. At present, the required alignment is not sufficiently developed to support full HCSA compliance.

The risk is recorded on the Highland Council Corporate Risk Register. The Implementation Group reports that the current risk owner does not hold the authority required to approve all necessary mitigations and that responsibility for costs has not been agreed. The resulting gap requires a named executive route, joint decisions and a delivery plan across organisational boundaries.

3.2 Digital and workforce infrastructure

The lack of access to SSTS and national staffing tools prevents the statutory Common Staffing Method from being run. Limited access to e-Rostering, SafeCare, NHS Scotland Outlook, electronic patient records and TURAS also affects real-time staffing information, learning opportunities, professional communications and the retention of a complete assurance trail.

The locally devised real-time staffing process was a reasonable attempt to mitigate this gap, but testing showed that it was labour intensive, time consuming and unable to produce meaningful or auditable data. The lesson is that further isolated local workarounds are unlikely to be proportionate. The priority is an agreed, supported and properly resourced digital-enablement solution.

3.3 Professional governance and operational controls

Risk Escalation Standard Operating Procedures are in place for School Nursing, Health Visiting and Family Nurse Partnership and are used alongside Priorities of Care guidance. These set out escalation routes, feedback, governance and audit expectations. Severe and recurrent risks are recorded on the Child Health Risk Register and reported to the Child Health Professional and Clinical Governance Group.

These controls support local decision-making and provide a credible professional governance foundation. Assurance would be strengthened by retained evidence showing the concern raised, professional advice obtained, decision, mitigation, feedback, review date and outcome, together with trend analysis demonstrating whether recurrent risks are reducing.

3.4 Leadership, learning and workforce planning

Child Health Nursing Team Leaders are non-caseload holding and leaders receive one-to-one supervision every eight to twelve weeks. A local first-line manager development programme is planned, with current learning and development attention focused on Band 7 managers. A new nursing learning and development group is planned for Quarter 2.

The annual Health and Social Care establishment check is underway and the three-year Child Health Workforce Plan is being reviewed. These are useful planning controls, but the establishment review is not informed by the statutory staffing tools. Access restrictions to NHS communications, TURAS and national learning opportunities also mean that information sharing can depend on individuals rather than reliable systems.

4. Assurance by Statutory Duty

Duty	Description	Q1 assurance	Headline rationale
12IA	Ensure Appropriate Staffing	Limited	Professional judgement, establishment review and workforce planning are in place, but national tool evidence and clear monitoring are absent.
12IC	Real-Time Staffing Assessment	Limited	A local process was tested but was unsustainable and unauditable; no agreed SafeCare route is in place.
12ID	Risk Escalation Process	Moderate	Service SOPs and Priorities of Care guidance define escalation and governance routes; consistent retained outcome evidence should be tested.
12IE	Severe and Recurrent Risks	Limited	Risks are recorded and reviewed, but trend, mitigation-effectiveness and executive-resolution evidence remain incomplete.
12IF	Clinical Advice on Staffing	Limited	Professional advice routes are referenced in the escalation SOP, but consistent advice and decision records were not evidenced.
12IH	Time for Clinical Leaders	Limited	Non-caseload-holding Team Leaders and supervision support leadership; planned-versus-delivered time and constraints are not quantified.
12II	Appropriate Staffing Training	Limited	Local development activity is planned, but access to NHS learning, communications and TURAS remains restricted.
12IJ	Follow the Common Staffing Method	No Assurance	The mandated staffing tools cannot be accessed or run for Highland Council-employed Child Health staff.
12IL	CSM Training and Consultation	Limited	Staff have received information, but tool-specific training, participation, outputs and feedback cannot be fully demonstrated.
P&S	Planning and Securing Services	Limited	The Lead Agency interface is fundamental to service delivery, but accountability for enabling systems, investment and mitigation is unresolved.

Duty 12IA – Duty to Ensure Appropriate Staffing

Assurance level: Limited

Professional judgement informs local safe-staffing decisions and the annual Health and Social Care establishment check is underway. The three-year Child Health Workforce Plan is also under review. These arrangements provide a basis for considering workload, capacity and service sustainability.

The establishment review is not informed by the statutory workforce tools and the monitoring route was not clearly articulated in the source return. The Implementation Group therefore cannot demonstrate that the full range of statutory considerations has been consistently triangulated, decided and monitored.

Quarter 2 actions

- Complete the current workforce-plan review and document how professional judgement, demand, quality, establishment and service risk have informed conclusions.
- Agree a proportionate interim evidence set for appropriate staffing while the digital-enablement dependency is resolved.
- Escalate establishment or service risks that cannot be mitigated within existing authority and record the required decision.
- Define how local decisions, actions and outcomes will be reviewed through professional, operational and corporate governance.

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

Assurance level: Limited

A locally devised real-time staffing process was tested. The test demonstrated that the process was labour intensive, time consuming and did not produce meaningful or auditable information. This learning is important because it shows that the workaround is not a sustainable control.

Child Health staff are within the national scope for SafeCare, but no agreed route for implementation for Highland Council-employed staff was evidenced and Child Health is not included in NHS Highland's current implementation plan. Daily staffing decisions therefore continue to depend on professional judgement, local prioritisation and risk escalation.

Quarter 2 actions

- Secure a joint decision on whether and how SafeCare will be implemented for Highland Council-employed Child Health teams.
- Pending that decision, agree a minimum auditable real-time staffing record covering demand, available staffing, professional judgement, mitigation, escalation, feedback and residual risk.
- Ensure the interim approach is proportionate and does not recreate the failed labour-intensive process.
- Report unresolved access, funding or information-governance dependencies through the agreed executive route.

Duty 12ID – Duty to Have a Risk Escalation Process

Assurance level: Moderate

Risk Escalation Standard Operating Procedures are in place for School Nursing, Health Visiting and Family Nurse Partnership and are supported by Priorities of Care guidance. The procedures set out escalation routes, staff feedback, governance and audit expectations.

This is the strongest area of assurance within the return. Moderate rather than Substantial Assurance is appropriate because consistent evidence of application, decision recording, feedback, closure and audit findings was not included.

Quarter 2 actions

- Sample completed escalations to confirm that the SOP operates as intended and that decisions, mitigations, feedback and outcomes are retained.
- Confirm staff awareness and access to the current SOP and Priorities of Care guidance.
- Clarify the executive escalation route when the required action sits outside the authority of the local risk owner.
- Report material exceptions and unresolved resource decisions to the HCSA Programme Board.

Duty 12IE – Duty to Address Severe and Recurrent Risks

Assurance level: Limited

Severe and recurrent staffing risks are addressed within the service escalation SOP, recorded on the Child Health Risk Register and reported to the Child Health Professional and Clinical Governance Group.

The source evidence does not yet demonstrate systematic trend analysis, review of mitigation effectiveness or a reliable route to secure decisions where resolution requires authority or investment beyond Child Health. The current corporate-risk ownership concern is therefore material.

Quarter 2 actions

- Identify each severe or recurrent staffing risk, its owner, governance route, current mitigation and review date.
- Introduce simple trend and effectiveness reporting to show whether risks are reducing, stable or worsening.
- Reassign or supplement risk ownership where the current owner lacks authority to secure the required mitigation.
- Escalate unresolved cross-organisational risks with a clear statement of the decision, resource or authority required.

Duty 12IF – Duty to Seek Clinical Advice on Staffing

Assurance level: Limited

The Child Health Risk Escalation SOP provides a route for professional and clinical advice and reporting to the Professional and Clinical Governance Group. Established professional leadership also supports operational decision-making.

The source return did not assign an assurance rating and did not include retained examples showing the advice sought, adviser, decision, any disagreement, mitigation and outcome. Limited Assurance is therefore applied proportionately pending evidence of consistent operation.

Quarter 2 actions

- Map the advice route for each Child Health service, including arrangements outside normal working hours where relevant.
- Standardise the record of advice, decision, disagreement, mitigation, feedback and outcome.
- Test a sample through the Professional and Clinical Governance Group and report any gaps.
- Escalate advice-access dependencies that cannot be resolved within Child Health.

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

Assurance level: Limited

Child Health Nursing Team Leaders are non-caseload holding and leaders receive one-to-one supervision every eight to twelve weeks under Highland Council policy. These are positive structural controls that support leadership capacity and professional oversight.

The return does not quantify planned and delivered leadership time, displacement, missed supervision or whether leaders can consistently complete governance, quality-improvement, workforce and staff-support responsibilities. The proposed first-line manager programme strengthens capability but does not itself evidence adequate time.

Quarter 2 actions

- Define the leadership responsibilities and minimum evidence expected for non-caseload-holding Team Leaders.
- Begin proportionate monitoring of planned and delivered leadership activity, including barriers and displacement.
- Use supervision to identify recurrent inability to complete leadership responsibilities and connect this to workforce and risk review.
- Progress the first-line manager development programme and evaluate participation and practical impact.

Duty 12II – Duty to Ensure Appropriate Staffing Training

Assurance level: Limited

The service is reviewing statutory and mandatory training compliance, monitoring and reporting, with current development focused on Band 7 managers. A nursing learning and development group is planned for the next quarter.

No robust system or firm plan was evidenced for consistent access to national and NHS learning opportunities. Highland Council-employed staff may miss communications because they do not use NHS Scotland Outlook, and TURAS functionality may be restricted by the level of access available. This creates dependence on individuals to relay professional information, including national letters and learning opportunities.

Quarter 2 actions

- Establish the nursing learning and development group and agree its remit, membership and reporting route.
- Map the role-based HCSA, staffing-system, escalation and professional-learning requirements for Child Health staff.
- Resolve or formally escalate access barriers affecting NHS communications, TURAS and national learning opportunities.
- Report training coverage, completion, access exceptions and evidence of practical application.

Duty 12IJ – Duty to Follow the Common Staffing Method

Assurance level: No Assurance

Highland Council-employed Child Health teams cannot access or run the mandated national staffing tools. Local nursing and AHP tools were developed in an attempt to replicate the available NHS tools, but they were found to be unsustainable and unable to generate auditable evidence.

The annual establishment check, workforce-plan review and professional judgement remain useful operational activities, but they do not constitute the full Common Staffing Method. No Assurance is therefore appropriate for this duty until an agreed and workable method is enabled.

Quarter 2 actions

- Secure an executive decision on the technical, contractual, information-governance and funding route required to enable the Common Staffing Method.
- Define which Child Health services and staff are in scope for each applicable national tool and professional-judgement requirement.
- Agree an implementation plan covering access, configuration, training, tool runs, validation, output review, decisions, staff feedback and action monitoring.
- Do not require further unsupported local replicas of national systems unless they form part of an agreed, proportionate and auditable interim control.

Duty 12IL – Training and Consultation of Staff on the Common Staffing Method

Assurance level: Limited

Staff information sessions have been held and staff are aware of progress and current limitations. This supports transparency and engagement.

Because the Common Staffing Method cannot presently be run, the service cannot demonstrate consistent tool-specific training, consultation on outputs, decision feedback or staff involvement across the complete statutory cycle.

Quarter 2 actions

- Continue regular staff communication on the current position, decisions and realistic next steps.

- Include staff and Staff Side in the design and implementation of any agreed interim or permanent solution.
- Record consultation, questions, decisions, rationale, mitigations, owners and timescales.
- Plan role-based CSM training once the digital and implementation route is agreed.

Planning and Securing Services – Lead Agency and Cross-Organisational Assurance

Assurance level: Limited

The Lead Agency Model is integral to how Child Health services are planned and delivered. Highland Council employs the workforce while NHS Highland retains professional responsibility. Safe staffing assurance therefore depends on clear shared arrangements for systems, information, governance, workforce planning, investment and escalation.

The current return identifies no clear agreement on which organisation is responsible for mitigations with a cost and states that the existing risk owner lacks sufficient authority. The absence of an agreed cross-organisational accountability and funding route is a material limitation.

Quarter 2 actions

- Agree and document the respective responsibilities of Highland Council and NHS Highland for HCSA systems, professional assurance, employment data, training, investment and risk resolution.
- Nominate an executive owner with authority to coordinate and secure cross-organisational decisions.
- Agree the funding and approval route for digital enablement and any interim safety controls.
- Report progress and unresolved decisions through the HCSA Programme Board and relevant Highland Council governance.

5. Key Risks and Escalations

Risk theme	Current concern	Required route
Lead Agency accountability	Staff are employed by Highland Council while NHS Highland retains professional responsibility; shared responsibilities for HCSA enablement and assurance are not sufficiently explicit.	Joint executive decision and documented accountability
Common Staffing Method	Mandated staffing tools cannot be accessed or run, resulting in No Assurance for Duty 12IJ.	HCSA Programme Board / digital enablement governance
SafeCare and real-time staffing	Child Health is not included in the current NHS Highland implementation plan and the tested local workaround was unsustainable and unauditable.	Joint SafeCare implementation decision
Digital access	Restrictions affect SSTS, e-Rostering, Outlook, electronic patient records and TURAS, weakening workforce intelligence, communication, learning and auditability.	Highland Council Portfolio Board / Chief Officers Group / NHS Highland leads
Authority and funding	The current risk owner cannot approve all mitigations and organisational responsibility for associated costs is unresolved.	Named executive owner and agreed funding route
Severe and recurrent risks	Risks are recorded, but trend, mitigation-effectiveness and closure evidence require strengthening.	Child Health governance and corporate risk review
Clinical advice and feedback	Advice routes exist but consistent records of advice, decisions, feedback and outcomes were not included.	Professional and Clinical Governance Group

Risk theme	Current concern	Required route
Training and communication	Access to NHS communications, TURAS functionality and national learning opportunities is inconsistent.	Joint workforce, learning and digital action

Programme Board escalation: Child Health requests a jointly owned executive decision on digital enablement and statutory staffing infrastructure for Highland Council-employed Child Health staff. This should confirm the accountable owner, the respective responsibilities of Highland Council and NHS Highland, the implementation route for SafeCare and the Common Staffing Method, information-governance requirements, funding responsibility and a monitored delivery timetable. Pending implementation, a proportionate minimum auditable staffing and escalation record should be agreed and supported.

6. Quarter 2 Delivery Plan

Workstream	Quarter 2 deliverable	Lead route
Executive accountability	Confirm a joint executive owner and responsibilities across Highland Council and NHS Highland for HCSA enablement and assurance.	Chief Officers / HCSA executive leadership
Digital enablement	Consider the digital enablement paper and agree actions, resources, dependencies, owners and timescales.	Highland Council Portfolio Board / Chief Officers Group
SafeCare and real-time staffing	Decide the implementation route for Child Health and agree a proportionate interim auditable staffing record.	SafeCare programme / Child Health / digital and information governance
Common Staffing Method	Agree the route to enable national tools and produce an implementation plan covering scope, access, training, review and action monitoring.	HCSA Programme Board / Workforce Planning
Risk and escalation	Test application of the existing SOP and strengthen decision, feedback, closure and recurrent-risk trend evidence.	Child Health Professional and Clinical Governance Group
Workforce planning	Complete the workforce-plan review and connect establishment, demand, professional judgement, quality and risk evidence.	Child Health leadership / Workforce / operational leads
Leadership and learning	Progress Band 7 development, establish the nursing learning and development group and map access gaps affecting NHS learning and communications.	Child Health professional leadership / Learning and Development
Staff engagement	Maintain transparent updates and involve staff and Staff Side in the design of interim and permanent arrangements.	Implementation Group / service leads
Quarterly assurance	Report decisions, implementation progress, evidence gained and any change in duty-level assurance.	Implementation Group Chair

7. Assurance Declaration

On behalf of the Highland Council Child Health HCSA Implementation Group, this report provides a fair and proportionate reflection of the current implementation position, risks and assurance relating to the Health and Care (Staffing) (Scotland) Act 2019, based on the evidence available for Quarter 1 2026/27.

Declaration field	Confirmation
Name	Toni Barker
Role	Lead Nurse
Date	10 August 2026