Agenda Item 10

NHS Highland

Meeting: **NHS Highland Board**

Meeting date: **27th January 2026**

Title: **HCSA, Quarter 2 2025**

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

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

Report Recommendation

This Quarter 2 update is presented to the NHS Highland Board for noting.

NHS Highland proposes 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 the period 1 July – 30 September 2025**.**

This assessment reflects:

- Continued progress in SafeCare rollout, SOP development/ratification, governance alignment and CSM output process review.
- Acknowledged variation in maturity, operational consistency and staff understanding across sectors.
- Significant pressure points across services affecting the pace of implementation, the ability operationalise, assess and to fully evidence compliance with statutory duties.
- Challenges with broader staff engagement and completion of tool runs within expected timescales.

The overall position remains broadly consistent with NHS Highland's closing assurance rating for 2024/25 and Quarter 1, reflecting a realistic and proportionate view of the organisation's current level of statutory compliance, the slower pace of progress this quarter, and the developing maturity of implementation across sectors.

1 Purpose

This is presented to the Board for:

- Noting

This report relates to a:

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

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

Quarter 2 2025/26: Health & Care (Staffing) (Scotland) Act 2019

This is the second quarterly update of 2025/26 and provides an overview of NHS Highland's progress, challenges, and priorities in implementing the statutory duties of the Health and Care (Staffing) (Scotland) Act 2019 for the period 1 July – 30 September 2025.

This Quarter 2 update follows the same transparent assurance approach established in Quarter 1. It reflects the findings from the Q1 HIS Board Engagement Call and the Q2 desk-based review, ensuring continued alignment with national monitoring requirements.

Given the short interval between quarterly updates and the scale of system-wide pressures during this period, progress has been a blend of incremental development, deepening operational testing, and small but important early signs of maturation in several duties.

Quarter 2 has also surfaced a clearer picture of the organisation's gap analysis, particularly in the areas of:

- Real-time staffing assessment,
- Risk escalation and severe/recurrent risk management,
- Breadth and documentation of clinical advice,
- Governance ownership of CSM outputs, and
- Variability in staff understanding across sectors.

This report provides a high-level overview of Quarter 2 statutory compliance, with an increased focus on assurance, risk, and system maturity.

NHS Highland will continue to follow the established annual reporting cycle for the Health and Care (Staffing) (Scotland) Act 2019. The Quarter 2 report will be presented to APF in December 2025, Staff Governance Committee in January 2026, and the NHS Highland Board later the same month.

As in 2024/25, the Quarter 3 Report and the Annual Report will be produced as a single combined paper, covering October–December 2025 and providing the statutory year-end return required under Duty 12IM. This combined report will be presented through February–March 2026 governance.

A Quarter 4 Addendum will follow in June–July 2026, completing the reporting cycle and supporting transition into the 2026/27 HCSA reporting year.

2.2 Situation – Quarter 2 (July–September 2025)

Quarter 2 has been characterised by slow but steady operational progress alongside ongoing pressures that continue to influence the pace and consistency of statutory implementation. The period saw movement from policy development into more visible operationalisation, particularly within Acute and Maternity where SafeCare usage, oversight mechanisms were strengthened and developed.

SafeCare readiness and activation progressed following the completion of the Raigmore e-roster rebuild, with maternity preparation underway for activation later in 2025. The Acute Workforce Implementation Group continued to build momentum, providing clearer structure around implementation and workforce oversight, escalation, and assurance. This has supported a more consistent approach locally, though maturity still varies across teams and sectors.

A major focus for Q2 was completing and progressing governance of the 2024/25 Common Staffing Methodology (CSM) reports.
Reports were completed for:

- Acute
- Argyll & Bute
- Highland HSCP

However, all areas continued to experience challenges around final decision-making, including:

- delays in achieving final governance sign-off
- variation in local interpretation of CSM outputs
- difficulty reconciling tool findings with financial, operational and service redesign constraints
- challenges in communicating outcomes consistently back to staff

These issues have created a slower feedback loop than intended, which is now being addressed through a review of the output review structures, roles and responsibilities and clearer governance routes planned for Quarter 3/4.

Governance alignment strengthened in Q2, supported by ongoing work to develop the Ask Once planning framework and notification of the proposed, board commissioned, external Azets audit of workforce and safe staffing arrangements.

Engagement continued across Implementation Groups in Acute, HSCP and Argyll & Bute, although participation and consistency varied in line with service pressures and leadership capacity.

Overall, Quarter 2 reflects meaningful but uneven progress**,** characterised by clearer structure and traction in some areas, alongside sustained pressure, capacity challenges, and the ongoing need for focused leadership support. The Board's proposed moderate assurance rating remains appropriate for this stage of implementation.

Methodology for Assessing Compliance and Assurance (Q2 Desk-Based Review)

This Quarter 2 update has been prepared using a desk-based review drawing on routinely reported organisational evidence. The assessment reflects triangulated analysis of:

- SafeCare utilisation and e-rostering data
- CSM 2024/25 outputs (Acute, Argyll & Bute, HSCP)
- Updates from HCSA Programme Board and sector Implementation Groups
- Operational feedback from Acute Workforce Implementation Group
- Staff-side and professional leadership input

2.2 Background

The Health and Care (Staffing) (Scotland) Act 2019 came into legal effect on 1 April 2024, placing statutory duties on Health Boards and care service providers to ensure services are appropriately staffed to deliver safe, high-quality care. The Act requires Boards to apply evidence-based methodologies, seek professional advice, respond to real-time staffing risks, and maintain transparency in workforce planning and staff wellbeing.

The NHS Highland Quarter 4 Addendum, approved in July 2025, concluded the first full year of enactment and provided an organisation-wide baseline of maturity. This has informed the priorities for 2025/26 and highlighted the scale of change required across services.

Quarter 2 has represented a continued shift from initial set-up into operationalisation of the Act. Progress has been visible in several areas, particularly within Acute services, where SafeCare adoption, real-time staffing processes and governance arrangements have strengthened. However, capacity, service pressures, and variation across sectors continue to influence the consistency and maturity of implementation.

During Quarter 2, NHS Highland completed the 2024/25 Common Staffing Methodology (CSM) reports for Acute, Argyll & Bute, and HSCP. While this marks important progress, there remain obstacles in securing final governance decisions and ensuring timely, coherent feedback back to staff. These delays reflect the inherent complexities of reconciling tool outputs with financial constraints, service pressures, and redesign requirements, and they continue to slow the feedback loop that services rely on.

Engagement across Implementation Groups in Acute, HSCP and Argyll & Bute continued this quarter, though participation varies depending on operational pressures. The Acute Workforce Implementation Group gained meaningful traction, particularly in strengthening SafeCare oversight, escalation consistency, and local governance.

NHS Highland continued to contribute to the national HCSA Leads Network and progressed improvement actions stemming from the HIS Quarter 1 Board Engagement Call.

A significant development in Quarter 2 was the completion of the draft Safe and Effective Rostering Policy. This policy, under collaborative review and development, establishes a

clear framework for planning, managing, and monitoring nursing and midwifery rosters, and sets a consistent organisational standard aligned with the Act and Working Time Regulations. It positions rostering as a strategic function, rather than an administrative task, with clear expectations for fairness, transparency, publication timelines, SafeCare usage, leave management, appropriate deployment of supplementary staffing, and adherence to professional and legislative standards. The policy defines roles and responsibilities from Board to ward, introduces a structured audit and assurance framework, and provides practical tools to support compliance. Consultation commenced during Quarter 2, with finalisation planned for early Quarter 4. This work is a critical enabler of improved real-time staffing assurance, workforce sustainability, and consistent delivery of statutory duties.

Quarter 2 also highlighted several continuing challenges:

• sustained operational pressures and workforce gaps in high-risk services
• variation in understanding and application of statutory duties
• inconsistent use of Datix for recording severe or recurrent staffing risks
• limited capacity in some services to engage fully with training, governance and reporting
• delays in decision-making and feedback relating to the CSM process

These issues are not unexpected for an Act of this scale and reflect the ongoing transition towards full maturity. NHS Highland remains committed to strengthening governance, improving communication and feedback loops, and supporting leaders and teams to embed the Act into everyday practice.

Quarter 3 will prioritise embedding SafeCare and RTS SOPs, finalising the CSM output-review approach, improving staff feedback pathways, and preparing surveying staff in preparation of the combined Q3/Annual Report required early in 2026.

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

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

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

2.3 Assessment

Assessment – Quarter 2 (2025/26)

NHS Highland's self-assessment for Quarter 2 maintains an overall moderate level of assurance in meeting the statutory duties set out in the Health and Care (Staffing) (Scotland) Act 2019. This reflects continued progress across several workstreams, alongside persistent system pressures, variation in implementation maturity, and slower-than-planned traction in some areas due to operational capacity constraints.

Progress between Quarter 1 and Quarter 2 has been evident but slower than anticipated, influenced by workforce pressures, leadership capacity challenges, the increasing BAU load associated with SafeCare activation, and demand exceeding available resources for e-rostering and system implementation.

Under the national HCSA reporting framework, most duties continue to align with Reasonable Assurance (Yellow RAG**)**, with a number remaining at Limited Assurance (Amber RAG) due to structural gaps in staffing tools, variation across sectors, and early maturity of real-time staffing data. Locally, the Board's terminology of moderate assurance remains a pragmatic summary of the organisation's overall position.

Key strengths emerging in Quarter 2

- Significant expansion of SafeCare, now live in 69 areas, with positive engagement in priority and high-risk services.
- Development of the first Roster Perform Retrospective Dashboard, providing structured insight and a foundation for improved triangulation; planning underway to add SafeCare metrics in Quarter 3.
- Reduction in reliance on high-cost medical agency, with tighter rate control and complete cessation of non-medical agency use.
- Steady progress on the development of the Ask Once integrated planning framework, establishing early foundations for a single evidence-driven planning model.
- Improved governance alignment, supported by Implementation Groups in Acute, HSCP and Argyll & Bute, and notification of the proposed Azets audit.
- Expansion of staffing tool activity, including HIS release of the new multidisciplinary Professional Judgement Tool and continued tool runs across CNS, CN, Small Wards and emergency care areas.
- Operationalisation of real-time staffing SOPs, particularly within Acute and maternity services.

Key constraints sustaining a moderate assurance rating

- Variation in maturity and consistency of HCSA implementation across sectors, especially in community, non-rostered and commissioned services.
- SafeCare data quality and maturity remain variable, limiting its ability to provide full Board-level assurance.
- Delays in governance decisions and closure of the 2024/25 CSM cycle, including unresolved tensions between tool outputs, affordability, and system configuration.
- Demand exceeding implementation capacity for e-rostering and SafeCare; schedules now extending into Q1 2026/27.
- System pressures, particularly delayed discharges, driving prolonged use of additional beds at Raigmore and distorting staffing requirements.
- Maternity workforce challenges, including rising complexity and acuity against a backdrop of falling birth rates.
- Staff uncertainty and scepticism around CSM tools, requiring stronger communication, training and consistent engagement.
- Limited evidence of Time to Lead / protected learning time being consistently applied across professions.
- Documentation, SOPs and version control still evolving, with a reliance on draft materials in some areas.

Forward focus

Quarter 2 has strengthened the organisation's understanding of the structural and operational challenges shaping HCSA maturity. Key priorities entering Quarters 3 and 4 include:

- Expanding the Roster Perform Dashboard to incorporate SafeCare metrics and improve triangulation.
- Accelerating SafeCare maturity, including data quality audits and embedding escalation SOPs.
- Closing the 2024/25 CSM cycle through structured governance reviews and development and launch of the 2025/26 cycle plan
- Advancing development, the Ask Once planning framework to support integration across workforce, finance, service planning and HCSA duties.
- Supporting services preparing for the Reduced Working Time Week, particularly smaller teams at risk of disproportionate impact.
- Completing SOP revisions and establishing the HCSA Intranet Hub as a single source of truth.

Overall, while progress has been steady, implementation pace in Q2 has been slower than planned, driven by demand-capacity constraints and the growing BAU workload as SafeCare becomes embedded. NHS Highland remains committed to safe staffing and to maturing its systems, processes and governance to meet the full intent of the Act.

Quarter 2 Assurance Checklist

The checklist below summarises NHS Highland's Quarter 2 position against each statutory duty and associated programme deliverables.

NHS Highland continues to apply its internal Board-level assurance terminology: *substantial, moderate, limited, none*, while also mapping each duty to the national HCSA RAG definitions:

(Substantial/ 🟢 , Reasonable/ 🟡 , Limited/ 🟠 , No Assurance/ 🔴) for external consistency.

For Quarter 2, NHS Highland's overall assurance remains moderate, reflecting broadly sound governance arrangements and statutory processes that are in place, but acknowledging that progress across several duties has been slower than planned. Continued operational pressures, constrained capacity, real-time staffing data immaturity, and variation in implementation across sectors mean that assurance has not yet increased to "substantial" or to a consistently "reasonable" national rating.

Key areas of improvement in Quarter 2 include the expansion of SafeCare, strengthened medical agency controls, progress on SOPs, and new dashboards supporting workforce insight. However, continuing gaps in CSM governance closure, Datix utilisation, leadership capacity, and real-time staffing coverage limit the organisation's ability to demonstrate higher assurance at this stage.

Taken together, the Quarter 2 profile reflects a system functioning reasonably well, but still requiring targeted improvement, stronger triangulation, clearer decision-making pathways, and continued leadership focus to progress to higher assurance levels in future quarters.

(Internal rating: Moderate | National RAG ratings shown below)

RAG Scale (National Definitions):
🟢 Substantial | 🟡 Reasonable | 🟠 Limited | 🔴 No Assurance

Statutory Duty	Q2 RAG	Summary of Q2 Position
12IA – Appropriate Staffing	🟡	Core processes in place; SafeCare visibility improving. Variation continues across sectors, increased pressure in maternity and Raigmore surge beds.
12IB – Use of Agency Workers	🟡 (improving)	Medical agency spend reduced and non-medical agency eliminated. Bank reliance still high in some areas.
12IC – Real-Time Staffing Assessment	🟠	SafeCare live in 69 areas, but data maturity uneven; RTS not consistently used across all professions. SOP embedding early.
12ID – Risk Escalation	🟡	SOP ratified; escalation reliable in Acute, less so in community/non-rostered services. Datix usage inconsistent.
12IE – Severe & Recurrent Risk	🟠	Processes exist but not systematically embedded. Maternity and delayed discharge areas escalating routinely; whole-system tracking developing.
12IF – Clinical Advice on Staffing	🟡	Professional advice embedded in CSM/RTS; gaps where professions lack validated tools. AHP pilot progressed.
12IH – Time to Lead	🟠	SOP approved but Board-level assurance absent. No consolidated evidence of implementation. Awaiting national TURAS process.
12II – Staff Training	🟡	Training available; uptake improving but uneven. Need to integrate into induction and consider mandatory status.
12IJ – Common Staffing Methodology	🟠	Tool runs completed but governance closure of 2024/25 cycle delayed. Work ongoing on financial and establishment reconciliation.
12IK – N&M Workload Tools	🟡	Tools applied where mandated; new Professional Judgement Tool released. MH&LD tool now accessible via SafeCare.
12IL – CSM Training & Consultation	🟡	Training programme in place; guidance being refined after real-world feedback. Variable engagement.
12IM – Reporting on Staffing	🟡	Reporting strengthened through new Roster Perform Dashboard; SafeCare metrics coming in Q3. Governance timing misalignment persists.
Planning & Securing Care Services	🟠	Engagement improving across local authority and third-sector commissioning, though evidence inconsistent and still developing.

Quarter 2 Overall Assurance Rating: MODERATE

This reflects the current balance between:
• statutory compliance requirements
• early but improving system maturity
• persistent workforce and structural pressures
• slower-than-planned implementation due to operational demands

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 – Quarter 2 (2025/26)

NHS Highland proposes an overall moderate level of assurance in relation to its delivery of the statutory duties of the Health and Care (Staffing) (Scotland) Act 2019 during Quarter 2 of 2025/26. This remains consistent with the position at the close of 2024/25 and Quarter 1. While progress continues across key areas of statutory implementation, the pace of improvement between Q1 and Q2 has been slow, reflecting sustained system pressures, operational constraints, and variation in maturity across sectors.

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

While the Act does not introduce new workforce investment requirements, it strengthens the legal expectation that services are planned, staffed, and resourced appropriately to deliver safe, high-quality care. During Quarter 2, NHS Highland continued to experience the same underlying workforce pressures seen in Quarter 1, and progress in some areas was slower than anticipated due to competing operational demands and leadership capacity constraints.

Addressing staffing risks, through improved e-rostering, SafeCare implementation, strengthened escalation processes, and better control of supplementary staffing, continues to carry financial implications. However, these actions are essential for improving safety, consistency, and compliance with statutory duties.

Strengthening establishment control and data-driven workforce planning

Standardised establishment reviews continue to evolve, supported by more reliable SafeCare data in Acute and growing real-time staffing information. While full integration is still developing, these maturing processes will support clearer links between demand, capacity, and funded establishment.

Improving utilisation of the substantive workforce

The rebuilt e-roster at Raigmore and the progression of SafeCare implementation are laying foundations for improved deployment of substantive staff. Q2 saw early benefits through greater visibility of staffing levels, more consistent application of escalation processes in Acute, and earlier identification of staffing risks.

Reducing premium spend over time

Although premium staffing use remains high, the work underway — including clearer authorisation processes, improved governance around Bank and agency, and early testing of updated SOPs — is expected to contribute to cost avoidance as data quality and managerial grip improve.

Embedding CSM outputs into financial and service planning

Finalising CSM 2024/25 reports across Acute, Argyll & Bute and HSCP has been a major step forward. However, delays in governance sign-off have slowed the pace at which outputs can be incorporated into 2025/26 service and budget planning. Strengthening this connection remains a Q3 priority.

Progress on the 'Ask Once' integrated planning framework

Q2 saw development of the proposed 'Ask Once' framework, which aims to streamline workforce, service, finance, and performance planning into a coordinated single process. Although implementation is in early stages, this work is expected to significantly reduce duplication, improve data coherence, and ensure workforce implications are consistently considered at the point of planning.

3.3 Financial

There continue to be financial implications associated with addressing staffing risks and responding to issues identified through the mechanisms required to demonstrate compliance with the Act. As in previous quarters, these implications largely relate to the need for improved deployment of substantive staff, strengthened controls on supplementary staffing, and the operational costs of embedding SafeCare, e-rostering, and real-time escalation processes.

However, it remains important to emphasise that the Act does not introduce anything new in principle regarding the requirement for services to be planned, funded, and delivered with an appropriate workforce in place to meet safe service standards. These duties reflect expectations already inherent in effective governance and workforce planning.

3.4 Risk Assessment/Management

Staffing remains a strategic risk for NHS Highland and continues to feature prominently on Board-level risk registers. During Quarter 2, operational pressures and variation in implementation maturity sustained this elevated risk profile.

The duties set out in the Health and Care (Staffing) (Scotland) Act 2019, particularly those relating to real-time staffing assessment, escalation processes, and the management of severe or recurrent risks, continue to provide an essential framework for identifying,

responding to, and learning from workforce-related risks. Progress in SafeCare implementation within Acute has strengthened visibility of real-time risk, though further work is required across to embed the effective use of the tools to enable consistent risk recognition and reporting.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

N/A

3.7 Other impacts

N/A

3.8 Communication, involvement, engagement and consultation

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

3.9 Route to the Meeting

N/A

4.1 List of appendices

The following appendices are included with this report:

- **Appendix 1;** Insights & Observations -Progress Update – Quarter 2 (2025/26**)**
- **Appendix 2:** Key Areas of Focus – Q3/4 2025/26
- **Appendix 3/4:** HCSA Quarter 2 External High-Cost Agency Report and Scotland-Wide Consolidation Report- attached

Appendix 1: Insights & Observations -Progress Update – Quarter 2 (2025/26)

Theme	Q2 Insights & Observations
1. Governance, Reporting & Internal Timelines	• Governance strengthening but slower than planned due to operational pressure and capacity constraints • Q2 report enters governance mid-December; Board approval not until Jan 2026 → delayed external submission. • Notification of proposed Azets audit of HCSA and safe staffing processes. • Implementation Groups active but participation continues to fluctuate with service pressures and leadership capacity.

Theme	Q2 Insights & Observations
	• Governance alignment supported by Ask Once development and earlier Executive discussions with Gareth on embedding accountability.
2. Development of the Ask Once Integrated Planning Framework	• Q2 saw continued progress on embedding Ask Once as the future model for integrated service planning across Workforce, Finance, Service Planning, Intelligence and HCSA duties. • Early design outputs indicate clear potential to reduce duplication, streamline requests, and create a single “evidence spine” for planning. • Work slowed slightly due to competing Q2 pressures, but foundations are now in place for deeper development in Q3/Q4, with the intent to pilot an early version in 2026/27. • Alignment with Programme Board’s “Act into Action” focus emphasised in meetings with Gareth, supporting clearer pathways from planning → decision → delivery .• A structured implementation roadmap is required to progress from concept to operational model.
3. Demand & Capacity Challenges – eRostering & SafeCare	• Demand for e-rostering rebuilds and SafeCare support continues to exceed available implementation capacity. • Workload associated with supporting live areas (BAU) + onboarding new areas is significant; capacity stretched across Q2. • Implementation timeline extended into Q1 2026/27 to safely deliver remaining activity. • Specialist input needed for SafeCare configuration/training continues to constrain pace.
4. Reduced Working Time Week (RWTW) Impact	• Planned implementation in Q4 • Requires substantial template redesign, shift pattern recalibration and SafeCare review. • Likely to impede progress for e-rostering/SafeCare roll out/support → intensifies capacity pressures.
5. Additional BAU Load as Areas Go Live (SafeCare & SOPs)	• Live SafeCare areas require sustained support (data quality checks, troubleshooting, escalation SOP reinforcement). • Daily huddles, task lists and real-time staffing reviews add to operational workloads. • Implementation team facing rising BAU demand from newly activated areas, slowing new rollout cycles. • SafeCare V1 and V2 (Lothian/Grampian variants) adopted to support flexibility across inpatient/OPD settings.
6. Engagement & Local Implementation	• Acute, HSCP and Argyll & Bute Implementation Groups meeting regularly and embedding local accountability. • Targeted engagement delivered to Resident Doctors and professional leads. • Development of a dedicated HCSA Intranet Hub underway to house SOPs, guidance, training and version-controlled documents. • Early planning for staff-led VLOG series to support peer learning and demonstrate real-life application of SafeCare, CSM and escalation guidance. • Engagement remains variable but improving as tools become embedded in practice.

Theme	Q2 Insights & Observations
7. Data, Tools & Local System Improvements	• Roster Perform Retrospective Dashboard developed in partnership with Optima and eHealth; provides roster approvers with past-period performance metrics. • Dashboard hosted on Power BI Report Server; targets and metrics embedded with scope for expansion. • Dashboard identified as a critical Q2 development, with planned expansion to incorporate SafeCare metrics in Q3. • Significant progress reducing high-cost agency usage: – Consultant rates reduced from 184–197% to ~150–173%. – FY2 rate peaks reduced from ~186% to ~165%.• Complete cessation of non-medical agency due to strengthened bank, redeployment and governance controls. • Reflects shift from reactive → proactive deployment and system-level commitment to sustainable staffing.
8. Duty 12IA – Appropriate Staffing (Midwifery Focus)	• Assurance for 12IA remains “reasonable” but variable; maternity remains high-risk .• Birth rate declining overall but acuity and red-pathway demand rising at Raigmore. • Workforce supply constraints persist; some rural staffing underutilised while central services pressured. • SafeCare prioritised for maternity; real-time SOP underpinning escalation. • Residual risk persists despite mitigations.
9. SafeCare Rollout & Real-Time Staffing Maturity	• 69 areas live with SafeCare → major implementation milestone.• Data maturity uneven; limits Board-level triangulation but shows strong potential.• Priority/risk areas showing positive early engagement.• SafeCare forms foundation for future RTS assurance; significant development still required for full system maturity.
10. CSM – Methodological Gaps & Tensions	• CSM tools cover only some professions → legislative gap for consistent assurance. • Areas such as community AHP rehabilitation lack formal tools → reliance on professional opinion. • Tension continues between CSM outputs, service realities, finance constraints and redesign requirements. • Triangulation continues but does not automatically translate into funded establishment change.
11. System Pressures Driving Excess Demand	Delayed discharges: • 60–70 additional Raigmore beds open due to delayed discharges → major system distortion. • Staffing these beds relies heavily on bank/agency; permanent staffing would entrench an unsafe model. Maternity pressures**:** • Workforce challenges combined with increased complexity and red-pathway demand. • Simple WTE growth cannot resolve the underlying design issues. • CSM outputs highlight challenges but require system-wide redesign to address sustainably.
12. Staff Understanding, Engagement & Trust	• Engagement variable; CSM tools not fully trusted (“disquiet about the tool”). • Revisions to SOPs and guidance underway based on real-world feedback.

Theme	Q2 Insights & Observations
	• Internal audit via Azets and potential development of Microsoft digital feedback tool to provide clearer diagnostic insight into awareness, training needs and confidence .• Staff feedback indicates increasing interest but also frustration due to complexity and workload.
13. Time to Lead & Protected Learning Time	• SOP agreed but Board unable to evidence consistent implementation across all groups. • No consolidated mechanism yet to quantify receipt of leadership or learning time. • National TURAS approach expected to support structured reporting but not yet enacted.
14. Real-Time Staffing for All Professions	• Clear mechanisms in nursing/midwifery/AHP inpatient settings via SafeCare + SOP. • Limited evidence of RTS assessment in non-nursing groups or community teams. • Action cards and simplified local tools developed but still early in embedding. • Board-level assurance remains underdeveloped.
15. Documentation, Version Control & Accessibility	• CSM and real-time staffing guidance undergoing substantial revision from service feedback. • Work progressing on intranet HCSA hub to establish a single source of truth. • Revised documents planned for release Jan 2026 once stabilised.
16. Summary – Key Q2 Constraints	• Structural gaps in staffing tools for several professions. • SafeCare data not yet mature enough for full assurance • Significant system distortion from delayed discharges. • Workforce mismatch and complexity in maternity. • Variable staff engagement and trust in tools. • Time to Lead assurance gap persists. • Intensive BAU load as SafeCare matures. • eRostering/SafeCare rollout beyond available resource. • RWTW adds pressure on small teams. • Governance timelines misaligned with national cycles. • Documentation and processes still evolving. • Ask Once development promising but requires structured acceleration.

Appendix 2: Key Areas of Focus – Q3/Q4 2025/26

Theme	Q2 Position / Issue Identified	Required Focus for Q3/Q4
1. Governance, Reporting & Internal Timelines	Q2 governance route delayed; misalignment between quarterly cycles and Board timings; CSM governance closure still outstanding; Acute governance strengthened through the Workforce Implementation Group.	Finalise governance pathways for CSM outputs; embed monthly RTS/SafeCare reporting; align reporting timetable with Board cycles; replicate Acute governance model across HSCP/A&B.

Theme	Q2 Position / Issue Identified	Required Focus for Q3/Q4
2. Ask Once – Integrated Planning Framework	Early development: strong senior-level buy-in; dependencies across workforce planning, finance and service planning.	Develop governance structure; finalise workflow and templates; pilot in Acute and HSCP; embed into 2026/27 annual planning cycle.
3. eRostering & SafeCare Capacity	Implementation team stretched; SafeCare rollout competing with e-rostering rebuild; capacity insufficient for planned pace.	Extend resource into Q1 2026/27; prioritise SafeCare optimisation over new rollouts; develop realistic phasing plan; scope temporary resource uplift.
4. Reduced Working Time Week (RWTW)	RWTW significantly impacts smaller teams; pressure on roster templates, PAA and publication timelines.	Produce RWTW risk assessment; update roster templates; provide SCN/TLs with enhanced rostering guidance; support Confirm & Support compliance.
5. BAU Load from SafeCare Activation	As areas go live, BAU support needs increase (data quality, RTS flags, user queries, reporting).	Establish SafeCare BAU model; implement weekly data-quality checks; develop troubleshooting library; incorporate SafeCare metrics into dashboards.
6. Engagement & Local Implementation	Acute, HSCP and A&B groups now meeting regularly; medical engagement variable; staff-side feedback increasing.	Strengthen Implementation Group mandates; extend engagement to Medical, AHPs and care-at-home; deliver Q3/Q4 education on RTS, CSM and escalation.
7. Data, Tools & Dashboard Development	Roster Perform Dashboard launched; SafeCare metrics due Q3; BOXI reporting gaps persist.	Add SafeCare fill rates, acuity and RTS data; finalise data-validation SOP; embed monthly reporting; progress BOXI system improvements.
8. Duty 12IA – Midwifery / High-Risk Services	Continued workforce gaps; rising complexity despite lower activity; red pathway escalation; national shortages.	Strengthen RTS oversight; complete maternity establishment review; develop medium-term workforce model; embed maternity SafeCare optimisation.
9. SafeCare Maturity & Real-Time Staffing Assurance	69 areas live; variable maturity; RTS not consistently adopted outside nursing/AHP inpatient areas.	Focus on depth not breadth; deliver SafeCare optimisation sessions; embed RTS in daily huddles; extend rollout only where maturity threshold is met.
10. CSM – Methodology & Workforce Gaps	Tool runs completed but governance closure delayed; gaps for AHPs, MH&LD, rehab; tension between tool outputs and affordability.	Close 2024/25 cycle; deploy CSM Output-to-Action toolkit; progress AHP methodology pilot; align outputs to Ask Once.
11. System Pressures – Delayed Discharges	60–70 additional Raigmore beds driven by delayed discharges; high use of bank/agency; distorts staffing baselines.	Strengthen surge staffing plan; ensure risk documentation; integrate discharge pressures into workforce modelling; develop Q4 cross-system mitigations.

Theme	Q2 Position / Issue Identified	Required Focus for Q3/Q4
12. Staff Engagement, Trust & Understanding	Disquiet around CSM tools; patchy training uptake; understanding of duties inconsistent; limited measurement.	Launch HCSA intranet hub; pilot staff-understanding tool; develop VLOG series; embed engagement metrics into quarterly reporting.
13. Time to Lead & Protected Learning Time	SOP approved but no Board-level assurance; inconsistent implementation; awaiting national TURAS process.	Engage Medical and Dental Leads on implementation; prepare for TURAS; incorporate into dashboards.
14. Real-Time Staffing for All Professions	RTS well-established for NMAHP inpatient teams; weaker adoption for medical, AHP, community and care-at-home teams.	Develop simplified cross-profession RTS action cards; expand RTS training; monitor adoption through Implementation Groups.
15. Documentation, Version Control & Accessibility	Guidance under revision; earlier drafts unclear; HIS requested updated versions once finalised.	Launch documentation hub; apply version control framework; finalise CSM/RTS guidance; prepare for national sharing in early 2026.
16. Summary of Q2 Constraints → Q3/Q4 Actions	Slow progress due to system pressures, governance delays, data immaturity, workforce shortages and capacity constraints.	Strengthen staffing for e-rostering/SafeCare; close CSM cycle; align governance; improve data quality; embed RTS/SOPs; prepare for Q3 HIS call.

- **Appendix 3/4:** HCSA Quarter 2 External High-Cost Agency Report and Scotland-Wide Consolidation Report- attached