

NHS Ayrshire & Arran



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| Meeting: | Ayrshire and Arran NHS Board |
| Meeting date: | Monday 2 June 2025 |
| Title: | Health and Care Staffing (Scotland) Act (2019) Formal reporting – Quarter 4 (January – March 2025) |
| Responsible Director: | Jennifer Wilson, Nurse Director Dr Crawford McGuffie, Medical Director Lynne McNiven, Director of Public Health |
| Report Authors: | Alistair Reid, Director of Allied Health Professions Ruth McMurdo, Deputy Nurse Director Andy Gillies, Head of Spiritual Care Roisin Kavanagh, Director of Pharmacy Debbi McEwan, General Manager, Diagnostics Adrian Carragher, Head of Audiology Lianne McNally, AHP Senior Manager, East Ayrshire HSCP Jane Gallacher, Head of Cochlear Implant Service, Paula Dumigan, Lead Nurse, Occupational Health Susan Wilson, Chief Nurse, Public Health Emma Walker, Senior Programme Manager, Public Health |

1. Purpose

This paper is presented to the Committee for:

- Discussion

This paper relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This paper builds on papers brought to Board on 12th August 2024, 2nd December 2024 and 31st March 2025 and provides summary of NHS Ayrshire & Arran's progress against the duties of the Health and Care (Staffing) (Scotland) legislation over Quarter 4 of 2024/25, in line with national requirements for internal reporting.

2.2 Background

The Health and Care (Staffing) (Scotland) Act came into effect on 1st April 2024. The Act is applicable to all clinical professional groups, and seeks to facilitate high quality care and improved outcomes for people using services in both health and care by helping to ensure appropriate staffing.

The Act places specific duties on Health Boards, care service providers, Healthcare Improvement Scotland (HIS), the Care Inspectorate and Scottish Ministers.

Effective application of the Health and Care (Staffing) (Scotland) legislation aims to:

- Improve standards and outcomes for service users,
- Take account of the particular needs, abilities, characteristics and circumstances of different service users,
- Respect the dignity and rights of service users,
- Take account of the views of staff and service users,
- Ensure the wellbeing of staff,
- Promote openness and transparency with staff and service users about decisions on staffing,
- Ensure efficient and effective allocation of staff and
- Promote multi-disciplinary services as appropriate

There are specific reporting expectations that Health Boards must comply with, namely:

- High Cost Agency Use – Boards must submit quarterly reports to Scottish Government; to report on the number of occasions that they have required to use agency workers who cost 150% or more than the cost of a substantive equivalent, the % cost of such, and the reasons for this use.
- The Executive Nurse Director, Medical Director, and Director of Public Health require to report to Board on a quarterly basis to outline the level of compliance against the legislation for the range of professional groups that they have executive responsibility for, and the steps being taken to improve such compliance. This paper provides such report.
- Health Boards will submit annual reports to Scottish Ministers, at the end of each financial year to detail compliance with the Act, high cost agency use and any severe and recurrent risks. The first such report was submitted in April 2025. Scottish Ministers will then report on legislative compliance and offer recommendations to Parliament. The detail of these reports will help inform local and national workforce planning, along with health and social care policies.

In addition to the required regular reporting, attainment against the health duties will be monitored by Healthcare Improvement Scotland.

2.3 Assessment

Programme Board

The NHS Ayrshire & Arran Health Care Staffing Programme Board has continued to meet regularly, in line with the schedule agreed previously. With representation from the range of professional groups included under the scope of the legislation, the Programme Board seeks to facilitate attainment with the health duties, and to support NHS Ayrshire & Arran to discharge its duties under the Act.

Local reporting

As detailed in previous papers, a local timetable for reporting was previously agreed, with assurance reports scheduled to the NHS Ayrshire & Arran Health Care Staffing Programme Board, encompassing all professional groups included under the scope of the health components of the legislation. The content of the Assurance reports brought to the NHS Ayrshire & Arran Health Care Staffing Programme Board are intended to build the detail required for internal quarterly Board reports required from the Medical Director, Executive Nurse Director, and Director of Public Health which should encompass all professional groups included under the scope of the legislation.

It was also previously agreed that services delivered within the Health and Social Care Partnerships (HSCP) would be scheduled to report in the same meeting, thereby building assurance for each HSCP, in addition to supporting a cumulative board-wide position. This approach is intended to be complementary to the multi-disciplinary progress already being made within HSCPs, recognising the integrated way in which services are delivered, and the additional duties/focus required under the care elements of the legislation.

During Quarter four of 2024/25, assurance reports have been provided to the NHS Ayrshire & Arran Health Care Staffing Programme Board by:

- Acute Nursing
- Allied Health Professionals led by East Ayrshire Health and Social Care Partnership:
 - Dietetics
 - Physiotherapy
 - Speech and Language Therapy
 - Podiatry
 - Occupational Therapy
 - Orthotics
- Spiritual Care
- Public health
 - Mass vaccination nursing team
 - Health Protection nursing team
- Pharmacy
 - Pharmacists,
 - Pharmacy Technicians,
 - Pharmacy Support Workers
- Healthcare Science
 - Laboratories
 - Audiology
- Occupational Health
- Scottish Cochlear Implant Programme

An agenda item also included focus on assurance around planning and securing services from Independent Contractors, with plans agreed for further exploration around this duty.

The majority of legislative duties, as follows, are applicable to all clinical professions. A summary of position against each is provided through the following sections, using the detail of the assurance reports provided during Quarter four.

12IA - Duty to ensure appropriate staffing

This overarching duty seeks assurance that steps are being taken to have the right workforce in the right place to support safe, quality care. There are a variety of approaches being undertaken to support attainment against this duty. Workforce planning takes place at uni-professional, multi-disciplinary and service level. Workforce plans are developed by NHS Ayrshire & Arran, and the individual Health and Social Care Partnerships.

By way of further detailed example, recent Assurance reports have highlighted:

- The Occupational Health Service have systems in place to monitor work activities on a daily/weekly/monthly basis via G2 OPAS Ayrshire & Arran's current Occupational Health Management System. This ensures staffing levels are in place to manage the workload. The Service is aware of periods of increased activity and incorporate this into planning, ensuring adequate staffing available at specific times of the year from funded establishment for example new doctor recruitment, contractual commitments for University of West of Scotland for student nurse intake each year etc.
- Pharmacy teams have developed mechanisms for recording real time staffing based on the current funded establishment in the absence of national, validated real time staffing tools for pharmacy services. Risk rating of staffing in real time and escalation is linked to business continuity plans which are reviewed on a minimum of an annual basis
- Performance in Spiritual Care is measured in terms of ability to respond to patient, family and staff support requests within 72 hours however the expanse of the services such as: bereavement, education, community, reflective practice, person-centred care, and environment mean that a wider lens around what is considered core practice may be considered in the future. Several strategies have been progressed to maximise sharing of skill and retention of staff in line with budgetary allocations.

This has included:

- Development of a Spiritual Care Framework
- Roll out of Values Based Reflective Practice training and facilitation
- Substantial commitment to delivering quality undergraduate practice placements for Spiritual Care students
- Links with Higher Education Institutes to make Ayrshire attractive within the competitive job market such as Glasgow University and UWS.
- Offer of retire and return to retain experienced staff
- For acute nursing, both UHA and UHC have in place regular daily staffing escalation meetings to professional leads, who can escalate further if required. The professional lead is the clinical decision maker who will review risks, support mitigation and escalate when required, through the nursing hierarchy. The site staffing position is reported through the site safety huddles every day and is documented on a RAG rated template which forms part of the site OPEL scoring. Collaborative mitigation for staffing shortfalls is undertaken across specialties and divisions.

Professional Judgement tool runs have been completed across all Acute clinical areas within both University Hospital Ayr (UHA) and University Hospital Crosshouse (UHC) this year. A workforce paper has been completed to reflect current staffing demands and it is recognised that investment is required to address historic establishments based on the triangulation of patient dependency,

occupancy and the quality of care delivered. Theatres and perioperative services have no recognised national workforce tool at present and therefore did not form part of the establishment reviews recently undertaken. A workforce strategy is underway and will take cognisance of succession planning and role development. Monthly finance sessions have been established with Nursing senior leadership.

- Within the Public Health, Health Protection and Vaccination Teams all vacancies are scrutinised to identify appropriateness to advertise, considering the demand and needs of the service with any potential changes to future service considered. All posts are assessed and agreed by Assistant Director of Public Health prior to submission. Recruiting to vacant posts is processed through appropriate governance routes. Minimum staffing levels are covered in the Business Continuity Plan for Mass Vaccination and the Public Health Business Continuity Plan.
- There is a robust quality management system in place for the Area Laboratories. Staffing levels, vacancies, absence reporting and planning are monitored 6 weekly at each individual service Executive Group Meetings, Lab Management Group Meeting and there is an annual management review for each service. Daily huddles are held within each service to ensure safe staffing on a daily basis.

In addition an Area Laboratories Partnership Meeting is held bi-monthly where staffing levels, vacancies, absences and planning are discussed with partnership colleagues. Any issues discussed are escalated through Lab Management Group Meetings and Clinical Governance routes.

There are Key performance indicators (KPIs) set in each of the 4 Area Laboratory Services (Microbiology, Pathology & Mortuary, Haematology & Blood Transfusion, Biochemistry) which include turnaround times from time of sample until report authorised and workload / activity levels. KPIs are monitored within the agendas mentioned above.

Each of the Area Laboratory Services hold UKAS Accreditation to BS EN ISO 15189:2022 Standards for Medical Laboratories

12IB - Duty to ensure appropriate staffing: agency workers

Local discussions have progressed to support Board return to Scottish Government through the required template, in line with national schedule.

It has been identified that agency use in NHS Ayrshire & Arran is currently limited to Medicine, Nursing, AHPs, and Healthcare Science (including Laboratories and Audiology).

Nursing framework agency cost has been locally calculated as falling beneath the threshold for high cost agency reporting. There is a robust local process to facilitate nursing return against this duty, acknowledging continued agency usage, in particular within the acute hospital setting.

For AHPs use of agency is low volume, largely within Imaging services, with the requirement for use of agency Sonographers to provide required skills and experience

to deliver timely service and meet the expectations of Scottish Government Access monies.

The unit cost of Physiotherapy agency use within East Ayrshire HSCP during Quarter four was below the reporting threshold.

Public health, pharmacy, occupational health and spiritual care have advised that they do not utilise agency workers.

12IC - Duty to have real-time staffing assessment in place

The NHS Ayrshire & Arran position against this duty remains varied.

In the long term, the application of e-rostering will support compliance with the legislative requirement of this duty. Due to the pace of roll out, interim measures are required in a significant number of service areas.

A generic real time staffing resource has been developed by Healthcare Improvement Scotland, and NHS Education Scotland as an interim support. This is being adopted by a number of services across NHS Ayrshire & Arran in a staged manner.

Engagement with site based safety huddles, and other local approaches also act as evidence towards compliance with this duty.

By way of further example from recent assurance reports:

- The Occupational Health Service has developed a rota available to all staff within our Teams channel where real time staffing is recorded. This is colour coded with shift codes and work activity documented which allows for a good visual check of overall cover across three sites. The Occupational Health Team have two short team meetings per day, using PAUSE (P – People to ensure all staff are ok, A – Assessment a quick overview of the daily activities, U – Understanding – an opportunity to ask any quick questions prior to going home, S – any immediate safety issues and Analyse – Plan for tomorrow). This includes a check to ensure appropriate staffing in place for the following working day. The brief morning meeting ensures all staff have arrived at work and all areas are covered for the day ahead.
- The National Cochlear Implant Service utilises a real time staffing assessment at the daily morning huddle. The assessment has been adapted from the TURAS module to meet the specific needs of the service. Diary booking procedures allow for accommodation of urgent new activity. Protocol has been developed to detail escalation process where insufficient staffing is identified.
- A daily Acute Nurse Leadership staffing huddle takes place at 08.00 with staffing page holders identified daily for surgery and medicine. In the Out of Hours period, the Clinical Operational Manager (COM) covers the staffing levels. Staffing is discussed at site daily hospital safety huddles. All clinical areas report staffing RAG status, and cohort patient needs. Collective mitigation is put in place post huddle to ensure safe staffing. Staffing levels and mitigations are also discussed and established at the 12.00 and 15.00 site huddles. At 15.00 the overnight shift staffing is reviewed and mitigations put in place. Work in regards to implementation of Health roster and Safe Care 2 is underway with Viridian associate colleagues.
- Within Public Health, universally services are not currently using a validated real-time staffing assessment. However, SSTS is utilised to oversee staffing

levels at present and the business continuity plan provides a framework for safe staffing levels, contingencies – including for severe weather - and escalation processes. The health protection team also operate using an internal rota system which can be reviewed retrospectively and prospectively and are looking to implement a weekly workload monitoring system using a performance management type tool. This tool will be based on the clinical management system used (HP Zone) and Netcall.

12ID - Duty to have risk escalation process in place

There are a number of structures and processes in place to support compliance with this duty in ensuring that any real time risks are escalated appropriately. Local processes are being formalised to support attainment of this duty. As the local system for recording of any adverse incidents, Datix remains the system that would currently be used to record and escalate staffing risks.

Engagement with site based safety huddles, and other local approaches also act as evidence towards compliance with this duty.

- In laboratories all teams have an established contingency / business continuity plan to respond to immediate risks as they occur. This includes staff absence reporting with oversight of Chief Biomedical Scientist line manager and further escalation to Service Manager should the absence have the potential to compromise service delivery. Regular meetings amongst senior teams within the laboratory services offers the opportunity to share new/emerging risks and potential mitigations within a supportive environment. Laboratory Service Managers also participate in a weekly Diagnostic Senior Management Team meeting with the DGM and AGMs for Diagnostic & Cancer Services
- All AHP teams have an established contingency plan to respond to immediate risks as they occur. This includes staff absence reporting with oversight of Team Lead and further escalation to Service Manager if required. This also includes absence diary management and liaison with other services as required. Weekly meetings between the AHP Senior Manager and AHP service managers offers the opportunity share new/emerging risks and potential mitigations within a multi-profession, supportive environment. A draft protocol has been drafted which will be tested and refined with the teams using RTS and e-rostering.

In addition, AHP governance structures have been updated to reflect HSCP and NHS Ayrshire and Arran structures. This has included, for example, the escalation and tabling of risks at East AHP Governance Group and Partnership Senior Management Team and putting management plans in place to mitigate risks.

12IE - Duty to have arrangements to address severe and recurrent risks

The various governance structures and assurance processes in place across the organisation support compliance with this duty.

Various assurances groups are in place across the professional groups included under the scope of the legislation. For example, AHP Governance arrangements have been reviewed and updated to reflect HSCP and NHS Ayrshire and Arran structures.

These include:

- Governance arrangements within the Area Laboratory Services are embedded into the following governance structure:

- Area Laboratories Clinical Governance meeting chaired by joint Clinical Directors
- Diagnostics Directorate Governance meetings now taking place approximately every six weeks from 2025 and the Head of Service will present a report for their area of responsibility
- Quarterly Performance Review Group (QPRG) – Risks discussed and monitored at the Acute Services monthly Quality Performance Review Group
- Operational risks reviewed and discussed at Pharmacy Governance Meeting on a two monthly basis. This includes current and emerging risks with respect to the workforce.
- Governance arrangements within Spiritual Care are embedded into the following governance structure:
 - Weekly department staff meetings include Spiritual Care governance reporting
 - Spiritual Care services report into the health, safety and wellbeing committee (HSWC) and include standing governance agenda items where any Spiritual Care items are reported and recorded as part of the HSWC report.
 - Spiritual Care also regularly provides regular governance update through the Nurse Directorate. Any risks surrounding capacity and demand are on the NHS A&A risk register and have been tabled at HSWC and Staff Governance committee meetings.
- For Acute nursing a workforce paper has recently been developed based on professional judgement and acuity tool runs.
- Each Public Health service reports into their governance group which reports directly to the Public Health Governance Group and the Public Health Adverse Event Review Group (AERG). In addition, local risk registers are reviewed and updated accordingly. Identified staffing risks and consequential impacts are recorded on the Operational Risk Register with regular risk management meetings and updates to ensure risk is being managed in line with agreed risk classification.
- The Audiology Service has a clear pathway to progress governance related matters formally from within the Service to the Acute Clinical Governance Steering Group as required.

12IF - Duty to seek clinical advice on staffing

Professional leadership structures in place across NHS Ayrshire & Arran support compliance with this duty.

AHP services have mapped out existing leadership structures to ensure they align to the expectation around provision of clinical advice. There is also an acknowledgement that across the AHP workforce there are a range of professional and clinical specialties that may have a number of avenues for clinical advice.

In the National Cochlear Implant Service the Head of Service and Deputy Head of Service professional leadership is based on clinical knowledge. Clinical staff are involved in decision making - Each professional group meets monthly and the full clinical team meet monthly – all decisions on clinical care are reported, discussed and agreed at these meetings.

Within Laboratories, Heads of Service have both managerial and professional responsibility for the delivery of their respective services. No staffing decisions are

therefore taken without the input or influence of a professional view since all Heads of Service are HCPC registered Biomedical Scientists. In addition each service has a Consultant Clinical Lead and there is a substantive Clinical Director role for the Area Laboratory Services.

There is strong nursing representation by the Chief Nurse on site, Lead nurses cross site and CNMs on site to escalate and raise concerns based on clinical knowledge and awareness to have a focus on the quality and safety of patient care whilst understanding the financial challenges we face. The Lead Nurses in post provide professional leadership across both sites working within the divisional triumvirates.

In Public Health clinical advice is sought via Team Leads in Mass Vaccination, Senior Programme Manager in Health Protection, Consultant in Health Protection, escalating to either Chief Nurse, Assistant Director of Public Health and subsequently Director of Public Health. In addition staff will seek clinical advice from team managers/ leads, Consultants, service managers, peers and a wide range of members from the Multidisciplinary team, including GPs, pharmacists, other Consultants across the organisation and Public Health Scotland.

The Head of Spiritual Care has both managerial and professional responsibility for the delivery of healthcare chaplaincy and staff care. No staffing decisions are, therefore, taken with regards to Spiritual Care without the input or influence of the respective professional view. The Spiritual Care leadership structure offers the opportunity for service leads to develop their own professional leadership skills and contribute to both local and national service provision negotiations.

Within Pharmacy, staffing decisions are driven by clinical advice, with assurance that clinical staff are involved in decision making processes.

12IH - Duty to ensure adequate time given to clinical leaders

The NHS Ayrshire & Arran position against this duty remains varied.

In Acute nursing there is support across the organisation to protect clinical time for adverse events, time to lead and coordinate. Daily operational duties still limit and reduce the protected time for all clinical leaders across acute sites

Public Health Clinical leaders are given time to attend continuing professional development (CPD) events to ensure skills are kept up to date. A range of further training has been delivered to staff, along with appropriate time off to ensure all clinical demands on the team are appropriately met. Any additional clinical requirements of the team are assessed to ensure appropriate training materials are identified and time allotted for learning. Time is also afforded for training/supervision of staff, as well as managing any new or future clinical demands, auditing of travel health records, job planning for staff. Monthly meetings take place with the management team to ensure Team Leaders are supported and to identify any issues where assistance is required. In Audiology, Clinical and Technical staff have allocated time for non-clinical activities. Additional non-clinical time is allocated for one-off events such as clinical preparation, or training.

12II - Duty to ensure appropriate staffing: training of staff

There are a number of structures and processes in place to support compliance with this duty including use of TURAS for personal development reviews, staff development through service level agreements, bursaries and endowments funds.

Each professional group has identified a range of job specific training requirements and registered staff also receive appropriate training as per their registration requirements. This is reviewed and monitored by line manager as part of the personal development review process. However, whilst reporting is available on Mandatory and Statutory Training (MAST), it is more difficult to provide aggregated data for those job and role specific training requirements.

By way of example within Laboratories, various steps are taken to ensure compliance with this duty

- UKAS Accreditation to ISO15189 Standards for Medical Laboratories attained by all services with robust training and competence programme in place.
- There are a number of internal structures and processes in place to support compliance with this duty including use of MAST compliance, TURAS for personal development reviews, staff development through service level agreements, bursaries and endowment funds.
- Each professional group has identified a range of job specific training requirements and registered staff also receive appropriate training as per their registration requirements. This is reviewed and monitored by a training team, led by a service training officer / manager and staff line managers as part of the personal development review process. Each laboratory service have competences in place, alongside a competence tracker to monitor progress.
- New staff induction programmes in place
- Adequate numbers of trained IBMS assessors, training officers roles in each service and designated supervisors in place to support staff in training

Within Acute nursing there is support across the Organisation to protect clinical time for adverse events, time to lead and coordinate. Daily operational duties still limit and reduce the protected time for all clinical leaders across Acute sites.

For public health in both Vaccination and Health Protection Teams

- Any new staff member is required to attend corporate induction along with local induction programmes in place.
- Shadowing opportunities are available for staff after formal training is completed.
- Mentor/supervisors are in place to ensure staff get appropriate support
- Staff are allocated time to complete any relevant MAST or Learnpro to ensure compliance.
- Any professional registrations are reviewed and recorded annually.
- Annual PDPs are in place with training needs of each staff member identified, including any future development needs
- All staff are given the opportunity and encouraged to book onto relevant training that has been identified.
- Clinical staff are given the time to attend CPD events
- All staff are given time to complete iMatter surveys and attend meetings to agree action plans.

Healthcare chaplains and staff care practitioners have a range of job specific training requirements and registered staff also receive appropriate training as per their registration requirements. This is reviewed and monitored by the service leads and head of service as part of the personal development review process. The head of spiritual care is also able to report on Mandatory and Statutory Training (MAST),

however ongoing professional registration is paid for and completed by individual team members.

For Pharmacy:

- Staff training, including MAST compliance, reported to Pharmacy Governance Group. Non-MAST training reported bi-annually, MAST compliance reported two monthly.
- Registered staff compliance with revalidation monitored on an ongoing basis
- New staff induction programmes in place
- Staff are engaged with development programmes where available e.g. Post-registration Foundation Pharmacist Programme, Pharmacy Technician Vocational Training Foundation Programme
- Adequate numbers of trained SVQ assessors, experiential learning facilitators and designated supervisors in place to support staff in training

12IM - Reporting on staffing

NHS Ayrshire & Arran are clear in terms of reporting requirements as outlined earlier in this paper, and have developed a schedule of reporting to the NHS Ayrshire & Arran Health and Care Staffing Programme Board to enable this. Throughout 2024/25, all professions included under the scope of the legislation have reported to the NHS Ayrshire & Arran Programme Board.

Quarterly reports have been provided to NHS Board as required by the legislation.

Quarterly returns have been made to Scottish Government, in line with reporting requirements, to advise on use of high cost agency workers.

NHS Ayrshire & Arran's first annual report was submitted to Scottish Government on the 30th April 2025, and published on the public website as required by the legislation.

Arrangements for continued assurance reporting during 2025/26 have been agreed through the Corporate Management Team, with subsequent refresh to the structure of the NHS Ayrshire & Arran Health and Care Staffing Programme Board.

In terms of overall position, based on assurance reports brought to Board to date – a status of reasonable assurance, is judged as appropriate and was reported through the annual report. A summary of current position against each duty is included within **Appendix 1**.

Additional duties applicable where nationally mandated Staffing tools exist:

There are additional duties associated with application of the common staffing method. These duties apply only in areas where speciality specific workload tools are named within the legislation. At present, this includes nursing, midwifery, and (in the Emergency Department only) medicine:

12IJ - Duty to follow common staffing method

12IK - Common staffing method: types of health care

12IL - Training and consultation of staff

NHS Ayrshire & Arran has an agreed schedule to ensure compliance with these duties. This includes timetable to support the application of the suite of nationally

mandated workload staffing tools. Support in the application of the common staffing method is provided by NHS Ayrshire & Arran's workforce Staffing Lead and Data Analyst. Training on the use of the common staffing method is provided in advance of, and during any such tool application.

During quarter four, the following activity has progressed across NHS Ayrshire & Arran in ensuring compliance with the above Common Staffing Method Duties:

January 2025

- Workload Tools were applied in the following areas, with training, support to upload and report on results and outcomes:
 - Adult Inpatient Staffing Level Tool run in Burnock Ward, East Ayrshire Community Hospital
 - Emergency Care Provision Staffing Level Tool was run in University Hospital Crosshouse Emergency Department,

February 2025:

- Workload Tools were applied in the following areas, with training, support to upload and report on results and outcomes:
 - Adult Inpatient Staffing Level Tool ran for Long Term Conditions Inpatient Service (Ayrshire Central Hospital & Woodland View)
 - Small Wards Staffing Level Tool ran for Long Term Conditions Inpatient Service (Millport) & SA H&SCP - Community Hospital, (Girvan, Davidson Ward)
 - Multi-disciplinary Professional Judgement tool ran in Advanced Nurse Practitioner Emergency Care

March 2025:

- Workload Tools were applied in the following areas, with training, support to upload and report on results and outcomes:
 - CNS (Clinical Nurse Specialist Staffing Level Tool) ran for Breast Screening Nurses, Cancer CNS & Haematology CNS

2.3.1 Quality/patient care

The overarching ambition of the Health and Care (Staffing) (Scotland) legislation is to ensure the delivery of safe, quality care and improve outcomes and experience for the people who access our services, and those working within our system.

2.3.2 Workforce

Compliance with the duties laid out under the Health and Care (Staffing) (Scotland) legislation will enable NHS Ayrshire & Arran to determine the extent to which the current workforce configuration aligns to the delivery of safe, quality care, and to identify any associated severe or recurring workforce risks.

There is recognition under the legislation of the relationship between adequate staffing levels and staff wellbeing, with a requirement to ensure that staffing levels do not compromise staff wellbeing.

Additionally, compliance with the legislation requires an increased emphasis on openness and transparency; ensuring it is easy for staff to raise concerns around staffing levels or quality of care, and clear process to ensure that any colleague who raises such risk is informed as to any action or decision taken as a result.

2.3.3 Financial

Non-recurring Scottish Government funding for a Lead role to support readiness for implementation of the Health and Care (Scotland) (Staffing) legislation ended at the end of March 2025. Now that the legislation is in effect, compliance and attainment against the duties should be considered as business as usual.

There is no additional resource provided to support implementation of this legislation. The activity required to demonstrate attainment against the legislative duties, and subsequent reporting will be beneficial in supporting NHS Ayrshire and Arran to determine best use of the resource it already has available.

2.3.4 Risk assessment/management

Local risks and mitigations are considered as follows.

- There remains variance across professional groups in terms of position of compliance. This continues to be mitigated through promotion of the national communications and learning resources, and continued leadership and influence through the local Health and Care Staffing Bill Programme Board.
- There is acknowledgement of a limited ability to robustly approach and quantify the determination of 'safe staffing' beyond where specialty specific tools already exist. This continues to be mitigated through use of existing workload measurement and workforce planning methodologies.
- The key risks identified, and reported through the formal annual report included:
 - The impact of the reduced working week on capacity across the majority of clinical professional groups.
 - The pace of roll out of e-rostering across NHS Ayrshire & Arran, recognising that once in place the e-rostering application supports teams with compliance across a number of duties.
 - Acknowledgment that workforce planning within community and outpatient services are typically configured around available capacity as opposed to need.
- Through the assurance reports tabled during Quarter four, specific service risks have also been highlighted. These are being considered and mitigated appropriately through local service management routes.

2.3.5 Equality and diversity, including health inequalities

The legislation seeks to ensure high quality care and the best outcomes for our citizens. Any programmes of work as a result of this legislation that could potentially impact on our compliance with the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes, will require an Impact Assessment to be undertaken.

2.3.6 Other impacts

The activity associated with this work also aligns with

- Best value
 - Vision and Leadership
 - Governance and accountability
 - Use of resources
- Compliance with Corporate Objectives and has close links with the Excellence in Care activity in assuring the delivery of safe, quality care.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate.

Local participatory awareness raising sessions took place during September and October 2023 to support involvement and engagement around the local implications of this legislation. National TURAS modules intended to raise awareness on the Health and Care Legislation have been promoted regularly.

NHS Ayrshire & Arran's communications and engagement team continue to support approach to communications – with further targeted communications released during April and May 2025 to mark the first anniversary of enactment.

2.3.8 Route to the meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

The content of this paper is built on the detail provided through assurance reports provided to the NHS Ayrshire & Arran Health and Care Staffing Programme Board. This content has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Corporate Management Team, 22 April 2025
- Staff Governance Committee, 7 May 2025

2.4 Recommendation

This paper is brought to the Board for

- Discussion

Members are asked to:





- Note the current position as described in this update, including local progress being made as well as the identified risks and mitigations.
- Consider the Board position in relation to compliance with the Health and Care (Staffing) (Scotland) Act as detailed, and confirm that the report provides suitable assurance or request further assurance if necessary.

3. List of appendices (where required)

The following appendices are included with this report:

- Appendix No 1, NHS Ayrshire & Arran RAG Status as advised in 2024/25 Annual Return to Scottish Government

NHS Ayrshire & Arran Reported level of assurance with each duty

| Level of assurance | | System adequacy | Controls |
|-----------------------|---|--|--|
| Substantial assurance |  | A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited. | Controls are applied continuously or with only minor lapses. |
| Reasonable assurance |  | There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited. | Controls are applied frequently but with evidence of non-compliance. |
| Limited assurance |  | Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited. | Controls are applied but with some significant lapses. |
| No assurance |  | Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited. | Significant breakdown in the application of controls. |

| Duty | NHS Ayrshire & Arran RAG Status as advised in 2024/25 Annual Return to Scottish Government | |
|--------------------------------|--|--|
| 12IA | Reasonable Assurance | |
| 12IC | Reasonable Assurance | |
| 12ID | Reasonable Assurance | |
| 12IE | Reasonable Assurance | |
| 12IF | Reasonable Assurance | |
| 12IH | Reasonable Assurance | |
| 12II | Reasonable Assurance | |
| 12IJ | Substantial Assurance | |
| 12IL | Substantial Assurance | |
| Planning and Securing Services | Reasonable Assurance | |
| Overall | Reasonable Assurance | |