

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 11 August 2025</b>
<b>Title:</b>	<b>Health and Care Staffing (Scotland) Act – Quarter 1 (April – June 2025)</b>
<b>Responsible Director:</b>	<b>Jennifer Wilson, Nurse Director Dr Crawford McGuffie, Medical Director Lynne McNiven, Director of Public Health</b>
<b>Report Author:</b>	<b>Alistair Reid, Director of Allied Health Professions Wendy Van Riet, Director of Psychology, North Ayrshire HSCP Leigh Whitnall, Head of Psychological Specialities, Psychology, North Ayrshire HSCP Sharon Hackney, AHP Senior Manager/ Lead AHP, North Ayrshire HSCP Darren Fullarton, Associate Nurse Director/ Lead Nurse, North Ayrshire HSCP</b>

## 1. Purpose

This is presented to the Board 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 previously to Board. It provides summary of NHS Ayrshire & Arran's progress against the duties of the Health and Care (Staffing) (Scotland) legislation over Quarter 1 of 2025/26, 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 is also monitored by Healthcare Improvement Scotland.

## 2.3 Assessment

### Programme Board

Building on learning from its first year of operation, the NHS Ayrshire & Arran Health and Care Staffing Programme Board has been refreshed and refined for 2025/26. A schedule has been developed to allow continued regular meetings to support NHS Ayrshire & Arran to discharge its duties under the Act. The core membership of Programme Board has been rationalised to include the Executive Directors with

responsibilities under the legislation. As previously agreed, services from each Directorate are scheduled to report in the same meeting, thereby building assurance for each HSCP or Acute, 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 Directorates, recognising the integrated way in which services are delivered, and the additional duties/focus required under the care elements of the legislation. Responsible service and professional leads are invited to the relevant meeting occurrence.

### **Summary of overall position**

The formal annual report to Scottish Government for 2024/25 was approved through NHS Ayrshire & Arran's Staff Governance Committee, as agreed by NHS Board, prior to publication and submission.

Based on assurance reports brought to Programme Board through the first three quarters of 2024/25 – an overall status of reasonable assurance was advised in the annual report. A summary of the level of assurance advised against each duty in the formal annual return to Scottish Government is included in Appendix 1.

The formal annual report is available on the NHS Ayrshire & Arran Website.

### **Local reporting**

In Quarter one of 2025/26, assurance reports have been provided to the NHS Ayrshire & Arran Health Care Staffing Programme Board by:

- Allied Health Professionals led by North Ayrshire Health and Social Care Partnership:
  - Dietetics
  - Physiotherapy
  - Speech and Language Therapy
  - Podiatry
  - Occupational Therapy
- Psychology
- Nursing led by North Ayrshire Health and Social Care Partnership:
  - Mental Health Inpatient (Woodland View and Ailsa Site)
  - Ayrshire Central Hospital Community Wards/Arran War Memorial/Lady Margaret
  - Community Mental Health, Addiction and Learning Disability teams
  - Community Nursing
  - Children and Families Health team (health visiting, school nursing, children's Immunisation nursing, Perinatal Wellbeing Team and Refuge Support Team)

This paper provides update of NHS Ayrshire & Arran's current position against the legislative duties, using the detail provided through the Quarter 1 assurance reports.

### **Current position against the required duties:**

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.

### **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:

- Several strategies have been progressed to maximise recruitment and retention of AHP staff in line with budgetary allocations with a particular focus on posts that have been hard to fill. We will work towards supporting each AHP team to undertake a workforce review using the principles of the common staffing method, a minimum of once per year.
- A template has been developed locally, based on common staffing methodology, for utilisation by AHPs. A “how to” guide is being developed to ensure consistency of approach.
- For Psychology, where trajectory modelling indicates issues will not be resolved without additional resource/staffing, service redesign would be required. An options appraisal has approved funding for Clinical Psychology within HMP Kilmarnock and recruitment processes for this post are now in progress.

### **12IB - Duty to ensure appropriate staffing: agency workers**

Quarterly reporting has continued, with reports detailing any high-cost agency use submitted to Scottish Government in line with reporting schedule.

There has been no agency use within AHPs or Psychology in North Ayrshire HSCP within this reporting period.

For Nursing, an agency checklist is in place for all requests to evidence all other options have been exhausted and assessed as being unsafe prior to escalation to agency. There has been minimal use of nursing agency in North Ayrshire HSCP other than in one ward with exceptionally high level of patients requiring continuous intervention with resultant staff need well in excess of core establishment and exacerbated by high levels of sickness absence.

### **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:

- All Mental Health wards have moved to Allocate and use of Safe Care to support nursing rostering and reporting staffing position via Safe Care.
- Psychology use a Real Time Staffing Tool developed in collaboration with Public Health Scotland specifically for Psychological Services nationally.

### **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.

All AHP teams have an established contingency plan and escalation process 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. An escalation protocol is being tested and refined in conjunction with use of Real Time Staffing and e-rostering

Mental Health Nursing colleagues utilise eRoster and Safe Care module to report/record staffing position each day. The Overall staffing position/need is coordinated via Woodland View page-holder and formally reviewed each day at 0830 huddle.

For community nursing teams there are organizational contingency plans in place to support decision when services under extreme pressure due to e.g. Flu, Adverse Weather and Covid effecting staffing numbers. Each team has processes in place to ensure that there is a daily review of staffing numbers carried out by the Team Leader who makes decisions on re-allocation of activity, tasks, and clinical contact in light of staff absence/unavailability. The skill mix complement of staff is reviewed dependent on demand of service and staffing levels across community locality areas.

For Psychology, an area wide psychological services protocol for Risk escalation and mitigation exists. Further steps taken to ensure compliance with this duty include monthly management 1-2-1 with service leads. Monitoring of compliance is on Professional Leads Group (comprising Director of Psychology and Heads of Psychological Specialties) as a standing item on the fortnightly agenda. Further action planned includes testing the risk escalation policy in scenarios where staffing is considered to be of a moderate (or major) risk and formally review usefulness of application of policy in service areas out with Mental Health Services, such as Acute Division.

### **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. These allow for the escalation of severe and recurring risks, which are recorded on the relevant risk register for regular review.

## **12IF - Duty to seek clinical advice on staffing**

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

In Mental Health Nursing, Page-holders are on shift 24/7 who are experienced registered nurses, and they are supported by CNMs/GM ACH in working hours and duty manager for mental health and community out-of-hours.

Daily morning huddles are held within the mental health inpatient setting to allow senior clinicians to be appraised of any risks or staffing issues that are evident on that day/night.

Daily huddles also project 72hrs in advance to ensure planning for any staff shortages has been considered and addressed.

In the Children and Families Health teams, clinical advice is sought via professional staffing groups, team managers/ leads, service managers. Advice is sought through regular and, if required, ad hoc discussions with Associate Nurse Director (North Ayrshire) and where required, AND (South Ayrshire) in respect of children and young people.

In Psychology, clinical advice is provided by someone with sufficient seniority, clinical expertise in the relevant clinical area via consultants within each service with a Head of Psychological Specialities. Central to securing appropriate decision-making and actions the Psychological Services Risk mitigation SOP clearly details the psychological services governance and management hierarchy where advice will be sought via the relevant boards/meeting structures. The structures within North HSCP allow for escalation via Director of Psychological Services, to Head of Mental Health, PSMT, to the Director of the HSCP – who attends CMT. Recording and explaining decisions which conflict with clinical advice are contained within the service Real Time Staffing Assessment on a monthly basis as a risk register and retained as a corporate record. All clinical specialty service leads in psychology attend regular National NHS Psychology Leads Specialty meeting where specialty advice can be accessed via national benchmarking data.

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.

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

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

Across nursing teams, Senior Charge Nurses work predominantly Monday to Friday as per expectation of Releasing Time to Care on a supernumerary basis. However, at times of service pressure they will work “on the floor” to assist.

Within the Children and families health team, the structure of the service means that the Team Managers and Service Managers do not have clinical responsibility to patients. They do not carry caseloads to ensure their time is fully protected to provide managerial and supervisory support to staff. They have an additional role of service development which is accounted for in their time.

A review of job planning within the family of psychology locally was completed and implementation of a revised template is underway. All clinical leads have time to lead within their current job plans, as do Head of Specialties. There is clear job planning, with sessional protection for time to lead for all clinical leaders in relation to professional body recommendations (BPS, Heads of Psychological Services - HOPS, 2019). A member of staff will have the responsibility to discuss tensions within their job plan, which can then be discussed with their line manager and be re-negotiated. National bench marking is also available for different roles that will give guidance on capacity calculations for leadership roles.

### **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.

### **12IM - Reporting on staffing**

As described earlier in this paper, NHS Ayrshire & Arran are clear in terms of reporting requirements and have developed a schedule of reporting to the NHS Ayrshire & Arran Health and Care Staffing Programme Board. Throughout 2025/26, all professions included under the scope of the legislation are scheduled to report to the NHS Ayrshire & Arran Programme Board.

NHS Ayrshire & Arran representatives meet with Healthcare Improvement Scotland colleagues on a quarterly basis through bilateral engagement meetings.

### **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 a 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 one of 2025/26, the following activity has progressed across NHS Ayrshire & Arran in ensuring compliance with the above Common Staffing Method Duties:

### **April 2025**

Workload Tools were applied in the following areas, with training, support to upload and report on results and outcomes:

- Clinical Nurse Specialists - Tissue Viability service.
- Advance Nurse Practitioner service ran the Multi-Disciplinary Professional Judgement tool in University Hospital Ayr Emergency Department.

### **May 2025:**

Workload Tools were applied in the following areas, with training, support to upload and report on results and outcomes:

- HIS involved a few wards in Maternity for a tool refresh test run using Optima
- Health Visitors in the South ran the Community Nursing workload tools

### **June 2025:**

Workload Tools were applied in the following areas, with training, support to upload and report on results and outcomes:

- Wards 9, 10 & 11 at Woodland View have run the Mental Health and Learning Disability Staffing Level Tool
- Emergency Nurse Practitioners in both University Hospital Ayr and Crosshouse running Professional Judgement tools separate from the Emergency Care Provision Staffing Level Tool as requested by manager to support skill mix review.

#### **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 2024/25 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.
- Assurance has been provided that any service specific risks highlighted through the assurance reports tabled during Quarter one 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.

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 have supported continued communications during the first quarter of 2025/26 to mark the first anniversary of enactment.

### **2.3.8 Route to the meeting**

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, 08 July 2025
- Staff Governance Committee, 23 July 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	
<b>Overall</b>	<b>Reasonable Assurance</b>	