

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 8 December 2025
Title:	Health and Care Staffing (Scotland) Act - Quarter 2 (July - September 2025) Update
Responsible Director:	Jennifer Wilson, Nurse Director Dr Crawford McGuffie, Medical Director Lynne McNiven, Director of Public Health
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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 provides summary of NHS Ayrshire & Arran's progress against the duties of the Health and Care (Staffing) (Scotland) legislation over Quarter 2 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.

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.
- **Internal Quarterly Reporting** - 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.
- **Annual Formal 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 was 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 Corporate Management Team and Staff Governance Committee 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. This remains reflective of the Board overall position. A summary of the level of assurance advised against each duty in the formal annual return to Scottish Government in April 2025 is included in **Table 1** below:

Table 1 - NHS Ayrshire & Arran Reported level of assurance with each duty

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	

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

Local reporting

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

- Allied Health Professionals led by South and East Ayrshire Health and Social Care Partnerships (HSCP):
 - Dietetics
 - Physiotherapy
 - Speech and Language Therapy
 - Podiatry
 - Occupational Therapy
 - Orthotics
- Nursing led by South Ayrshire Health and Social Care Partnership:
 - Community Nursing inclusive of Community Treatment and Care (CTAC) and Integrated Care Team (ICT).
 - Community Nursing, Health Visiting, School Nursing and Immunisation Specialist Nursing, Parkinson's service, Continence service and Family Nurse Partnership (FNP)

- Community Mental Health, Addiction and Learning Disability teams
- Older Adult Inpatient (Biggart)
- Older Adult Inpatient (Davidson Ward and Minor Injury Unit)
- Nursing led by East Ayrshire Health and Social Care Partnership
 - Mental Health, Addictions and Learning Disabilities (East Ayrshire)
 - Elderly Mental Health (East Ayrshire)
 - Health Visiting, School Nursing and Childhood Vaccination teams (East Ayrshire)
 - Community Nursing (East Ayrshire)
 - HMP Kilmarnock Health Care
 - East Ayrshire Community Hospital
- The Public Dental Service led by East Ayrshire Health and Social Care Partnership.

This paper provides update of NHS Ayrshire & Arran's current position against the legislative duties, using the detail provided through the Quarter 2 assurance reports. A Summary of the levels of assurance provided by East and South Health and Social Care Partnerships is provided in **Table 2** and **Table 3** Below.

Table 2 - East Ayrshire HSCP Reported level of assurance with each duty

Duty	AHP	Nursing	Public Dental Service
12IA	Reasonable	Substantial	Substantial
12IC	Reasonable	Substantial	Substantial
12ID	Substantial	Substantial	Substantial
12IE	Substantial	Reasonable	Substantial
12IF	Reasonable	Substantial	Substantial
12IH	Reasonable	Reasonable	Substantial
12II	Reasonable	Reasonable	Substantial
12IJ	Not Applicable	Reasonable	Not Applicable
12IL	Not Applicable	Reasonable	Not Applicable
Planning and Securing Services	Not Applicable	Not Applicable	Not Applicable
Overall	Reasonable Assurance	Reasonable Assurance	Substantial Assurance

Table 3 - South Ayrshire HSCP Reported level of assurance with each duty

Duty	AHP	Nursing
12IA	Reasonable	Reasonable
12IC	Reasonable	Reasonable
12ID	Substantial	Reasonable
12IE	Substantial	Reasonable
12IF	Reasonable	Substantial
12IH	Limited	Reasonable
12II	Reasonable	Reasonable
12IJ	Not Applicable	Reasonable
12IL	Not Applicable	Substantial
Planning and Securing Services	Not Applicable	Not Applicable
Overall	Reasonable Assurance	Reasonable Assurance

The majority of legislative duties are applicable to all clinical professions. Further detail of position against each is provided through the following sections:

12IA - Duty to ensure appropriate staffing

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.

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.

During Quarter 2, there was no high cost agency use reported by South or East Ayrshire HSCPs. High cost agency use during Q2 was linked to radiography, sonography, medicine and nursing in acute.

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

Progress with the roll out of e-rostering is supporting compliance with the legislative requirement of this duty. Interim measures are required, and in place, in a number of service areas while e-rostering spreads.

The generic real time staffing resource developed by Healthcare Improvement Scotland, and NHS Education Scotland as an interim support has been adopted by many 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.

12ID - Duty to have risk escalation process in place

There are several structures and processes in place to support compliance with this duty in ensuring that any real time risks are escalated appropriately. As the local system for recording of any adverse incidents, Datix remains the system used to record and escalate staffing 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. These allow for the escalation of severe and recurring risks, which are recorded on the relevant risk register for regular review. Assurance has been provided by all services scheduled to report during Quarter 2 that workforce risks are escalated appropriately and recorded, where required, on the relevant risk register.

12IF - Duty to seek clinical advice on staffing

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

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

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

Job planning continues to progress across AHP services, with progress in both South and East Ayrshire HSCPs, and connection to the national AHP Job Planning agenda. Plans to progress this will support increased compliance against this duty. South and East Ayrshire HSCP Nursing Clinical leaders describe allocated time to provide time to: ensure oversight of clinical needs of patients through MDT meetings, individual discussion with staff and clinical discussion with other professional groups

and services; provide line management and clinical supervision to staff.

With Dental Services, all clinical staff are given protected learning time and time to attend Continuing Professional Development (CPD) events to ensure skills are kept up to date and meet the requirements of the General Dental Standards. Clinical leads are given allocated admin time to ensure oversight of clinical needs of patients and time given to attend operational general management meetings to have clinical discussions with other professional groups and services. They are scheduled time to lead the delivery of safe, high-quality and person-centred health care and included in all relevant service redesign and given the opportunity to provide their professional review and judgement at relevant governance groups.

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

There are several 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 acknowledged that it is more difficult to provide aggregated data for 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.

Planning and Securing Services

This duty pertains to the planning or securing of services from a third or independent provider. Under this duty, NHS Ayrshire & Arran have responsibility to ensure the principles of the legislation are included within any such arrangements, prospectively, since the 1st April 2024. The duty was considered not applicable by all assurance reports brought to Programme Board during Quarter 2. A specific report on compliance with this duty will be brought to Programme Board by the primary care team later in 2025.

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 two of 2025/26, significant activity progressed across NHS Ayrshire & Arran in ensuring compliance with the above Common Staffing Method Duties. The detail of this is available in **Appendix 1**.

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

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:

- Variance across professional groups 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 most clinical professional groups. This is currently being risk assessed across the organisation.

- 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 several duties. Progress is now being made with this roll out with timeline agreed for priority clinical groups.
- 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 two 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.

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.

- NHS Ayrshire & Arran Health and Care Staffing Programme Board 10 July 2025
- NHS Ayrshire & Arran Health and Care Staffing Programme Board 03 September 2025
- NHS Ayrshire & Arran Corporate Management Team, 27 October 2025
- NHS Ayrshire & Arran Staff Governance Committee 03 November 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

The following appendices are included with this report:

Appendix No 1 – Workload Tool activity during Quarter 2

Workload Tool activity during Quarter 2:

During Quarter Two of 2025/26, Workload Tools were applied in the following areas, with training and support to upload and report on results and outcomes:

Month	Workload Tool	Areas Where Tool Was Applied
July 2025	Adult Inpatient Staffing Level Tool	Arran War Memorial Hospital
	CNS (Clinical Nurse Specialist Staffing Level Tool)	Sexual Health Nursing
August 2025	Adult Inpatient Staffing Level Tool	Biggart Hospital Lindsay Ward Biggart Hospital Urquhart Ward University Hospital Crosshouse 2B, 5A, 2A, 4E, 2D, 5D, 4D, 3D, 3E, 3B, 4B, 4A University Hospital Ayr Station 1, 2, 4, 6, 8, 9, 10, 12 Biggart Hospital Buchanan Ward
	Small Wards Staffing Level Tool (≤16 occupied beds)	Biggart Hospital MacMillan Ward University Hospital Crosshouse 2F Crosshouse Oncology/Haematology University Hospital Ayr Station 16
	Professional Judgement Staffing Level Tool only	Training and support provided to apply with 25 teams
	Emergency Care Provision Staffing Level Tool	University Hospital Crosshouse Emergency Department University Hospital Ayr Emergency Department
	Mental Health and Learning Disability Staffing Level Tool	Ward 6 Woodland View Ward 8 Woodland View Warrix Woodland View
	CCSN (Community Children's & Children's Specialist Nurse Staffing Level Tool)	Paediatric Diabetes Team
	Community Nurse Staffing Level Tool	North Ayrshire District Nursing Teams
September 2025	No planned tool run due to team annual leave	—