

NHS Ayrshire & Arran

Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Tuesday 7 April 2026
Title:	Health and Care Staffing (Scotland) Act - Quarter 3 Update (October - December 2025)
Responsible Director:	Jennifer Wilson, Nurse Director Dr Crawford McGuffie, Medical Director Lynne McNiven, Director of Public Health
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1. Purpose

This paper 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

This supports the following Corporate Objectives:

- **Better Workplace** – Creating a great place for us to work
- **Better Care** – Improving your experience of care

The Health and Care Staffing (Scotland) Act aims to support the delivery of safe, high-quality services by ensuring that organisations have appropriate staffing in place. Its purpose is to promote positive outcomes for people using health services, and to improve the working environment and experience for staff.

2. Report summary

2.1 Situation

This paper provides summary of NHS Ayrshire & Arran's progress against the duties the Health and Care (Staffing) (Scotland) legislation over Quarter 3 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.
- **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.
- **Formal Annual 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. NHS Ayrshire & Arran's first such report was submitted in April 2025, with next formal annual report due in April 2026.

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

2.3 Assessment

Programme Board

The NHS Ayrshire & Arran Health and Care Staffing Programme Board has continued to meet as scheduled during Quarter 3 of 2025/26. As previously agreed, services from each Directorate are scheduled to report on the same occasion, thereby developing assurance for each HSCP or Acute, in addition to building 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 by 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	

NHS Ayrshire & Arran’s 2024/25 formal annual report is available on the NHS Ayrshire & Arran Website.

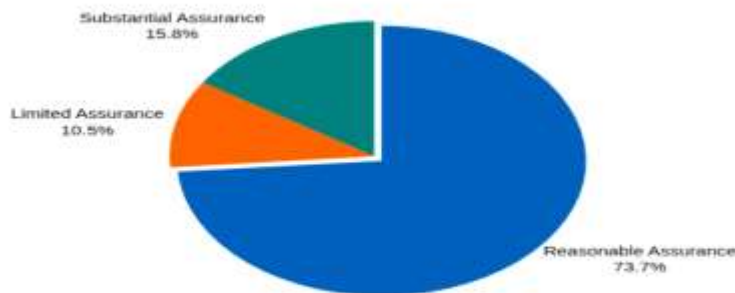
Ministerial Annual Report

The first Health and Care (Staffing) (Scotland) Ministerial Annual Report was published on the 27th November 2025, in line with the legislation and in response to the formal reports received from territorial Health Boards. There do not appear to be any immediate policy implications from the Ministerial Annual Report which concluded that the Scottish Government remains committed to a sustainable and resilient workforce for the future of healthcare in Scotland, and will continue to work in partnership with Health Boards, Healthcare Improvement Scotland, and other stakeholders to ensure that the principles of the Act are fully embedded in practice.

Of note, the position of ‘reasonable assurance’ declared by NHS Ayrshire & Arran is consistent with that of most other Boards as illustrated in Figure 1 below (Source: Health and Care (Staffing) (Scotland) Act 2019 2024/25 Ministerial Annual Report)

Figure 1: Breakdown of Health Board Overall Assurance Levels

Distribution of Assurance Levels Across NHS Scotland Health Board



73.7% indicate reasonable assurance, 15.8% indicate substantial assurance and 10.5% indicate limited assurance.

Local reporting

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

- Services led through the Acute Directorate:
 - Acute Nursing
 - Midwifery services
 - Radiography
 - Orthoptics
 - Medicine

This paper provides update of NHS Ayrshire & Arran’s current position against the legislative duties, using the detail provided through the Quarter 3 assurance reports. A Summary of the levels of assurance provided by Acute services during Quarter 3 is provided in **Table 2** below.

Table 2 – Acute Services - Reported level of assurance with each duty

Duty	Midwifery	AHP - Orthoptics and Radiography	Nursing - Acute	Medicine
12IA	Substantial	Reasonable	Reasonable	Reasonable
12IB	Substantial	Substantial	Substantial	Substantial
12IC	Reasonable	Reasonable	Reasonable	Limited
12ID	Substantial	Substantial	Reasonable	Reasonable
12IE	Substantial	Substantial	Reasonable	Substantial
12IF	Substantial	Substantial	Substantial	Reasonable
12IH	Substantial	Substantial	Limited	Substantial
12II	Reasonable	Reasonable	Limited	Substantial
12IJ	Reasonable	Not Applicable	Substantial	Reasonable
12IL	Substantial	Not Applicable	Reasonable	Reasonable
Planning and Securing Services	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Overall	Reasonable Assurance	Reasonable Assurance	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 3, 31 occasions of high-cost agency use were reported - to support audiology and sonography. This is a notable reduction from Quarter 2 where 127 occasions were reported, and the 354 occasions reported in Quarter 1.

No nursing or medical agency shifts in NHS Ayrshire & Arran breached the high cost threshold in Quarter 3.

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.

For acute medicine agreement has been reached that rota administrators will log actions and escalations on occasion where unplanned absence impacts on safe staffing. This detail is submitted to the medical strategic workforce group for quarterly review. Business case for administrative support to ensure all teams can report real time staffing has been supported with recruitment in progress.

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 currently 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 3 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.

All medical staff with leadership roles have standardised time allocated in job plan to undertake role.

For midwifery steps have also been taken to ensure that job allocation for clinical Nursing and Midwifery leaders is 40% clinical and 60% operational managerial. Clinical Midwifery Managers are visible in the clinical areas and input their managerial and clinical time on SSTS for audit purposes.

It is recognised that attainment against the ambitions of this duty within acute nursing can be challenging in the context of current operational pressures. Options to improve this position are being explored through Nursing workforce planning 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 attainment against Mandatory and Statutory Training (MAST), use of TURAS for personal development reviews, staff development through service level agreements, bursaries, and endowments funds.

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.

The 2025/26 annual return to Scottish Government will be due by 30th April 2026. To ensure the annual return is inclusive of approved, full year detail it is intended to bring the Q4 report through CMT and Board in late March/ early April.

As in 2024/25, it is proposed that the formal annual return is approved through CMT and Staff Governance Committee in April 2026 prior to executive sign off by the Executive Nurse Director, publication on the NHS Ayrshire & Arran website, and submission to Scottish Government.

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 3. A specific report on compliance with this duty is scheduled to be brought to Programme Board by the primary care team in Quarter 4 of 2025/26.

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 three 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 & 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 continues to be risk assessed and considered 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 three 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 Best value

This paper support Best Value across the following themes.

- **Vision and Leadership** – The Health and Care Staffing (Scotland) Act. holds ambition to promote positive outcomes for people who use health services.
- **Governance and accountability** – The activity outlined in this paper supports NHS Ayrshire & Arran to meet its legislative responsibilities under the Health and Care Staffing (Scotland) Act.
- **Use of resources** - The activity outlined in this paper supports NHS Ayrshire & Arran to make effective, risk aware decision on deployment of its financial and human resources.

2.3.7 Other impacts

In addition to alignment with Best Value and Corporate Objectives, the activity associated with this work also has close links with the Excellence in Care Programme, in assuring the delivery of safe, quality care.

2.3.8 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 Staffing Legislation have been promoted regularly.

2.3.9 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 05 November 2025
- NHS Ayrshire & Arran Corporate Management Team 28 January 2026
- NHS Ayrshire & Arran Staff Governance Committee 17 February 2026

2.4 Recommendation

For Discussion. Members are asked to:

- Note the current position as described in this update, including progress made through Quarter 3, 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 3

Workload Tool activity during Quarter 3 of 2025/26

During Quarter Three 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
October 2025	Small Wards Staffing Level Tool (≤ 16 occupied beds) Including Professional Judgement Tool	Gynaecology Ward
	CNS (Clinical Nurse Specialist Staffing Level Tool) Including Professional Judgement Tool and Quality Tool	Parkinson's Services & Cardiac Specialist Nurses
November 2025	CNS (Clinical Nurse Specialist Staffing Level Tool) Including Professional Judgement Tool and Quality Tool	Stroke Services
	Community Nurse Staffing Level Tool Including Professional Judgement Tool and Quality Tool	North Health Visitors 4 teams - 01, 02, 03, Immunisation team & Arran HVs
		South Health Visitors 4 teams - 07, 08, 15 & 16
		East Health Visitors 4 teams - 04, 05, 06 & 11
		East District Nurses 4 teams - 06, 07, 08 & Ayrshire wide Evening service
	Maternity Staffing Level Tool Including Professional Judgement Tool	EPAS, Labour Suite, Maternity Assessment Midwives, Maternity Day Care, Maternity Inpatients Ward
	Small Wards Staffing Level Tool (≤ 16 occupied beds) Including Professional Judgement Tool	Gynaecology Ward (re-run)
	Adult Inpatient Staffing Level Tool (rehab) Including Professional Judgement Tool	Girvan Davidson ward
December 2025	Community Nurse Staffing Level Tool Including Professional Judgement Tool and Quality Tool	Family Nurse Partnership