

NHS Ayrshire & Arran

Meeting:	NHS Ayrshire and Arran Board
Meeting date:	Tuesday 7 April 2026
Title:	Health and Care Staffing (Scotland) Act - Quarter 4 Update (January to March 2026)
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:

- Approval

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 a summary of NHS Ayrshire & Arran's progress against the duties of the Health and Care (Staffing) (Scotland) legislation over Quarter 4 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 4 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 2024/25 annual report.

The 2025/26 annual report is now being drafted, based on assurance reports submitted throughout the year.

Local reporting

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

- Public Health
- Spiritual Care
- Pharmacy
- Occupational Health
- The Cochlear Implant Service
- Services led through the Acute Directorate:
 - Women and children's nursing services - Paediatrics, Gynaecology and Neonates
 - Audiology
 - Laboratories
- Primary Care Independent Contractors led by East Ayrshire Health & Social Care Partnership, including:
 - General Medical Services
 - General Dental Services
 - General Ophthalmic Services
 - Pharmaceutical Services

This paper provides an update of NHS Ayrshire & Arran's current position against the legislative duties, using the detail provided through the Quarter 4 assurance reports. A Summary of the levels of assurance provided by Acute services during Quarter 4 is provided in **Table 1** below.

Table 1 - Reported level of assurance with each duty

Duty	Public Health	Spiritual Care	Pharmacy	Occupational Health	Scottish Cochlear Implant Service	Women and Children's Nursing	Audiology	Laboratories
12IA	Substantial	Reasonable	Reasonable	Substantial	Reasonable	Substantial	Limited	Reasonable
12IB	Substantial	Substantial	Substantial	Substantial	Substantial	Substantial	Substantial	Substantial
12IC	Reasonable	Reasonable	Substantial	Substantial	Reasonable	Reasonable	Limited	Limited
12ID	Substantial	Substantial	Substantial	Substantial	Substantial	Substantial	Reasonable	Limited
12IE	Substantial	Substantial	Substantial	Substantial	Substantial	Substantial	Limited	Reasonable
12IF	Substantial	Reasonable	Substantial	Substantial	Substantial	Substantial	Reasonable	Reasonable
12IH	Substantial	Substantial	Reasonable	Reasonable	Substantial	Substantial	Reasonable	Reasonable
12II	Substantial	Reasonable	Substantial	Substantial	Substantial	Substantial	Substantial	Reasonable
12IJ	Reasonable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Substantial	Not Applicable	Not Applicable
12IL	Reasonable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Substantial	Not Applicable	Not Applicable
Planning and Securing Services	Not Applicable	Not Applicable	Not Applicable	Not applicable	Not Applicable	Not applicable	Not applicable	Not Applicable
Overall	Reasonable Assurance	Reasonable Assurance	Substantial Assurance	Substantial Assurance	Substantial Assurance	Substantial 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 continues, with the Quarter 4 high cost agency report due to Scottish Government by the 30th April 2026. Previous reports have highlighted a decreasing reliance on high cost agency use. Pre-reporting detail in Quarter Four signals expectation of a similar position for Q4.

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 until e-rostering is fully adopted.

12ID - Duty to have risk escalation process in place

There are a range of 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. The value in further clarity and communications has been recognised in ensuring that all colleagues are aware of processes available to escalate staffing related risk or concern. Consistent process and communications are being collaboratively developed with intention of cascade during April 2026 to coincide with two years post enactment of the legislation.

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 4 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. Following reflection on the rigour of reporting through Programme Board, and in light of current financial pressures, focus is planned to formalise approach to ensure that any workforce decisions taken contrary to professional advice are consistently recorded. Such record will be detailed in future quarterly report to Board.

During Quarter four, the requirement for strengthened professional leadership across the Healthcare Science Professions was underlined. This requirement had already been identified, with options to enhance current arrangements being explored and progressed.

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

The NHS Ayrshire & Arran position against this duty remains varied and challenged at times by operational pressures.

Positive examples have been provided through Quarter 4 reports, including the approach taken with Midwifery services in ensuring that clinical leaders are supported with appropriate time and resource to discharge their leadership duties. Where the need for improvement has been identified, options are being explored through the relevant 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 have been 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 is being drafted, based on the content of the full year's assurance reports, for publication and submission by the due date of 30th April 2026.

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.

This duty has been considered not applicable by most assurance reports brought to Programme Board during 2025/26.

This duty has been assessed as relevant within Primary Care Services. A specific report on compliance with this duty was brought to Programme Board by the Primary Care team in Quarter 4 of 2025/26. This report outlined the detailed steps taken in ensuring primary care independent contractors meet the principles of the Health & Care Staffing

Legislation. The scope of this has included General Medical services, General Dental Services, General Ophthalmic Services and Pharmaceutical services.

Compliance under this duty has been assessed as substantial; with no areas deemed to require support or escalation to the Programme Board.

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 four 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 four are being considered and mitigated appropriately through local service management routes.
- The need for continued communications and to ensure staff are aware of process to raise workforce concern or risk is acknowledged. This is being mitigated through plans to clarify local process and communicate this widely from April 2026 onwards.

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.
- Further communications are planned for April 2026.

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 08 January 2026
- NHS Ayrshire & Arran Health and Care Staffing Programme Board 17 March 2026
- NHS Ayrshire & Arran Corporate Management Team March 2026 (virtually)
- NHS Ayrshire & Arran Staff Governance Committee March 2026 (virtually)

2.4 Recommendation

Decision

Members are asked to:

- Note the current position as described in this update, including progress made through Quarter 4, 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.
- Approve proposal to ensure that approved, full year detail is included within the annual formal return to Scottish Government in line with legislative time frame:
 - Formal annual return – inclusive of approved content from all four quarterly reports – to be signed off by CMT, and Staff Governance Committee (virtually) 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 by 30 April 2026.

3. List of appendices

The following appendices are included with this report:

Appendix No 1 – Workload Tool activity during Quarter 4

Workload Tool activity during Quarter 4 of 2025/26:

During Quarter Four 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
January 2026	CNS (Clinical Nurse Specialist Staffing Level Tool) Including Professional Judgement Tool and Quality Tool	Ayr Diabetes Specialist Nurses
February 2026	CNS (Clinical Nurse Specialist Staffing Level Tool) Including Professional Judgement Tool and Quality Tool	MS Specialist Nurses (Douglas Grant Rehab Centre)
	Small Wards Staffing Level Tool (≤ 16 occupied beds) Including Professional Judgement Tool	Lady Margaret Nursing Staff (Millport)
	Adult Inpatient Staffing Level Tool (Ortho Trauma) Including Professional Judgement Tool	University Hospital Crosshouse – wards 2A, 2B, 5A
	Adult Inpatient Staffing Level Tool (Rehab) Including Professional Judgement Tool	Ayrshire Central Hospital - Douglas Grant Rehab Ward, Redburn Rehabilitation Ward
	Adult Inpatient Staffing Level Tool (Rehab) Including Professional Judgement Tool	Ayrshire Central Hospital - Woodland View – Ward 1, Ward 2
March 2026	Community Nurse Staffing Level Tool Including Professional Judgement Tool and Quality Tool	District Nurse Team Prestwick/Troon/Dundonald DN 09