NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**Monday 10 August 2026**
Title:	**Health and Care Staffing (Scotland) Act – Q1 Report 2026/27**
Responsible Director:	**Jennifer Wilson, Executive Nurse Director** **Dr Crawford McGuffie, Medical Director** **Lynne McNiven, Director of Public Health**
Report Authors:	**Alistair Reid, Director of Allied Health Professions**

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 Value –** Delivering innovative and sustainable services for everyone
- **Better Health** – Supporting you to live a healthier life
- **Better Workplace** – Creating a great place for us to work
- **Better Care** – Improving your experience of care

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 1 of 2026/7, 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.
- **Formal Annual Report** - Health Boards must submit annual reports to Scottish Ministers, at the end of each financial year to detail compliance with the Act. A reminder of the scope of each legislative duty reportable through the Formal Annual Report is available within **Appendix 1**.
- **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. The detail of these reports support development of the Formal Annual Report.

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

2.3 Assessment

High-Cost Agency Use
NHS Ayrshire & Arran continue to meet the legislative requirements of this duty, reporting any high-cost agency use in line with Scottish Government timescales. The Q1 report was submitted to Scottish Government in advance of the 30th July 2026 deadline.

High-cost agency use reduced in Q1 of 2026/27 – with 21 reportable occasions versus the 84 occasions reported during the last quarter. This also compares favourably to the 350 occasions reported in Q1 of 2025/26.

Formal Annual Report
The formal annual report to Scottish Government for 2025/26 was approved by Corporate Management Team and Staff Governance Committee prior to publication on the NHS Ayrshire & Arran website, and submission to Scottish Government on the

28th April 2026. This publication and submission therefore met the requirement of duty 12IM – Reporting on Staffing.

Based on assurance reports brought to Programme Board through 2025/26 – an overall status of reasonable assurance was advised in the 2025/26 annual report. Aggregated attainment against each of the duties is summarised in **Appendix 1**. The stated level of assurance provided for each duty in 2024/25 is also included for reference.

While the overall position against each duty remained, at aggregate level, unchanged from the previous year, this does not reflect the significant progress made within individual service areas over the preceding year.

Recognised risks, as articulated through the annual formal report are summarised under section 2.3.4 of this paper.

Internal Quarterly Reporting
The NHS Ayrshire & Arran Health and Care Staffing Programme Board has continued to meet as scheduled during Quarter 1 of 2026/27. 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.

In Quarter one of 2026/27, assurance reports were provided to the NHS Ayrshire & Arran Health Care Staffing Programme Board by :

- North Ayrshire Health and Social Care Partnership (HSCP):
  - Nursing
  - Allied Health Professions
  - Psychology

A summary of the declared level of assurance for each service is detailed in **Table 1** below. The direction of any change from last year's status is also indicated within the table.

Table 1 – North Ayrshire HSCP Assurance and Direction of change in status

NAHSCP 2026/27	12IA	12IC	12ID	12IE	12IF	12IH	12II	12IJ	12IL	Planning & Securing services
Nursing	Reas →	Lim →	Reas →	Reas →	Sub →	Reas →	Reas →	Sub ↑	Reas →	N/A
AHP	Sub ↑	Reas →	Sub →	Sub →	Reas →	Reas ↑	Reas →	N/A	N/A	N/A
Psychology	Reas →	Sub →	Reas →	Sub →	Sub ↑	Sub→	Sub →	N/A	N/A	Reas →

As demonstrated, the assurance against four duties has improved since last reporting period, with an increasing level of substantial assurance reported by North Ayrshire HSCP services.

While assurance across many duties has remained 'reasonable', it should be noted that these ratings are aggregated at a service level; within individual services - particularly nursing - there is variation, with a range of assurance levels reported.

Only one duty is reported as having limited assurance. This duty requires systems and processes to be in place to ensure real time assessment of staffing position. Further roll out of the safe care module on e-rostering will support attainment against this duty.

Q1 reports have included confirmation that any workforce risks identified are being appropriately managed through established risk management processes within the relevant operational management lines.

Appendix 2 provides an overview of assurance provided against the required legislative duties, mapping reported attainment from 2025/26, across all professions and services within scope. Where services have reported in 2026/27, direction of change is also indicated on this assurance map.

Key Areas for Future Focus
As illustrated in **Appendix 2**, limited assurance is primarily associated with duty 12IC (Real Time Staffing Assessment), and duty 12IH (time to lead). Continued progress to roll out the SafeCare module on e-rostering will support improvement against 12IC, whilst continued local workforce planning approaches will be required to address 12IH. The recent independent review of acute nursing staffing levels provides example of the proactive approaches being taken to ensure appropriate staffing levels.

To strengthen the approach of the NHS Ayrshire & Arran Health and Care Staffing Programme Board, and embed this work as business as usual, Directorates will now be required to submit action plans as part of future scheduled Programme Board returns. These will require to have been approved through local governance processes and include clear timeframes and named accountable officers to support progression from limited or reasonable assurance to full attainment.

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 a 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

Assurance has been provided that any service specific risks highlighted through the assurance reports tabled at the NHS Ayrshire & Arran Health and Care Staffing Programme Board during Q1 of 2026/27 have been considered and managed appropriately through local service management routes.

The risks highlighted through the 2025/26 annual report include:

- Variance across professional groups. This continues to be mitigated through 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, and ongoing engagement with the national programme.
- The scale 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. Positive progress has been made with this roll out during 2025/26, with recognition of requirement for alternative real time staffing solutions in interim. Continued pace of roll out will facilitate improving attainment against real time and risk based duties.
- The need for standardised procedures, 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 with associated communications taking place across the summer months of 2026.
- Specific considerations around local Healthcare Science Professional Leadership is being explored in line with local requirements and in the context of recent national direction.

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 supports Best Value across the following themes.

- Vision and Leadership
- Effective Partnerships
- Governance and accountability
- Use of resources

2.3.7 Other impacts

The activity associated with this work also aligns with Excellence in Care activity 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 support understanding of the Health & Care Staffing Act have been promoted regularly
- Further targeted communications are being delivered across Summer 2026 – raising awareness of the legislation and availability of supporting resources, and clarifying process to raise staffing concerns

2.3.9 Route to the meeting

The content of this paper has been developed through the detail provided through assurance reports provided to the NHS Ayrshire & Arran Health & Care Staffing Programme Board. This content has previously been considered by the following 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 May 2026
- Corporate Management Team 16 June 2026
- Area Partnership Forum (virtually) 21 July 2026
- Staff Governance Committee (virtually) 21 July 2026

2.4 Recommendation

For Discussion. Members are asked to:

- Note the current position as described in this update, including progress made through Quarter 1, 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 – Summary of Attainment against Legislative Duties as reported through Annual Report
- Appendix No 2 - Full Scope Map of Attainment against Legislative Duties

Appendix 1 – Summary of Attainment against Legislative Duties as reported through Formal Annual Report

Duty		NHS Ayrshire & Arran RAG Status as advised in Formal Annual Report	
		2024/25	2025/26
12IA	Duty to ensure appropriate staffing	Reasonable	Reasonable
12IC	Duty to have real time staffing assessment in place	Reasonable	Reasonable
12ID	Duty to have risk escalation process in place	Reasonable	Reasonable
12IE	Duty to have arrangements to address severe and recurrent risks	Reasonable	Reasonable
12IF	Duty to seek clinical advice on staffing	Reasonable	Reasonable
12IH	Duty to ensure adequate time given to clinical leaders	Reasonable	Reasonable
12II	Duty to ensure appropriate staffing: training of staff	Reasonable	Reasonable
12IJ	Duty to follow common staffing method	Substantial	Substantial
12IL	Training and consultation of staff	Substantial	Substantial
	Planning and Securing Services	Reasonable	Reasonable
	Overall Assurance	Reasonable	Reasonable

Appendix 2 – Full Scope Map of Attainment against Legislative Duties

	12IA	12IC	12ID	12IE	12IF	12IH	12II	12IJ	12IL	Planning & Securing services
NAHSCP										
Nursing	Reas →	Lim→	Reas →	Reas →	Sub →	Reas →	Reas →	Sub ↑	Reas →	N/A
AHP	Sub ↑	Reas→	Sub→	Sub→	Reas→	Reas ↑	Reas→	N/A	N/A	N/A
Psychology	Reas →	Sub →	Reas→	Sub→	Sub ↑	Sub→	Sub→	N/A	N/A	Reas
SAHSCP										
Nursing	Reas	Reas	Reas	Reas	Sub	Reas	Reas	Reas	Sub	N/A
AHP	Reas	Reas	Sub	Sub	Reas	Lim	Reas	N/A	N/A	N/A
EAHSCP										
Nursing	Sub	Sub	Sub	Reas	Sub	Reas	Reas	Reas	Reas	N/A
AHP	Reas	Reas	Sub	Sub	Reas	Reas	Reas	N/A	N/A	N/A
Public Dental	Sub	Sub	Sub	Sub	Sub	Sub	Sub	N/A	N/A	N/A
Primary Care Independent Contractors	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Sub
ACUTE										
Nursing	Reas	Reas	Reas	Reas	Sub	Lim	Lim	Sub	Reas	N/A
AHP	Reas	Lim	Sub	Sub	Sub	Sub	Reas	N/A	N/A	N/A
Midwifery	Sub	Reas	Sub	Sub	Sub	Sub	Reas	Reas	Sub	N/A
Women & Children's Services	Sub	Reas	Sub	Sub	Sub	Sub	Sub	Sub	Sub	
Audiology	Lim	Lim	Reas	Lim	Reas	Reas	Sub	N/A	N/A	N/A
Laboratories	Reas	Lim	Lim	Reas	Reas	Reas	Reas	N/A	N/A	N/A
ORGANISATION WIDE										
Public Health	Sub	Reas	Sub	Sub	Sub	Sub	Sub	Reas	Reas	N/A
Spiritual Care	Reas	Reas	Sub	Sub	Reas	Sub	Reas	N/A	N/A	N/A
Pharmacy	Reas	Sub	Sub	Sub	Sub	Reas	Sub	N/A	N/A	N/A
Medicine	Reas	Lim	Reas	Sub	Reas	Sub	Sub	Reas	Reas	N/A
Occupational Health	Sub	Sub	Sub	Sub	Sub	Reas	Sub	N/A	N/A	N/A
Cochlear Implant Service	Reas	Reas	Sub	Sub	Sub	Sub	Sub	N/A	N/A	N/A

Assurance Key:

- No Assurance
- Limited Assurance
- Reasonable Assurance
- Substantial Assurance
- Not Applicable