

HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 – NHS AYRSHIRE & ARRAN ANNUAL REPORT 2025/26

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Report approval

1. The box below should be completed by the person signing off the report. An electronic signature is acceptable.
2. The Act requires the annual reports to be published by relevant organisations. Please enter a hyperlink to the webpage where the report can be found in the boxes below.

Name of organisation:	<i>NHS AYRSHIRE & ARRAN</i>
Report authorised by:	<i>JENNIFER WILSON</i>
	<i>EXECUTIVE NURSE DIRECTOR</i>
	<i>28/04/2026</i>
Location where report is published:	https://www.nhsaaa.net/about-us/reports-plans-publications/

GUIDANCE ON USING THIS TEMPLATE

Purpose

This guidance has been developed to support relevant organisations in the completion of the below template which will form their annual report detailing compliance with the requirements of the [Health and Care \(Staffing\) \(Scotland\) Act 2019 \(the Act\)](#). Completed reports must be returned to hcsa@gov.scot by 30 April 2026.

Additional resources can be accessed here: [Health and Care \(Staffing\) \(Scotland\) Act 2019: statutory guidance - gov.scot](#)

If you require further assistance or have any queries, please contact hcsa@gov.scot.

Summary Section

3. The summary asks for an overview of how the relevant organisation has carried out all of the duties and requirements of the Act. This should include all NHS functions provided by all professional disciplines covered under the Act. You will be asked to provide an assurance level in respect of your overall compliance with the Act. Definitions for these assurance levels can be found at point seven.
4. Following receipt, the Scottish Ministers must collate reports from relevant organisations and lay a combined report before Parliament, along with an accompanying statement setting out how the information will be taken into account in policies for staffing of the health service. To enable this process, the information provided by relevant organisations should be comprehensive and pertinent to the staffing of the health service. To enable this, please complete the questions contained in the reporting template in sufficient detail, setting out the key achievements, outcomes, learning and risks and how this information has been used to inform workforce planning at the local level.

Individual duties / requirements

5. Following the summary section, the template seeks detail on individual duties/requirements of the Act in turn, asking relevant organisations to provide an assessment of compliance, and to provide details. Again, this should include all NHS functions, provided by all professional disciplines covered under the Act. Relevant organisations should provide detail to explain the assurance level in respect of the Duty, detailing evidence of compliance where appropriate, or gaps and areas of ongoing focus.

Evidence could, for example, include details of the organisational structures, systems and/or processes being used.

6. The duty description contains the legislative wording of the Act, outlining the duty requirements.
7. As outlined at paragraph 3, the template requests an overall level of assurance with regard to the relevant organisation's compliance with the Act/Duties, using the assurance categories as detailed below:

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.

8. The relevant organisation is asked to provide details of areas of success, achievement and learning associated with the particular duty or requirement, along with indicating how this could be used in the future. Again, in order to provide meaningful information that can inform healthcare staffing policy, relevant organisations are asked to complete this with an appropriate level of detail.

9. The relevant organisation is then asked to provide details of any areas of risk where they have been unable to achieve or maintain compliance with the particular duty or requirement, or where they have faced any challenges or risks in carrying out their duties or requirements. In this section, relevant organisations are also asked what actions have been or are being taken to address this. Again, in order to provide meaningful information that can inform healthcare staffing policy, relevant organisations are asked to provide an appropriate level of detail.

ANNUAL REPORTING TEMPLATE

Summary

Please answer the following questions, to provide an overall assessment of how the organisation has carried out its duties under sections 12IA, 12IC, 12ID, 12IE, 12IF, 12IH, 12II, 12IJ and 12IL of the National Health Service (Scotland) Act 1978 (inserted by section 4 of the Act), and in line with Sections 1 and 2 of the Act : [Guiding principles for health and care staffing and Guiding principles etc. in health and care staffing and planning.](#)

Please advise how the information provided in this report has been used or will be used to inform workforce plans.

Summary on how the information within this report has/or will inform future workforce plans/planning.

The information contained within this report provides a comprehensive overview of the activity undertaken to ensure NHS Ayrshire & Arran's compliance with the Health and Care (Staffing) (Scotland) Act. The analysis and insights generated through this activity directly inform both current and future workforce planning in several keyways.

Assurance reports submitted to the Programme Board enable individual services to reflect on the duties of the Act, assess their staffing arrangements, and understand the associated impact on quality, safety, patient outcomes, and staff wellbeing. These assurance discussions provide a structured mechanism for identifying risks, good practice, and areas requiring improvement.

Local service-level assurance is then incorporated into wider operational and governance processes, supporting informed and evidence-based workforce planning. The insights gained contribute to establishment reviews, decisions about workforce deployment, service redesign, and the development of longer-term workforce strategies.

At a corporate level, the Corporate Management Team considers the detail within healthcare staffing reports alongside financial planning, including budget setting and recognised pressures. This alignment ensures that workforce planning decisions are both clinically informed and financially sustainable. Collectively, these arrangements ensure that the learning generated through the implementation of the Act strengthens NHS Ayrshire & Arran's approach to workforce planning and supports a proactive, risk-based, and data-driven model for staffing decision-making.

Please provide information on how your compliance to the Health and Care Staffing Act has led to improved outcomes for service users and workforce

As set out in the legislation, compliance with the Act should support the outcomes from the Health and Care Standards. Therefore, you should demonstrate/consider how implementation of the Act contributes to achieving these Standards

This should include - but not be limited to - information in relation to patient safety and quality of care measures and outcomes, patient feedback, staff wellbeing measures, and adverse event reporting; what this information has shown and any trends; and any actions taken as a result.

Implementation of the Health and Care (Staffing) (Scotland) Act has contributed to improvements for patients, families, and the workforce across NHS Ayrshire & Arran. The Act provides a nationally consistent framework for safe, effective and person-centred staffing, and its application locally has strengthened both the quality of care and the experience of staff.

The introduction of real-time staffing assessment has supported more transparent and informed staffing decisions. These processes ensure that risks associated with staffing levels are identified early, escalated appropriately, and mitigated wherever possible. As a result, clinical teams report improved clarity on decision-making pathways and enhanced confidence in how staffing-related risks are balanced to protect patient safety and experience.

Consistent application of the Common Staffing Method has further embedded an evidence-based approach to workforce planning. The integration of professional judgement, quality-of-care measures and workload tool outputs has contributed to improved alignment between staffing establishments, patient need and service demand. This approach has supported more effective deployment of staff, reduced unwarranted variation between services, and strengthened the connection between workforce decisions and outcomes.

Regular reporting to the Corporate Management Team, Staff Governance Committee and NHS Board has enhanced organisational oversight of staffing position and associated risks. This scrutiny ensures that concerns are identified early, targeted action is taken, and improvement is monitored over time. The visibility of staffing issues at this level has also facilitated more informed discussion on financial pressures and workforce sustainability.

Established clinical governance structures enable systematic review of patient safety, patient experience and staff wellbeing data. Board committees including Healthcare Governance, Health, Safety and Wellbeing, Staff Governance, and Performance Governance regularly triangulate staffing information with outcomes data. Within nursing and midwifery, this is strengthened through the Excellence in Care programme and ward-level CAIR dashboards, which integrate nationally agreed quality measures with local workforce data. This triangulation provides real-time insights into trends, variations and areas requiring intervention.

Health and Care Staffing Act Health Board Duty Compliance Assurance Levels

Please complete the table below with your Health Boards compliance assurance level for each duty.

Feedback from sources such as complaints, Care Opinion, Datix adverse event reporting, and Local and Significant Adverse Event Reviews provides additional opportunities to identify emerging risks or themes. These insights inform service improvement activity and help evaluate the impact of staffing decisions on the quality and safety of care delivered.

Collectively, these arrangements have contributed to improved consistency, transparency and responsiveness in the way staffing decisions are made. They have also supported a continued focus on patient outcomes and staff wellbeing in a challenging financial and operational context. The emphasis placed by the Act on safe and appropriate staffing provides a valuable framework for sustaining high-quality care and supporting the workforce over the longer term.

DUTY	COMPLIANCE ASSURANCE LEVEL
Duty 12IA: Duty To Ensure Appropriate Staffing	Reasonable Assurance
Duty 12IC: Duty To Have Real-Time Staffing Assessment In Place.	Reasonable Assurance
Duty 12ID: Duty To Have Risk Escalation Process In Place.	Reasonable Assurance
Duty 12IE: Duty To Have Arrangements To Address Severe And Recurrent Risks.	Reasonable Assurance
Duty 12IF: Duty To Seek Clinical Advice On Staffing.	Reasonable Assurance
Duty 12II: Duty To Ensure Appropriate Staffing: Training Of Staff	Reasonable Assurance
Duty 12IH: Duty To Ensure Adequate Time Given To Clinical Leaders.	Reasonable Assurance
Duty 12IJ: Duty To Follow The Common Staffing Method (CSM)	Substantial Assurance
Duty 12IL: Training And Consultation Of Staff	Substantial Assurance
Planning And Securing Services	Reasonable Assurance
PLEASE INDICATE THE OVERALL LEVEL OF ASSURANCE OF THE ORGANISATION'S COMPLIANCE	
Reasonable Assurance	

[Duty 12IA: Duty to ensure appropriate staffing](#)

Duty Description	<p>2 Guiding principles etc. in health care staffing and planning</p> <p>(1) In carrying out the duty relating to staffing imposed by section 12IA of the National Health Service (Scotland) Act 1978, every Health Board and the Common Services Agency for the Scottish Health Service must have regard to the guiding principles for health and care staffing.</p> <p>Duty 12IA: Duty to ensure appropriate staffing.</p> <p>(1) It is the duty of every Health Board and the Agency to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for—</p> <ul style="list-style-type: none">(a) the health, wellbeing, and safety of patients,(b) the provision of safe and high-quality health care, and(c) in so far as it affects either of those matters, the wellbeing of staff. <p>(2) In determining what, in a particular kind of health care provision, constitutes appropriate numbers for the purposes of subsection (1), regard is to be had to—</p> <ul style="list-style-type: none">(a) the nature of the particular kind of health care provision,(b) the local context in which it is being provided,(c) the number of patients being provided it,(d) the needs of patients being provided it, and(e) appropriate clinical advice.
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Please provide information on the steps taken to comply with Duty 12IA.

Please provide information to demonstrate compliance.

Information submitted here should outline how systems & processes take account of all of the points detailed in the duty description above by providing detail for each consideration.

Several steps have been taken to ensure compliance with 12IA .

The NHS Ayrshire & Arran HCSA Programme board has continued through 2025/26, inclusive of all professions included under the scope of the legislation, with a schedule of assurance reporting to allow detailed monitoring of compliance against the duties across all professional groups throughout the course of the year.

There has been continued focus on the roll out of e-rostering, with support to utilise the TURAS Generic Real Time Staffing Resource with teams on an interim basis until health roster and safe care are in place.

There continues to be a confidence regarding the construct of professional leadership structures in NHS Ayrshire & Arran to facilitate provision of clinical advice to decision making.

Significant support continues to be provided to teams in applying the common staffing methodology and ensuring the nationally mandated staffing tools are utilised where applicable.

Staff wellbeing remains a key priority for the Board, with the NHS Ayrshire & Arran spiritual care strategy launched in May 2025. NHS Ayrshire & Arran's People Strategy, Culture Framework, and Staff Health , Safety and Wellbeing Framework have also been developed and align with the ambitions of Duty 12IA.

A range of measures are promoted to maximise and optimise workforce capacity within resource available.

Quarterly returns have also been provided to Scottish Government, in line with the legislation, with regards to high-cost agency use. Such use has reduced during 2025/26. Quarterly reports provided to Staff Governance Committee, and NHS Board highlight the activity undertaken in attaining against the legislative duties.

Please provide information on your methods of monitoring compliance with Duty 12IA

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

All professions included under the scope of the legislation have been tabled to bring assurance reports to the NHS Ayrshire & Arran HCSA Programme board during 2025/26. These reports are clustered by Directorate to support local governance as well as building a Board wide picture of compliance and include update and assessment of assurance across each of the legislative duties. The content of these reports inform the internal quarterly report that goes to the NHS Board, in demonstrating compliance and enabling escalation around any areas of non compliance.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
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Multi-disciplinary engagement through the Programme Board	Robust schedule of reporting with engagement from senior professional and operational leaders with responsibility under the legislation.	Continue to refine reporting processes and alignment with local governance.
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Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
Impact of reduced working week	It is recognised that the reduced working week has impact on service capacity across a range of clinical areas	A risk-based approach is being implemented to identify the most affected services and prioritise targeted interventions. Alongside this, a proactive programme of workforce actions is being taken forward, including strengthened recruitment activity. These measures aim to minimise service disruption, maintain safe staffing and support long-term sustainability as the new working pattern embeds.
Variance across professions	There continues to be a level of variance across the range of professional groups included under the scope of the legislation.	The NHS Ayrshire & Arran HCSA Programme Board includes senior representation from all professional groups included under the scope of the legislation. Awareness and engagement have continued to increase, with focus around workforce planning beyond the national tools.
Scale of roll out of e-rostering	There has been positive progress with the roll out of e-rostering across NHS Ayrshire & Arran during 2025/26. Full utilisation of e-rostering enables compliance with several of the legislative duties. The scale of this task means that roll out will take a significant period with medium term requirement for interim solutions	Service and Professional Leads will continue to ensure interim solutions as required whilst e-rostering continues to roll out.

COMPLIANCE ASSURANCE LEVEL

Reasonable Assurance

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

Duty Summary	<p>(1) It is the duty of every Health Board and the Agency to put and keep in place arrangements for the real-time assessment of its compliance with the duty imposed by section 12IA.</p> <p>(2) The arrangements under subsection (1) must, in particular, include—</p> <ul style="list-style-type: none">(a) a procedure for the identification, by any member of staff, of any risks caused by staffing levels to—<ul style="list-style-type: none">(i) the health, wellbeing, and safety of patients,(ii) the provision of safe and high-quality health care, or(iii) in so far as it affects either of those matters, the wellbeing of staff,(b) a procedure for the notification of any such risk to an individual with lead professional responsibility (whether clinical or non-clinical) in the area where the risk was identified,(c) a procedure for the mitigation of any such risks, so far as possible, by such an individual, and a requirement for that individual to seek and have regard to appropriate clinical advice, as necessary, in carrying out such mitigation,(d) raising awareness among staff about the procedures described in paragraphs (a) (b) and (c),(e) encouraging and enabling staff to use the procedures described in paragraphs (a) and (b),(f) training individuals with lead professional responsibility (whether clinical or non-clinical) for particular types of health care in how to implement the arrangements put in place under paragraphs (a) to (e), and(g) ensuring that such individuals receive adequate time and resources to implement those arrangements.
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Please provide information on the steps taken to comply with Duty 12IC.

Please provide information to demonstrate compliance.

Information submitted here should outline how systems & processes take account of all of the points detailed in the duty description above by providing detail for each consideration.

NHS A&A continues to roll out the RLDatix eRostering system and has made significant progress during 2025/26. Implementation of SafeCare enables attainment against the key expectations of this duty.

For areas not yet covered by SafeCare, several services have been onboarded to utilise the generic real time staffing resource (RTSR) on TURAS, feeding into RTSR from safety huddles. A profession specific tool created by Public Health Scotland is utilised by Psychological services. Local escalation processes are in place to accompany real time staffing assessment regardless of system used.

Training is provided in the form of the Generic RTS User Guide along with the HIS Statutory Guidance Quick Guide Series - Real Time Staffing (RTS) Assessment & Risk Escalation as well as the link to the Webinar on the RTSR on TURAS to teams who are adopting any of the national TURAS RTSR. Significant progress has been made with the roll out of eRostering during 2025/26 with associated local training and education as part of onboarding.

Awareness-raising has been in focus for all staff since the commencement of the Act to ensure staff are aware of the expectations and the systems and processes in place within their work environment to support the Board meet its legislative duties. Staff are encouraged to access the available TURAS learning resources at every available opportunity. All new staff are made aware of the structures and processes in place to identify, communicate and report any risks with staffing. Training in RLDatix - Optima SafeCare and the TURAS RTSR is provided at the point of access permission being provided. The training includes how to meet the requirements of the duties.

In addition, all staff have access to Datix and can use to raise risk or concern. Unmitigated risk should be recorded on the Datix system in this way.

As part of the consultation process for this annual report, trade union representatives shared feedback drawing on a previous UNISON survey. This survey highlighted concerns related to staffing levels and a lack of confidence in the effectiveness of arrangements for raising concerns.

The need for all staff to be able to identify risk caused by staffing levels, or raise such concerns is recognised. Further targeted work is being developed for early 2026/27 to clarify and simplify process, and support staff to do so.

Please provide information on your methods of monitoring compliance with Duty 12IC

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

All professions within scope of the legislation are scheduled to present assurance reports to the NHS Ayrshire & Arran HCSA Programme Board during 2025/26. Reports are grouped by Directorate to support local governance while building a Board-wide picture of compliance, and they provide an update and assessment against each of the legislative duties. These reports directly inform the internal quarterly report submitted to the NHS Board.

In addition, the eRostering Programme Board maintains oversight of the rollout of eRostering across NHS Ayrshire & Arran.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
Progress with roll out of eRostering	Optima is currently live in 291 of 842 units (excluding 65 medical units), representing overall progress of 35%.	Continue with roll out programme, and training to enable full utilisation of safecare module.

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
Scale of requirement for eRostering roll-out	Variation in RTSR/eRoster adoption and data entry burden.	Continue with roll out programme, and training to enable full utilisation of safecare module. Further diligence to ensure local process is consistent with legislative requirements

COMPLIANCE ASSURANCE LEVEL

Reasonable Assurance

Duty 12ID: Duty to Have Risk Escalation Process in Place.

Duty Summary

- (1) It is the duty of every Health Board and the Agency to put and keep in place arrangements for the escalation of any risk.**
- (a) identified during the real-time assessment of its staffing levels in accordance with arrangements put in place under section 12IC, and
 - (b) which it has not been possible to mitigate in accordance with the arrangements put in place under that section.
- (2) The arrangements under subsection (1) of this duty must include:**
- a) A procedure for the initial reporting of a risk as described in subsection (1), by an individual with lead professional responsibility (whether clinical or non-clinical) in the area where the risk was identified, to a more senior decision-maker,
 - b) A requirement for any such decision-maker to seek and have regard to appropriate clinical advice, as necessary, in reaching a decision on the risk, including on how to mitigate it,
 - c) A procedure for the onward reporting of the risk, as necessary, to a more senior decision-maker in turn, and a requirement for that decision-maker in turn to seek and have regard to appropriate clinical advice, as necessary, in reaching a decision on the risk, including on how to mitigate it,
 - d) A requirement for the arrangements put in place under paragraph (c) to escalate further in order to reach a final decision on the risk, including in appropriate cases by the reporting of the risk to the members of the Health Board.
 - e) A procedure for the notification of every decision made following the initial report, and the reasons for it, to:
 - (i) any individual who was involved in identifying the risk in accordance with the arrangements put in place under section 12IC(2)(a),
 - (ii) any individual who was involved in attempting to mitigate the risk in accordance with the arrangements put in place under section 12IC(2)(c),
 - (iii) any individual who was involved in reporting the risk in accordance with the arrangements put in place under paragraph (a), (c) or (d) of this subsection, and
 - (iv) any individual who gave clinical advice in accordance with the arrangements put in place under section 12IC(2)(c), or under paragraph (b), (c) or (d) of this subsection,
 - f) A procedure for those individuals to record any disagreement with any decision made following the initial report,
 - g) A procedure for those individuals to be able to request a review of the final decision on a risk (other than a final decision made by the members of the Health Board or the Agency) made in accordance with the arrangements put in place under section 12IC(2)(c) or, as the case may be, paragraphs (b), (c) or (d) of this subsection,
 - h) Raising awareness among staff about the procedures described in paragraphs (a) to (f),
 - i) Training individuals with lead professional responsibility (whether clinical or non-clinical) for particular types of healthcare, and other senior decision-makers, in how to implement the arrangements put in place under paragraphs (a) to (h), and

j) Ensuring that such individuals receive adequate time and resources to implement those arrangements.

Please provide information on the steps taken to comply with Duty 12ID.

Please provide information to demonstrate compliance.

Information submitted here should outline how systems & processes take account of all of the points detailed in the duty description above by providing detail for each consideration.

NHS Ayrshire & Arran has established processes that enable all staff to escalate staffing concerns in real time. For services using SafeCare, concerns can be formally recorded through the Red Flag functionality. For services not yet using SafeCare, escalation follows existing local operational structures as set out within the relevant Standard Operating Procedures (SOPs).

Compliance is monitored either through SafeCare (where implemented) or through exception reporting submitted when escalation has not been achieved. The continued rollout of SafeCare and its functions for identifying, mitigating, and escalating risk will enhance the identification of severe and recurring risks, with outputs available for review through established risk-management forums.

Safety Huddles continue to provide a structured route for the escalation of real-time staffing risks, with outcomes communicated to senior professional leads, who are typically present. Unmitigated staffing risks are escalated through line management and operational reporting structures and are captured within SafeCare or Real Time Staffing Resource (RTSR) on TURAS where these systems are in use. Any unmitigated risk may also be recorded within DATIX for further investigation.

In parallel, NHS Ayrshire & Arran is undertaking internal work to better understand staff experiences of raising concerns, recognising this as an area requiring further development. The findings will inform improvements to processes and strengthen mechanisms for feedback. In addition to formal reporting structures and safety huddles, staff and managers may raise concerns about staffing at any time directly to their line manager, enabling a real-time assessment of risk and consideration of mitigations. Near misses and omissions of care can also be captured within the adverse event reporting system (DATIX), which additionally hosts service-level risk registers for recording workforce-related risks.

Assurance has been provided through reports to the NHS Ayrshire & Arran HCSA Programme Board that staff have appropriate access to professional advice to inform decision-making. Work is underway to formalise a standardised mechanism for recording any staffing decision made contrary to professional advice, ensuring consistency and transparency across the organisation.

Please provide information on your methods of monitoring compliance with Duty 12ID

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

All professions included under the scope of the legislation have been tabled to bring assurance report to the NHS Ayrshire & Arran HCSA Programme board during 2025/26. These reports are clustered by Directorate to support local governance as well as building Board wide picture of compliance, and include update and assessment of assurance across each of the legislative duties. The content of these reports inform the internal quarterly report that goes to the NHS Board.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
Risk Assessment processes	Risk Assessment is already well embedded within the Board.	
Progress with roll out of eRostering	Optima is currently live in 291 of 842 units (excluding 65 medical units), representing overall progress of 35%.	Continue with roll out programme, and training to enable full utilisation of safecare module.

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
Standardised procedures	Recognised need to review Board wide procedures to facilitate full attainment against this duty	Review and refresh Board procedures for the escalation of risk

COMPLIANCE ASSURANCE LEVEL

Reasonable Assurance

Duty 12IE: Duty to have arrangements to address severe and recurrent risks.

Duty Summary	<p>Duty to have arrangements to address severe and recurrent risks.</p> <p>(1) It is the duty of every Health Board and the Agency to put and keep in place arrangements to—</p> <ul style="list-style-type: none">(a) collate information relating to every risk escalated to such level as the Health Board or the Agency (as the case may be) consider appropriate in accordance with the arrangements put in place under section 12ID (2), and(b) identify and address those risks which are considered to be either or both—<ul style="list-style-type: none">(i) severe,(ii) liable to materialise frequently. <p>(2) The arrangements under subsection (1) must, in particular, include a procedure for—</p> <ul style="list-style-type: none">(a) the recording of a risk as described in subsection (1)(b),(b) the reporting of any such risk, as necessary, to a more senior decision-maker, including in appropriate cases to the members of the Health Board or the Agency (as the case may be),(c) the mitigation of the risk, so far as possible, and a requirement for appropriate clinical advice to be sought and had regard to in carrying out such mitigation, and(d) the identification of actions to prevent the future materialisation of the risk, so far as possible.
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Please provide information on the steps taken to comply with Duty 12IE.

Please provide information to demonstrate compliance.
Information submitted here should outline how systems & processes take account of all of the points detailed in the duty description above by providing detail for each consideration.

Clear arrangements are in place for clinical and care governance. These have been articulated for all services that have reported through the Programme Board in 2025/26.

A Risk matrix is used across NHS Ayrshire & Arran to allow robust and consistent assessment of any severe or recurring risks. The Datix system is used with risks allocated a rating for impact (severity) and likelihood (anticipated likelihood of reoccurrence). All Datix submissions can be reviewed across functional groups for trends and occurrences. Escalation of risk occurs through functional governance groups, with risk registers sitting at appropriate levels of the organisation. Severe or strategic risks become the business of Board sub committees - Performance Governance, Staff Governance or Healthcare Governance Committees, where they are monitored and reviewed on a regular basis.

Professional structures are in place to facilitate clinical advice around decision making. This includes senior professional representation within the standing committees of the Board.

Please provide information on your methods of monitoring compliance with Duty 12IE

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

All professions included under the scope of the legislation have been tabled to bring assurance report to the NHS Ayrshire & Arran HCSA Programme board during 2025/26. These reports are clustered by Directorate to support local governance as well as building a Board wide picture of compliance, and include update and assessment of assurance across each of the legislative duties. The content of these reports inform the internal quarterly report that goes to the NHS Board.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
Governance structures	Strong Board Governance Committee structures to facilitate monitoring of progress against identified risks	
Professional Leadership	Confidence in construct of professional leadership to enable provision of clinical advice to decision making	Continue to refine associated processes

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action

COMPLIANCE ASSURANCE LEVEL

Reasonable Assurance

Duty 12IF: Duty to Seek Clinical Advice on Staffing.

<p>Duty Summary</p>	<p>Duty to Seek Clinical Advice on Staffing.</p> <p>(1) It is the duty of every Health Board and the Agency to put and keep in place arrangements for—</p> <ul style="list-style-type: none">(a) seeking and having regard to appropriate clinical advice in making decisions and putting in place arrangements in relation to staffing under sections 12IA to 12IE and 12IH to 12IL,(b) recording and explaining decisions which conflict with that advice. <p>(2) The arrangements under subsection (1) must, in particular, include—</p> <ul style="list-style-type: none">(a) where a Health Board or the Agency (as the case may be) reaches a decision on a matter which conflicts with the clinical advice it has received—<ul style="list-style-type: none">(i) a procedure for the identification of any risks caused by that decision,(ii) a procedure for the mitigation of any such risks, so far as possible,(iii) a procedure for the notification of any such decision, and the reasons for it, to any individual who gave clinical advice on the matter,(iv) a procedure for any such individual to record any disagreement with the decision made on the matter,(b) a procedure for individuals with lead clinical professional responsibility for a particular type of health care to report to the members of the Health Board or the Agency (as the case may be), on at least a quarterly basis, about the extent to which that individual considers that it is complying with the duties imposed by—<ul style="list-style-type: none">(i) this section, and(ii) sections 12IA to 12IE and 12IH to 12IL,(c) a procedure for such individuals to—<ul style="list-style-type: none">(i) enable and encourage other employees to give views on the operation of this section, and(ii) record such views in reports made in accordance with the arrangements put in place under paragraph (b),(d) raising awareness among individuals with lead clinical professional responsibility for particular types of health care in how to implement the arrangements put in place under paragraphs (a) to (c), and(e) ensuring that such individuals receive adequate time and resources to implement those arrangements. <p>(3) Every Health Board and the Agency must have regard to the reports received in accordance with the arrangements put in place under subsection (2)(b).</p>
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Please provide information on the steps taken to comply with Duty 12IF.

Please provide information to demonstrate compliance.

Information submitted here should outline how systems & processes take account of all of the points detailed in the duty description above by providing detail for each consideration.

Professional leadership arrangements are in place across the organisation and relevant professional groups. This enables the provision of clinical advice to decision making.

A quarterly report is prepared on behalf of the Medical, Public Health and Nurse Directors, utilising the detail brought through Programme Board, and outlining the extent to which the organisations is complying with the duties. This is reported through the Corporate Management Team, Staff Governance Committee and onto the Board on a quarterly basis.

Through the course of activity associated with reporting under this legislation, requirement has been identified to strengthen professional leadership for the healthcare science professions. Options to do so within available resource are currently being explored.

Further, the need is recognised to agree consistent mechanism to allow record of any staffing decisions taken that conflict with clinical advice given. This is being refined for implementation in early 2026/27.

Please provide information on your methods of monitoring compliance with Duty 12IF

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

All professions included under the scope of the legislation have been tabled to bring assurance report to the NHS Ayrshire & Arran HCSA Programme board during 2025/26. These reports are clustered by Directorate to support local governance as well as building a Board wide picture of compliance, and include update and assessment of assurance across each of the legislative duties. The content of these reports inform the internal quarterly report that goes to the NHS Board on behalf of the Medical, Public Health and Nurse Directors. These reports have detailed a confidence in access to professional advice and assurance that such advice is considered when staffing decisions are being taken.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
Professional structures and engagement	There is confidence around the level of awareness, engagement and action from professional leads around their role in relation to this duty, and similar confidence that professional structures and arrangements facilitate the inclusion of clinical advice in staffing decisions.	Continue to refine and strengthen this approach

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
Record of disagreement	Requirement to ensure consistent mechanism for record of staffing decisions that conflict with clinical advice	Standardised approach to this is being confirmed with expectation of conclusion by end of Q1 2026/27
Healthcare Science	The need for clarity of professional leadership arrangements for the Healthcare Sciences is recognised	Options to strengthen this position are being explored with expectation of agreed plan by end of Q1 2026/27

COMPLIANCE ASSURANCE LEVEL

Reasonable Assurance

Duty 12IH: Duty to ensure adequate time given to clinical leaders.

Duty Summary	In complying with the duty imposed by section 12IA, every Health Board and the Agency must ensure that all individuals with lead clinical professional responsibility for a team of staff receive sufficient time and resources to discharge that responsibility and their other professional duties, including, in particular, time— (a) to supervise the meeting of the clinical needs of the patients in their care, (b) to manage, and support the development of, the staff for whom they are responsible, and (c) to lead the delivery of safe, high-quality, and person-centred health care.
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Please provide information on the steps taken to comply with Duty 12IH.

Please provide information to demonstrate compliance.

Information submitted here should outline how systems & processes take account of all of the points detailed in the duty description above by providing detail for each consideration.

The position across the organisation in relation to this duty is varied, and impacted by operational pressures. Particular challenge has been highlighted within acute nursing teams, in inpatient areas.

Assurance reports brought to the NHS Ayrshire & Arran Health care Staffing Programme Board have provided reasonable assurance that services have agreed processes and approaches in place to support workforce planning. This includes consideration of the time and resource required for clinical leaders.

Whilst job planning is established and mature within some professional groups, it is recognised that there is a lack of consistent formal approach to ensuring individuals' with lead clinical professional responsibility in all professional groups receive adequate protected time and resource to implement the ambitions of this duty. This is an area of continued focus and attention.

Please provide information on your methods of monitoring compliance with Duty 12IH

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

All professions included under the scope of the legislation have been tabled to bring assurance report to the NHS Ayrshire & Arran HCSA Programme board during 2025/26. These reports are clustered by Directorate to support local governance as well as building a Board wide picture of compliance, and include update and assessment of assurance across each of the legislative duties. The content of these reports inform the internal quarterly report that goes to the NHS Board

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
Job-planning	Psychology and Medicine e-job plans in place.	Continue to explore options to support consistent protected time to lead across all professional groups

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
Protecting time required for clinical leaders across all professional groups	In particular within acute inpatient areas, the ability to protect the time required for clinical leaders remains challenging	Continue to monitor through use of real time staffing resources. Continued efforts to define time and resource required, building on examples of positive approach elsewhere in the organisation
Impact of reduced working week	Reduced capacity created by reduced working week has placed further pressure on frontline staff resulting in increased difficulty to protect time to lead	A risk-based approach is being taken to minimise any unintended additional service pressures as a result of further reduction to the working week.

COMPLIANCE ASSURANCE LEVEL

Reasonable Assurance

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

Duty Summary	In complying with the duty imposed by section 12IA, every Health Board and the Agency must ensure that its employees receive— (a) such training as it considers appropriate and relevant for the purposes set out in section 12IA(1)(a) and (b), and (b) such time and resources as it considers adequate to undertake such training.
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Please provide information on the steps taken to comply with Duty 12II.

Please provide information to demonstrate compliance.

Information submitted here should outline how systems & processes take account of all of the points detailed in the duty description above by providing detail for each consideration.

Learn-pro scorecard is used and promoted to monitor compliance with mandatory and statutory training for all NHS functions and professional groups.

PDP completion is monitored through TURAS platform along regular organisation wide internal reporting to support attainment against local and national PDR targets.

Individual services are in varied position with regards to approach to learning needs beyond core mandatory and statutory. Work around protected learning time, the inclusion of profession specific learning, and the associated impact on this duty continues.

Please provide information on your methods of monitoring compliance with Duty 12II

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

Assurance of compliance with this duty is monitored through: local reporting, annual appraisals, Learnpro scorecard for compliance levels with mandatory and induction training for all staff within scope. Essential training is monitored through PDPs and assurance reporting to the HCSA programme Board.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
Progress in specific service areas	there are increasing examples of areas where progress has attained substantial assurance- for example midwifery	Seek to understand and spread learning to other service areas

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
Variance across service areas and professional groups	The level of assurance associated with this duty provided by services has varied – typically sitting between reasonable and substantial.	Continue to support services to understand expectations, and promote learning from areas where this has been attained.
Release time	Operational pressures limit training time.	Schedule PLT and e-learning for core.
Budget constraints	Impact of current financial context on availability of funds for non essential, developmental training opportunities	Prioritise high-impact modules; explore and maximise funding options .

COMPLIANCE ASSURANCE LEVEL

Reasonable Assurance

Duty 12IJ: Duty to follow the common staffing method.

Duty Summary	<p>(1) In relation to health care of a type mentioned in section 12IK, a Health Board or the Agency (as the case may be) must, no less often than at the frequency specified in regulations by the Scottish Ministers, use the common staffing method set out in subsection (2).</p> <p>(2) The common staffing method means that a Health Board or the Agency (as the case may be)—</p> <ul style="list-style-type: none">(a) uses the staffing level tool and the professional judgement tool as prescribed in regulations under subsection (3) and takes into account the results from those tools,(b) takes into account, in so far as relevant, any measures for monitoring and improving the quality of health care which are published as standards and outcomes under section 10H (1) by the Scottish Ministers (including any measures developed as part of a national care assurance framework),(c) takes into account—<ul style="list-style-type: none">(i) its current staffing levels and any vacancies,(ii) the different skills and levels of experience of its employees,(iii) the role and professional duties, in particular, of any individual with lead clinical professional responsibility for the particular type of health care,(iv) the effect that decisions about staffing and the use of resources taken for the particular type of health care may have on the provision of other types of health care including, in particular, those to which this section does not apply,(v) the local context in which it provides health care,(vi) patient needs,(vii) appropriate clinical advice,(viii) any assessment by HIS, and any relevant assessment by any other person, of the quality of health care which it provides,(ix) experience gained from using the real-time assessment arrangements under section 12IC (1) and the risk escalation processes under sections 12ID and 12IE,(x) comments by patients, and by individuals who have a personal interest in their health care (for example family members and carers within the meaning of section 1 of the Carers (Scotland) Act 2016), which relate to the duty imposed by section 12IA, and(xi) comments by its employees which relate to the duty imposed by section 12IA,(d) identifies and takes all reasonable steps to mitigate any risks, and(e) having followed the steps described in paragraphs (a) to (d), decides what changes (if any) are needed as a result to its staffing establishment, and to the way in which it provides health care.
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Please provide information on the steps taken to comply with Duty 12IJ.

Please provide information to demonstrate compliance.

Information submitted here should outline how systems & processes take account of all of the points detailed in the duty description above by providing detail for each consideration.

NHS Ayrshire & Arran have a dedicated post within the Nurse Directorate which supports the relevant clinical areas across the organisation to meet this duty through the application of the mandated tools.

An annual schedule is delivered to all Nursing and Midwifery and Medical professionals in scope. A programme of support is given for preparation, education, running, reviewing, quality assurance and reporting on each tool run (meeting all aspects of the common staffing method).

The Healthcare Improvement Scotland (HIS) quality assurance checklist is used to assure that each tool run is fully quality assured.

Full access to all available resources is provided to areas including: HIS speciality specific tool boxes, training videos, templates FAQs as well as real time face to face support from the dedicated individual within the Board. A standardised reporting template is completed after each run which incorporates all aspects of CSM. Training and support is provided locally synchronised to an area's application of the CSM and associated tool run.

Staff are engaged throughout the tool application process and supported to make recommendations and plan next steps.

Please provide information on your methods of monitoring compliance with Duty 12IJ

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

Compliance against this duty is monitored through application of the agreed tool run schedule.

All professions included under the scope of the legislation have been tabled to bring assurance report to the NHS Ayrshire & Arran HCSA Programme board during 2025/26. These reports are clustered by Directorate to support local governance as well as building a Board wide picture of compliance, and include update and assessment of assurance across each of the legislative duties. These reports include, where applicable, assurance around the application of workload tools. The content of these reports inform the internal quarterly report that goes to the NHS Board – this includes a summary of the tools applied, and service areas engaged within the preceding quarter.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
Staff engagement	Briefings, training and feedback embedded into approach to application of common staffing method	Ongoing training at the commencement of any workload tool to ensure those undertaking a tool run for a first time are informed and educated appropriately.
Completion in entirety of data upload for tool runs	The complexities of ensuring all data are uploaded correctly to the various data entry points to return complete results and outcomes of a tool run	Continued support and monitoring by the NMAHP Workforce Planning and Analytics Lead

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action
Risk in ensuring completion and retention of reporting template	There is a need to ensure that the reporting template is reviewed, completed and stored appropriately with any actions deemed necessary visible.	Work is ongoing to ensure consistent approach to the management of completed report templates within local areas.

COMPLIANCE ASSURANCE LEVEL

Substantial Assurance

Duty 12IL: Training and consultation of staff

Duty Summary	<p>In complying with the duty imposed by section 12IJ, every Health Board and the Agency must—</p> <ul style="list-style-type: none">(a) encourage and support its employees to give views on its staffing arrangements for the types of health care described in section 12IK,(b) take into account and use any such views it receives to identify best practice, and areas for improvement, in relation to such staffing arrangements,(c) train employees (including, in particular, employees of a type mentioned in the third column of the table in section 12IK (1)) using the common staffing method on how to use it(d) ensure that those employees receive adequate time to use the common staffing method, and(e) provide information to employees engaged in the types of health care described in section 12IK about its use of the common staffing method, including about—<ul style="list-style-type: none">(i) the results from using the staffing level tool and the professional judgement tool under paragraph (a) of section 12IJ (2),(ii) the steps taken under paragraphs (b), (c) and (d)] of that subsection, and(iii) the results of its decision under paragraph (e) of that subsection.
Please provide information on the steps taken to comply with Duty 12IL.	
Please provide information to demonstrate compliance.	
<p>Information submitted here should outline how systems & processes take account <u>of all of the points</u> detailed in the duty description above by providing detail for each consideration.</p> <p>Education and training on the Common Staffing Method (CSM) and staffing level tools occurs prior to every Workload tool run so as to ensure all staff involved (with specific attention to any new staff member) have an understanding of the task expected of them. This incorporates preparatory education sessions, engagement with services and feedback sessions for all staff involved in the CSM including role specific delivery. All training sessions delivered include training specific to Common Staffing Method. A database is held locally with details of all tool runs, date run and the named senior manager responsible for the review of results and completion of the Reporting template.</p> <p>Staff are actively encouraged to access HIS learning resources and complete the TURAS resources. Staff consultation/engagement in local tool runs is recorded using a standardised template which is completed by each area following each tool run.</p> <p>Support and training is available through the NHS A&A Workforce Staffing Lead. The majority of training sessions are delivered via MS Teams as part of the preparation for any tool run. Staff are requested to complete the TURAS learning resources before commencing a tool run. In addition to training, links are provided to the resources to support the specific tool being run on the Staffing workload toolkits on the Healthcare Improvement Scotland website.</p>	

The completion of the Reporting Template follows each tool run incorporating the CSM. Services are encouraged to share the report with all staff following completion to allow for transparency and staff to be made aware of outcomes. This is a specific step within the preparation and education elements of the staffing Level Tool run process. All clinical leaders with responsibility for the completion of the CSM are encouraged to hold face to face feedback sessions in keeping with line management role and responsibilities. Within the Reporting Template line managers are asked to describe and record how results will be cascaded to all staff within a ward/team. This includes the Emergency Department staff running the Emergency Care Provision tool.

Please provide information on your methods of monitoring compliance with Duty 12IL

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

All professions included under the scope of the legislation have been tabled to bring assurance report to the NHS Ayrshire & Arran HCSA Programme board during 2025/26. These reports are clustered by Directorate to support local governance as well as building a Board wide picture of compliance and include update and assessment of assurance across each of the legislative duties. The content of these reports inform the internal quarterly report that goes to the NHS Board which provides further scrutiny and mechanism for addressing any areas of non-compliance.

Feedback on training occasions, and inclusion of all aspects of the common staffing method tool – including engagement with teams – support evidence of attainment against this duty.

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
Awareness	Local sessions and TURAS materials precede tool runs.	Update materials annually.
Feedback	Teams receive outputs and planned actions through governance.	Continue to be adaptive to feedback and refine education offer
Leadership participation	Senior professional leadership contribution to planning and review.	Onboard new leaders promptly.

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action

COMPLIANCE ASSURANCE LEVEL

Substantial Assurance

Planning and Securing Services

Duty Summary	Guiding principles etc. in health care staffing and planning (1) In carrying out the duty relating to staffing imposed by section 12IA of the National Health Service (Scotland) Act 1978, every Health Board and the Common Services Agency for the Scottish Health Service must have regard to the guiding principles for health and care staffing. (2) In planning or securing the provision of health care from another person under a contract, agreement or arrangements made under or by virtue of the National Health Service (Scotland) Act 1978, every Health Board and the Common Services Agency for the Scottish Health Service must have regard to— (a) the guiding principles for health and care staffing, and (b) the need for the person from whom the provision of health care is to be secured to have appropriate staffing arrangements in place.
Please provide information on the steps taken to comply with section 2(2) of this Duty.	
Please provide information to demonstrate compliance. Information submitted here should outline how systems & processes take account <u>of all of the points</u> detailed in the duty description above by providing detail for each consideration. Procurement colleagues have provided advice and assurance related to this duty. Where relevant to contract of services from other providers, procurement colleagues seek to ensure that this provision is clearly detailed in the contract specification written by the service. Where there is particular emphasis or risk, the relevant legislative expectation is also included as a Quality Question within the tender documents to ensure that the bidder details their proposal and this is scored. All assurance reports brought through NHS Ayrshire & Arran HCSA Programme Board during 2025/26 have included requirement to consider if this duty is relevant to each service, and the need to update on activity taken to ensure compliance if so. During 2025/26, this specific duty has been considered relevant to the provision of primary care contracted services. Substantial assurance has been provided with regards to activity and scrutiny associated with upholding the ambitions of this duty.	

Consideration has also been given to the specification and quality questions of commissioned mental health contracts for NHS Ayrshire & Arran and for Board-to-Board Service Level Agreements.

Please provide information on your methods of monitoring compliance when planning and securing services

This should include details of the local arrangements in place to monitor compliance with the duty, including mechanisms for escalating and addressing areas of non-compliance.

All professions included under the scope of the legislation have been tabled to bring assurance report to the NHS Ayrshire & Arran HCSA Programme board during 2025/26. These reports are clustered by Directorate to support local governance as well as building a Board wide picture of compliance, and include update and assessment of assurance across each of the legislative duties – including those related to the planning and securing of services. The content of these reports inform the internal quarterly report that goes to the NHS Board

Areas of success, achievement, or learning

Area of success / achievement / learning	Details	Further action
Contracting assurance	HSCP/Board governance ensures providers maintain appropriate staffing.	Include safe-staffing clauses and reporting cadence.

Areas of escalation, challenges, or risks

Area of escalation / Challenge / Risk	Details	Further action

COMPLIANCE ASSURANCE LEVEL

Reasonable Assurance