

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 2 December 2024
Title:	Health and Care Staffing (Scotland) Act (2019) Formal reporting – Quarter 2 (July – September 2024)
Responsible Director:	Jennifer Wilson, Nurse Director Dr Crawford McGuffie, Medical Director Lynne McNiven, Director of Public Health
Report Authors:	Alistair Reid, Director of Allied Health Professions(AHPs) Dr Claire Gilroy, Clinical Lead for Service Development and Improvement Dr Leigh Whitnall, Head of Psychological Specialty Sharon Hackney, AHP Senior Manager Darren Fullarton, Associate Nurse Director

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

2. Report summary

2.1 Situation

This paper provides summary of NHS Ayrshire & Arran's progress against the duties of the Health and Care (Staffing) (Scotland) legislation over Quarter 2 of 2024/25, 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.
- 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.
- Health Boards will submit annual reports to Scottish Ministers, at the end of each financial year to detail compliance with the Act, high cost agency use and any severe and recurrent risks. The first such report will be due in April 2025. Scottish Ministers will then report on legislative compliance and offer recommendations to Parliament. The detail of these reports will help inform local and national workforce planning, along with health and social care policies.

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

2.2 Assessment

Programme Board

The NHS Ayrshire & Arran Health Care Staffing Programme Board has continued to meet regularly, in line with the schedule agreed previously. With representation from the range of professional groups included under the scope of the legislation, the Programme Board seeks to facilitate attainment with the health duties, and to support NHS Ayrshire & Arran to discharge its duties under the Act.

Summary of overall position

In the lead up to enactment, all Health Boards were required to submit a detailed template to Scottish Government providing update against each of the legislative duties. The template provided summary of status against each duty and opportunity to highlight successes, risks or challenges.

The last formal report required and submitted by NHS Ayrshire & Arran was the 2023/24 Quarter 3 report which was submitted in April 2024 and covered the period up until 31 March 2024. In recognising the varied position across professional groups, and considering the consequent cumulative position, a position of 'reasonable

assurance' was declared at that time – advising that while 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. The template and position were approved virtually by CMT prior to submission in April 2024. A summary of level of assurance previously reported against each duty is included in **Appendix 1**.

A formal report will next be due to Scottish Government in April 2025, to cover the period 2024/25. The final detail of the reporting template has not yet been confirmed.

In terms of overall position, based on discussion to date – a status of reasonable assurance continues to be judged as appropriate.

Local reporting

A local timetable for reporting has been agreed, with assurance reports scheduled to the NHS Ayrshire & Arran Health Care Staffing Programme Board, encompassing all professional groups included under the scope of the health components of the legislation. The content of the Assurance reports brought to the NHS Ayrshire & Arran Health Care Staffing Programme Board are intended to build the detail required for internal quarterly Board reports required from the Medical Director, Executive Nurse Director, and Director of Public Health which should encompass all professional groups included under the scope of the legislation.

It was also previously agreed that services delivered within the Health and Social Care Partnerships (HSCP) would be scheduled to report in the same meeting, thereby building assurance for each HSCP, in addition to supporting a cumulative board-wide position. This approach is intended to be complementary to the multi-disciplinary progress already being made within HSCPs, recognising the integrated way in which services are delivered, and the additional duties/focus required under the care elements of the legislation.

In Quarter two of 2024/25, assurance reports have been provided to the NHS Ayrshire & Arran Health Care Staffing Programme Board by:

- Nursing led by North Ayrshire Health and Social Care Partnership:
 - Mental Health Inpatient areas (Woodland View and Ailsa Site)
 - Ayrshire Central Hospital Community Wards/Arran War Memorial/Lady Margaret
 - Community Mental Health, Addiction and Learning Disability teams
 - Community Nursing
 - Children and Families Health Team (health visiting, school nursing, children's immunisation nursing, Perinatal Wellbeing Team and Refuge Support Team)
- Allied Health Professionals (AHP) led by North Ayrshire Health and Social Care Partnership:
 - Dietetics
 - Physiotherapy
 - Speech and Language Therapy
 - Podiatry
 - Occupational Therapy
- Psychology, as an Ayrshire wide service hosted in North Ayrshire Health and Social Care Partnership

This paper provides update of NHS Ayrshire & Arran's current position against the legislative duties, using the detail provided through these assurance reports, in addition to the information and updates provided in the Quarter 1 paper.

Current position against the required duties:

The majority of legislative duties, as follows, are applicable to all clinical professions. A summary of position against each is provided through the following sections, using the detail of the assurance reports provided.

12IA - Duty to ensure appropriate staffing

This overarching duty seeks assurance that steps are being taken to have the right workforce in the right place to support safe, quality care. 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.

By way of further detailed example, recent Assurance reports have highlighted:

- Acknowledgment of limited national and local guidance in relation to appropriate AHP staffing levels within community health/mental health settings and inpatient mental health settings. Therefore the service model is built around the substantive staffing resource. Whilst this provides the ability to measure against existing resource, further analysis and benchmarking is required to ensure that this proportionate for current demand and service delivery models
- Strategies progressed to maximise recruitment and retention of AHP staff in line with budgetary allocations, with a particular focus posts that have been hard to fill.

This has included:

- Block recruitment of newly qualified AHPs
 - Bank recruitment of student and newly qualified AHP's as band 4 whilst working towards registration
 - Ongoing band 5 recruitment
 - Skill mix reviews
 - Career events to encourage future AHP workforce
 - Specific focus on AHP Health Care Support Worker experience and learning needs
 - Links with Higher Education Institutes to make Ayrshire attractive within a competitive job market
 - Offer of retire and return, and return to practice options
 - Trial of band 5 to band 6 development posts in some hard-to-recruit-to services
 - International recruitment
- The position of compliance varies across psychological services, with the majority being substantial based on the service model for the service being built around substantive staffing resource. More limited staffing levels are found within CAMHS, Community Paediatrics, Adult CMHTs, Clinical Health Psychology (Oncology) and Neuropsychology specific to waiting times breaching 18RTT. Steps taken to ensure compliance with this duty include revising the model of care for Neuropsychology to ensure prioritization of cases requiring diagnostic assessment, and legal duties. Trajectory modeling for all psychological services is in progress. Steps within CAMHS include gap analysis,

trajectory modelling, and existing vacancies within CAMHS psychology are being taken forward.

- A new job planning format has been introduced in March 2024 and this will bring consistency across Psychological services.

12IB - Duty to ensure appropriate staffing: agency workers

The NHS Ayrshire & Arran position against this duty is varied. Local discussions have progressed to support Board return to Scottish Government through the required template, in line with national schedule.

Local progress has identified that agency use in Ayrshire is currently limited to Medicine, Nursing, AHPs, and Healthcare Science (including Laboratories and Audiology).

Nursing progress around shift to use of framework agency has resulted in low volume of non-framework agency use. Nursing framework agency cost has been locally calculated as falling beneath the threshold for high cost agency reporting. There is a robust local process to facilitate nursing return against this duty, acknowledging continued agency usage, in particular within the acute hospital setting.

Inpatient Mental Health nursing teams have implemented a 'break glass' agency process for Health Care Assistants as of 1 April 2024. An agency checklist is completed for all requests to evidence all other options have been exhausted and assessed as being 'unsafe' without non framework agency staff.

Community nursing teams currently have no authorisation to engage supplementary staffing solutions such as the NHS Nurse Bank with access to framework or non-framework agency as part of escalation.

There has been no agency use within AHPs in North Ayrshire HSCP within this reporting period.

Psychology do not utilise agency workers within the service therefore compliance is substantial.

For AHPs use of agency is low volume, largely within imaging services, with the majority falling beneath the 150% threshold.

Concerns were previously raised to the HCSA team at Scottish Government regarding the governance processes that led to the development of the reporting template, and concerns regarding data sharing for medical agency workers, particularly where such information could lead to identification of individual salaries. These concerns have now been addressed, and NHS Ayrshire & Arran medical high cost agency use reported for Quarters One and Two

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

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

In the long term, the application of e-rostering will support compliance with the legislative requirement of this duty. Due to the pace of roll out, interim measures will be required in a significant number of service areas.

Within Acute services, nursing colleagues are in the process of rollout of e-rostering,

and are utilising local databases in the meantime.

A generic real time staffing resource has been developed by Healthcare Improvement Scotland, and NHS Education Scotland as an interim support. This is being adopted by AHP services across NHS Ayrshire & Arran in a staged manner.

For medical staff, safe staffing numbers are set via medical staffing rotas and these numbers vary by day of week and time of day. The Allocate Programme in its current form is not a suitable tool for medical staff rotas and the national team are working on this, but it is unlikely to be implemented for medical staff within this financial year. Agreement has been reached locally that until the Allocate e-rostering system is in place, teams with rota administrators will log actions taken when someone is off on short/long-term sickness absence and who this was escalated to if safe staffing wasn't able to be achieved. This information will be submitted to the Medical Strategic Workforce Group quarterly for review.

Engagement with site based safety huddles, and other local approaches also act as evidence towards compliance with this duty.

In Psychology, the steps taken to ensure compliance with this duty include the adoption of a Real Time Staffing Assessment tool that is applicable to psychological services, developed nationally by Public Health Scotland. Central management of the tool resides with psychology workforce admin and flags unplanned absence or planned service capacity reduction to leads. Implementation of use is ongoing, due to workforce sickness absences. Formal implementation went live in August 2024.

Mental Health inpatient services supported piloting and use of the Mental Health Real Time Staffing Resource. The use of Allocate and Safe Care module has now superseded that system.

Community nursing teams are currently using a validated real-time staffing assessment; however, SSTS is utilised to oversee staffing levels at present and the Business continuity plan provides a framework for safe staffing levels, contingencies and escalation processes.

12ID - Duty to have risk escalation process in place

There are a number of structures and processes in place to support compliance with this duty in ensuring that any real time risks are escalated appropriately. Local processes are being formalised to support attainment of this duty. As the local system for recording of any adverse incidents, Datix remains the system that would currently be used to record and escalate staffing risks.

As an example, for medical staff, short-term workforce concerns are escalated via rota administrators or via the duty consultant who will address these with longer term workforce issues being escalated to the appropriate triumvirate and then to deputy Medical Director via the strategic medical workforce group that meets quarterly.

Engagement with site based safety huddles, and other local approaches also act as evidence towards compliance with this duty.

For Psychology, the current position of compliance is Reasonable with an area wide psychological services protocol for Risk escalation and mitigation. Policy application is reasonable at this current time. Steps taken to ensure compliance

with this duty include monthly management 1-2-1 with service leads, and monitoring of compliance as a standing item on fortnightly professional leadership agendas. Further action planned includes testing the risk escalation policy in scenarios where staffing is considered to be of a moderate (or major) risk and to formally review the usefulness of application of policy.

All AHP teams have an established contingency plan to respond to immediate risks as they occur. This includes staff absence reporting with oversight of Team Lead and further escalation to Service Manager if required. This also includes absence diary management and liaison with other services as required. Weekly meetings between the AHP Senior Manager and AHP service managers offers the opportunity share new/emerging risks and potential mitigations within a multi-profession, supportive environment. A draft protocol has been drafted which will be tested and refined with the teams using RTS and e-rostering.

In addition, the AHP governance structures have been updated to reflect HSCP and NHS Ayrshire and Arran structures. This has included, for example, the escalation and tabling of risks at North AHP Governance Group and Partnership Senior Management Team and putting management plans in place to mitigate risks.

The use of eRoster and Safe Care module to report/record staffing position each day supports mental health inpatient areas to attain against this duty. The overall staffing position/need is co-ordinated via site page-holder and formally reviewed each day at 0830 huddle. Staffing continuity plan is in place with escalation guidance. There is always a manager available to support page-holder if there is advice required or to support re staff deployment to manage risk across the site.

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.

A new medical workforce planning governance structure has been implemented which meets the requirements for this duty.

Various professional assurances groups are in place across the professional groups included under the scope of the legislation. For example, AHP Governance arrangements have been reviewed and updated to reflect HSCP and NHS Ayrshire and Arran structures.

Assurance reports tabled within the last Quarter have confirmed that for North Ayrshire HSCP, the escalation and tabling of risks associated with Nursing, AHP and Psychology workforce has taken place at the relevant Governance groups. This has included escalation to the Partnership Senior Management Team, and / or relevant risk registers, and putting in place management plans for risk mitigation.

12IF - Duty to seek clinical advice on staffing

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

Psychology have developed a safe staffing ledger to record advice provided. There is a Psychological Services Clinical Governance Group now in operation (since June 2024) where clinical advice on staffing can be raised within the standing agenda, should staffing resource or levels be raised as an issue. Central to securing

appropriate decision-making and actions the Psychological Services Risk mitigation SOP clearly details the psychological services governance and management hierarchy where advice will be sought via the relevant boards/meeting structures.

AHP services have mapped out existing leadership structures to ensure they align to the expectation around provision of clinical advice. There is also an acknowledgement that across the AHP workforce there are a range of professional and clinical specialties that may have a number of avenues for clinical advice. In Community nursing initial advice is sought via locality staff with District Nursing Team Leads, Charge Nurses, Service Manager, Clinical Nurse Manager, Senior Nurse support available. In this way, Senior Clinical Leaders are available during the day and at weekends, with on call managers available out of hours.

For medical staff there are clinical rota leads (usually consultants or SAS grades) who are responsible for ensuring rotas provide adequate staffing at all times. They are first point of contact for staffing concerns in most areas during the week with the responsibility passing to the lead consultant at weekends. If rota lead is unable to address staffing concerns the escalation is via CD to AMD. Feedback is received via various training surveys for doctors in training and via triumvirates for all other staffing groups.

There is the requirement for further attention to developing process to ensure that those who give advice receive feedback on subsequent decision making, and there is clarity around when and where to record any disagreement with the clinical advice that has been given.

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

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

All medical staff with leadership roles have standardised time allocated in their job plan to undertake the role. The Allocate job planning project is underway to ensure all Team Service plans are complete and signed off. This is a 12 month project with project management support.

In psychology, job plans are formally based around National benchmarks, with time to lead being formally considered in all leads job plans where colleagues are managers of services and staff.

In Psychology, the right amount of time and resources to discharge responsibilities under the duty to ensure appropriate staffing, alongside other professional duties and responsibilities is considered utilising British Psychological Society (BPS, 2023) and local understanding of time required within each leads job plan. A review of job planning within the family of psychology locally is underway. All clinical leads have time to lead within their current job plans, as do Head of Specialties. There is clear job planning sessional protection for time to lead for all clinical leaders in relation to professional body recommendations National bench marking is also available for different roles that will give guidance on capacity calculations for leadership roles.

Within nursing, Senior Charge Nurses work Monday to Friday as per expectations of Releasing Time to Care on a supernumerary basis, however, at times of service pressure they will drop 'on to the floor' to assist.

Job planning is also currently being progressed within AHP services. An implementation schedule is under development with an initial focus on service managers, team leaders and clinical leads, with 6 monthly reviews thereafter.

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

There are a number of structures and processes in place to support compliance with this duty including use of TURAS for personal development reviews, staff development through service level agreements, bursaries and endowments funds.

All medical staff have a minimum of one session (4 hours) per week in their job plan for appraisal and revalidation purposes. This includes time for CPD.

Current progress through the organisation's protected learning time group will also help with this duty.

Each professional group has identified a range of job specific training requirements and registered staff also receive appropriate training as per their registration requirements. This is reviewed and monitored by line manager as part of the personal development review process. However, whilst reporting is available on Mandatory and Statutory Training (MAST), it is more difficult to provide aggregated data for those job and role specific training requirements.

Within psychology employees receive appropriate and relevant training as per professional regulatory requirements for the assessments and interventions being delivered, AA mandatory training, and this is monitored within Psychological Services Clinical Governance Group (PSCGG) and Psychological Therapies and Interventions Clinical Governance (PTICCG) Group. Adequate time and resource is provided to undertake that training to all staff given the service modelling within psychology. The PIG&T group also monitors training attended and offered across psychological services.

For nursing teams it is acknowledged that MAST performance is currently below target due to pause in some training through the pandemic, and with teams still catching up with this. Staff are supported to allocate time to attend/complete MAST and MAST specific training. Staff discuss training during Supervision and PDP/TURAS process, this will include formal/informal training as well as shadowing opportunities and learning within other areas of practice. Local briefings, safety notices, training opportunities are discussed and documented at regular team meetings to allow all staff the opportunity to attend. Senior Staff will continually review specific training needs and will update and source training when required.

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. All professions included under the scope of the legislation will report to the NHS Ayrshire & Arran Programme Board during 2024/25.

In Quarter 3 of 2024/25, assurance reports will be tabled from:

- **South Ayrshire HSCP**
 - AHP
 - Nursing

- **East Ayrshire HSCP**
 - AHP
 - Nursing
 - Primary care
 - Dentistry
 - Optometry
- **Acute Services**
 - Midwifery
 - Nursing
 - AHP
 - Medicine

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 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 the last quarter, the following activity has progressed across NHS Ayrshire & Arran in ensuring compliance with the above Common Staffing Method Duties:

July 2024

- Mental Health and Learning Disability Staffing Level Tool run in Ward 9, 10 & 11 Woodlands view, with training and upload supported by local leads, results and outcomes reported on by the Workforce Staffing Lead.
- Emergency Care Provision Staffing Level Tool was run in University Hospital Crosshouse Emergency Department, with training by the Workforce Staffing Lead who also supported upload of results and outcomes
- Mental Health and Learning Disability Staffing Level Tool was run in Ward 5, 6, 7C & 8 Woodlands view, with training and upload supported by local leads, results and outcomes reported on by the Workforce Staffing Lead
- Adult Inpatient Staffing Level Tool at Arran War Memorial, training, upload supported, results and outcomes reported on by Workforce Staffing Lead

August 2024:

- Mental Health and Learning Disability Staffing Level Tool run in Warrix Ave. Woodlands view, with training and upload supported by local leads, results and outcomes reported on by the Workforce Staffing Lead

- CCSN (Community Children's & Children's Specialist Nurse Staffing Level Tool) was carried out by the Paediatric diabetes team, training, upload supported, results and outcomes reported on by Workforce Staffing Lead. This tool run requires simultaneous application of the Professional Judgement and Quality Tools too.
- Adult Inpatient Staffing Level Tool ran throughout every ward in Ayr hospital, training, upload supported, results and outcomes reported on by Workforce Staffing Lead
- Professional Judgement Staffing Level Tool only ran in Discharge Lounge, Endoscopy, Main Theatres, Day Surgery, Cath Laboratory & ITU. Training, upload supported, results and outcomes reported on by Workforce Staffing Lead, acknowledging this was the first time of application at all locations apart from ITU.

September 2024:

- Health Visitor service & School Nurses ran Community Nursing tools in North Ayrshire, training supported by Workforce Staffing Lead,
- CNS (Clinical Nurse Specialist Staffing Level Tool) ran Public Protection Nurses training, upload supported, results and outcomes in process of being reported on by Workforce Staffing Lead
- Community Nurse Staffing Level Tool ran in all District Nursing locations. In excess of 300 staff now require to upload individual workload, Professional Judgement and Quality Tool results across 13 roster locations. Workforce Staffing Lead is supporting collation, interpretation and reporting of results to support future workforce planning.

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

NHS Ayrshire and Arran receives non-recurring funding from the Scottish Government to resource a Lead role to support readiness for implementation of the Health and Care (Scotland) (Staffing) legislation. Initially this role focussed around the Nursing and Midwifery professions. In recent times, Scottish Government requested that this

role encompass support to the range of professions included under the legislation. Scottish Government have advised that 2024/25 will be the final year of this funding.

There is no additional resource provided to support implementation of this legislation. The activity required to demonstrate attainment against the legislative duties, and subsequent reporting will be beneficial in supporting NHS Ayrshire and Arran to determine best use of the resource it already has available.

2.3.4 Risk assessment/management

Local risks and mitigations

- There is understandable variance across the professional groups in terms of position of compliance. This has been partially mitigated through local awareness raising sessions, 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 will continue to be mitigated through use of existing workload measurement and workforce planning methodologies.
- Through the assurance reports tabled during Quarter two, specific service risks have also been highlighted. These are being considered and mitigated appropriately through local service management routes.

2.3.5 Equality and diversity, including health inequalities

The legislation seeks to ensure high quality care and the best outcomes for our citizens. Any programmes of work as a result of this legislation that could potentially impact on our compliance with the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes, will require an Impact Assessment to be undertaken.

2.3.6 Other impacts

The activity associated with this work also aligns with

- Best value
 - Vision and Leadership
 - Governance and accountability
 - Use of resources
- Compliance with Corporate Objectives and has close links with the Excellence in Care activity in assuring the delivery of safe, quality care.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate.

Local participatory awareness raising sessions took place during September and October 2023 to support involvement and engagement around the local implications of this legislation. National TURAS modules intended to raise awareness on the Health and Care Legislation have been promoted regularly. NHS Ayrshire & Arran's communications and engagement team are supporting a planned approach to continued communications.

2.3.8 Route to the meeting

This 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.

- Corporate Management Team, October 2024 (shared virtually)
- Staff Governance Committee, 14 November 2024

2.4 Recommendation

This paper is brought to the Board for

- Discussion

Members are asked to:





- Note the current position as described in this update, including local progress being made as well as the identified risks and mitigations.
- Consider the Board position in relation to compliance with the Health and Care (Staffing) (Scotland) Act as detailed, and confirm that the report provides suitable assurance or request further assurance if necessary.

3. List of appendices

The following appendices are included with this report:

- Appendix No 1, NHS Ayrshire & Arran Reported level of assurance with each duty

NHS Ayrshire & Arran Reported level of assurance with each duty

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.

Duty	NHS Ayrshire & Arran RAG Status as reported in 2023/24 Q3 report to Scottish Government	
12IA	Reasonable Assurance	
12IC	Reasonable Assurance	
12ID	Reasonable Assurance	
12IE	Reasonable Assurance	
12IF	Reasonable Assurance	
12IH	Limited Assurance	
12II	Reasonable Assurance	
12IJ	Reasonable Assurance	
12IL	Reasonable Assurance	
Overall	Reasonable Assurance	