

NHS Ayrshire & Arran



Meeting: Ayrshire and Arran NHS Board

Meeting date: Monday 31 March 2025

Title: Health and Care Staffing (Scotland) Act (2019) Formal reporting – Quarter 3 (October – December 2024) and annual report

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1. Purpose

This paper is presented to the Board for:

- Decision

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 builds on papers brought to Board on 12th August 2024 and 2nd December 2024, and provides summary of NHS Ayrshire & Arran's progress against the duties of the Health and Care (Staffing) (Scotland) legislation over Quarter 3 of 2024/25, in line with national requirements for internal reporting.

This paper also provides update and assurance with regards to the approach being taken with NHS Ayrshire & Arran's first, formal annual report to Scottish Government. In line with the legislation, this is due with Scottish Government by 30th April 2025.

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 must submit annual reports to Scottish Ministers, at the end of each financial year to detail compliance with the Act. The first formal annual report is due with Scottish Government by the 30th April 2025. Scottish Ministers will then report on legislative compliance and offer recommendations to Parliament. The detail of these reports is expected to 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.

2.3 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.

Local reporting

As detailed in previous papers, 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.

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

- Nursing led by South Ayrshire Health and Social Care Partnership:
 - Community nursing inclusive of community treatment and care (CTAC) and integrated care team (ICT).
 - Community Nursing, Health Visiting, School Nursing and Immunisation Specialist Nursing, Parkinson's service, Continence service Family Nurse Partnership (FNP)
 - Community Mental Health, Addiction and Learning Disability teams
 - Older Adult Inpatient (Biggart)
 - Older Adult Inpatient (Davidson Ward and Minor Injury Unit)
- Allied Health Professionals led by South Ayrshire Health and Social Care Partnership:
 - Dietetics
 - Physiotherapy
 - Speech and Language Therapy
 - Podiatry
 - Occupational Therapy
- Nursing led by East Ayrshire Health and Social Care Partnership:
 - Public Dental Service (All sites)
 - Mental Health, Addictions and Learning Disabilities (East Ayrshire)
 - Elderly Mental Health (East Ayrshire)
 - Health Visiting, School Nursing and Childhood Vaccination teams (East Ayrshire)
 - Community Nursing (East Ayrshire)
 - HMP Kilmarnock Health Care
 - East Ayrshire Community Hospital
- Primary Care services led by East Ayrshire Health and Social Care Partnership
- Midwifery, maternity and women and children's services led by Acute
- Allied Health Professionals led by Acute:
 - Orthoptics

- Radiography
- NHS Ayrshire and Arran Medicine

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 during Quarter three.

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:

- For East Ayrshire Health and Social Care Partnership Nursing teams there is ongoing recognition of the workforce challenges across services. This includes, acknowledgement that the current challenges being faced with workforce retention and access also provide opportunity to ensure services are in the right place to deliver care wrapped around individuals working towards the ambitions of Caring for Ayrshire. Further local processes, in place to support compliance with this duty were detailed as:
 - Daily safety huddles to understand daily clinical activity. Any staffing risks are highlighted directly to team leaders who then escalate accordingly. Any significant staff shortages are recorded on local risk registers and SSTS, escalating to senior managers if required. Some r teams use the Generic Real time staffing resource which also supports managers with daily risk assessments and are therefore evidenced via the TURAS platform.
 - Any shortages are covered by reallocation of work, shifting skill mix across areas and by using extra hours, bank hours and occasional overtime, specifically with the impact of the reduced working week.
 - All vacancies are scrutinised to identify appropriateness to advertise, considering the demand and needs of the service.
 - Recruitment to vacant posts is processed through appropriate governance routes.
 - There are business continuity plans in place to monitor HSCP services as well as Independent Contractor activity to understand our Primary Care Services. Escalation routes are in place should a service require to enact any business continuity plans.
 - Workforce tools are run annually for health visiting, school nursing teams, community nursing and inpatient areas.
 - Staffing levels are reported bi-monthly at the Health and Care Governance Group and any issues escalated via Head of Services and Associate Nurse Director.
- 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
- For Medical colleagues, Rotas are developed by senior doctors to provide adequate cover 24/7 based on available resource, taking into account demand. All rotas are reviewed on at least an annual basis. Doctors in training provide feedback to rota teams and rotas are often adjusted based on this information. Flexible rostering is in place in the Emergency Department team (implemented prior to the implementation of the HCSA) which continues to help to reduce gaps whilst improving staff satisfaction as they are able to self-roster
 - A workforce planning exercise entitled 'Back to Basics Two' has been completed in the Directorate of General Internal Medicine across both sites. This aimed to set a baseline establishment number of junior doctors required for this specialty.

12IB - Duty to ensure appropriate staffing: agency workers

The NHS Ayrshire & Arran position against this duty has strengthened over the last quarter. 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 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.

For AHPs use of agency is low volume, largely within Imaging services, with the requirement for use of agency Sonographers to provide required skills and experience to deliver timely service and meet the expectations of Scottish Government Access monies.

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

Concerns were escalated to HCSA team at Scottish Government in August and October 2024 regarding inaccuracies in national pay rates used for agency reporting for medical staff. Changes were made to medical staffing rates following NHS Ayrshire & Arran feedback with quarter 1 and quarter 2 information subsequently submitted in early November 2024.

Litmus now provide quarterly updates on medical agency use which align to the Scottish Government template, with final sign off via triumvirates.

Midwifery do not utilise agency workers.

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

The NHS Ayrshire & Arran position against this duty remains 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.

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 a number of AHP services, and community nursing teams across NHS Ayrshire & Arran in a staged manner.

Women and Children's services are commencing the implementation of the eRoster programme. Current position has been to support the roster build and training on use for the management team. A timetable has been set up for roll out of the eRoster programme for all roster groups. In the interim SSTS is used to capture all shifts worked and break allocation. Women and Children's Service page holder has a set template that ensures real time staffing is assessed and in place 24 hours a day.

For medical staff, there is local agreement that until 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.

Community nursing teams are currently using a validated real-time staffing assessment to varying degrees; 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.

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, 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 South AHP Governance Group and Partnership Senior Management Team and putting management plans in place to mitigate risks.

For Women and Children's services, steps taken to ensure compliance with this duty include a weekly assurance and workforce planning meeting:

- Risks are escalated to the Quality assurance group who meet weekly and once approved enter the risk register.
- Women and Children's page holder is a 24 hour 7 day role that is on top of the rostered hours. This is band 7 level cover that delivers risk escalation and support linked to both Workload and Workforce.
- A Women and Children's Business continuity plan that includes workforce and capacity has been ratified and all Women and Children's page holders have had formal training sessions on escalation out of hours or during a major incident.

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 South and East Ayrshire HSCPs, the escalation and tabling of risks associated with Nursing and AHP 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.

The Dental team provide monthly highlight reports to the Senior Manager, Primary Care Services and report quarterly to the Primary and Urgent Care Clinical governance group which reports directly to the Health and Care governance group. In addition, local risk registers are updated daily which are noted at the Senior Dental Management team and submitted monthly to SMOG (Senior Management Operational Group).

12IF - Duty to seek clinical advice on staffing

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

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. The Head Orthoptist and Head of Imaging have both managerial and professional responsibility for the delivery of their respective services. No staffing decisions are, therefore, taken with regards to Radiography, or Orthoptics without the input or influence of the respective professional view.

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.

In Women and Children's services a triumvirate approach is taken to ensure compliance with this duty is clinically led, managerially enabled. Recruitment retention and skill mix is all led by senior clinical team members as part of the organizational structure. This includes operational budget handling for workforce establishments. Further action planned to continue with this model of leadership which ensures the clinical advice is primary when addressing staffing for the Women and Children's Services.

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

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

All medical staff with leadership roles have standardised time allocated in 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.

Community nursing Clinical leaders have allocated time to ensure oversight of clinical needs of patients through MDT meetings, individual discussion with staff and clinical discussion with other professional groups and services; provide line management and clinical supervision to staff. The HSCPs are considering how assurance is provided that such time is indeed utilised and recorded.

Steps taken to ensure compliance are that job allocation for clinical Nursing and Midwifery leaders is 40% clinical and 60% operational managerial. Clinical Nurse and Midwifery Managers are visible in the clinical areas and have office bases within the ward setting. Clinical leaders input their managerial and clinical time on ssts for audit purposes.

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.

A number of positive approaches were highlighted by the Public Dental Service in supporting achievement with this duty:

- Any new staff member joining the service is required to attend corporate induction along with a shadowing week when introduced into the department. They are then supported by the supervisor for 3 months to ensure compliance
- All staff are allocated admin time to complete any relevant MAST or Learnpro to ensure compliance
- GDC registration is recorded annually
- All learning is recorded at 8 weekly 1:1s recording any PDP and future development needs
- All staff are given the opportunity and encouraged to book onto relevant training that has been identified
- Clinical staff are given the time to attend CPD events
- All staff receive weekly briefings to ensure they are kept informed of any changes within the service which is shared for information and interest.
- All staff are given time to complete iMatter surveys and attend meetings to agree action plans.

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. By the end of March 2025, all professions included under the scope of the legislation will have reported to the NHS Ayrshire & Arran Programme Board during 2024/25.

In Quarter 4 of 2024/25, assurance reports are scheduled from:

- East Ayrshire HSCP AHP (deferred from Quarter 3)
- Acute Nursing (deferred from Quarter 3)
- Spiritual Care
- Public health
- Pharmacy
- Healthcare Science
- Independent Contractors
- Occupational Health

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

October 2024

- Community Nurse Staffing Level Tool ran in all District Nursing locations (commenced on the 30th September). In excess of 300 staff required to upload individual workload, Professional Judgement and Quality Tool results across 13 roster locations. Workforce Staffing Lead is supporting collation, quality of data, interpretation and reporting of results to support future workforce planning.
- Mental Health and Learning Disability Staffing Level Tool run in, Dunure, Ward 3 & 4 Woodlands view, with training and upload supported by local lead, results and outcomes reported on by the Workforce Staffing Lead.
- Adult Inpatient Staffing Level Tool Biggart & Girvan, training, upload supported, results and outcomes reported on by Workforce Staffing Lead.
- CNS (Clinical Nurse Specialist Staffing Level Tool) ran for Parkinson's Services with training and upload supported by Workforce Staffing Lead for collation, interpretation and reporting of results to support future workforce planning.
- Community Nurse Staffing Level Tool ran in Mass Vaccinations. Staff required to upload individual workload, Professional Judgement and Quality Tool results across 3 roster locations. Workforce Staffing Lead is supporting collation, interpretation and reporting of results to support future workforce planning.
- Emergency Care Provision Staffing Level Tool was run in University Hospital Ayr Emergency Department, with training by the Workforce Staffing Lead who also supported upload of results and outcomes

November 2024:

- Mental Health and Learning Disability Staffing Level Tool run in Clonbeith, Marchburn, with training and upload supported by local leads, results and outcomes reported on by the Workforce Staffing Lead.
- CNS (Clinical Nurse Specialist Staffing Level Tool) ran for Stroke Services & Infant feeding with training and upload supported by Workforce Staffing Lead for collation, interpretation and reporting of results to support future workforce planning.
- Community Nurse Staffing Level Tool ran in East & South Health Visitors. Staff required to upload individual workload, Professional Judgement and Quality Tool

results across 8 roster locations. Workforce Staffing Lead is supporting collation, interpretation and reporting of results to support future workforce planning.

- Multi-disciplinary Professional Judgement tool ran in HMP Kilmarnock as a table top exercise to test tool, results and outcomes reported on by Workforce Staffing Lead, acknowledging this was the first time of application of this particular tool.

December 2024:

- CNS (Clinical Nurse Specialist Staffing Level Tool) ran for Sexual Health Nursing with training and upload supported by Workforce Staffing Lead for collation, interpretation and reporting of results to support future workforce planning.

Formal annual report

A formal annual report is required to be submitted to Scottish Government by 30th April 2025 to cover the period 2024/25. The reporting template has been completed, based on the detail brought to Board through the three Quarterly reports which have so far been tabled. To ensure detail has been through appropriate local governance structures prior to inclusion, the return is, therefore, based on the period April to December 2024, rather than a full year.

In ensuring robust local governance while meeting the required timeline, the NHS Ayrshire & Arran formal annual report will be approved through Corporate Management Team and Staff Governance Committee prior to executive sign off by the Executive Nurse Director, and onward submission to Scottish Government.

The Act also requires annual reports to be published by relevant organisations. Once approved, NHS Ayrshire & Arran's annual report will be published on the NHS Ayrshire & Arran external website.

In terms of overall position, based on assurance reports brought to Board to date – a status of reasonable assurance, is judged as appropriate. A summary of current position against each duty is included within **Appendix 1**.

2.3.1 Quality/patient care

The overarching ambition of the Health and Care (Staffing) (Scotland) legislation is to ensure the delivery of safe, quality care and improve outcomes and experience for the people who access our services, and those working within our system.

2.3.2 Workforce

Compliance with the duties laid out under the Health and Care (Staffing) (Scotland) legislation will enable NHS Ayrshire & Arran to determine the extent to which the current workforce configuration aligns to the delivery of safe, quality care, and to identify any associated severe or recurring workforce risks.

There is recognition under the legislation of the relationship between adequate staffing levels and staff wellbeing, with a requirement to ensure that staffing levels do not compromise staff wellbeing.

Additionally, compliance with the legislation requires an increased emphasis on openness and transparency; ensuring it is easy for staff to raise concerns around staffing levels or quality of care, and clear process to ensure that any colleague who raises such risk is informed as to any action or decision taken as a result.

2.3.3 Financial

NHS Ayrshire and Arran currently 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. This funding will cease on 31st March 2025.

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 with workforce planning and to determine best use of the resource it already has available.

2.3.4 Risk assessment/management

Local risks and mitigations are considered as follows.

- There remains variance across 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 continues to be mitigated through use of existing workload measurement and workforce planning methodologies.
- The key risks identified, which will be reported through the annual report include:
 - The impact of the reduced working week on capacity across the majority of clinical professional groups.
 - The pace of roll out of e-rostering across NHS Ayrshire & Arran, recognising that once in place the e-rostering application supports teams with compliance across a number of duties.
 - Acknowledgment that workforce planning within community and outpatient services are typically configured around available capacity as opposed to need.
- Through the assurance reports tabled during Quarter three, 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 – with an intended focus on further targeted communications to mark the first anniversary of enactment.

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.

The content of this paper, and the subsequent formal annual report is built on the detail provided through assurance reports tabled at the NHS Ayrshire & Arran Health and Care Staffing Programme Board. This content has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Staff Governance Committee, 07 August 2024
- NHS Ayrshire & Arran Healthcare Staffing Programme Board, 14 August 2024
- NHS Ayrshire & Arran Healthcare Staffing Programme Board, 09 October 2024
- Corporate Management Team, October 2024 (shared virtually)
- Staff Governance Committee, 14 November 2024
- NHS Ayrshire & Arran Healthcare Staffing Programme Board, 19 November 2024
- NHS Ayrshire & Arran Healthcare Staffing Programme Board, 11 December 2024
- Corporate Management Team, February 2025 (shared virtually)
- Staff Governance Committee, 11 February 2025

2.4 Recommendation

This paper is brought to Board for Decision. Members are asked to:





- Note the content of this update, including local progress made during Quarter 3 of 2024-25
- 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 as necessary.
- Approve submission of the formal annual report to Scottish Government in line with reporting expectations. A detailed reporting template, built on previous board reports, will be approved through Staff Governance Committee and published online thereafter.

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 of the Health and Care (Staffing) (Scotland) Act.

Appendix No 1, NHS Ayrshire & Arran – Reported level of assurance with each duty of the Health and Care (Staffing) (Scotland) Act.

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 judged at February 2025	
12IA	Reasonable Assurance	
12IC	Reasonable Assurance	
12ID	Reasonable Assurance	
12IE	Reasonable Assurance	
12IF	Reasonable Assurance	
12IH	Reasonable Assurance	
12II	Reasonable Assurance	
12IJ	Substantial Assurance	
12IL	Substantial Assurance	
Planning and Securing Services	Reasonable Assurance	
Overall	Reasonable Assurance	