# Healthcare Improvement Scotland (HIS) Healthcare Staffing Programme: NHS Ayrshire and Arran Annual Summary Report 2025-26

## Background and context

This summary report provides information on how NHS Ayrshire and Arran have discharged their duties of the Health and Care (Staffing) (Scotland) Act 2019 and engaged with the HIS Healthcare Staffing Programme in line with HIS duty 12IP of the Act as set out in the HIS Healthcare Staffing Operational Framework

NHS Ayrshire and Arran reports **overall reasonable assurance** in relation to implementation of the Act.

- this reflects established workforce planning, governance and staffing risk management arrangements, supported by increasing board level visibility of workforce risks, development of workforce modelling approaches and ongoing implementation of digital staffing systems, including SafeCare and electronic rostering
- NHS Ayrshire and Arran continue to operate within a context of sustained workforce, system and patient flow pressures

## HIS board review activity 2025-26

### Board review call dates

- 5 June 2025
- 6 November 2025

## Board reports received

- Q1: 25 September 2025
- Q2: 9 December 2025
- Q3: 13 April 2026
- Q4: 13 April 2026
- Annual: 21 May 2026

## Safe Delivery of Care inspections

- Ailsa Hospital – mental health safe delivery of care inspection report: December 2025
- University Hospital Crosshouse maternity safe delivery of care inspection: February 2026

Recent inspection activity within maternity and mental health services identified ongoing workforce related challenges relating to staffing availability, training compliance, leadership capacity and consistency of staffing processes, with improvement actions in place to address these findings.

## HIS responding to concerns related to Act

- no new workforce related responding to concerns were formally raised to HIS within the reporting period
- one ongoing investigation concluded early in the reporting period

## Board requests for assistance to HIS Healthcare Staffing Programme

- five informal requests for assistance received, mainly in relation to staffing level tools

## Non-routine power to require information requests

- no non-routine power to require information requests made

# Governance

## HIS healthcare staffing internal advisory group meeting review date

- 3 March 2026

## HIS Healthcare Staffing Programme business meeting review date

- 25 March 2026

# Engagement with the wider HIS Healthcare Staffing Programme team

NHS Ayrshire and Arran have engaged with HIS Healthcare Staffing Programme through board review calls and requests for assistance, and as part of various national staffing level tool redevelopments and the national Common Staffing Method review.

# Assessment

Below is a concise, structured, triangulated summary of how NHS Ayrshire and Arran are fulfilling their legislative duties based on the data, evidence and intelligence available to HIS. This includes key strengths and successes, gaps or challenges and mitigating actions, incorporating examples of multiprofessional outcomes where relevant.

This summary presents board reported implementation alongside corroborative evidence and intelligence available to HIS. The extent to which board reporting can be substantiated through independent evidence varies across staffing duties, professions, services and care settings. While evidence is available to support some aspects of reported implementation, its availability and consistency are not uniform across all areas. Consequently, the absence of corroborative evidence should not be interpreted as evidence of non-compliance but rather reflects the limitations of the evidence available to HIS at the time of review to substantiate board reporting or provide independent assurance.

HIS also recognises the importance of taking a proportionate approach to requests for evidence from boards, balancing the need for assurance with the need to minimise additional reporting burden and make best use of existing sources of evidence and intelligence where possible.

# Overall summary

NHS Ayrshire and Arran demonstrate an established approach to implementation of the Act, with reasonable overall assurance reported and many aspects broadly supported by available evidence. Key strengths include established workforce planning and governance arrangements, increasing board level oversight of workforce risks, development of workforce modelling approaches and ongoing implementation of digital staffing systems.

However, workforce, operational and patient flow pressures remain evident. Inspection activity and governance intelligence also identified ongoing workforce related challenges relating to staffing availability, training compliance, leadership capacity and consistency of staffing processes.

Particular challenges identified relate to demonstrating the effectiveness of staffing risk escalation processes, reducing severe and recurrent workforce risks, protecting clinical leadership time, improving training compliance and ensuring consistent application of the Common Staffing Method

across services. Evidence of implementation is often stronger than evidence demonstrating sustained improvement in workforce or service outcomes.

## 12IA: Duty to ensure appropriate staffing and the Guiding Principles

- **Board reported position: Reasonable assurance**
  The board reports established workforce planning, governance and staffing risk management arrangements, supported by workforce modelling and service improvement activity.
- **Triangulated available evidence** governance reporting, workforce data and board review activity demonstrate ongoing organisational oversight of workforce risks and workforce planning activity. However, absence, vacancies in some professional groups, service demand and patient flow pressures continue to affect workforce sustainability. There is limited evidence currently available to HIS to demonstrate sustained improvement in outcomes or workforce sustainability.
- **Board reported mitigations:** recruitment and retention initiatives, workforce planning activity and ongoing governance oversight.

## 12IC: Duty to have real time staffing risk assessment

- **Board reported position: Reasonable assurance**
  The board reports established real time staffing assessment arrangements, supported by SafeCare, electronic rostering and multidisciplinary huddles.
- **Triangulated available evidence** board review activity, governance reporting and inspection evidence demonstrate ongoing implementation of SafeCare and continued use of multidisciplinary staffing processes. However, implementation remains variable across services and evidence demonstrating consistent application and organisational impact of real time staffing systems remains limited.
- **Board reported mitigations:** continued SafeCare rollout, staff training and governance oversight.

## 12ID: Duty to have risk escalation process in place

- **Board reported position: Reasonable assurance**
  The board reports established staffing risk escalation arrangements supported by operational and governance processes.
- **Triangulated available evidence** governance reporting and inspection activity indicate staffing risks are escalated and monitored through established governance structures. However, workforce risks continue to be reported across multiple reporting periods and evidence demonstrating the effectiveness of escalation processes in reducing recurrence or supporting organisational learning remains limited.
- **Board reported mitigations:** continued development of escalation processes, digital systems and reporting arrangements.

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

- **Board reported position: Reasonable assurance**

The board reports established arrangements to identify, monitor and manage severe and recurrent workforce risks through governance and risk management processes.

- **Triangulated available evidence** governance reporting, workforce data and inspection findings demonstrate that workforce risks remain visible within organisational risk management arrangements. However, workforce and operational pressures remained recurrent themes throughout the reporting period. Evidence demonstrating sustained reduction in workforce risks remains limited.
- **Board reported mitigations:** workforce planning activity, recruitment initiatives and ongoing monitoring through governance structures.

## 12IF: Duty to seek clinical advice on staffing

- **Board reported position: Reasonable assurance**
  The board reports that clinical advice is incorporated within workforce planning, staffing assessments and operational decision-making processes.
- **Triangulated available evidence** inspection findings, board review discussions and governance reporting demonstrate multidisciplinary involvement in staffing discussions and decision-making processes. However, evidence regarding how clinical advice is consistently recorded, audited and used to influence staffing decisions and outcomes remains limited.
- **Board reported mitigations:** continued multidisciplinary engagement, strengthening of governance arrangements and further development of workforce systems.

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

- **Board reported position: Reasonable assurance**
  The board reports arrangements to support clinical leadership roles through workforce planning and governance processes.
- **Triangulated available evidence** governance reporting, board review activity and inspection findings demonstrate recognition of the importance of clinical leadership in supporting safe staffing and service delivery. However, workforce and operational pressures continue to affect leadership capacity, with evidence indicating that clinical leaders may be required to provide direct clinical cover. Evidence regarding the monitoring and protection of leadership time remains limited.
- **Board reported mitigations:** recruitment activity, workforce planning, service redesign initiatives and governance oversight.

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

- **Board reported position: Reasonable assurance**
  The board reports established arrangements for workforce training, development and compliance monitoring.
- **Triangulated available evidence** governance reporting and inspection activity demonstrate ongoing workforce development activity and monitoring of training compliance. However, inspection findings identified concerns regarding training compliance within some services, and workforce

pressures continue to affect staff access to training opportunities. Evidence demonstrating the impact of training activity on workforce capability and outcomes remains limited.

- **Board reported mitigations:** workforce development programmes, engagement with education providers, compliance monitoring and improvement actions linked to inspection findings.

### 12IJ: Duty to follow Common Staffing Method

- **Board reported position: Substantial assurance**

  The board reports ongoing implementation of the Common Staffing Method, supported by staffing level tools, workforce planning processes and participation in national staffing developments.
- **Triangulated available evidence** staffing level tool data demonstrates engagement with staffing tools across a range of services, while board review activity and inspection findings demonstrate ongoing implementation of Common Staffing Method processes. However, staffing level tool data and inspection findings identify variation in compliance and implementation across services. Evidence remains stronger regarding staffing level tool engagement than application of the full Common Staffing Method, with significant emphasis placed upon tool outputs and establishment data as opposed to full triangulation.
- **Board reported mitigations:** continued rollout of staffing tools, engagement in national programmes and development of workforce planning processes.

### 12IL: Training and consultation of staff

- **Board reported position: Substantial assurance**

  The board reports established arrangements for staff engagement and consultation, supported through a range of organisational and service-level mechanisms.
- **Triangulated available evidence** inspection findings and workforce intelligence demonstrate positive staff culture, multidisciplinary working and ongoing engagement activity in a number of services. However, evidence regarding how staff feedback is consistently analysed, acted upon and translated into staffing decisions or service improvement remains limited. The impact of consultation activity on workforce and service outcomes is not routinely demonstrated.
- **Board reported mitigations:** continued engagement initiatives, development of approaches supporting staff voice and governance oversight of engagement activity.

## Conclusion

HIS noted that NHS Ayrshire and Arran reported reasonable assurance in relation to implementation of the Health and Care (Staffing) (Scotland) Act 2019 during 2025–26. Available evidence broadly supports this position, reflecting an established approach to delivering the Act, underpinned by workforce planning, staffing risk management arrangements and ongoing implementation of digital staffing systems. However, workforce and operational pressures remained evident during the reporting period.