

Meeting:	NHS Grampian Board
Meeting date:	Thursday 8 October 2026
Item Number:	9.13
Title:	Health and Care (Staffing) (Scotland) Act 2019 – 6 Month Update 2026/27
Responsible Executive/Non-Executive:	Jay O'Brien - Director of People and Culture
Report Author:	Elizabeth Wilson - HCSA Implementation Programme Manager, and Heather Taylor - HCSA Programme Facilitator

1 Purpose and recommendations

This is presented to the Board for:

- Assurance

Recommendation(s)

The Board is asked to:

- Discuss and note the update provided by HCSA Programme Team.
- Review and scrutinise the information provided in this paper and confirm that it provides assurance on the work and engagement led by the Programme Team, whilst acknowledging areas requiring further improvement to support continued compliance.

This report relates to a:

- Legal requirement
 - Health and Care (Staffing) (Scotland) Act 2019

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This subject matter of this report is relevant to the mitigation of the following strategic risks (further information provided in the Risk section below)

- Inability to meet population demand for Planned Care
- Significant delays in the delivery of Unscheduled Care
- Deviation from recognised service standards of practice and delivery

- Deteriorating Workforce Engagement

2 Report summary

2.1 Situation

At its meeting in April 2026, the Board endorsed the Health and Care Staffing (Staffing) (Scotland) Act 2019 (HCSA) Annual Report 2025/26. During discussion, Board members requested an interim update on progress against HCSA compliance to provide assurance on implementation activity and improvement trajectories, rather than waiting for the next annual reporting cycle.

This paper therefore provides a six-month progress update on HCSA compliance across NHS Grampian, highlighting the current Year-3 position as determined by the Programme Team, work and engagement led by the Programme Team, and areas requiring further improvement to support continued compliance and assurance.

2.2 Background

The [Health and Care Staffing \(Staffing\) \(Scotland\) Act 2019](#) provides the legislative framework to support safe and effective staffing across health and care services in Scotland. The Act places responsibilities on NHS Boards and care service providers to ensure that staffing arrangements are appropriate to deliver safe, high-quality, person-centred care and to support the wellbeing of service users and staff, ultimately to enable the best possible outcomes. It establishes guiding principles for staffing, requires the use of evidence-based workforce planning and staffing methodologies, promotes staff involvement in staffing decisions and places a duty on organisations to monitor, review and report on compliance. The Act strengthens governance and assurance arrangements by requiring Boards to demonstrate how they are meeting their statutory staffing duties and addressing any identified risks.

In summary, the Act's intent is to ensure improved outcomes for patients through high-quality care while also ensuring the wellbeing of staffing.

2.3 Assessment

At the time of writing this report, the HCSA Programme Team has continued to determine an overall Limited Assurance level of organisational compliance with HCSA for 2026/27, with individual duties assessed as below:

Duty	Annual Report 2024/25	Annual Report 2025/26	April – September 2026/27
Duty to ensure appropriate staffing and guiding principles	Limited	Reasonable	Reasonable

Duty to have real-time staffing assessment in place	Limited	Limited	Limited
Duty to have risk escalation process in place	Limited	Limited	Limited
Duty to have arrangements to address severe and recurrent risks	Limited	Limited	Limited
Duty to seek clinical advice on staffing	Limited	Reasonable	Reasonable
Duty to ensure adequate time given to clinical leaders	Limited	Limited	Limited
Duty to ensure appropriate staffing: training of staff	Reasonable	Reasonable	Reasonable
Duty to follow the Common Staffing Method (CSM)	Limited	Reasonable	Reasonable
CSM - Training and Consultation of Staff	Limited	Limited	Limited
Planning and Securing Services	Limited	Limited	Limited
Overall HCSA Compliance	Limited	Limited	Limited

This position remains static, primarily driven by the limited access to evidence that would support improvements to assurance levels for individual duties and the overall Act compliance. In particular, the following barriers have constrained progression:

- **Acute Sector Engagement:** Meaningful engagement from the Acute sector remains limited. As the largest area where the Act applies, this significantly restricts our ability to improve assurance levels against both individual duties and overall Act compliance.
- **Professional and Operational Challenges:** Persistent engagement challenges remain across several professional groups, particularly Medical Staff, Healthcare Scientists, Physician Associates and Optometry. Across Q1 and Q2 of 2026/27, three engagement sessions have been arranged and subsequently cancelled with these professions; a fourth date has still to be agreed. In addition, opportunities to engage through established leadership forums have been limited. These delays have restricted opportunities to secure senior clinical leadership support, reinforce compliance expectations and promote engagement across professional groups.
- **Reporting and Governance Pressures:** With programme funding only confirmed until March 2027, Year-3 Annual Report preparations and governance processes must commence earlier than in previous years, reducing the available timeframe for intelligence and evidence gathering. Accelerated reporting timelines coincide with ongoing work to identify business-as-usual (BAU) arrangements beyond March 2027, alongside delivery of two quarterly reporting cycles (comprising four quarterly reports in total).
- **HCSA Oversight:** Statutory reporting is currently routed through Executive Team, Staff Governance Committee and, where required, the Board. From March 2026, there has been no formal governance mechanism for routine

progress reporting or escalations, contact is with the Executive Lead as necessary.

In addition to the above, there has been overall instability and turnover of key individuals since the Act commenced in April 2024. During this period, the organisation has worked with four different HCSA Executive Leads, two Medical and Public Health Directors, and is preparing for a change in Executive Nurse Director leadership. While each individual has remained committed to supporting implementation of the Act, the frequency of senior leadership changes has inevitably presented challenges in maintaining continuity of strategic oversight, organisational knowledge and consistent prioritisation of improvement activity. As a result, momentum has at times been impacted, with effort required to re-establish governance arrangements, reporting structures, shared understanding of the Act's requirements, local approach and associated improvement plans. Ensuring sustained leadership stability and continuity will be an important factor in supporting ongoing compliance and embedding the Act's requirements across the organisation.

Progress Across Services and Professions

Specific services and professions across NHS Grampian are demonstrating a greater understanding of the statutory duties and are beginning to embed these requirements within existing systems and processes.

Within Psychology services, significant progress has been made through the development of a profession-specific Standard Operating Procedure (SOP). Initially focused on real-time staffing and risk escalation, this work has evolved, in partnership with the HCSA Programme Team, into a more comprehensive SOP covering all relevant duties of the Act. While the SOP remains in development, the work undertaken to date reflects a growing maturity in understanding and applying the legislation. The approach and proposed SOP have been presented at the Psychology Consultant Forum jointly with the HCSA Programme Team, and as an item of shared learning at the HCSA Implementation Team meeting, supporting wider engagement and shared understanding across the profession and HCSA champions from the wider organisation.

It is the second year of using the Staffing Establishment Management through Application of Common Staffing Methodology SOP. Building on the learning from Year-1 and the early publication of the Staffing Level Tool (SLT) schedule for 2026/27, Chief Nurses, Head of Midwifery and Senior Medical Leaders for Emergency Departments, received communications in advance and following SLT runs as well as regular signposting to the various resources on the SharePoint site. While the compliance with the relevant SLTs and associated Common Staffing Method processes remains variable, it is hoped that improvements will be noted by the conclusion of the 2026/27 process.

At an operational level, Public Health developed staffing frameworks within three service areas during 2025/26: Healthpoint, Health Protection Team and Dental Information and Advice Line. These frameworks consider how the requirements of the Act can support local staffing arrangements, inform decision-making and identify appropriate escalation triggers when staffing challenges arise. This work demonstrates practical application of the legislation within smaller teams. The staffing frameworks remain live documents with incremental updates as needed, however one of the frameworks was presented as an item of shared learning at the HCSA Implementation Team meeting, supporting a shared understanding across HCSA champions from the wider organisation.

Further assurance has been demonstrated within Aberdeen City Health and Social Care Partnership (HSCP). Following an Internal Audit recommendation, instances where appropriate staffing levels have not been achieved by services are now escalated through the Clinical Care Governance Group each quarter. This provides evidence that staffing risks and associated mitigations are being routinely considered within local governance processes and linked to the requirements of the Act. Any concerns, risks or gaps that are flagged to this group, can thereafter be escalated to the Clinical Care Governance Committee.

In relation to the Planning and Securing Services duty, engagement with Finance colleagues has identified existing processes whereby information available regarding third-party providers is considered prior to entering into contracts and agreements, particularly when out of area/Scotland arrangements are being made to support specific care requirements on behalf of NHS Grampian for specialist Mental Health and Learning Disability services. While further work is required to strengthen evidence and assurance, this provides an example of how elements of the duty are already being considered within organisational processes.

HCSA Programme Team Activity

The HCSA Programme Team has continued to proactively engage with services and professions across the organisation to strengthen understanding of the Act, support compliance with statutory duties and provide practical advice on implementation.

A revised approach to the internal quarterly reporting process was introduced ahead of the Quarter 1 report being prepared for 2026/27. This included consultation with all three Board Level Clinicians (BLCs) and the HCSA Executive Lead, the development of a dedicated HCSA reporting hub, expansion of resources available to staff on said hub, and the introduction of a "Book with me" function to provide direct support for colleagues preparing quarterly returns. The new approach to the quarterly report is considered a closer fit with legislative expectations while still be proportionate for those completing it and was influenced following some inter-board learning. Forty dedicated support appointments were made available during the Quarter 1 reporting period, although only one booking was received, suggesting that colleagues were

largely able to access the guidance and resources independently. The first report focused on three specific duties and while there remain varying levels of assurance and the level of detail provided regarding actions taken to comply with, and arrangements to monitor also varies, the breadth of information provided is encouraging. In addition, BLCs agreed that all previously approved internal quarterly reports could be published on the HCSA SharePoint site, demonstrating transparency and organisational learning.

The Programme Team continues to act as a critical friend to services by reviewing and providing feedback on the HCSA content included within Staff Governance Assurance Reports. Reports are shared through the Staff Governance Manager, with feedback provided directly to services for consideration and incorporation where appropriate.

A continued focus has been placed on education and awareness raising. Since April 2026, the Programme Team have facilitated two sessions within the Leading Excellence in Care Programme (open to Nursing, Midwifery, Allied Health Professions (NMAHP) Clinical Team Leaders), delivered a session for year 3 Student Nurses within Aberdeen City HSCP, and provided an overview session to the International Medical Students visiting NHS Grampian from the University of Manipal. Engagement has also taken place regarding opportunities to incorporate HCSA learning within programmes for NHS Grampian year 5 medical students, although arrangements have not yet been agreed. A session has also taken place with the Head of Spiritual Care, to discuss the Act requirements and how these could be implemented within their team.

In June, the Programme Team facilitated a workshop involving the Executive Nurse Director and the NMAHP and Psychology Professional Clinical Leaders. The session explored the requirements of the Act, supported collective discussion across professional leadership groups, promoted understanding of upcoming reporting requirements, and focused on practical approaches to evidencing compliance with statutory duties. Feedback was positive, and the engagement has resulted in increased dialogue and collaboration with NMAHP and Psychology colleagues.

Significant enhancements have been made to the local HCSA SharePoint site to ensure staff have access to the most up-to-date guidance, resources and information. This has included substantial revisions to pages associated with the Common Staffing Method, providing a more comprehensive and accessible resource for colleagues involved in Staffing Level Tools.

The Programme Team has also continued to contribute at local and national levels by maintaining engagement with the Nursing and Midwifery Workforce Council, participating in national networking opportunities with colleagues from Ayrshire & Arran and Lothian, and engaging regularly with Healthcare Improvement Scotland

(HIS) and Scottish Government colleagues to support the ongoing development and implementation of the legislation.

Within the Act, HIS have a monitoring and compliance function and the Programme Team actively engage with the Monitoring and Compliance team including the supporting factual accuracy reviews of NHS Grampian's reference within HIS's HCSA Annual Report, factual accuracy reviews of HSP Monitoring Dashboard (focused on SLTs) and co-ordination and preparations for Board Review Calls. The Board Review Calls support effective monitoring of staffing duty compliance through collaborative engagement, timely sharing of evidence, and the identification and management of risks and challenges. A key line of enquiry approach is used. The first call of 2026/27 due to take place in August is now rescheduled for October due to competing priorities and dairy clashes of Board Level Clinicians. The second and final call of this year is scheduled for March 2027.

The Quarter 4 and Quarter 1 High-Cost Agency returns, another statutory reporting requirement of the Act, were completed and submitted within the required timescales. The returns were prepared with support from Finance colleagues, approved through the Executive Team governance process and subsequently submitted to Scottish Government by the required deadlines. Following submission of the Quarter 1 return, further discussions have been initiated between the HCSA Executive Lead and HR colleagues to explore options for strengthening local processes and identifying sustainable solutions to reduce reliance on high-cost arrangements within the Healthcare Sciences profession. This aligns with the Act's requirements to ensure appropriate staffing whilst promoting efficient and effective use of resources.

2.3.1 Quality/ Patient Care

During quarter 1, the HCSA Programme Team undertook a review of the revised Clinical Governance Standards to understand any areas of overlap with HCSA. In reviewing the new standards, the strongest alignment was identified with Standards 1 (Leadership and Staffing) and 5 (Education and Training) however connections were found and areas of overlap across all seven standards. In summary, the Clinical Governance Standards provides a wider assurance and improvement framework, defining '*what good looks like*' across safety, quality and accountability. The HCSA defines *what must legally happen* in relation to staffing to make the above possible; thus, the HCSA duties act as enablers. The findings were initially shared with HCSA Executive Lead, Executive Medical and Nursing Directors, and subsequently with the Acute Triumvirate.

Since commencement of the Act, the HCSA Programme Team has reviewed HIS's published *Safe Delivery of Care* reports, specifically through the lens of HCSA requirements. This has been a particular focus over the last year, as highlighted at the April Board meeting, providing an important source of shared learning, given the increasing number of references to HCSA in several requirements, recommendations and also good practice. The Programme Team has offered support to NHS Grampian's Executive Medical and Nursing Directors with action planning where HCSA-related recommendations or requirements have been identified following the recent inspections, drawing on learning and observations from reports published across other NHS Boards. It is hoped that this support will strengthen local action

plans and identify opportunities to improve HCSA compliance across multidisciplinary and operational teams. Further work on sharing the learning from published Safe Delivery of Care reports is limited given a large portion of Programme Team resource is spent on reactive administrative follow-up activities required to maintain programme compliance and governance, including securing statutory reporting returns, rescheduling meetings and coordinating stakeholder engagement where responses are frequently delayed or absent.

2.3.2 Workforce

It is estimated that the Act applies to approximately 13,000 staff across NHS Grampian, from 16 different clinical disciplines. The ongoing misunderstanding that the Act applies primarily to Nursing and Midwifery (or is less relevant or less applicable to the other roles in scope) presents a risk to consistent implementation across the wider multidisciplinary workforce. This can impact staff by creating uncertainty regarding individual and team responsibilities, reducing engagement with local governance arrangements and limits opportunities to identify and address workforce challenges proactively. While the Programme Team has sought to facilitate and enable greater awareness and engagement across professional groups, sustained effort is required organisationally to embed understanding of the Act's requirements and intent. Improved awareness and participation will support a more consistent approach to workforce planning, staff wellbeing, appropriate workforce governance and the escalation of staffing risks, helping to ensure that all staff are supported to deliver safe, high-quality, person-centred care.

Staff wellbeing is a central principle of the Act, recognising the relationship between workforce wellbeing, staffing capacity and the delivery of safe, high-quality care. The Act places an expectation on organisations to consider the wellbeing of staff when making staffing decisions and responding to workforce pressures.

The organisations 2026 iMatter results show modest improvement with staff engagement and overall experience. Across the Staff Governance Standards, all five strands improved between 2025 and 2026. The strongest improvement is in "Well Informed," which rose from 79 to 82, reaching its highest point across the four-year period. Other improvements by one point each, include: Appropriately Trained and Developed, Involved in Decisions, Treated Fairly and Consistently, and Safe Working Environment and Wellbeing. However, "Involved in Decisions" remains the lowest-scoring strand at 72 and is still below its 2023 score of 73, marking it as a continuing priority. This aspect directly correlates with the Guiding Principles associated with the Act that requires organisations to ensure appropriate staffing arrangements, whilst taking account of the views of staff (and service users) and to be open with staff (and service users) about decisions on staffing.

It is to be recognised that ongoing challenges relating to competing priorities, workload, financial constraints, workforce availability and workforce fatigue continue to affect the wellbeing and resilience of teams across NHS Grampian. Strengthening

arrangements to capture, monitor and respond to staff wellbeing concerns remains an important component of achieving compliance with the Act and supporting a sustainable workforce. It is anticipated the work of the Culture Programme Board will help this evolve over the coming year.

2.3.3 Financial

Separate to the Annual and Internal Quarterly reports, the Act has a third reporting requirement – duty to ensure appropriate staffing: agency workers. The principle of agency workers being engaged with costs no greater than 150% of equivalent NHS costs is an Act requirement which is monitored and reported quarterly to Scottish Government. Whenever the threshold is exceeded, three elements are to be reported:

- Number of occasions in that period when more than 150% has been paid
- The amount paid on each occasion (as percentage against NHS costs)
- Circumstances that have required the higher amount to be paid.

The Act also requires Scottish Government to publish these reports, with all quarterly reports to date now available in the [public domain](#).

Looking at all of NHS Grampian's reporting on the use of high-cost agency since Act commencement; overall, we have made considerable progress in reducing high-cost agency shift breaches across most staffing groups. The most significant improvement has been within Medical staffing, where breaches have reduced from a peak of 2,050 in Q3 2024/25 to 906 in Q1 2026/27, representing a reduction of more than 55%. Nursing breaches, which peaked at 63 in Q2 2024/25, have reduced to zero, while Allied Health Professional (AHP) breaches have fallen from 261 in Q4 2024/25 to zero from Q3 2025/26 onwards. Healthcare Sciences breaches have also reduced overall from 191 in Q4 2024/25 to 106 in Q1 2026/27, although progress has stabilised in recent quarters. This profession continues to report the highest breach rate however discussions are ongoing to explore options for identifying sustainable solutions, as identified earlier in section 2.3. The only area showing a recent increase is Other Therapeutics, rising from 35 breaches in Q3 2025/26 to 75 in Q1 2026/27; however, this remains substantially lower than Medical activity and represents a relatively small proportion of total breaches with a low breach rate (154%). Collectively, the data demonstrates a sustained reduction in reliance on high-cost agency staffing and increasing compliance with agency controls, while highlighting the need for continued focus on Medical services to maintain positive momentum.

Data gathering for the quarter 2 high-cost agency return for 2026/27 is in progress at the time this report will be shared with Grampian Board. This return will be submitted to Scottish Government by 31st October, and publication by Scottish Government will likely be around November/December 2026.

2.3.4 Risk Assessment/Management

The annual report for 2025/26 identified repeated themes of challenge and risk that directly contributed to NHS Grampian's overall Limited Assurance level for the second year. These challenges affect the organisation's ability to ensure safe, appropriate and sustainable staffing and reflects systemic pressures already visible within four of the organisation's strategic risks identified below:

- Inability to meet population demand for Planned Care
- Significant delays in delivery of Unscheduled Care
- Deviation from recognised service standards
- Deteriorating workforce engagement

Based on the intelligence gathered throughout 2025/26, NHS Grampian's Limited Assurance position arose from:

- **System-level pressures** that create sustained gaps between demand and workforce capacity.
- **Operational variation** in applying critical aspects of the Act.
- **Insufficient infrastructure**, both technological and organisational, to support consistent compliance.
- **Reduced organisational resilience** due to financial constraints, reduced working week implementation and workforce fatigue.
- **Gaps in governance and escalation**, limiting early identification and mitigation of recurrent issues.

Limited evidence has been accessible during the first half of 2026/27 to demonstrate that these risks have been sufficiently mitigated. Strengthened governance, consistent processes, enhanced data capability and protected leadership and training capacity remain key requirements to support compliance.

The HCSA Programme Team continue to facilitate and enable teams across the organisation to own, develop and progress their local processes and governance arrangements to meet the Act requirements. However, as outlined in Section 2.3, engagement across many operational and professional teams has been challenging, resulting in limited access to evidence that would support improvements to assurance levels for individual duties and the overall level of assurance with Act compliance.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this is out of scope for this paper.

2.3.6 Other impacts

The Programme Team will have limited capacity and resource over the remaining six months of the programme, given that the current funding model ceases end of March 2027. During this six-month period, the team will be required to manage several competing priorities, including the completion of the Annual Report, the coordination and submission of two further internal quarterly reports to Executive Team and Staff Governance Committee and two high-cost agency returns, to Executive Team and thereafter Scottish Government, all of which are statutory reporting requirements. In addition, we are required to continue our engagement with HIS's Monitoring & Compliance Team. The team must also progress the development and implementation of a sustainable future BAU model and oversee the transfer of ownership and knowledge associated with ongoing statutory reporting responsibilities.

The concentration of these priority activities within a relatively short timeframe will place considerable demands on Programme Team capacity and may limit the team's ability to absorb additional requirements or facilitate further engagement sessions while maintaining planned delivery schedules and supporting a smooth transition to future arrangements.

As noted in the Annual Report 2025/26, the Act does not require the use of electronic rostering systems; however, Optima is recognised as a significant enabler of compliance with several staffing duties. There is a national requirement for Optima to be fully rolled out by March 2028 as SSTS will not be available from that date and staff payment will require to be processed from Optima to the payroll system directly. SafeCare, which forms part of the Optima product suite, is the agreed electronic system for real-time staffing assessment. It supports risk assessment and escalation processes and provides trend data to assist in identifying, understanding and addressing severe and recurring staffing risks. At the time of writing, no additional funding has been agreed to support an accelerated rollout of Optima to services not currently using the system. This will limit the availability of enhanced functionality across all services and, consequently, the extent to which digital solutions can support delivery of the statutory staffing duties. Where fully implemented, Optima and SafeCare can support aspects of the Real-Time Staffing Assessment, Appropriate Training, and Adequate Time for Clinical Leaders duties. Given the anticipated prioritisation of the eRostering team's resources towards delivery of the minimum viable product rollout of Optima, further implementation of SafeCare is also expected to be significantly constrained. This is likely to delay opportunities to strengthen consistency of approach and improve compliance with a range of staffing duties across services.

2.3.7 Communication, involvement, engagement and consultation

This six-month progress report has been prepared by the Programme Team, drawing primarily on their knowledge, stakeholder engagement activities and ongoing efforts to

connect with colleagues across the organisation, as captured in section 2.3. It also incorporates information from internal quarterly reporting.

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.

- Executive Team – 22/29 September 2026.

2.4 Recommendation

The Board is asked to:

- Discuss and note the update provided by HCSA Programme Team.
- Review and scrutinise the information provided in this paper and confirm that it provides assurance on the work and engagement led by the Programme Team, whilst acknowledging areas requiring further improvement to support continued compliance.

3 List of appendices

There are no appendices included with this report.