
Report to: Audit and Scrutiny Committee

Date of Meeting: 28 August 2025

**Subject: Health and Care (Staffing) (Scotland) Act 2019 – Statutory
Annual Report**

Report by: Chief Social Work Officer

1.0 Purpose

- 1.1. To present the first statutory annual report in relation to the Health and Care (Staffing (Scotland) Act 2019 (attached as Appendix 1).

2.0 Recommendations

- 2.1. It is recommended that committee note and challenges the report as appropriate.
- 2.2. The content of this report is relevant to the functions of the Clackmannanshire & Stirling Integration Joint Board (IJB) and will be reviewed at its meeting

3.0 Considerations

- 3.1. The Health and Care (Staffing) (Scotland) Act 2019 establishes a statutory framework for ensuring appropriate staffing levels in health and care services in Scotland. It aims to enable safe and high-quality care and improved outcomes for service users and to embed a culture of openness and transparency, ensuring staff are informed about decisions relating to staffing and able to raise concerns. The 2019 Act came into force on 1 April 2024.
- 3.2. Section 3 (2) of the 2019 Act focuses on the duties of integration authorities and local authorities in terms of “...planning or securing the provision of a care service from another person under contract, agreement or other arrangements...” setting out that these public bodies must have regard to the guiding principles for health and care staffing (set out in Section 1 of the Act), the duty on care service providers to ensure appropriate staffing and appropriate training for staff and the duty to have regard to relevant guidance issued by Scottish Ministers. Section 3 (6) requires both integration authorities and local authorities to publish information on the steps they have taken to comply with Section 3(2) and ongoing risks affecting their ability to comply in an annual report at the end of each financial year. The first annual report must be published by 30 June 2025.

- 3.3. The Scottish Government has published statutory guidance to support the implementation of the 2019 Act. This clarifies that the reporting requirements applies only to:
- The planning or securing of services from a third party.
 - Only care services listed under section 47 (1) of the Public Services Reform (Scotland) Act 2010.
 - Relevant services planned for and secured only during the reporting period (for this year, 2024/25) – including all new, renewed or renegotiated agreements.
 - The planning and securing stage only; there is no requirement under the 2019 Act for ongoing monitoring or scrutiny of third-party providers.

3.4 Further information about the 2019 Act is available at:
<https://www.gov.scot/publications/health-and-care-staffing-scotland-act-2019-overview/>

4.0 Sustainability Implications

4.1. None

5.0 Resource Implications

5.1. *Financial Details*

5.2. None

6.0 Exempt Reports

6.1. Is this report exempt? Yes ☐ (please detail the reasons for exemption below) No **X**

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities** (Please double click on the check box ☒)

Clackmannanshire will be attractive to businesses & people and ensure fair opportunities for all	<input type="checkbox"/>
Our families; children and young people will have the best possible start in life	X
Women and girls will be confident and aspirational, and achieve their full potential	X
Our communities will be resilient and empowered so that they can thrive and flourish	X

(2) **Council Policies** (Please detail)

8.0 Equalities Impact

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

Yes ☐ No ☒ This report is for information and does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed that no Equalities Impact Assessment is required.

9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes ☐

10.0 Appendices

10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

Appendix 1: Health and Care (Staffing) (Scotland) Act 2019 – Statutory Annual Report

11.0 Background Papers

11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☐ (please list the documents below) No ☒

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
Joanna MacDonald	Interim Chief Officer, C & S HSCP/IJB	

Health and Care (Staffing) (Scotland) Act 2019: Annual Report

Under section 3(2) of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) (“the Act”), every local authority and integration authority must have regard to a number of listed factors when planning or securing the provision of a care service from a third party:

- the guiding principles in the Act (section 1 of the Act);
- the requirement on care service providers to have regard to the guiding principles (section 3(1) of the Act);
- the duty on care service providers to ensure appropriate staffing (section 7 of the Act);
- the requirement on care service providers with regard to training of staff (section 8 of the Act);
- the requirement on care service providers to have regard to guidance issued by the Scottish Ministers (section 10 of the Act);
- the duties on care service providers under [Chapter 3 of Part 5 of the Public Services Reform \(Scotland\) Act 2010](#), for example with regard to registration of care services; and
- the duties on care service providers under Chapter 3A of Part 5 of the Public Services Reform (Scotland) Act 2010, for example with regard to the use of any prescribed staffing methods or staffing tools. Note that the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) inserted chapter 3A into the Public Services Reform (Scotland) Act.

Section 3(6) of the Act states that relevant organisations must publish information annually on the steps they have taken to comply with the requirement in section 3(2) regarding the planning and securing of care services and any ongoing risks that may affect their ability to comply with this requirement.

This template should be used by local authorities and integration authorities to publish the information required and should be read in conjunction with the statutory guidance that accompanies the Act, specifically chapter 15.

The information in this template should relate to the financial year, i.e. 01 April to 31 March. All reports must be published by 30 June at the latest each year.

In order to collate the information published, the Scottish Government also requests that you send the completed template to hcsa@gov.scot.

Health and Care (Staffing) (Scotland) Act 2019: Annual Report

Declaration

Name of local authority / integration authority: Clackmannanshire Council

Report authorised by:

Name Sharon Robertson

Designation Chief Social Work Officer /Senior Manager People (Children's and Justice Services)

Date 27 June 2025

Details of where the report will be published: The report will be published on the Clackmannanshire Council website. We will send the specific address as soon as it is published.

Information Required

1. Please detail the steps you have taken as an organisation to comply with section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019:

3(2) In planning or securing the provision of a care service from another person under a contract, agreement or other arrangements, every local authority and every integration authority (within the meaning of section 59 of the Public Bodies (Joint Working) (Scotland) Act 2014) must have regard to—

(a) the guiding principles for health and care staffing, and

(b) the duties relating to staffing imposed on persons who provide care services—

(i) by virtue of subsection (1) and sections 7 to 10, and

(ii) by virtue of Chapters 3 and 3A of Part 5 of the Public Services Reform (Scotland) Act 2010.

Preparation and Promotion

In the lead-up to the Health and Care (Staffing) (Scotland) Act 2019 coming into effect, we have actively promoted it through a collaborative approach by the Local Authority and HSCP. This effort included inviting Care Inspectorate staff to presentations, meetings, and provider forums across Adult Services. Additionally, we

have shared presentations, updates, and links to best practices with providers and staff during meetings and through regular updates.

Contract Terms and Due Diligence Checks

A commissioning team supports work across the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP). In the course of negotiating new contracts with providers that are Care Inspectorate registered, we have amended our Terms and Conditions to explicitly reference the Act. These terms have also been drafted for future Clackmannanshire contracts. Where adults use providers to deliver their care or support under Self-Directed Support Option 2, we have integrated a systematic check on compliance with the staffing provisions of the Act as part of our standard due diligence procedures.

Contract Monitoring

A commissioning team supports work across the Clackmannanshire and Stirling HSCP. Standard contract monitoring has been piloted with adult care and support providers. This includes specific questions in relation to the Act so Commissioners can monitor compliance and emerging issues on a routine basis. This will be rolled out across all adult social care services in Clackmannanshire and Stirling 2025/26. This model of contract monitoring can also be considered for other services.

Survey

We have developed a provider survey to provide additional assurance for compliance with the Act. The survey was carried out across Clackmannanshire Council, Stirling Council and the Clackmannanshire and Stirling Health and Social Care Partnership. This was sent to 128 new and existing providers with 52 responses (42%). The results noted below showing high levels of compliance. A summary of the types of services that replied is in figure 1 below. The survey included questions directed to providers regarding the guiding principles of the Act, as well as inquires about staffing. Moving forward, this type of survey will continue to be used with any potential new providers as part of ongoing due diligence checks before contracting. It will also be incorporated into our continual contract monitoring.

We will continue to engage with providers who have not yet completed the survey, seeking clarification and assurance from those who have indicated they may not be fully compliant with the Act or certain aspects of it.

The survey has been set up to gather information on an annual basis with the intention this can be sent to all new and existing providers.

Although we did not commission any new care homes for adults in the last financial year, this situation may change. Before contracting, we must consider the Act, especially since there is currently no guidance related to the Act for this part of

sector. There is potential to commission one new adult care home in the current financial year. In such a case, we would need to use existing dependency tools, such as an augmented IRN.

Clackmannanshire Survey Data:

- Stirling Council, Clackmannanshire Council and the HSCP collectively surveyed 128 services with 54 responses recorded across the three organisations. 42% response rate.
- 97% of respondents for Clackmannanshire indicated they were compliant with the Act.
- One respondent noted they were not fully compliant and this was around the guiding principle 'Allocating staff efficiently and effectively'. This provider covers both Clackmannanshire and Stirling.
 - Clarification will be sought with this provider around this during the course or routine contract monitoring as they had said they are compliant with each individual requirement of the Act but stated that they are not compliant overall (see Fig 2).

A summary of responses is provided below with additional detail on the questions around staffing given separately:

Respondents frequently mentioned the importance of adequate staffing levels to ensure quality care and safety. Many highlighted challenges related to recruitment and retention of staff, with some noting the impact of these issues on service delivery and staff morale. There was a common concern about the need for competitive salaries and benefits to attract and retain skilled workers. Training and professional development were also emphasised as crucial for maintaining high standards of care. Some respondents pointed out the necessity for clear communication and support from management to foster a positive working environment. Additionally, a few responses mentioned the importance of flexibility in staffing to meet varying demands.

Are you compliant with the Health and Care (Staffing) (Scotland) Act 2019?

Respondents frequently emphasised the importance of having the right staff in place, ensuring they are well-trained and inducted, and maintaining appropriate staffing levels to meet service needs. Continuous improvement and quality management systems were highlighted as crucial for service delivery, with several organisations implementing regular feedback mechanisms, audits, and reviews to enhance service quality. Respondents also noted the significance of person-centred approaches, involving service users in planning and decision-making processes to ensure their needs and preferences are met. Compliance with healthcare guidelines and maintaining robust recruitment and retention strategies were also common themes. Some responses mentioned specific challenges, such as staffing shortages, but

highlighted strategies like utilising bank staff or flexible working policies to mitigate these issues.

Do you have appropriate staffing?

Respondents frequently emphasised the importance of having adequately trained and qualified staff to ensure compliance with safe staffing standards. Many highlighted the role of ongoing training and development, such as mandatory induction and role-specific training, as well as refresher courses. The use of structured staff rotas and risk assessments to maintain appropriate staffing levels was also commonly mentioned. Respondents noted the necessity of planning for staff absences due to sickness or holidays to ensure service delivery is not compromised.

Some organisations reported utilising agency staff or a bank of flexible workers to cover additional shifts when needed. There was also mention of compliance with specific policies, such as safer recruitment and equality policies, which are regularly reviewed. Staff wellbeing initiatives and flexible working arrangements were highlighted as positive factors contributing to staff retention and satisfaction. Overall, respondents stressed the importance of maintaining a balance between staffing levels and the needs of service users to ensure effective and safe service delivery.

Do staff have appropriate qualifications and training for their role?

Respondents frequently highlighted the importance of staff training and development to ensure compliance with regulatory standards. Many organisations have implemented structured training programmes, including induction and ongoing professional development, to equip staff with necessary skills and qualifications. Compliance with the Scottish Social Services Council (SSSC) registration and training requirements was a common theme, with several respondents mentioning that their staff are registered and receive relevant training.

Organisations are also providing opportunities for staff to gain qualifications, such as SVQ levels in Social Care and Health, often funded by the organisation and supported by mentoring. Comprehensive induction processes are in place to ensure new staff are well-prepared for their roles, with some organisations emphasising the role of shadowing and mentoring.

Additionally, there is a focus on staff wellbeing and inclusion, with initiatives such as regular team reflection sessions and wellbeing events. Some responses also mentioned the use of external partnerships, such as placements with universities, to enhance service delivery and staff development.

Fig 1

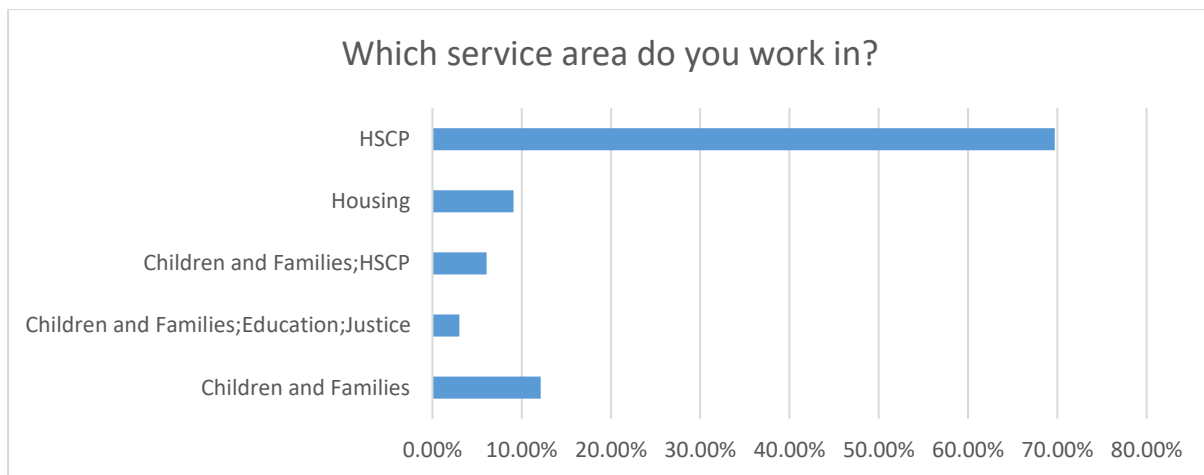
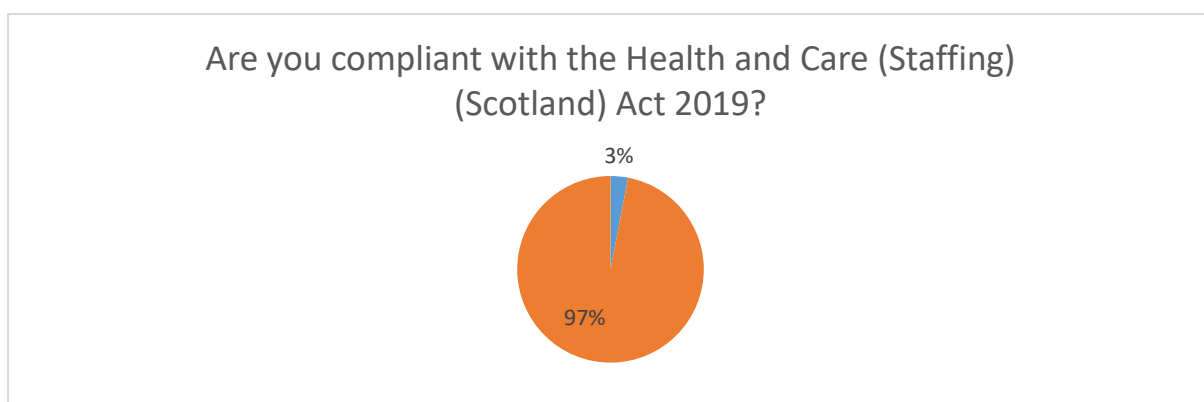


Fig 2



2. Please detail any ongoing risks that may affect your ability to comply with the duty set out in section 3(2).

Within Clackmannanshire the risks identified are:

Children and Families

During 2024/25 a procurement exercise was carried out for Care and Support for Children and Young People. The procurement exercise was completed before the Act could be included in terms and conditions although all contracts contain a requirement to comply with all legislative and regulatory requirements. Going forward there is scope to include Clackmannanshire Council's Children and Families Services within the scope of the survey and the contract monitoring.

National Providers Submitting different information in each area.

During briefings to local authority staff the Care Inspectorate stated that they may provide guidance and a monitoring template; unfortunately, this has not happened. This was not confirmed until late in the year and delayed the

collection of information. It also means that national providers will be asked to submit different information for different Councils/Integration Boards and there will not be consistency across the country.

Non- Engagement from Some providers

We have had good engagement from providers with briefing sessions and the survey, however, some providers have not responded in time for this return.

We developed a survey for our current and newly commissioned Care Inspectorate registered providers, which showed high levels of compliance. The survey included questions about the guiding principles of the Act and staffing. It was designed to extend beyond newly commissioned providers and will continue to be used with potential new providers as part of due diligence checks before contracting. This survey will also be incorporated into our ongoing contract monitoring with existing providers. We will engage with providers who have not yet completed the survey, seeking clarification and assurance from those who may not be fully compliant with the Act.

As we have developed new contract monitoring, we will be able to capture monitoring information in 2025/26.

Training

Feedback from respondents was largely positive but highlighted some concerns and potential risks about inadequate staffing levels, which they believe could compromise the quality of care and safety. Many expressed the need for increased recruitment and retention efforts to address high turnover rates and burnout. There is a strong emphasis on providing adequate training and support to ensure staff are well-prepared and confident. Some respondents mentioned the necessity for better communication and collaboration between management and staff to improve working conditions and morale. Additionally, a few responses pointed out the need for more flexible working arrangements to accommodate personal commitments and improve work-life balance. There was a common concern about the need for competitive salaries and benefits to attract and retain skilled workers. This can be a challenge in the limited financial resource funding services. We will continue to monitor this topic through routine contract monitoring.

Recruitment

Staffing shortages and recruitment challenges were the most frequently raised issues, with several respondents highlighting ongoing difficulties in attracting and retaining qualified staff. These shortages are leading to increased workloads for existing staff, higher stress levels, and concerns about maintaining safe staffing levels and quality of care. Several responses mentioned the impact of limited funding and budget constraints, which restrict the ability to offer competitive pay or invest in staff development. This was linked to difficulties in both recruitment and retention. A number of

respondents commented on the increasing complexity of service users' needs, requiring more skilled or specialised staff and further exacerbating staffing pressures. Persistent staffing shortages, funding limitations, and increasing complexity of care needs were common themes, with knock-on effects on staff morale, service quality, and safety. These issues could pose potential risks for compliance, along with the ongoing financial pressures on both providers and local authorities/integration joint boards. We will continue to monitor this topic through routine contract monitoring.

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