CLACKMANNANSHIRE COUNCIL

THIS PAPER RELATES TO ITEM 11

ON THE AGENDA

Report to: Audit and Scrutiny Committee

Date of Meeting: 27 August 2026

Subject: Health and Care (Staffing) (Scotland) Act 2019 – Statutory Annual Report 2025/26

Report by: Chief Social Work Officer

1.0 Purpose

1.1. To present the second statutory annual report produced under Section 3(6) of the Health and Care (Staffing) (Scotland) Act 2019, attached as Appendix 1.

2.0 Recommendation

2.1. It is recommended that committee note and challenge 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.

2.3. Note the findings of the 2025/26 provider assurance exercise, including evidence of strong compliance with the Act amongst respondents and the actions being taken to address identified workforce and sustainability risks.

3.0 Considerations

3.1 Legislative Context

The Health and Care (Staffing) (Scotland) Act 2019 establishes a statutory framework to support safe and high-quality health and social care services through appropriate staffing arrangements. The Act places duties on local authorities and integration authorities when planning or securing care services from third-party providers.

Section 3(2) requires local authorities and integration authorities to have regard to:

- The guiding principles for health and care staffing;
- Provider duties relating to appropriate staffing;
- Provider duties relating to staff training;

- Relevant Scottish Government guidance; and
- Duties contained within the Public Services Reform (Scotland) Act 2010.

Section 3(6) requires annual publication of information on the steps taken to comply with these duties and any risks affecting compliance.

3.2 Compliance Activity During 2025/26

The Council, working in partnership with Clackmannanshire and Stirling HSCP and Stirling Council, has continued to implement measures to support compliance with the Act.

Key actions undertaken during the reporting period include:

- Ongoing promotion and awareness raising of the Act through provider forums, meetings and communications.
- Engagement with Care Inspectorate representatives and dissemination of good practice guidance.
- Incorporation of Act-related requirements into contract documentation and commissioning processes.
- Inclusion of compliance checks within due diligence arrangements for commissioned services.
- Development and pilot implementation of enhanced contract monitoring processes which include consideration of staffing requirements under the Act.
- Continued use of an annual provider survey to gather assurance regarding compliance and identify emerging risks.

3.3 Provider Assurance Findings

A survey was issued to 153 Care Inspectorate-registered providers across Clackmannanshire, Stirling Council and the HSCP, receiving 63 responses, representing a 41.2% response rate.

For Clackmannanshire:

- All respondents reported compliance with the Health and Care (Staffing) (Scotland) Act 2019.
- Providers demonstrated strong awareness of the guiding principles of the Act.
- Evidence was provided of regular staffing review processes linked to assessed need and risk.
- Providers reported established arrangements for staff training, supervision, professional development and workforce planning.
- Strong emphasis was evident on person-centred care, staff wellbeing, multi-disciplinary working and quality assurance.

Overall, the returns indicate a high level of compliance amongst responding providers and no significant gaps or concerns were identified.

3.3.1 Stakeholder Feedback Summary

Feedback gathered through the annual provider survey highlighted a number of common themes regarding implementation of the Health and Care (Staffing) (Scotland) Act 2019. Overall, providers demonstrated a strong commitment to delivering safe, effective and person-centred care and reported positive engagement with the principles of the Act.

Key themes identified from stakeholder feedback included:

- Recruitment and retention challenges remain a significant concern across the sector, with providers reporting difficulties attracting and retaining suitably qualified staff in a competitive labour market. Pay levels and workforce shortages were frequently cited as contributing factors.
- Financial pressures continue to impact providers, with increased costs associated with staffing, utilities, food and transport creating concerns regarding long-term sustainability and service capacity. Providers noted that funding uplifts have not always kept pace with rising costs.
- Rising complexity and demand for services was highlighted by a number of respondents, with providers reporting increasing levels of need amongst the people they support and greater demand on service capacity.
- Providers consistently emphasised the importance of continuity and quality of care, recognising the benefits of stable staffing arrangements and expressing concern that workforce shortages or reliance on agency staffing can affect outcomes for people using services.
- There was strong evidence of investment in training, learning and development, with providers identifying staff development, supervision and wellbeing support as essential components of maintaining service quality and compliance with the Act.
- Respondents reported a strong commitment to person-centred practice, involvement of service users and families in care planning, and collaborative working with health, social work, education and other partners.

The feedback provides assurance that providers understand and are actively applying the principles of the Act. However, it also highlights continuing workforce and financial pressures which require ongoing monitoring through commissioning, contract management and provider engagement arrangements.

3.4 Emerging Risks

While the overall assurance position remains positive, the annual report identifies a number of ongoing risks that may affect future compliance:

- Workforce Recruitment and Retention

Providers continue to experience challenges attracting and retaining appropriately qualified staff. Recruitment difficulties are linked to competition within the labour market, pay pressures and workforce shortages.

- Financial Sustainability
  Many providers reported concerns regarding increasing operational costs and pressures on funding levels. These pressures have implications for workforce capacity, staff development opportunities and long-term service sustainability.

- Increasing Complexity of Need
  Providers highlighted increasingly complex presenting needs requiring higher levels of staffing capacity and specialist skills. This creates additional workforce planning pressures.

- Training and Skills Development
  Although providers generally reported positive arrangements for workforce development, ongoing challenges remain in ensuring all staff can access appropriate training and qualifications within a constrained labour market.

- Consistency of National Reporting
  The report notes continued challenges associated with obtaining consistent information from providers operating across multiple local authority areas, together with wider challenges regarding staffing measurement and workforce data.

3.5 Next Steps

During 2026/27 the Council and HSCP will:

- Continue annual provider assurance surveys.
- Expand routine contract monitoring arrangements across adult social care services.
- Engage with providers who have not yet submitted returns.
- Seek additional assurance where providers indicate potential compliance concerns.
- Monitor recruitment, retention and workforce sustainability risks through commissioning and contract management arrangements.

4.0 Sustainability Implications

4.1. None identified.

5.0 Resource Implications

5.1. Financial Details

5.2. There are no direct financial implications arising from this report.

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	☐
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)

The report supports the Council's statutory duties in relation to commissioning and securing regulated care services.

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 ☐X

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, no Equalities Impact Assessment is required.

9.0 Legality

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

10.0 Appendices

10.1 Appendix 1: Health and Care (Staffing) (Scotland) Act 2019 – Statutory Annual Report 2025/26.

11.0 Background Papers

11.1 Health and Care (Staffing) (Scotland) Act 2019 Statutory Guidance.

Health and Care (Staffing) (Scotland) Act 2019

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 X

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
Jennifer Borthwick	**Interim Chief Officer, Clackmannanshire & Stirling Health & Social Care Partnership**	[redacted]

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.

Declaration

Name of local authority / integration authority: Clackmannanshire Council

Report authorised by:

Name: Sharon Robertson

Designation: Chief Social Work Officer / Head of Service, Wellbeing Directorate (Children's and Justice Services)

Date: 04 June 2026

Please mark all relevant boxes to show which services have been taken account in this report:

x	Support services
x	Care home services
x	School care accommodation services
	Nurse agencies
x	Child care agencies
	Secure accommodation services
	Offender accommodation services
	Adoption services
	Fostering services
	Adult placement services
	Child minding
	Day care of children
x	Housing support service

Details of where the report will be published: (insert link to publication)

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 took a proactive approach to promoting the Act through close collaboration between the Local Authority and the HSCP. This work included inviting Care Inspectorate staff to presentations, meetings, and provider forums across Adult, Children and Education Services. Additionally, we shared presentations, updates and links to best practices with providers. We have also continued to provide reminders about the requirements of the Act during meetings and through ongoing communications for this reporting period.

Contract Terms and Due Diligence Checks

A commissioning team supports work across the Clackmannanshire and Stirling HSCP and with social care in both Local Authorities. In the course of negotiating new contracts with providers that are Care Inspectorate registered, we have amended our Terms and Conditions in Stirling to explicitly reference the Act. These terms have also been drafted for future Clackmannanshire contracts should they wish to be used there. 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 continues to be 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 2026/27. This model of contract monitoring can also be considered for other services.

Survey

Like last year we have used a provider survey to give additional assurance for compliance with the Act. The survey has been designed for annual use, with the intention that it will be issued to all new and existing providers each year.

The survey was carried out across Clackmannanshire Council, Stirling Council and the Clackmannanshire and Stirling Health and Social Care Partnership. The survey was sent to 153 new and existing providers with 63 responses (41.2%). This is a comparable response rate to last year.

The results noted below show high levels of compliance. A summary of the types of services that replied is shown in figure 1 below. The survey included questions directed to providers regarding the guiding principles of the Act, as well as inquiries about staffing. This type of survey will continue to be used with any potential new providers as part of ongoing due diligence checks before contracting.

We will continue to engage with providers who have not yet completed the survey, and we will seek clarification and assurance from those who have indicated that they may not yet be fully compliant with the Act or specific elements of it.

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. If there is potential to commission any new adult care homes in future years,

we would need to use existing dependency tools, such as an augmented Indicator of Relevant Need (IRN).

Clackmannanshire Survey Data:

- Clackmannanshire Council, Stirling Council and the HSCP collectively surveyed 153 services with 63 responses recorded across the three organisations. This is a 41.2% response rate.
- A new Adult Care and Support contract was issued in May 2026 for Clackmannanshire after the year end. These providers will be captured in next year's return. Many exiting providers submitted a voluntary return this year.
- 100% of respondents for Clackmannanshire indicated they were compliant with the Act. (Fig 2)

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

Most respondents highlighted ongoing challenges with staff recruitment and retention, citing difficulties in attracting and keeping qualified staff as a concern across a wide range of services. This is often linked to pay rates, with several comments noting that current funding does not allow for competitive wages, making it hard to compete with other sectors or agencies.

Funding pressures were a recurring theme, with many services expressing concern about the sustainability of current funding levels and the impact on service quality and capacity. Several noted that increased costs (including energy, food, and transport) are not being matched by uplifts in funding, leading to difficult choices about staffing and service provision.

Demand for services is rising, with some providers noting more complex needs being presented by those seeking support. Some respondents commented that they are unable to take on new referrals or must prioritise crisis cases due to limited resources.

There is a strong emphasis on the importance of continuity and quality of care, with concerns that high staff turnover and use of agency staff can negatively affect

service users. Several services stressed the need for investment in training and development to maintain standards and support staff wellbeing.

Some respondents mentioned regulatory and administrative burdens as a challenge, particularly for smaller providers, and called for more streamlined processes.
A few highlighted positive outcomes and the dedication of their teams despite the challenges.

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

Most respondents emphasised compliance with the Health and Care (Staffing) (Scotland) Act 2019, with a strong focus on maintaining safe, effective, and person-centred staffing arrangements. Regular review and planning of staffing levels based on assessed needs, risk, and service demand were consistently highlighted. Many services use dependency tools, audits, and quality assurance frameworks to monitor and adjust staffing.

Staff training, supervision, and ongoing development are widely embedded, with mandatory induction and regular updates to ensure staff are competent and confident in their roles. Providers do report a wide range of intervals of support and supervision from 6 weeks to 6 months. Several responses noted the importance of a suitable skill mix and the use of safer recruitment practices.

Providers noted involving service users, families, and staff in care planning, reviews, and feedback processes to ensure services remain responsive and person-centred. Some providers also noted feedback is gathered through reviews, surveys, meetings, and direct engagement, and is used to inform service improvements.

Staff wellbeing is a recurring priority, with many services offering, wellbeing initiatives, flexible working, and access to support resources. Some organisations provide additional benefits such as private health schemes or wellbeing days. Openness and transparency about staffing decisions, including clear communication with staff and service users, are commonly cited. Efficient and effective allocation of staff, including the use of rotas, bank/agency staff, and proactive recruitment, is also frequently mentioned.

Multi-disciplinary and collaborative working with other agencies (e.g. health, education, social work) is a strong theme, ensuring holistic and coordinated support for service users.

Respect for dignity, rights, and individual needs is embedded in practice, with rights-based and trauma-informed approaches frequently referenced.

Services in Clackmannanshire demonstrate strong compliance with the Health and Care (Staffing) (Scotland) Act 2019. There is a clear emphasis on multi-disciplinary working, person-centred care, staff wellbeing, and open communication. There is an ongoing focus on maintaining quality, with routine monitoring and review supporting continued improvement in practice. No significant gaps or concerns are evident from the responses reviewed.

Do you have appropriate staffing?

Most respondents emphasised that staffing levels and skill mix are determined by the assessed needs, care plans, and risk assessments of service users, with regular reviews and adjustments to ensure safe, high-quality, and person-centred care. Contingency planning for staff absence or increased need is common, with many services using flexible rotas, bank staff, or internal redeployment rather than agency staff, to maintain continuity and quality. Safe recruitment practices, including PVG checks, SSSC registration, and robust induction processes, are widely reported.

Ongoing training, supervision, and competency reviews are standard, with several providers highlighting shadowing, mentoring, and opportunities for continuous professional development. Some services use digital tools or dependency tools to monitor and plan staffing. Staff wellbeing is frequently mentioned as a priority, with measures such as flexible rotas, wellbeing champions, regular supervision, and open-door management policies.

Several responses note that staff wellbeing is directly linked to the quality and safety of care. A number of providers describe regular management oversight, audits, and quality assurance processes to monitor compliance and drive improvement. Some also mention involving service users and families in recruitment or care planning. Where recruitment challenges exist, providers report using agency staff as a last

resort, or management covering shifts to maintain safe staffing. Several highlight proactive recruitment and maintaining a pipeline of staff.

Do staff have appropriate qualifications and training for their role?

The majority of respondents emphasised robust recruitment processes, ensuring staff are appropriately qualified, and compliance with SSSC registration and qualification requirements. Induction programmes, often including shadowing and competency assessments, are standard practice before staff work independently. Ongoing mandatory training and refresher courses are widely provided, covering areas such as safeguarding, medication, health and safety, infection control, and person-centred care.

Supervision, appraisal, and regular performance reviews are commonly used to monitor staff competence and identify training needs. Many organisations have dedicated training teams, e-learning platforms, or use external providers to deliver both mandatory and specialist training, including for complex needs such as autism, epilepsy, and trauma-informed practice.

There is a focus on supporting staff to achieve SVQ qualifications, with many organisations funding or facilitating these and monitoring progress to ensure compliance with SSSC timescales. Some organisations have their own SQA-accredited centres or partnerships with universities for advanced qualifications.

Several responses highlighted the use of training matrices, learning management systems, and digital tools (e.g. Power BI) to track training compliance and plan staff development. Staff are encouraged to pursue additional training for personal development and to meet the changing needs of service users.

Many organisations also referenced regular checks of Scottish Social Services Council (SSSC)/ Nursing and Midwifery Council (NMC) registration status and support for revalidation. Staff wellbeing, open-door management policies, and opportunities for career progression were also noted as important for maintaining high standards and staff retention.

Fig1

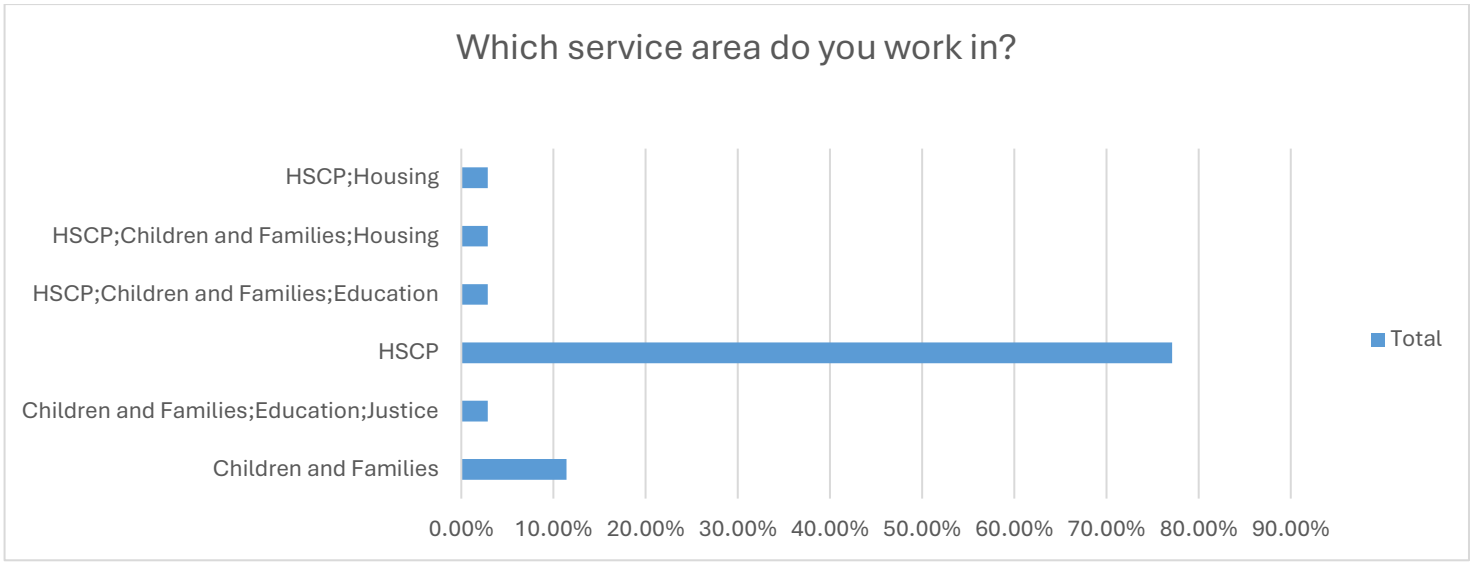
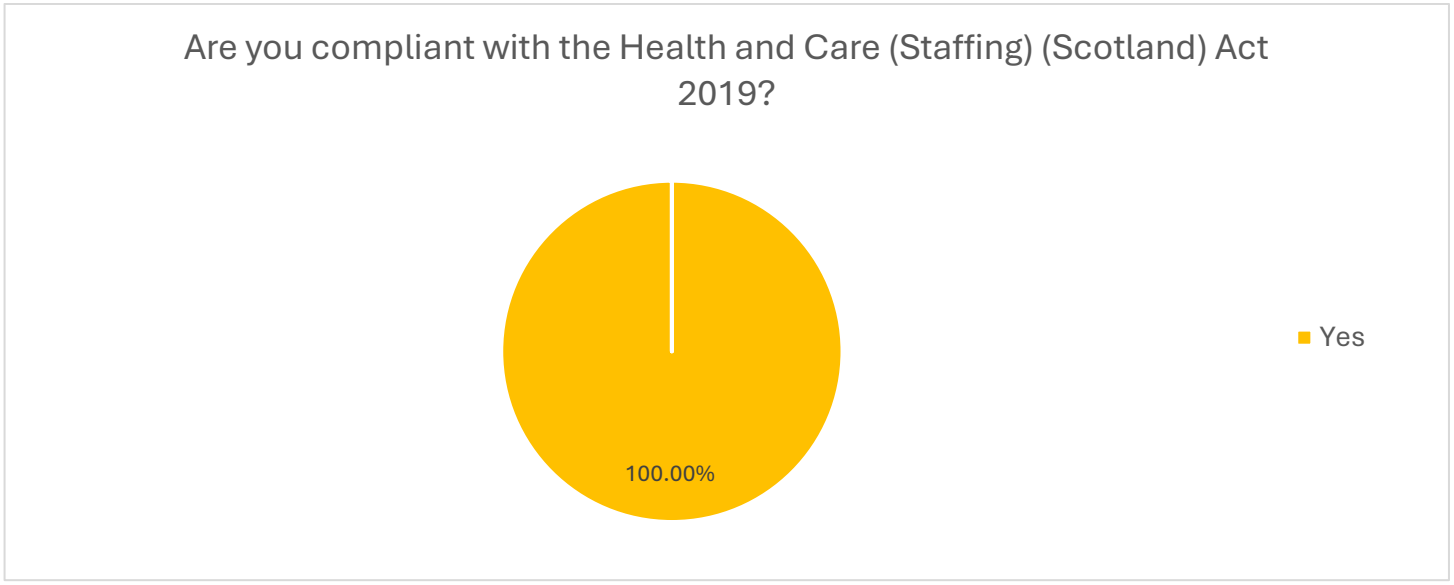


Fig 2



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:

National Providers Submitting different information in each area.

National providers will be asked to submit different information for different Councils/Integration Boards and there will not be consistency across the country. Data and measurement remain a challenge, with inconsistent tools and approaches used to assess staffing needs across services. There are difficulties in aligning data on workload, acuity, and dependency, and collecting and analysing this information can create an additional administrative burden for services.

Non- Engagement from Some Providers

We have had good engagement from providers. All of the newly commissioned providers have submitted a return and we have also had voluntary submissions from existing providers.

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 is 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.

Training

Like last year, 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. Financial pressures, workforce shortages, and gaps in training and skill mix present ongoing challenges for services.

Providers report limited budgets make it difficult to recruit and retain sufficient staff, while persistent vacancies can affect continuity and capacity. At the same time, ensuring staff have the appropriate skills and qualifications, and achieving the right balance of roles within teams, can be difficult in a constrained labour market.

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.

For further discussion on the content of this report please contact, Report Author: Stuart Fairlie, Planning and Commissioning Officer, Stirling Council |Teith House | Stirling | FK7 7QA| **T:** 01786 404040| **E:** fairlies@stirling.gov.ukfairlies@stirling.gov.uk