
Report To:	Inverclyde Integration Joint Board	Date:	23 June 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership:	Report No:	IJB/77/2025/LM
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Subject:	Health Care Scotland Staffing Act 2019		

1.0 PURPOSE AND SUMMARY

- 1.1 ☐ For Decision ☒ For Information/Noting
- 1.2 The purpose of this paper is to update Inverclyde IJB on the work undertaken in Inverclyde to date to meet the requirements of the Health Care Staffing (Scotland) Act (2019), which was enacted from 1st April 2024.

2.0 RECOMMENDATIONS

- 2.1 That the IJB notes the paper and its contents.

**Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership**

3.0 BACKGROUND AND CONTEXT

- 3.1 The Health and Care (Staffing) (Scotland) Act (HCSSA) was passed by the Scottish Parliament in May 2019 coming into force on the 1st of April 2024. The HCSSA legislation provides a statutory basis for the provision of appropriate staffing in health and care services, to enable safe and high-quality care and improved outcomes for service users. It builds on existing policies and procedures within both health and care services. Effective implementation aims to embed a culture of openness and transparency, ensuring staff are informed about decisions relating to staffing and able to raise concerns.
- 3.2 NHSGGC have a system wide HCSSA Programme Board chaired by Professor Angela Wallace and this has representatives from all professions that the Act covers as well as Professional Leads from relevant areas of service. NHSGGC has undertaken a programme of testing for all duties through to SWOT (Strengths, Weaknesses, Opportunities, Threats) completion and then SBAR and driver diagram creation, which identified the actions and activities to be taken to close any gaps. Evidence has been collated into a High-Level NHSGGC Implementation Action Plan (IAP). As the program concludes a transition plan is being developed to facilitate business as usual working that embeds the principles and requirements of HCSSA act.

3.3 Reporting -

The first annual report is now due to be submitted by the NHSGGC Health Board to Scottish Government for 2024-25. The purpose of the annual reporting requirement is to:

- Enable impact monitoring of the legislation on quality of care and staff wellbeing
- Identify areas of good practice that can be shared
- Identify challenges relevant organisations are facing in meeting requirements in the Act and what steps they have taken / are taking to address these
- Identify any improvement support required
- Inform Scottish Government policy on workforce planning and staffing in the health service, alongside other sources of information and data

Where a Health Board has delegated healthcare functions to an Integration Authority, they must be included in all reporting. Chief Officers agreed that HSCPs will all report on services they directly deliver, across all professions, unless in the agreed exceptions e.g. pharmacy. It is understood that this may result in some areas being reported by more than one HSCP. This is assessed as a low risk and will be considered when pulling into a single report for the board and during due diligence review during the initial commission process and may inform further changes for future quarterly report commissions that the Chief Officers are reviewing for the longer-term approach and may be revised for Q1 reporting 2025-26. The Inverclyde HSCP report was submitted in mid April 2025 and has now been through due diligence. Feedback received was positive, with only minor alterations required to the submission and good discussions taking place in relation to learning across HSCPs for Q1 reporting. Alterations were discussed and approved at SMT prior to resubmission.

On an ongoing basis Inverclyde HSCP will be required to submit quarterly assurance reports to the Health Board using the agreed HCSCA Assurance template. Exact dates for submission for 2025-26 are not yet agreed however there is an expectation that the HSCP will provide reports the month after each quarter based on financial year end for example - Q1 reporting will be due end July.

The Inverclyde programme board will maintain oversight of reporting and submit all reports via SMT to NHSGGC.

Care reporting is scheduled annually and is due at the end of June 2025. The Care Inspectorate (CI) has provided more limited guidance to HSCPs or Local Authorities about process and plans, however a CI meeting was held on 19th March attended by HSCP staff which outlined the reporting requirements. A letter outlining the requirements has also been received by the Chief Officer, outlining the requirement for an annual report to be published each year to demonstrate how the HSCP have complied with the required duties. A set template for reporting to Scottish Government by the 30th June 2025 has been provided. The reporting for care services is significantly less than for health and is based around two questions outlined below:

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.

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

The Inverclyde HSCP report is on track to go to the local Programme Board and SMT for approval in advance of submission.

3.4 Assurance -

For the Q4 Inverclyde HCSSA return to NHSGGC reasonable assurance was reported across all areas of Inverclyde HSCP services, this level of assurance is in line with the expected NHSGGC overall position. Two duties for Health Visiting (HV) and School Nursing (SN) reporting limited assurance and no services reported no assurance for any of the duties. SMT has been kept fully informed of staffing concerns with HV and SN throughout 2024/25 and this is on the risk register with appropriate mitigations proposed and agreed by SMT and all risks mitigated. Four duties overall were reported as Substantial Assurance, these related to the Common Staffing method and successful application of the national staffing level tool to examine staffing levels over a two week period, then triangulate of this with professional judgement and quality indicators to develop outcomes which the Children and Families and Community Nursing team presented to SMT in February 2025.

RAG status -

Substantial assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

- 3.5 Following the process of completing the assurance templates for April 2025 the HCSSA Programme Board are supporting services to update the workplan for next year. The workplan will focus on developing / enhancing and regularly updating local Standard Operating Procedures (SOPs) to align with NHSGGC available SOPs, in addition to agreement and documentation of escalation processes. The workplan will emphasise ongoing workforce planning, risk management, and feedback processes, while ensuring the integration of these updates into daily team activities and quarterly reporting.

This work will sit under the HCSSA Programme Board which meets 6 weekly with overarching reporting through SMT (12 weekly) and Governance reporting mechanisms, facilitating open and transparent discussion of the appropriateness of staffing levels and any concerns in relation to safety, quality of care or patient outcomes as a result of these. The longer-term aspiration is for this work to become embedded as business as usual with reporting through team structures, workforce and Governance reporting mechanisms to the SMT for sign off pre submission to NHSGGC and publication to the Care inspectorate respectively.

- 3.6 A local system is in development to make future reporting easier, more robust and to facilitate monitoring of progress on an ongoing basis. This process will also assist with ensuring consistency across services in terms of assurance status' and reporting. The aim is to launch the new processes in time for Q1 25/26 reporting in July 2025.

4.0 PROPOSALS

- 4.1 It is recommended that the IJB receives this paper for Information only and that current systems and processes continue to manage the effective governance of the HCSSA for Inverclyde HSCP.

5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		x
Legal/Risk		x
Human Resources		x
Strategic Plan Priorities		x
Equalities, Fairer Scotland Duty & Children and Young People		x
Clinical or Care Governance		x
National Wellbeing Outcomes		x
Environmental & Sustainability		x
Data Protection		x

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
					N/A

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
					N/A

5.3 Legal/Risk

This paper provides details of work being undertaken locally to meet the requirements of the HCSSA, it is being provided for information only.

5.4 Human Resources

N/A

5.5 Strategic Plan Priorities

This paper provides details of work being undertaken locally to meet the requirements of the HCSSA it is being provided for information only. This work relates to workforce, and the provision of safe, effective quality care.

5.6 Equalities

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	None
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	None
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	None
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	None

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 **Clinical or Care Governance**

Report outlines the reporting routes from the Inverclyde programme Board to SMT.

5.8 **National Wellbeing Outcomes**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	none
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	none
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Report discusses work in place to ensure compliance with the HCSSA and therefore provision of safe, quality effective care.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Report discusses work in place to ensure compliance with the HCSSA and therefore provision of safe, quality effective care.
Health and social care services contribute to reducing health inequalities.	none
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	none

People using health and social care services are safe from harm.	Report discusses work in place to ensure compliance with the HCSSA and therefore provision of safe, quality effective care.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Report discusses work in place to ensure compliance with the HCSSA and therefore provision of safe, quality effective care.
Resources are used effectively in the provision of health and social care services.	Report discusses work in place to ensure compliance with the HCSSA and therefore provision of safe, quality effective care.

5.9 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	x
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 N/A

8.0 BACKGROUND PAPERS

8.1 None submitted