AGENDA ITEM No.13

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 26 March 2025
Agenda Item	13
Title	Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) Implementation, Assurance and Reporting

Summary

This paper provides an update on the implementation of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) duties across both heath and care services, to highlight the levels of assurance in relation to each duties and to describe the reporting requirements going forward.

This report has been shared with the HSCP Senior Leadership Team who noted the current levels of assurance and agreed the following recommendations:

- Continued promotion and awareness across all relevant service areas in ER HSCP in order to support a consistent approach to implementation.
- Proposed process to feed into the Quarterly Internal Assurance Reports and therefore NHSGGC Annual Reports
- Support development of a regular (weekly) HSCP staffing oversight RAG huddle process
- Ensure local implementation of high level Real Time Staffing & Risk Escalation (RTS & RE) and Time to Lead (TtL) Standard Operating Procedures (SOP). This is a key activity to enable us to reach Substantial assurance and a business as usual (BAU) process.
- Agree local level SOPs are added to Workforce Planning agendas.
- Note requirement to review and update risk registers/ senior management standing agenda items related to the implementation of the Act and the role of Datix system and reporting within that.

Presented by	Julie Murray, Chief Officer

Action Required

The Integration Joint Board is asked to note and comment on the report.

Directions	**Implications**	
☒ No Directions Required	☒ Finance	☐ Risk
☐ Directions to East Renfrewshire Council (ERC)	☐ Policy	☐ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	☐ Workforce	☐ Infrastructure
☐ Directions to both ERC and NHSGGC	☐ Equalities	☐ Fairer Scotland Duty

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East Renfrewshire Council

NHS Greater Glasgow and Clyde

East Renfrewshire HSCP

Health and Care (Staffing) (Scotland) Act 2019 (HCSSA)

Implementation, Assurance and Reporting

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1. Purpose

The Purpose of this paper is to update on implementation of the HCSSA duties across both heath and care services, to highlight the levels of assurance in relation to each duties and to describe the reporting requirements going forward.

2. Situation

The Health and Care (Staffing) (Scotland) Act (HCSSA) was passed in May 2019 coming into force on the 1st April 2024. The first annual report is due to be submitted by NHSGGC to Scottish Government for 24-25, April 2025.

Where a Health Board has delegated healthcare functions to an Integration Authority, they must be included in all reporting. The report will be commissioned via Sector Directors and HSCP Chief Officers, a single report for each Directorate/HSCP is to be returned to the Commissioner by the 14th April 2025. Ongoing, East Renfrewshire HSCP will be required to submit quarterly assurance reports to the Health Board using an agreed template.

Care reporting is scheduled annually from the end of June 2025. To date there is limited guidance on the reporting process the Care Inspectorate (CI) have advised this will be a focus of the next national CI Implementation Meeting 19th March.

East Renfrewshire HSCP Workforce Planning Group extended the terms of reference to include Health Care Staffing Oversight and Implementation.

This paper provides an overall summary of preparedness and current compliance levels with the guiding principles and duties in the act across health and care services delivered and commissioned by East Renfrewshire HSCP. The development of an HSCP evidence bank has supported understanding of compliance levels and identification of gaps and actions to mitigate associated risks and to embed this work in business as usual processes. Mechanisms for ongoing oversight, assurance and reporting are proposed for consideration.

3. Background

The Health and Care Staffing Act 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.

3.1. Health & Social Care Differences

The act impacts Health and Care services in different ways:

Health - The NHSGGC system wide HCSA Programme Board is chaired by the Executive Nurse Director, membership consists of 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 which identified the actions and activities to be taken to close any gaps, and allowed for evidence of compliance. Evidence has been collated into a High Level Implementation Action Plan (IAP). As the implementation program concludes a transition plan is being developed to facilitate business as usual working that embeds the principles and requirements of HCSSA act throughout 2025.

For health settings, the Act places a duty on Health Boards (NHSGGC) to ensure both appropriate numbers of staff and appropriate types of professions. Where health care is delegated to an integration authority, the duties and requirements under the Act still apply. To support this duty, the Act lists a number of requirements that must be followed, such as:

- reporting to Scottish Ministers on the use of high-cost agency staff
- Identifying risks relating to staffing in real-time, and having a procedure to escalate risk to address these, and identify those that are severe and recurring.
- seeking and having regard to advice given by clinicians on staffing
- ensuring adequate time is given to clinicians who lead a team of staff to fulfil their leadership responsibilities
- ensuring staff receive appropriate training for their role
- Use of the common staffing method to inform workforce planning (nursing & midwifery only)

Social Care - The Safe Staffing programme (SSP) was commissioned by the Scottish Government to prepare the social care sector and Care Inspectorate for commencement of the act. The programmes vision is to ensure registered social care services in

Scotland have the right people, in the right place, with the right skills at the right time working to ensure people experience excellent health and care outcomes. An End of Year Care reporting template issued 12/02/2025, details the information required regarding planning and securing care services, specifically; ensuring appropriate staffing and appropriate training of staff and any details of ongoing risk.

3.2. Summary of Key Duties Under the Act

Duty to Apply Guiding Principles - When planning and delivering services, organisations must apply guiding principles that prioritise the provision of safe, high-quality services and the best outcomes for service users.

Duty to Ensure Appropriate Staffing Levels - Health boards and care service providers must ensure that at all times, there are suitably qualified and competent staff working in the right numbers to meet the needs of patients and service users.

Duty to report on Agency use- under the HCSSA healthcare providers are required to report on the use of agency staff. This duty ensures transparency and accountability in staffing practices, particularly concerning the reliance on agency workers instead of permanent staff.

Duty to Report on Staffing Levels - Health boards and care service providers are required to report on their compliance with staffing duties, ensuring safe and effective staffing levels, transparency and accountability. IN order to understand skills shortages and workface gaps that may impact quality of care, organisations are required to continuously monitor staffing levels and assess risks related to staffing. This involves real-time data collection on staff availability, skill mix, patient acuity, and workload. Organisations must develop processes to involve staff in decisions related to staffing levels and skill mix, fostering a culture of openness and transparency.

Duty to ensure provision of Clinical advice - ensures that healthcare decisions, especially those related to staffing, are informed by clinical expertise, ensuring patient safety and quality of care. Clinical leaders i.e. nursing leads, or medical professionals, are responsible for providing expert advice regarding staffing levels, skill mix, and patient care requirements. Under the duty of the act these leaders are expected to provide input into staffing decisions, ensuring that the right skill sets are present to meet patient needs.

Duty for Time to Lead- emphasises the reasonability of clinical leadership in ensuring the effective and safe management of staff, and that clinical leaders are given adequate time within their role to focus on staffing and workforce management.

Duty to use the Common Staffing Method – is a consistent and evidenced based approach to assessing staffing requirements. Nationally this applies to Nursing and Midwifery workforce only. There are long term plans to develop evidence based tools applicable for all health professionals.

Duty for Training and Staff Consultation - Ensuring that health and care staff are equipped with the necessary skills and knowledge to provide safe and high-quality care, while also fostering a supportive, inclusive, and collaborative work environment.

Duty for Commissioning of Services - process by which health and care services are planned, procured, and delivered to meet the needs of service users. The commissioning process ensures that the right services are available in the right quantity, at the right time, and are of the appropriate quality to deliver safe and effective care

These duties collectively aim to embed a culture of safe staffing across health and care services in Scotland, ensuring that service users receive care from appropriately qualified and competent staff at all times.

4. Assurance and Compliance

4.1. Assessment - RAG Classification

In order to monitor progress and levels of assurance against each of the duties of the act NHSGGC Programme board utilised the Scottish Government RAG classification and assurance key as set out in tables 1& 2 below:

Table 1

Green	Systems and processes are in place for and used by all NHS functions and professional groups
Yellow	Systems and processes are in place for, and used by 50% or above of NHS functions and Professional groups
Amber	Systems and processes are in place for, and used by under 50% of all NHS functions and professional groups
Red	No Systems are in place for any NHS functions or professional groups

Table 2- Level of assurance Key:

Level of Assurance	System Adequacy	Controls
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.	Controls are applied continuously or only with minor lapses.
Reasonable assurance	There is generally sound system of governance, risk management and control in place. Some issues, noncompliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited	Controls are applied frequently but with evidence of non-compliance
Limited assurance	Significant gaps, weaknesses or non-compliance	Controls are applied but with some significant

	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 areas audited.	lapses.
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.	Significant breakdown in the application of controls

4.2. NHSGGC Assurance and Compliance

Table 3 provides a high level summary of NHSGGC Programme Boards current and projected compliance levels.

Table 3

Duty	Duty Name	Projected Qtr4 NHSGGC	Key Activities required for Improvement / Future BAU
12IA	Guiding Principles	Substantial Assurance	Board Policy incl W/F makes suitable Ref to the Act. Identification of BAU HCSSA Commissioner & Co-ordination post Programme. Owner of Evidence Bank & SOP's. Risk Remaining - VRF Vacancy process v Early Recruitment
121B	Duty to report high cost agency		Submission is compiled by NHSGGC Workforce planning and information Team
12IC	Real Time Staffing Assessments	Reasonable Assurance	Approval to adopt and rollout Safe Care. Est March 2026 for Substantial Assurance with Safe Care reporting in place. Financial Plan Dependent & linked with eRostering. Evidence of Local RTS & RE SOP implemented and in practice for Assurance. Identification of BAU HCSSA Commissioner & Co-ordination post Programme. Owner of Evidence Bank & RDS SOPs

12ID	Risk Escalation is in Place	Substantial Assurance	Organisation SOP utilised and evidence of Local SOPs in place, with reporting coming through Datix as part of Internal Assurance review & reporting. Consideration of HCSSA for Datix Replacement. Identification of BAU HCSSA Commissioner & Co-ordination post Programme. Owner of Evidence Bank & RDS SOP's
12IE	Arrangements to Address Severe & Recurrent Risks	Reasonable Assurance	Organisation SOP utilised and evidence of Local SOPs in place, with reporting coming through Datix. Linked to Internal Assurance Reporting. Consideration of HCSSA for Datix Replacement. Identification of BAU HCSSA Commissioner & Co-ordination post Programme. Owner of Evidence Bank & RDS SOP's
12IF	Duty to seek Clinical Advice on Staffing	Reasonable Assurance	**SLWG Active Qtr3&4.** Internal Assurance Reporting is developed for BAU contributions from Organisation Structures to Clinical Leaders across all Duties excl Agency & CSM which have own processes. Identification of BAU HCSSA Commissioner & Co-ordination post Programme, Incl Owner of Org SOPs. These reports facilitate future SG Annual report compilation.
12IH	Adequate Time Given to Clinical Leaders	Reasonable Assurance	Evidence of Local TtL SOP implemented and in practice for Internal Assurance Reporting. Where applicable JD Templates adopted give reference to HCSSA & TtL. Identification of BAU HCSSA Commissioner & Co-ordination post Programme, Incl Owner of Org SOPs
12II	Ensure Appropriate Staffing	Reasonable Assurance	Substantial Assurance is not achievable without the outcome of the Protected Learning Time Group. Timelines for conclusion / recommendation not yet available, unlikely before end of Qtr4. Also embedded Quality Measures & care assurance systems - Wider Strategy & ongoing.
12IJ	Common Staffing Method	Substantial Assurance	CSM SOP Approval, CSM Report drafted (exc MH/LD, Paed & Neonates & CNS). CSM Resources & Delivery model finalised. Achievable in Qtr4. Live Issue / Risk is resourcing need at least 1 AfC6 RCN for 25/26 onwards. Especially for SLT move to SafeCare, testing, resource updates & adoption.
12IL	Ensure Training & Consultation of staff (related to 12IJ/K)	Substantial Assurance	
Part 1 & 2	Planning and Securing Services – Health	Substantial Assurance	Substantial dependant on clarification on Legal Points for Independent Contractors. Test Case for a Commercial Tender & Renewed Hospice Agreement projected in Qtr4
	Planning and Securing Service – Care	Limited Assurance	CI reporting due 30th June 2025. Reporting template shared

4.3. East Renfrewshire Assurance & Compliance

East Renfrewshire HSCP HCSSA implementation group have met 6 weekly over the last 12months, these sessions have focused on development of an HSCP evidence bank reflecting compliance with the duties of the act for each service, identifying gaps for development of actions, capturing local processes and self-assessment of assurance and compliance. ER HCSSA implementation group submit a monthly report to the HSCP SMT for update, awareness and assurance. NHSGGC SOPS have been developed to support. OPs do not replace Sector or HSCPs SOPs (where they were already in place) but are designed to complement and provide guidance and consistency. East Renfrewshire HSCPs services have reviewed and developed existing local SOPs to ensure alignment with GGC SOPs. Table 4 below sets out the current level of assurance across ER HSCP:

Table 4

East Renfrewshire HSCP services RAG status of assurance/readiness for implementation of HCSSA

**Duties 12IA &12II are overarching principles that apply to systems and processes that are utilised across all HSCP functions and should be evidenced in strategic and workforce plans*

Duty Name/ Number	12IA- Guiding Principles in Health & Care *	12II- Ensure Appropriate Staffing *	12IB – Agency Reporting (Health)	12IC, D, E- RTSR& Risk Escalation	12IF – Provision of Clinical Advice	12IH- Time To Lead	12IJ, K, L- Common Staffing Method	12IC, D, I, L- Training and Staff Consultation	13Pt2- Commissioning of Services – HealthCare
HSCP Service									
Adult Autism	Reasonable Assurance	Reasonable Assurance		Limited Assurance	Limited Assurance	Reasonable Assurance	N/A	Reasonable Assurance	N/A
Adult Nursing	Reasonable Assurance	Reasonable Assurance		Substantial Assurance	Reasonable Assurance	Reasonable Assurance	Substantial Assurance	Reasonable Assurance	N/A
East wood locality/ ASP	Reasonable Assurance	Reasonable Assurance		N/A	N/A	N/A	N/A	Reasonable Assurance	N/A
Barrhead locality ICT	Reasonable Assurance	Reasonable Assurance		N/A	N/A	N/A	N/A	Reasonable Assurance	N/A

Bonnyton	Reasonable Assurance	Reasonable Assurance		Limited Assurance	N/A	N/A	N/A	Limited Assurance	N/A
Care at Home	Reasonable Assurance	Reasonable Assurance		N/A	N/A	N/A	N/A	Substantial Assurance	N/A
Children's Services - Fostering	Reasonable Assurance	Reasonable Assurance		N/A	N/A	N/A	N/A	Limited Assurance	N/A
Children's Services - IST	Reasonable Assurance	Reasonable Assurance		N/A	N/A	N/A	N/A	Reasonable Assurance	N/A
Commissioning	Reasonable Assurance	Reasonable Assurance		N/A	N/A	N/A	N/A	Limited Assurance	Reasonable Assurance
Community LD	Reasonable Assurance	Reasonable Assurance		Reasonable Assurance	Reasonable Assurance	Reasonable Assurance	Limited Assurance	Reasonable Assurance	N/A
Health Visiting/ School Nursing	Reasonable Assurance	Reasonable Assurance		Substantial Assurance	Substantial Assurance	Reasonable Assurance	Substantial Assurance	Reasonable Assurance	N/A
In patient LD	Reasonable Assurance	Reasonable Assurance		Substantial Assurance	Reasonable Assurance	Reasonable Assurance	Substantial Assurance	Reasonable Assurance	
Mental Health & Recovery	Reasonable Assurance	Reasonable Assurance		Reasonable Assurance	Limited Assurance	Reasonable Assurance	Reasonable Assurance	Reasonable Assurance	
Pharmacy	Reasonable Assurance	Reasonable Assurance		Substantial Assurance	Substantial Assurance	Substantial Assurance	N/A	Substantial Assurance	
Rehab services	Reasonable Assurance	Reasonable Assurance		Substantial Assurance	Substantial Assurance	Reasonable Assurance	N/A	Substantial Assurance	
SCTCI	Reasonable Assurance	Reasonable Assurance		Substantial Assurance	Substantial Assurance	Reasonable Assurance	N/A	Reasonable Assurance	

5. Reporting

The Act requires Health Boards to produce three types of report. Where a Health Board has delegated healthcare functions to an Integration Authority, the authority must be included in all reporting.

Annual Report: An annual report detailing how the Health Board have carried out their duties should be submitted to Scottish Ministers. The report must cover all NHS functions and professional disciplines. A standard reporting template must be used. The report will cover the period from 01 April 2024 to 31 March 2025. The report must be published by the Health Board and submitted to Scottish Ministers by 30 April.

High Cost Agency Use: Health Boards are also require to report quarterly on the use of high-cost agency workers. All Health Boards use the same methodology to ensure consistency in reporting. Unlike the Annual Report, there is no obligation for Health Boards to publish this report. Nil returns are required.

Quarterly Internal NHSGGC Board Assurance Report: The Medical Director, Executive Nurse Director and where relevant, the Director of Public Health are required to report internally to NHSGGC Board of Directors. The report should be submitted on a quarterly basis..

Common Staffing methods annual cycle and report: Nationally validated Staffing Level Tool (SLT) runs for each relevant clinical team is mandated to take pace annually. The purpose of the common staffing method is to ensure a consistent approach to decision making across NHS Scotland. The application of the CSM supports NHSGGC to ensure appropriate staffing and now forms part of the evidence NHSGGC require to submit to HIS and Scottish Government to demonstrate how we have comply with the HCSSA. ER HSCP Children and Families teams and District nursing service submitted the first CSM report March 20205.

Within the Annual Return there is a section to provide assurance on compliance of the ‘Internal’ quarterly reports. SG do not ask to see the reports, but under powers to request information, being developed by Health Improvement Scotland (HIS) there are plans to request these.

Local authorities and integration authorities have to consider the requirements of the Act when they plan or secure care services, and report on this annually to Scottish Ministers. To date very little has been developed across HSCPs and local authorities on process and plans for this. More information is expected from the Care Inspectorate following the next national implementation meeting on 19th March.

The NHSGGC Health and Care Staffing Programme Board (HCSPB) provides robust governance and guidance on the overall strategic direction of the legislation. As they move towards embedding this work in business as usual processes all parties have been asked to consider how the act and local assurance will sit within local governance structures and monitoring post March 25.

ER HSCP is required to identify a lead individual responsible for providing assurance and associated evidence of compliance of the Health and Care (Staffing) (Scotland) Act (2019) (HCSSA) duties, this will include developing local processes to ensure oversight of staffing across HSCP services, ongoing maintenance and update of the evidence bank, collating and submitting quarterly reports to the Health Board. Consideration of whether reporting is multidisciplinary, professional or operationally management led are ongoing in the context of existing governance structures in place e.g. Senior Management Team Meetings and local governance committees and how these currently feed into Care and Clinical Governance and Directors of Nursing, Medicine and Public Health. Internal local HSCP processes in relation to Real Time Staffing (RTS) and RAG classification of assurance levels require to be strengthened to further support quarterly assurance. As part of RTS escalation and monitoring of sever and recurrent risk Datix reporting will be developed and routinely reported at senior management and operational group meetings.

6. Challenges and Risk

All services will not achieve substantial assurance by April 2025, business as usual processes will be further developed during the transition period. Further work is required with in-house care services and commissioned service providers to provide greater assurance of robust systems and processes. Additionally there are potential resource and cost implications for the HSCP as a result in the change of approach to staffing for example:

- Real time staffing duty requires a formal process for escalation including the out of hours period, this is not currently formally provided by senior operational or professional leaders.
- Time to lead duty requires that clinical leaders have protected time, this requires to be described and standardised across the organisation and professional groups.
- Common staffing tool outputs may identify recurring workforce gaps and the need for additional staffing, similarly for providers if new staffing tools identify workforce gaps.
- Whist separate to the HCSSA duties the Agenda for Change reduction in working week will result in significant WTE loss of resource and service provision within health care and integrated teams.