

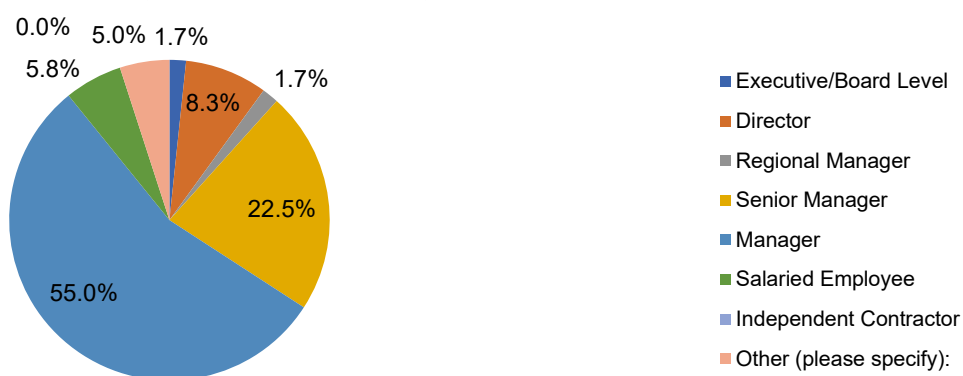
Condensed Insights from The Safe Staffing Programme End of Year Report Survey (April 2024 – March 2025)

The Safe Staffing Programme commissioned the Improvement Service to independently review its activities. Feedback was gathered from the social care sector via a survey in March 2025, sent to 969 contacts, with a 13% response rate (122 responses). Respondents represented a diverse cross-section of the sector; **64%** of respondents agreed or strongly agreed that the information and support provided by the Care Inspectorate's Safe Staffing Programme improved their understanding of the Health and Care (Staffing) (Scotland) Act 2019.

Key takeaways are available below.

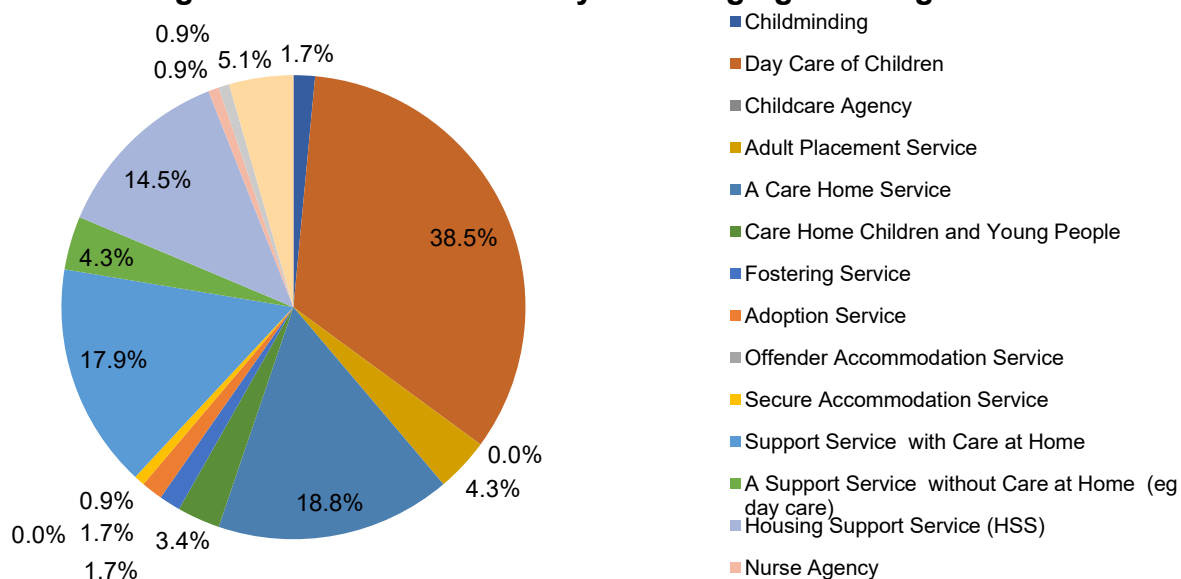
Question 1

What is your role in the organisation?



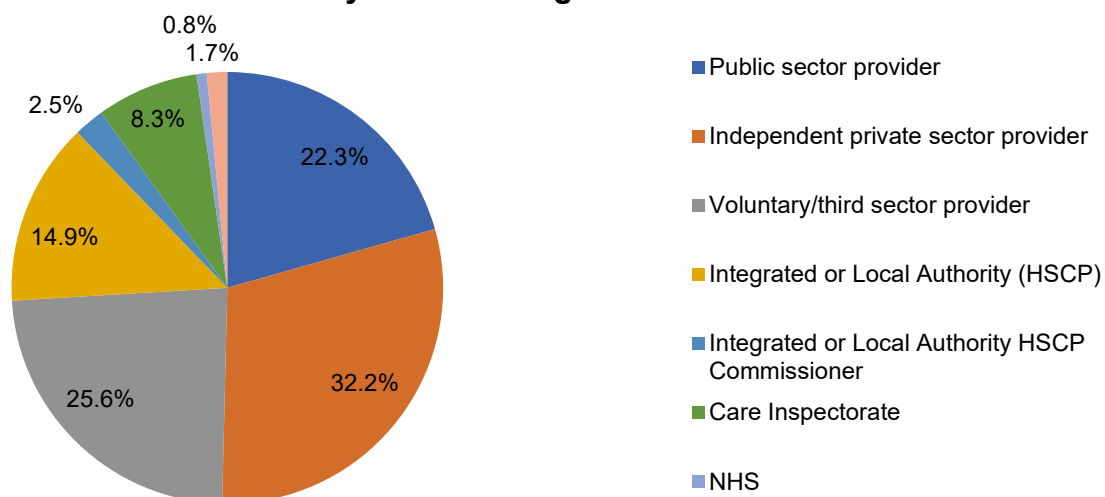
Question 2

Which registered care services are you managing/ working in?



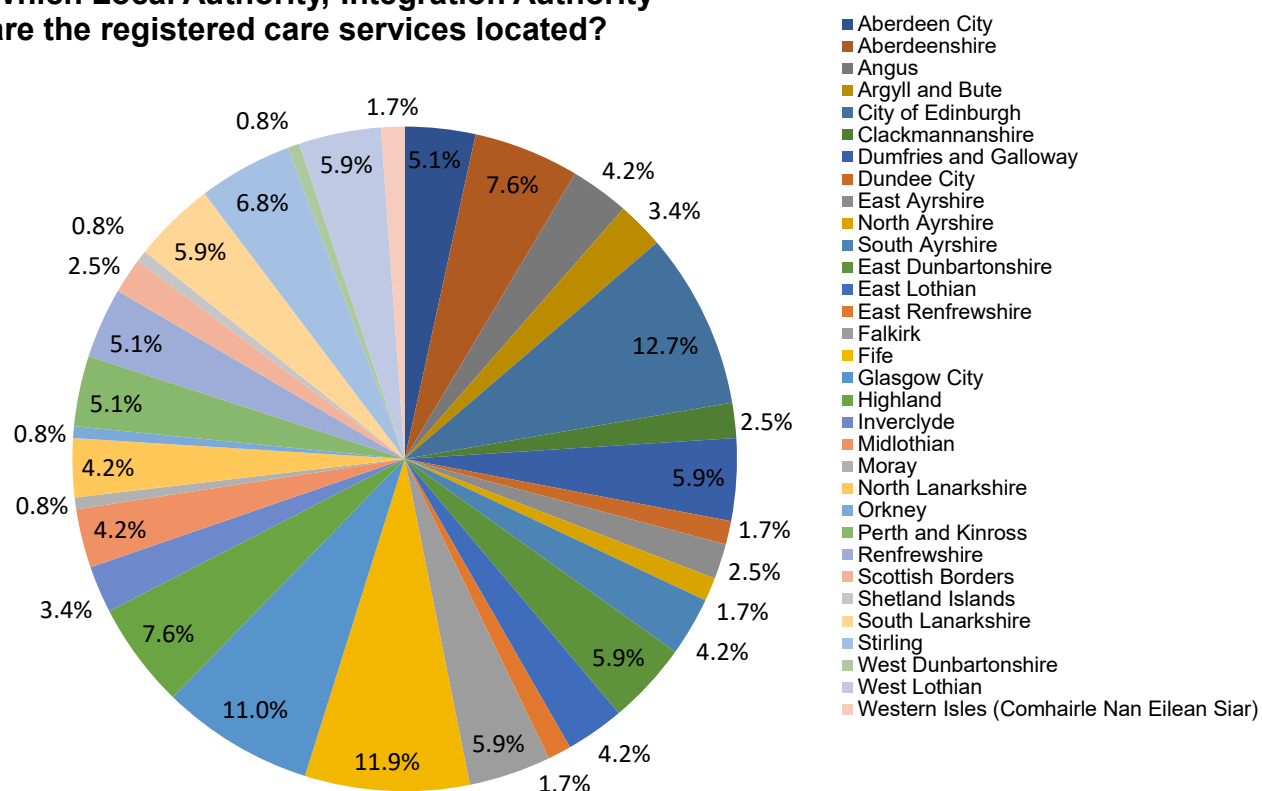
Question 3

In which sector/s do you deliver registered social care?



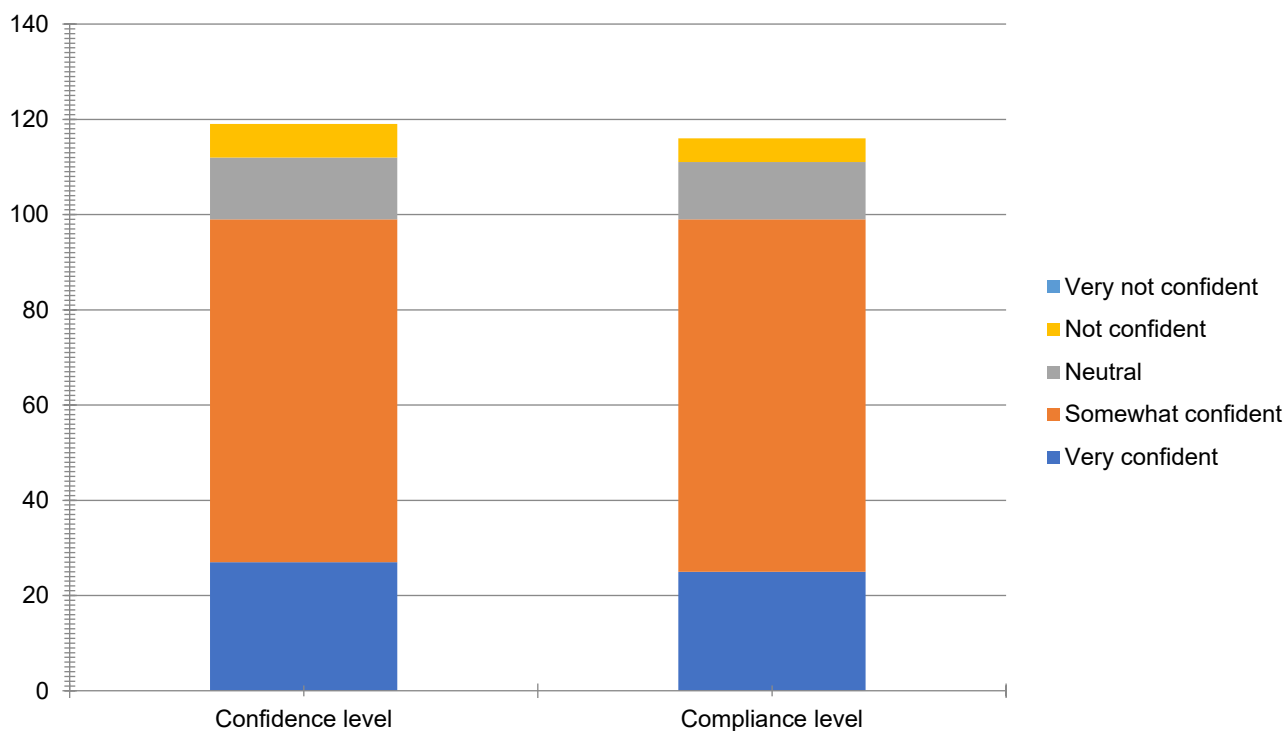
Question 4

Which Local Authority, Integration Authority are the registered care services located?



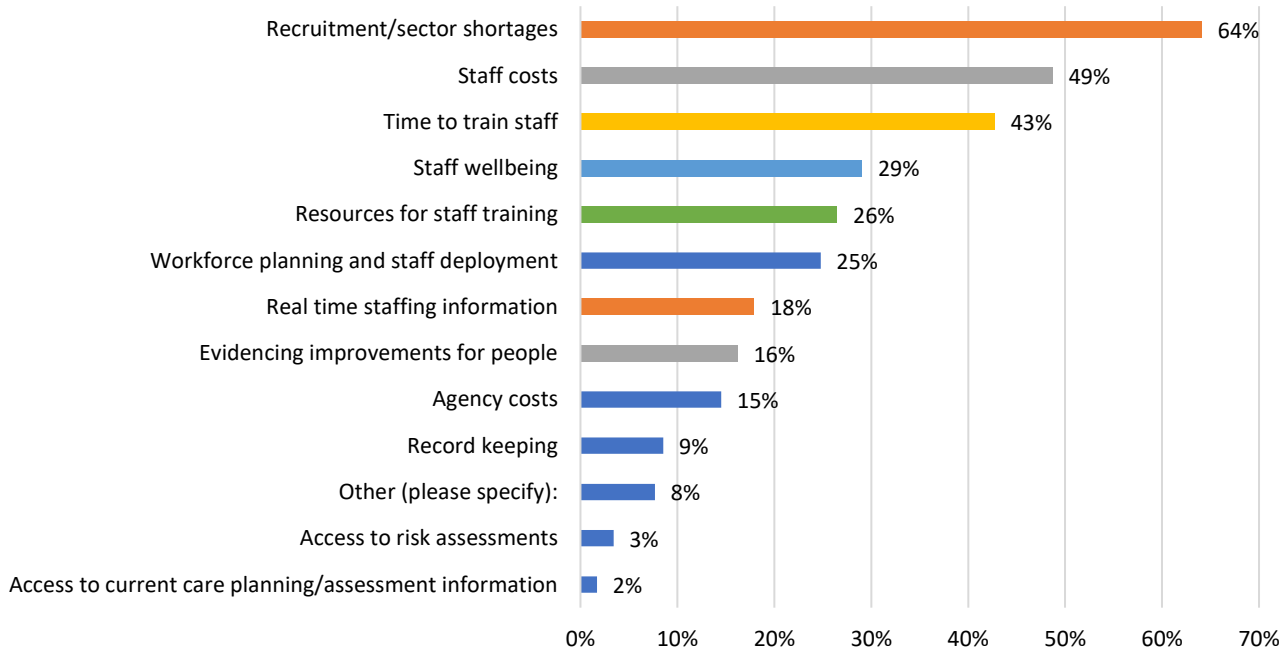
Question 5

How confident are you about implementing and complying with the Health and Care (Staffing) (Scotland) Act (HCSA) enacted 1 April 24

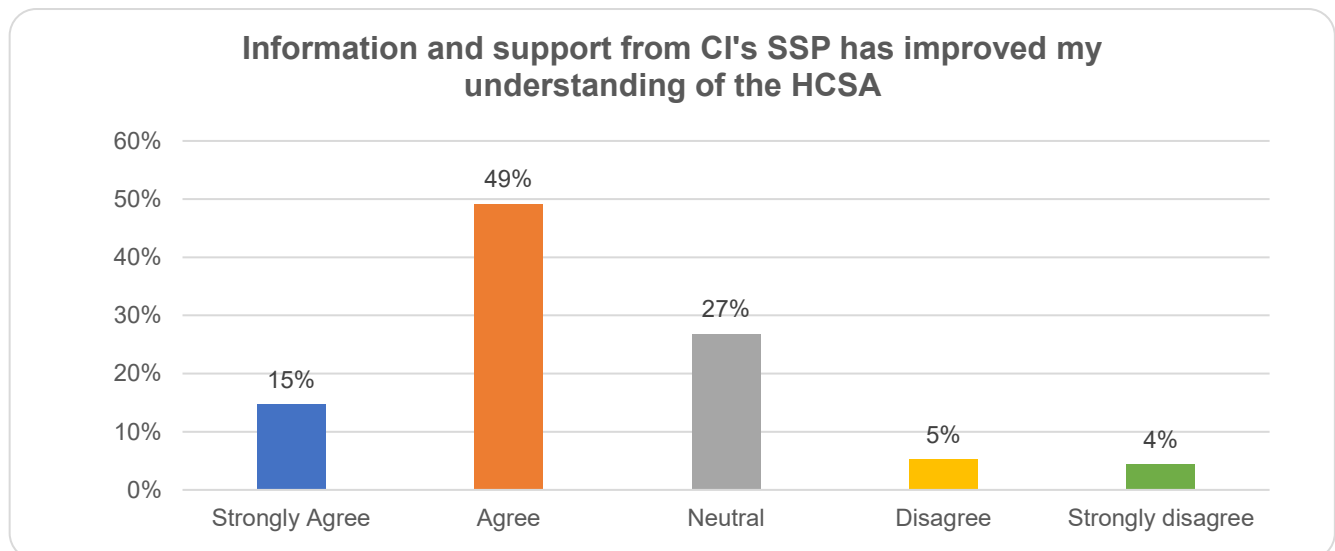


Question 6

Risks encountered implementing the Act into everyday practice



Question 7: Overall, 64% of respondents stating they agreed our information and support has improved their understanding of the HCSA.



Question 8: What is your approach to the wellbeing of staff, a genuinely new guiding principle of the HCSA?

Responses

1. Supervision and Check-ins

Many respondents described structured approaches to staff wellbeing through regular supervision, appraisals, and one-to-one check-ins. These practices were seen as essential for monitoring staff morale, providing feedback, and identifying support needs early. Some services also incorporated reflective sessions and wellbeing questionnaires to guide these discussions.

2. Open Communication and Listening

A strong theme was the emphasis on open communication. Respondents highlighted the importance of an open-door policy, encouraging staff to speak freely about their concerns. This culture of listening and mutual respect was viewed as foundational to staff wellbeing and team cohesion.

3. Wellbeing Initiatives and Activities

Many services implemented well-being-focused activities such as coffee mornings, wellness days, and informal gatherings. These initiatives aimed to foster a positive work environment and provide staff with opportunities to relax, connect, and feel valued outside of their routine duties.

4. Mental Health and Emotional Support

Respondents frequently mentioned the provision of mental health support, including access to counselling, trauma-informed practices, and wellbeing champions. These supports were seen as vital in helping staff manage stress and maintain emotional resilience in demanding care environments.

5. Training and Development

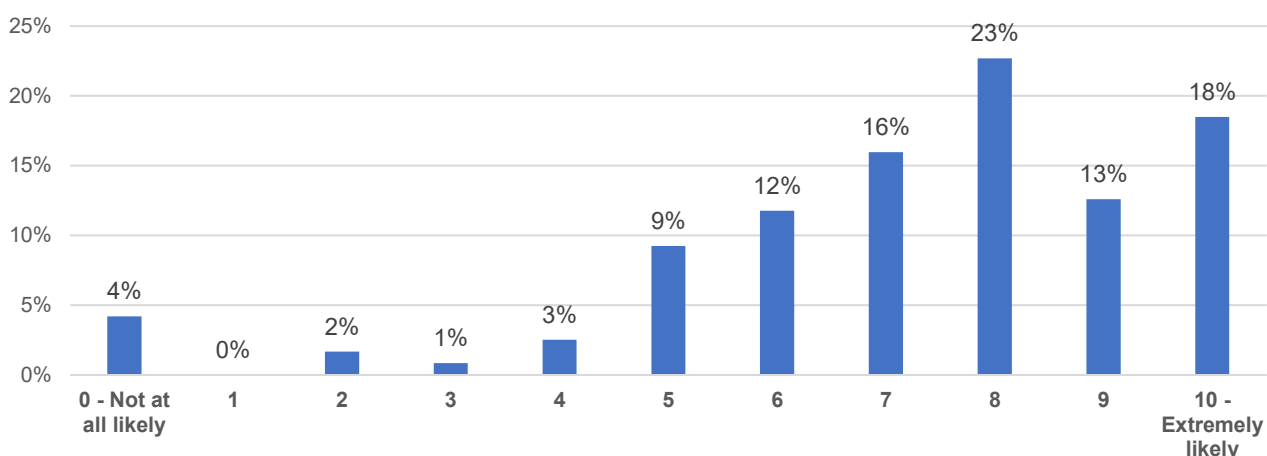
Ongoing training and professional development were identified as key contributors to staff wellbeing. Respondents described structured induction programs, continuous learning opportunities, and targeted training as ways to build staff confidence and competence, which in turn supported their overall wellbeing.

6. Work-Life Balance and Flexibility

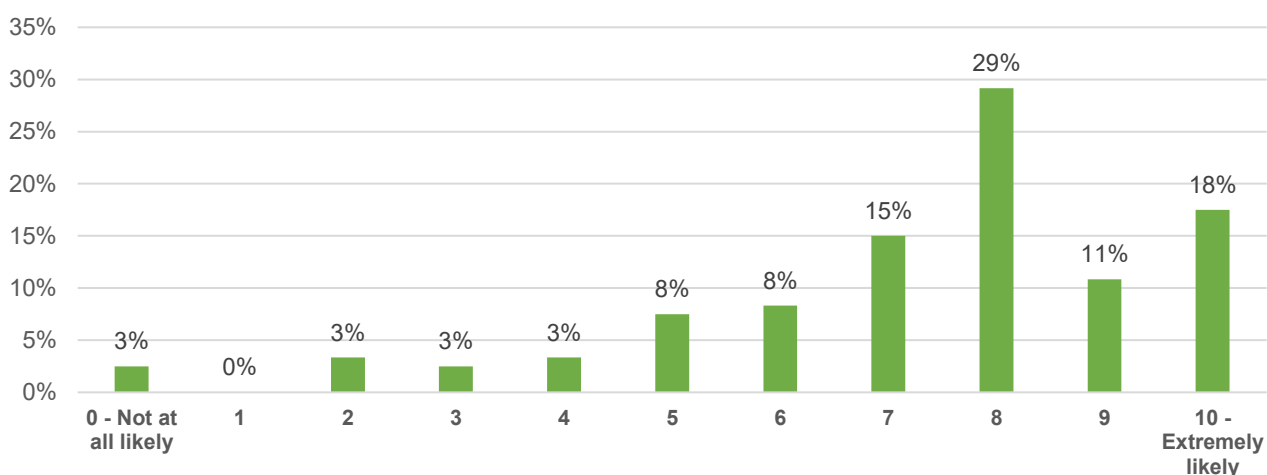
Flexible working arrangements, fair rota planning, and supportive leave policies were commonly cited as strategies to promote work-life balance. Respondents noted that accommodating personal needs and offering predictable schedules helped reduce stress and improve staff satisfaction.

Question 9: To what extent do you think the following will benefit from the implementation of the HCSA?

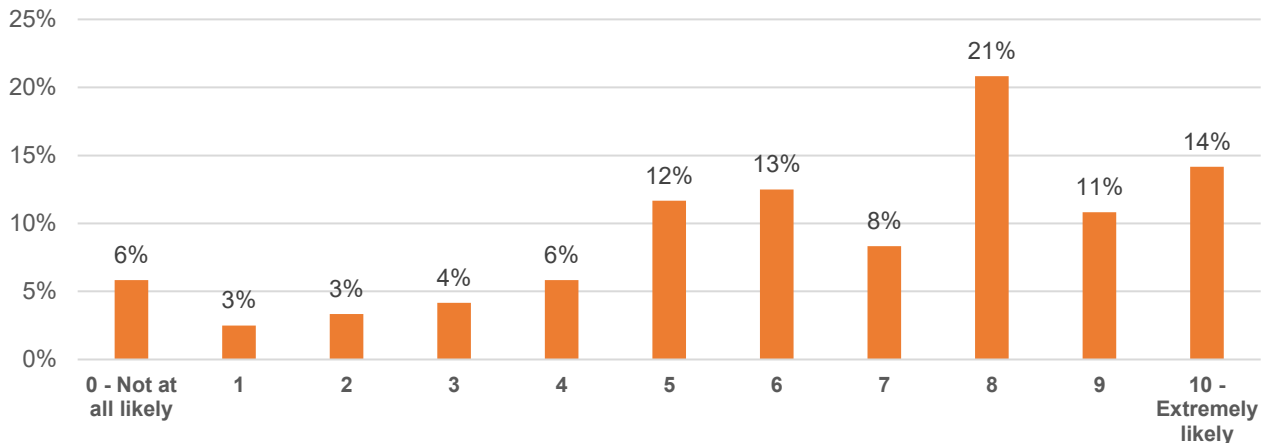
1. People's health and wellbeing, (including their care and support)



2. Staff training, knowledge and competence to care for and support people



3. Staffing levels, staff deployment, workforce and workload arrangements in care services



Question 10: Thinking about implementing the Health and Care (Staffing) (Scotland) Act 2019 (HCSA) in everyday practice, what are the challenges and/or risks?

Responses

1. Staffing Shortages and Recruitment Challenges

Responses highlighted issues related to staffing shortages and recruitment challenges. Common concerns included:

- Recruitment of appropriate staff.
- Council budgets affecting staff deployment and support for children with additional support needs.
- No available supply staff to keep safe levels of staffing whilst others are trained.
- Recruitment, staff shortages and poor pay.
- Lack of staff.

2. Funding and Financial Constraints

Responses highlighted issues related to funding and financial constraints. Common concerns included:

- It can be tough to have enough staff due to budget limits and not enough workers. Offering regular training for staff can take a lot of time and money. Keeping workloads fair to avoid burnout while still giving great care is tricky. Keeping up with and following all the Act's rules can be complicated and need a lot of resources. Getting everyone to focus more on staff wellbeing might meet some pushback from old habits and mindsets.
- Quality staff and being able to pay accordingly.
- We are reliant on funding and the cost of meeting the requirements of the act exceed the value of the funding.
- Council budgets and format.

- The whole of this Act depends upon a funding model that links to staffing resources. For example, having a funding model that only funds a manager for less than 25 hours per week in a 24-bed care home is scandalous.
- Challenges are around funding for staffing / resources etc as a charity funding is reliant on council funding for children which doesn't match the rise in wages.

3. Time and Administrative Burden

Responses highlighted issues related to time and administrative burden. Common concerns included:

- Time it takes to gather information and get it approved.
- Allocated time and expectations.
- Finding time
- Time and workload.

4. Training and Implementation Support

Responses highlighted issues related to training and implementation support. Common concerns included:

- Level of staff's knowledge, additional and targeted support packages for children within a universal lens.
- We may be unable to support as many people as possible.
- Rural areas accessing appropriate training and workers availability.
- Allowing staff time off for in-house training.

5. Leadership and Organisational Support

Responses highlighted issues related to leadership and organisational support. Common concerns included:

- Higher management ignore the act, as is current.
- Senior leader not providing staffing or supply staffing. This is not budgeted for. We still work on a minimum ratio for children regardless of need.
- The cost involved. As a committee run organisation they don't see past the basic ratios needed for the setting.
- Risks are that staff may not be telling you the whole story- Management cannot make an informed decision on their wellbeing.

6. Complexity of Needs and Service Demands

Responses highlighted issues related to complexity of needs and service demands. Common concerns included:

- The growing needs of children.
- Forming trusting relationships and engagement from vulnerable families.
- Too much emphasis on adult sector and not enough awareness raising within children's settings. Lack of awareness and understanding of what it means for provision.
- Staffing ratio with high level support needs of clients attending.

- Staff stress levels.

7. Other

Responses highlighted issues related to other/uncategorized. Common concerns included:

- We do not have a dependency tool that any of the CI think are fit for purpose this in itself is frustrating and stressful.
- Unpredictable staff welfare especially for care at home. Staff are exposed to burn out naturally.
- I think circumstance impacting on the act so that it becomes an unenforceable piece of legislation. The act is a great idea, but if social care and health can't achieve staffing levels that are safe, despite all efforts, then it is what it is.
- A more structured staffing tool would help greatly.
- Key issues include workforce shortages, where meeting safe staffing levels may be difficult due to recruitment and retention challenges. Financial constraints could also limit the ability to hire additional staff or invest in necessary resources. There may be operational difficulties in balancing staffing requirements with fluctuating individual needs, particularly in emergency or high-demand situations.
- Compliance and training present another hurdle, as ensuring all staff understand and adhere to the legislation requires time and ongoing education. Additionally, increased administrative burden from monitoring and reporting staffing levels could divert attention from direct patient care. If not managed effectively, these challenges could lead to unintended pressures on staff and service delivery.
- It's very difficult to constructively answer this question without referring to the current issues affecting social care, particularly for social care services which are commissioned by the public sector but delivered out with the public sector and NHS.
- The current issues about eNICs (qualifications and training) which are unfunded for many third sector voluntary organisations providing essential care at home/housing support services coupled with inequality in pay for this workforce along with increased expectations on them to be registered, qualified within an unrealistic timescale, and then maintain their ongoing CPL limit the potential positive impact of the HCSA in relation to staffing levels, staff deployment and workload arrangements in these service types.

Question 11: Thinking about implementing the Health and Care (Staffing) (Scotland) Act 2019 (HCSA) in everyday practice, what helps?

Responses

1. Leadership and Management Support

A number of respondents highlighted the importance of leadership and management in supporting the implementation of the HCSA. Below are some representative examples:

- Support from the management team and peers.
- Good forward planning.
- Our Manager is very hands on, with experience in all areas ensuring consistence and continuity though at the detriment of an admin backlog. Agency staff are costly.

- Planning runs so that their clients are within a short radius and the walking is minimal. Ensuring they can have breaks and designated place to rest and eat.
- Having more time with staff, sending out questionnaires to gain views and opinions.

2. Training and Development

A number of respondents highlighted the importance of training and development in supporting the implementation of the HCSA. Below are some representative examples:

- Allowing staff time off for in-house training.
- Good induction, time to talk, good sickness management.
- Good training.
- Lots of training and discussion about the importance of points made in the act.

3. Funding and Resources

A number of respondents highlighted the importance of funding and resources in supporting the implementation of the HCSA. Below are some representative examples:

- Having some part time staff who are able to cover the staff absences.
- Flexible bank staff.
- Financial stability will allow capacity to deliver, and ability to recruit/retain staff.

4. Staffing and Workforce Planning

A number of respondents highlighted the importance of staffing and workforce planning in supporting the implementation of the HCSA. Below are some representative examples:

- Recruitment of appropriate staff.
- Ensuring adequate staff throughout the shift teams.
- Having a robust staff rota and daily schedule of assigned duties to reflect support needs of clients.
- All staff being on duty when expected.

5. Communication and Collaboration

A number of respondents highlighted the importance of communication and collaboration in supporting the implementation of the HCSA. Below are some representative examples:

- Supporting each other and discussing challenges
- Open and honest conversations.
- Having other departments as back up.
- Discussing this at team meetings, providing staff training.

6. Tools and Guidance

A number of respondents highlighted the importance of tools and guidance in supporting the implementation of the HCSA. Below are some representative examples:

- Having a matrix in place enables us to see what our capacity is at any time.
- Consolidating our resources and moving to a centralised scheduling tool.
- The guidance that has been provided is helpful.

- The new schedule we are looking at putting in place should support this.

Other

A number of respondents highlighted other ways they support the implementation of the HCSA. Below are some representative examples:

- Recognition of nursery needs to meet level of care through dysregulated behaviour needs a different staffing compliment.”
- I use recruitment agencies; they offer good pay and have flexible schedules to get and keep staff.
- I use E-Learning courses and in-house training.
- Use workload management tools, encourage teamwork, and regularly check and adjust workloads.
- Keep communication open, involve staff in decisions, and reward positive behaviour to build a supportive workplace.
- Looking at the pay rates for staff.

Question 12: We asked for any other comments, we have provided a sample below:

- I believe that in principal that the act is a very good thing however at a time when there is a staffing crisis it is difficult to comply as we would like to.
- This sector is in crisis and a focus on the wellbeing of staff seems tokenistic. What would help is real change from governing bodies to properly support the workforce - really listen to their concerns and then act appropriately - not just try to add more legislation on top to hide the issues.
- Continue to provide examples of good practice that can be easily shared with the sector.
- Most people would agree that the HCSA is good and should be an enforceable act. However, the implementation has the potential to be unintentionally punitive because providers are finding it increasingly difficult to keep up with spiralling costs in addition to a competitive labour market in which other industries can offer better salaries.

Prior to the implementation of the HSCA;

- There was already a significant body of evidence which highlighted huge shortages of staff in key roles within the care sector.
- The sector was and is already unfunded, and the Cabinet Secretary for Health admitted himself that the NCHC cost model for care homes was not fit for purpose (Scottish Care National Care Home Conference, 2024).

Post implementation of the HCSA;

- Rising staff costs impacted by the increase of eNICs (National Insurance Contributions), NMW (National Minimum Wage), and increases in direct care staffing costs, plus on-going energy costs, food costs, inflation etc is becoming unviable for providers to continue providing their service and will be responsible for the closure of

homes, the displacement of residents, and loss of jobs. These 3 issues alone feel like providers are being expected to meet the Act with not one, but both hands tied behind their backs.

- I hear of many providers wanting to improve their staffing levels, but financially and due to competitive labour market forces, are finding it very difficult. This does not exist in the NHS as they are offered significant protection from Government and therefore creates a two-tier system which the independent and third sector cannot compete with.
- It is equally frustrating that a disconnect between the sector's fiscal challenges and regulatory matters exist. We hear all the time, 'we understand how difficult it is', yet nothing changes and there is no acknowledgement that despite how devastating and significantly impactful these issues are for the independent and third sector, we are able to deliver excellent, consistent, meaningful, quality care.
- In stark contrast to the NHS who despite the bottomless pit of money (another £100 million to tackle delayed discharges) cannot match the level of care and meaningful support to their patients. Over 90% of patients discharged or transferred back to our care homes have lost weight since their admission to hospital and regain it when they come to live with us. This includes those who are no longer acutely unwell and have been in hospital stable waiting for discharge.
- The real challenges and risks faced by the sector is the alarming disparity between the NHS and then what is expected from other sectors, and no one wants to address it, or own it.
- The main concern is trying to get everyone in the same room at the same time.
- The government doesn't help small or private businesses, and I find it difficult with massive overhead bills since covid everything has tripled. With employee's national insurance contributions going through the roof, it's hard to start new staff.

You will find information, guidance and other useful information on our Safe Staffing Programme Hub pages [here](#).