

Health and Care (Staffing) (Scotland) Act 2019

12IR 'HIS: monitoring and development of staffing tools'

Healthcare Improvement Scotland's Recommendation to Scottish Ministers October 2024

1.0 Introduction

1.1 Healthcare Improvement Scotland (HIS) recommends to Scottish Ministers revisions to the staffing tools, prescribed under section 12IJ(3) of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) (HCSA) as follows:

- Adult Inpatient Staffing Level Tool Version 4
- Community Children's & Children's Specialist Nurse Staffing Level Tool Version 3
- Clinical Nurse Specialist Staffing Level Tool Version 3 (for adults)
- Community Nurse Staffing Level Tool Version 3
- Emergency Care Provision Staffing Level Tool Version 3
- Maternity Staffing Level Tool Version 3
- Mental Health and Learning Disability Staffing Level Tool Version 3
- Neonatal Staffing Level Tool Version 3
- SCAMPS - Scottish Children's Acuity Measurement in Paediatric Settings Version 3
- Professional Judgement Staffing Level Tool Version 3
- Small Wards Staffing Level Tool Version 3

1.2 The development and recommendation for these revised staffing tools is in accordance with HIS's duty under section 12IR of the HCSA and HIS's [Healthcare Staffing Operational Framework](#).

1.3 The revisions to the staffing tools are to reflect the following changes:

- A change to all the above staffing level tools and the professional judgement tool (see 1.1) to reflect the reduction in the standard working week from 37.5-hours to 37-hours (see section 2.0)

- The inclusion of a recommended staffing level, or whole time equivalent (WTE) (see section 3.0), as an output from the:
 - Community Children’s & Children’s Specialist Nurse Staffing Level Tool
 - Clinical Nurse Specialist Staffing Level Tool
 - Community Nurse Staffing Level Tool
- HIS are awaiting an outcome from ATOS, the technical provider of the staffing tools hosted on the Scottish Standard Time System (SSTS) platform, on the feasibility and costs associated with making further revisions to the Professional Judgement Tool. This would provide an interim solution to address some of the concerns raised by external stakeholders regarding shift hand over time and breaks. HIS will continue to progress identifying a digital platform to provide a longer-term solution for a multidisciplinary professional judgement tool.

2.0 Revision to the tools: reduced working week

HIS propose a revision to all of the staffing level tools and professional judgement tools prescribed under section 12IJ(3) on the basis of the reduction in the working week for Agenda for Change staff as follows:

- 2.1 The 2023/24 pay settlement for healthcare staff governed by Agenda for Change (AfC) agreed to explore the feasibility of a reduction in working hours. This is with the overall aim of reducing to a 36-hour working week.
- 2.2 The Cabinet Secretary for NHS Recovery, Health and Social Care set out on the 1 March 2024 the first stage of this reduction. From the 1 April 2024 fulltime staff in NHS Scotland employed on Agenda for Change terms and conditions will be 37 hour per week, not 37.5 hours. Staff on part-time hours will benefit from a pro rata reduction proportionate to full-time colleagues (see [NHS Circular: PCS\(AFC\)2024/2](#)).
- 2.3 This had implications for the outputs of the staffing tools, prescribed under section 12IR of the HCSA. The staffing tools are based on the standard working week of 37.5hours.
- 2.4 The short timescales from the announcement to when this came into effect precluded HIS from being able to make the necessary changes to the staffing tools.
- 2.5 HIS have undertaken a review of all the staffing tools and worked closely with the technical provider ATOS to identify all the necessary changes to the staffing tools hosted on the Scottish Standard Time System (SSTS) platform.
- 2.6 HIS have commissioned ATOS to start work on the necessary revisions to the tools. This includes future proofing them to enable timely and cost-effective means to revise them for any future reduction in standard working hours. This work will be undertaken between September 2024 to February 2024 in preparation for when the updated regulations are laid before parliament.
- 2.7 HIS will develop the Business Objects XI (BOXI) reports for all the staffing tools to include a

table demonstrating the recommended WTE output for every 30-min reduction from 37.5 down to 36-hours. This will support boards workforce planning in preparation for future reductions to the standard working hours.

- 2.8 HIS is required to collaborate with the named persons under 12IR of the HCSA. HIS undertook a consultation with all named persons to ensure there was support for the recommended revisions to the tools.
- 2.9 To view the full report informing the recommended revisions to the tools to reflect the reduced working week please [visit this webpage](#).

3.0 Revision to the tools: inclusion of a recommended staffing level

HIS propose a revision to the Community Nurse; Clinical Nurse Specialist; and the Community Children’s and Children’s Specialist Nurse staffing level tools, prescribed under section 12IJ(3), to include the addition of a recommended staffing level output from the tools as follows:

- 3.1 HIS were commissioned by the Chief Nursing Officers Directorate (CNOD) to further develop the following staffing level tools for use in specific types of healthcare (see table 1).

Table 1

Staffing Level Tool Name	Type of health care where the tool applies
Community Nurse Staffing Level Tool	Community nursing provision by registered nurses *
Clinical Nurse Specialist Staffing Level Tool	Clinical nurse specialist provision (for adults) by registered nurses who work as clinical nurse specialists in hospitals or in community settings *
Community Children’s and Children’s Specialist Nurse Staffing Level Tool	Community children’s nursing provision by registered nurses * and Clinical nurse specialist provision (for children) by registered nurses who work as clinical nurse specialists in hospitals or in community settings

(*includes other staff working under the supervision or delegation by a registered nurse)

- 3.2 The changes to the tools will include the addition of a recommended staffing level/whole time equivalent (WTE) output to be utilised as part of the [Common Staffing Method](#).
- 3.3 The work on the development of the ‘multiplier’ to inform a recommended staffing level has been undertaken between August 2022 to September 2024.
- 3.4 To develop a validated ‘multiplier’ within the tools requires sufficient and consistent data to be collected from across NHS Scotland.
- 3.5 To generate a robust dataset, two Scotland wide ‘national runs’ of the three staffing level tools were required across every Scottish health board. This ensured data was comparable nationally. It also considers variation in local context e.g. workforce models, geography, patient.
- 3.6 All staff working in these specialties entered workload data into the staffing level tool. These tools are hosted on the SSTS platform. In addition, there was a requirement for the completion of the Professional Judgement Tool and Quality Tool. Both tools were run

alongside the staffing level tool over a two-week period.

- 3.7 Only data from teams that met the 70% or above threshold on the Quality Tool were included in the final dataset. This ensured data from teams delivering 'high quality' care were used to inform the development of the 'multiplier'.
- 3.8 To ensure the data was representative of NHS Scotland, probability sampling was carried out.
- 3.9 HIS utilised Dr Keith Hurst's methodology to develop the 'multipliers' and tested these within four health boards.
- 3.10 In addition, HIS carried out retrospective variation analysis. This compared the Professional Judgement Tool outputs and the recommended WTE. The WTE was calculated using the data from the nation runs and the 'multipliers' developed by HIS using different combination of workload drivers. The best fit method was the one where variation around the median was minimised.
- 3.11 The qualitative information provided by the four test boards was triangulated with the quantitative variation and correlation analysis. This informed the 'best fit' in terms of workforce driver and 'multipliers' to deploy within the staffing tools.
- 3.12 The deployment of the multipliers within the tools was approved by the expert working groups. Representation on the expert working groups and the Healthcare Staffing External Advisory Group ensured HIS can demonstrate collaboration with all persons named under section 12IR of the Act. This is in addition to the collaboration with the boards as part of the 'national runs' and testing.
- 3.13 The revised staffing tools will be subject to an annual review period. This will enable Boards to utilise the outputs of the staffing level tools as part of their duty to follow the Common Staffing Method (12IJ). HIS will utilise quantitative and qualitative feedback to monitor the effectiveness of the revised tools, in accordance with 12IR of the HCSA.
- 3.14 To view the full report informing the recommended revisions to the tools, to include a recommended staffing level/WTE for the three staffing level tools please [visit this webpage](#).

4.0 Finance

- 4.1 The costs for the revision to the staffing tools hosted on SSTS is £95,000. This will be covered by the allocated funding to HIS for 2024/25.
- 4.2 The costs associated with the revisions to the BOXI reports are cost neutral with resource for the work being provided by HIS as part of the allocated funding for 2024/25.

5.0 Future Changes

- 5.1 HIS are seeking an additional parliamentary window in 2025/26. HIS requests the opportunity to make recommendations to Scottish Ministers for staffing tools prescribed under section 12IJ(3) [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) in March 2025.
- 5.2 HIS are working to extremely tight timescales to deliver new and replacement staffing tools as follows:
 - Recommendation March 2025 to be prescribed under section 12IJ(3) October 2025 (Additional Parliamentary Window)

- Replacement of the Mental health and Learning Disability Staffing Level Tool
 - Replacement of the Professional Judgement Tool (if unable to be include within the October 2024 recommendation to Scottish Ministers)
 - Recommendation October 2025 to be prescribed under section 12IJ(3) April 2026
 - Replacement of the Maternity Staffing Level Tool
 - Recommendation March 2026 to be prescribed under section 12IJ(3) October 2026 (Additional Parliamentary Window)
 - New Hospital at Home Staffing level Tool (Timescales to be confirmed)
- 5.3 There are a number of interdependencies that may impact on timescales for delivery, including boards capacity to engage with HIS. HIS are committed to developing credible staffing tools to Scottish Ministers, a key requirement for NHS Scotland to achieve optimal staffing.