

# Staffing Level Tool Developments

Reduced working week:

Implementation of Agenda for Change  
recommendations 2023-24

12IR HIS: Monitoring and Development of Staffing Tools

(REF:12IR/2024/001)

February 2025 (v4.0)

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## 1.0 Introduction

- 1.1 In March 2024 Scottish Government announced that the first 30-minute reduction in the standard working week for Agenda for Change staff to 37 hours. This came into effect from the 1 April 2024.
- 1.2 This had implications for the outputs of the staffing tools, prescribed under section 12IR of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#). The staffing tools are based on the standard working week of 37.5hours.
- 1.3 The Healthcare Staffing Programme (HSP) sits within Healthcare Improvement Scotland (HIS). They are responsible for the monitoring and development of staffing tools in line with HIS's functions under the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#).
- 1.4 The HSP will recommend to Scottish Ministers revisions to the staffing tools in October 2024. The revised tools will include changes to reflect the reduction in standard working hours from 37.5 to 37hours. This will have an impact on the staffing tools recommended staffing levels in terms of recommended Whole Time Equivalent (WTE) to be utilised as part of the [Common Staffing Method](#).

## 2.0 Background

- 2.1 HIS has a requirement under section 12IR of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) to monitor the effectiveness of any staffing level tool or Professional Judgement tool which has been prescribed by the Scottish Ministers under section 12IJ (see table 1 on page 4). HIS can recommend to Scottish Ministers to revoke or replace the tools. This is to ensure they remain contemporary and provide meaningful outputs to be used as part of the health boards requirement to follow the [Common Staffing Method](#).

Table 1

Type of health care	Location	Employees
<b>Adult inpatient provision</b>	Hospital wards with 17 occupied beds or more on average	Registered nurses
<b>Clinical nurse specialist provision</b>	Hospitals	Registered nurses who work as clinical nurse specialists
	Community settings	
<b>Community nursing provision</b>	Community settings	Registered nurses
<b>Community children's nursing provision</b>	Community settings	Registered nurses
<b>Emergency care provision</b>	Emergency departments in hospitals	Registered nurses
		Medical practitioners
<b>Maternity provision</b>	Hospitals	Registered midwives
	Community settings	
<b>Mental health and learning disability provision</b>	Mental health units in hospitals	Registered nurses
	Learning disability units in hospitals	
<b>Neonatal provision</b>	Neonatal units in hospitals	Registered midwives
		Registered nurses
<b>Paediatric inpatient provision</b>	Paediatric wards in hospitals	Registered nurses
<b>Small ward provision</b>	Hospital wards with 16 occupied beds or fewer on average	Registered nurses

- 2.2 As part of the pay settlement for Agenda for Change staff in 2023-24, it was agreed to conduct a review of the Agenda for Change system in NHS Scotland. This work has been taken forward in partnership by a series of Working Groups created under the aegis of the Scottish Terms and Conditions Committee (STAC).
- 2.3 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.
- 2.4 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](#)).
- 2.5 All the specialty specific staffing level tools named in section 12IJ (see table 1) and professional judgement tool are based on a standard working time of 37.5 hours. Apart from the current 'Community Nursing'; 'Community Children's and Children's Specialist Nurse' and the 'Clinical Nurse Specialist' all the staffing tools provide a recommended whole time equivalent (WTE). This is based on the standard 37.5 hour working week.
- 2.6 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. There was also insufficient time for HIS to make the recommendations to Scottish Ministers for the revision to the tools and for them to be amended in the [The National Health Service \(Common Staffing Method\) \(Scotland\) Regulations 2024](#) that accompany the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#).
- 2.7 The Healthcare Staffing Programme (HSP) sits within HIS and is responsible for the development of the staffing tools. To ensure health boards have access to meaningful outputs from the staffing tools, based on the new 37-hour working week, the HSP added the revised recommended WTE within the staffing tool reports on the Business Objects XI (BOXI) reporting module. This provided an interim solution until the HSP could work with the technical supplier Atos to amend the staffing tools on the Scottish Standard Time System (SSTS).

## 3.0 Aim

3.1 HIS will make the necessary changes to the staffing level tools and professional judgement tool, hosted on the SSTS platform, to ensure outputs and recommended whole time equivalent (WTE) reflect the reduced 37-hour working week. The revision to the tools will be recommended to Scottish Ministers in October 2024 with the intention that they replace the existent staffing tools from 1<sup>st</sup> April 2025.

## 4.0 Methodology

4.1 The HSP have worked closely with the NHS Scotland Time and Attendance Professional Lead, NHS National Services Scotland (NSS) and Atos to scope different options for updating the staffing tools on SSTS.

4.2 The HSP have identified the requirements that would need to be amended to reflect the reduced working week within all the staffing tools. The staffing tools have been developed independently of each other over the years, and as a result there is little commonality in their builds. Changes to the coding, databases and stored procedures for each of the staffing tools is required to differing degrees.

4.3 The technical work to the tools will also include the development of a version control reference table. This will enable more cost effective and timely revisions to the tools for any subsequent reduction to the standard working week.

4.4 The HSP have produced a Change Request and Service Specification for Atos to make the necessary changes to the staffing tools.

4.5 The technical work by Atos will commence in October 2024 to ensure the revised staffing tools are available in February 2025 when the updated National Health Service (Common Staffing Method) (Scotland) Regulations are laid before parliament. If Scottish Ministers are in agreement the tools will replace the existent tools from the 1<sup>st</sup> April 2025.

## 5.0 Validation and testing

5.1 ATOS will make the changes to the test system prior to go live and perform a series of tests and validations.

5.2 The HSP are given access to the test system to complete user acceptance testing (UAT). This is done manually to test how the system reacts and performs to real-world clinical scenarios to ensure alignment with requirements.

## 6.0 Collaboration and governance

6.1 HIS may develop and recommend to the Scottish Ministers new or revised staffing tools. However, in developing such tools, we must collaborate with:

- Scottish Ministers
- Social Care and Social Work Improvement Scotland
- every Health Board
- every relevant special health board
- every integration authority
- the Agency (NSS)

- trade unions and professional bodies HIS considers to be representative of employees
- professional regulatory bodies for employees as HIS considers appropriate
- other providers of health care as HIS considers to have relevant experience of using staffing level tools and professional judgement tools
- other persons as HIS considers appropriate.

6.2 The HSP would normally establish staffing tool expert working groups with key stakeholders to ensure a collaborative approach to the development and revision of staffing tools. However, as this required change to the tools has been necessitated by a change in Scottish Agenda for Change Terms and Conditions and applies to all the staffing tools HIS identified this required an alternative approach.

6.3 HIS established regular meetings with the Healthcare Staffing Act Team within the Chief Nursing Officers Directorate (CNOD) and the Agenda for Change review team within the Workforce Directorate in Scottish Government.

6.4 The interim solution (see 2.7) and communication to the boards regarding the impact on the changes to the working week on the validity to the outputs of the tools were agreed between HIS and Scottish Government. The Healthcare Staffing Act Team kept the Cabinet Secretary informed of this through ministerial briefings. This included communicating HIS's intention to revise the tools.

6.5 Until April 2025 the work was overseen by the HSP Staffing Level Tools and Real Time Staffing Oversight Group who were kept abreast of the impact and solutions for the reduced working week on the staffing tools. The group reported to the HSP Programme Board, which promoted external involvement in the work of HIS. This included representatives from professional forums (e.g. Scottish Executive Nurse Directors (SEND); Scottish Medical Directors (SAMD); Scottish Government, the Care Inspectorate, relevant professional bodies and trade unions.

6.6 From April 2025 the governance groups under 6.5 have been replaced by the HSP External Advisory Group but continues to have widespread representation. This includes the above representatives and an extended invite to include professional regulators.

6.7 This forms part of a new governance structure (see Figure 1) for the HSP in recognition of the roles and responsibilities of HIS outlined in the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#).



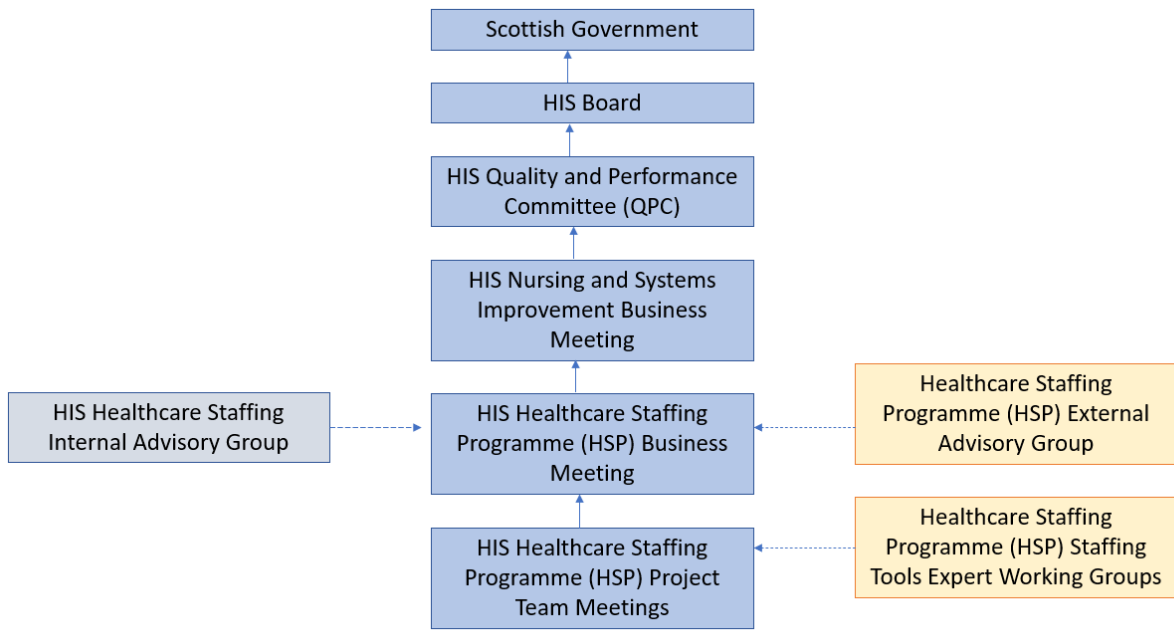
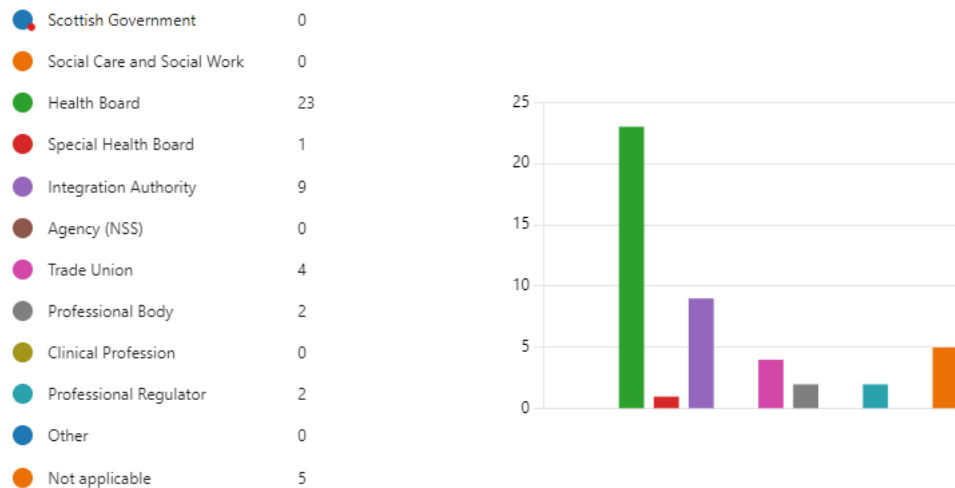


Figure 1: HIS HSP Governance Structure

6.8 Further stakeholder engagement was required with stakeholders (see 6.1) to ensure HIS met requirement under 12IR of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#). Prior to recommending the revised staffing tools to Scottish Ministers the HSP undertook a consultation (see Appendix 1). The consultation was circulated widely to all Chief Executives, IJB Chief Operating Officers, Scottish Executive Nurse Directors, Human Resource Directors, Professional Regulators and through the membership of the HSP External Advisory Group, who represent a vast proportion of the named persons.

6.9 The feedback from the consultation was largely in favour of the proposed changes to the tools to reflect the new 37-hour week as follows:

- The consultations received 46 responses with 41% submitted as individual feedback and 59% representing their organisation or constituent (see Figure 2).



*Figure 2: Stakeholder Consultation Responses*

- 93% (n=43) agreed with the rationale behind the recommendation with 96% (n=44) agreeing with the recommendation itself.
- Feedback with those not in agreement has centred on the fact that there may be further reductions to the working week which will require the need for additional changes (see 6.10). In addition, it was highlighted that some areas are undertaking a phased implementation of the 37-hour working week.
- Additional feedback provided was in relation to individual viewpoints on the decision to implement a reduced working week as part of pay settlement for Agenda for Change staff in 2023-24. This centred on the challenges in implementing the reduced working week in the current context. This feedback was out with the scope of the consultation.

6.10 It was highlighted by members of the HSP External Advisory Group and through the wider consultation the intention for further reductions to the working week to be introduced. This would have a further impact on the staffing tools remaining contemporary and reflective of future changes to the Agenda for Change terms and conditions. While HIS are aware of the potential for the further reductions to the working week to 36-hours, these changes and associated timescales are still to be confirmed. To support Boards workforce planning for any future reductions to the working week, the Business Objects XI (BOXI) reports will include a table that displays the recommended WTE at each proposed 30 min reduction.

## 7.0 Recommendations

7.1 It is the intention of Healthcare Improvement Scotland to make a recommendation to Scottish Ministers in October 2024 for the revision to the staffing tools prescribed under the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#).

7.2 These revised tools will continue to be hosted on the SSTS platform and will be assigned the version numbers 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 4
- 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

7.3 For information on the staffing tool methodology and revised outputs please refer to [appendix 1](#).

These staffing tools will be included in the accompanying regulations to the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#). The regulations will be laid before parliament in February 2025 and if agreed released in April 2025.

7.4 To support boards to workforce plan HSP will develop the staffing tool report on Business Objects XI (BOXI). The report will include a table with the recommended WTE for every proposed 30 min reduction from 37.5 to 36-hours (see example below):

### 1. Report Summary

Number of cots allocated is used to calculate cots used and occupancy percentages. If the number of cots or funded establishment information is incorrect or missing, please in first instance check your local roster set up in the SSTS Neonatal Workload Tool.

Cycle Description	Average for selected reporting period								
	Cots used	High cots	Medium cots	Low cots	Cots used (%)	Occupancy (%)	rWTE (37)	rWTE (36.5)	rWTE (36)
						0.0			

Figure 3: Example BOXI report table

7.5 Monitoring of the effectiveness of these revised tools will be undertaken in line with HIS Duty 12IR.

7.6 HIS will endeavour to make any further revisions to the tools in a timely manner following any subsequent announcements regarding the remaining reduction to the working week in future years.

## Appendices

Appendix 1: [Staffing tool methodologies and outputs](#)

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Healthcare Improvement Scotland

Edinburgh Office  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

0131 623 4300

0141 225 6999

[www.healthcareimprovementscotland.scot](http://www.healthcareimprovementscotland.scot)