

# Healthcare Staffing Operational Framework

December 2025

**© Healthcare Improvement Scotland 2025**

**Published | December 2025**

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

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

# Contents

Contents.....	1
1.0 Introduction .....	2
2.0 Background .....	3
3.0 HIS: monitoring compliance with staffing duties (12IP) .....	5
4.0 HIS: monitoring and review of Common Staffing Method (CSM)(12IQ) .....	9
5.0 HIS: monitoring and development of staffing tools (12IR).....	13
6.0 HIS: duty to consider multi-disciplinary tools (12IS) .....	16
7.0 HIS: duty on health boards to assist staffing functions (12IT).....	17
8.0 HIS: power to require information (12IU) .....	18
9.0 Accountability and governance .....	21

## 1.0 Introduction

- 1.1 The purpose of this Healthcare Improvement Scotland's (HIS) Healthcare Staffing Operational Framework is to underpin the [Healthcare Improvement Scotland and Scottish Government \(SG\) \(2024\) Operational Framework](#). This provides greater clarity in terms of how HIS will meet its legislative requirements of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) (HCSA).
- 1.2 This framework will clearly define key roles and responsibilities of HIS' Healthcare Staffing Programme (HSP) and the wider organisation in meeting HIS' legislative duties.
- 1.3 The framework will clearly define when and how HIS will consult with wider stakeholders to meet its legislative duties.
- 1.4 The framework will also set out when and how HIS will make recommendations and report to the Scottish Ministers and, where appropriate, publish the findings of any review.
- 1.5 The framework will provide the necessary governance to meet HIS' legislative duties of the HCSA. It will be reviewed and updated as necessary, at least every 4 years. Any proposals to amend this document will be actioned by the HIS HSP team. Where required, the necessary due diligence and engagement with stakeholders across HIS and SG will be undertaken, taking account of any new regulation affecting the HCSA and learning from HIS' legislative role and functions.
- 1.6 The review of this document and discharge of HIS' role and function will be monitored and reported through HIS' Quality and Performance Committee (QPC) and from there to HIS' Board.

## 2.0 Background

- 2.1 The HCSA, aims to ensure the provision of safe and high-quality services, and the best healthcare or (as the case may be) care outcomes for service users.
- 2.2 The HCSA stipulates several functions in relation to staffing in which HIS will be required to undertake as follows:
- 12IP HIS: monitoring compliance with staffing duties
  - 12IQ HIS: monitoring and review of Common Staffing Method
  - 12IR HIS: monitoring and development of staffing tools
  - 12IS HIS: duty to consider multi-disciplinary staffing tools
  - 12IT HIS: duty on Health Boards to assist staffing functions
  - 12IU HIS: power to require information
  - 12IV HIS: ministerial guidance on staffing functions
- 2.3 This legislation runs in parallel and compliments several legislative and statutory requirements of HIS, including:
- to further improve the quality of healthcare
  - to provide information to the public about the availability and quality of NHS services
  - to support and monitor public involvement
  - to monitor the quality of healthcare provided or secured by the health service
  - to evaluate and provide advice to the health service on the clinical and cost effectiveness of new medicines and new and existing health technologies
- 2.4 HIS' legislative requirements, outlined within the HCSA, will be undertaken in line with HIS' operational approach (see Figure 1), as follows:
- Independent assurance of the quality of care supported through HIS' role and function 'Monitoring Compliance with Staffing Duties'. This includes the guiding principles for healthcare staffing, which is to ensure the provision of safe and high-quality services and the best health care, or (as the case may be) care outcomes for service users.
  - National Improvement and redesign support for healthcare services will be supported by the HSP through the provision of healthcare staffing expertise and improvement and sharing of learning and best practice.
  - The development and maintenance of staffing tools to inform appropriate staffing for contemporary multi-disciplinary models of service delivery.
  - Independent assessment of evidence to underpin high-quality care through building a robust evidence base to inform healthcare staffing, including the development of robust evidence-based approaches to developing staffing level tools and workforce planning methodologies.

Figure 1 HIS Organisational Approach



In line with the HIS organisational approach and guiding principles of the HCSA, HIS will undertake its legislative duties whilst keeping service users and staff at the Centre of its work.

This aims to ensure that healthcare staffing is arranged whilst:

- improving standards and outcomes for service users
- taking account of the particular needs, abilities, characteristics, and circumstances of different service users
- respecting the dignity and rights of service users
- taking account of the views of staff and service users
- ensuring the wellbeing of staff
- being open with staff and service users about decisions on staffing
- allocating staff efficiently and effectively, and
- promoting multi-disciplinary services as appropriate

This will support HIS to meet its overall purpose which is 'to drive the highest quality care for everyone in Scotland'.

## 3.0 HIS: monitoring compliance with staffing duties (12IP)

- 3.1 The purpose of HIS' role and function is to monitor the discharge, by every health board, relevant special health boards and the Agency, of their duties (listed below) as cited within the legislation (see below bullet points) as part of HIS' scrutiny function.
- section 12IA, duty to ensure appropriate staffing, including related duties under Part 2, to have regard to guiding principles etc. in healthcare staffing and planning
  - section 12IC, duty to have real-time staffing assessment in place
  - section 12ID, duty to have risk escalation process in place
  - section 12IE, duty to have arrangements to address severe and recurrent risks
  - section 12IF, duty to seek clinical advice on staffing
  - section 12IH, duty to ensure adequate time given to clinical leaders
  - section 12II, duty to ensure appropriate staffing: training of staff
  - section 12IJ, duty to follow Common Staffing Method
  - section 12IL, training and consultation of staff
  - section 12IM, reporting on staffing
  - section 12N, ministerial guidance on staffing
- 3.2 In addition, HIS will support the identification and sharing of areas of good practice, shared learning and the identification and provision of appropriate improvement support.
- 3.3 The co-location of functions across HIS means that the organisation can provide a range of activities in a coordinated and balanced way, thus utilising an organisational approach to HIS' monitoring and improvement functions to enable safer high-quality healthcare.
- 3.4 Internal intelligence and stakeholder involvement from across HIS, in HIS' monitoring role, will be enabled through the HIS Healthcare Staffing Internal Advisory Group (HSIAG), with leadership and administrative support provided by HIS HSP.
- 3.5 In line with the 'Operational Framework: Healthcare Improvement Scotland and Scottish Government' (2024), HIS will utilise a multi-faceted intelligence led approach. Utilising a range of information which will support HIS' role and function as cited within the legislation to provide information to Scottish Ministers on how health boards, special health boards and the Agency are discharging their duties under the Act.
- 3.6 HIS will utilise intelligence through a range of mechanisms. Data and evidence will be obtained and analysed on an ongoing basis by the HSP and presented to the HIS HSIAG, on a bi-monthly basis. This will demonstrate the board's compliance with staffing duties, identify areas of good practice and shared learning which will inform appropriate action for HIS and the fulfilment of the main guiding principles which is to provide safe and high-quality services, and to ensure the best health care or (as the case may be) care outcomes for service users. Examples of intelligence are listed below. This is not exhaustive and may vary dependent on the availability of sources of intelligence.

- Health boards internal board reports (quarterly)
- Use of high-cost agency staff report (quarterly)
- Health board annual reports to Scottish Ministers
- Health board annual workforce plans
- HIS HSP compliance data taken from the staffing tools dashboard; reports from real-time staffing applications (e.g. TURAS and Safe Care); local and national reporting from the national SEER platform
- HIS core indicators (Quality, Safety and Workforce)
- HIS internal intelligence sharing forum and safety network
- HIS memorandum of understanding (MoU) for sharing intelligence with professional regulators and professional bodies
- External intelligence through 'sharing health and care intelligence network'
- Excellence in Care (EiC) 'Care Assurance and Improvement Resource' (CAIR) dashboard (Quality, Safety and Workforce)
- HIS inspections and regulation of care (including Inspections of NHS hospitals and services; Inspection of mental health units; Joint Inspections of Care; and Independent Health Care Regulation, Healthcare within Justice etc.)
- Deaths of children and young people
- Learning from adverse events
- Responding to concerns (PIDA)
- Commissioned reviews
- Community engagement
- Scottish Patient Safety Programme (SPSP)
- Data and intelligence sharing from HIS improvement workstreams

- 3.7 If emerging intelligence is obtained on an ad hoc basis, the HSP team will consult the HIS HSIAG virtually or the group convened as necessary to consider the implications, provide critical advice, challenge, and direction to the HSP.
- 3.8 As stated in the statutory guidance for duty 12IP section 13.5, to monitor compliance by relevant organisations, "HIS will need to consider the extent to which these organisations have considered relevant measures for monitoring and improving quality of health care". The measures and/or indicators will be those published as standards and outcomes by Scottish Ministers (including any measures developed as part of the national care assurance framework, EiC, in addition to any other nationally agreed standards. It will be the role of the HSP in collaboration with HIS Evidence & Digital Directorate to identify any relevant published standards and outcomes.
- 3.9 The HIS HSP team will work with HIS' Data Measurement Business Intelligence (DMBI) team to seek any meaningful data intelligence to further inform the HSIAG and HSP's internal governance of board's compliance with their staffing duties.



- 3.10 The HIS HSP team and the HIS DMBI team will utilise and continually review the effectiveness of a suite of core workforce, quality, and safety indicators. This will ensure they provide meaningful indicators of board's compliance with staffing duties and, where staffing has had a potential impact on the quality and safety of care, outcomes for patients and staff wellbeing.
- 3.11 HIS HSIAG will utilise, and continually review the effectiveness of the Quality Assurance System and Framework in combination with other assurance and intelligence sharing systems and processes. This ensures that all opportunities to obtain and synthesise information on boards compliance with staffing duties, areas of good practice and shared learning are captured and utilised to inform HIS' monitoring function.
- 3.12 The intention of the 'Duty on Health Boards to Assist Staffing Functions' (12IT) (Section 7), requires relevant organisations to provide assistance to HIS to undertake its role and functions, utilising, when appropriate, HIS' 'Power To Require Information' (12IU) (Section 8).
- 3.13 HIS may utilise its 'powers to require information' to request health board's quarterly internal reports and/or health board's annual report to Scottish Ministers in accordance with '12IM Reporting on staffing'. These reports detail how the health boards have carried out their duties under the Act. The HIS HSP team will make the request and synthesise the information provided within these reports. The HSP will provide a summary report to the HSIAG highlighting any areas of good practice and any gaps.
- 3.14 HIS may utilise its powers to require information from relevant organisations to obtain additional information to understand the relevance and significance of information contained within boards reports as outlined in 3.14, or in response to information obtained through HIS' intelligence led approach.
- 3.15 HIS will monitor and review boards compliance with staffing duties based on intelligence, data and evidence at a time and manner of its choosing; this applies to both one-off reviews and mutually planned programmes of monitoring and assurance.
- 3.16 There may be occasions when HIS is directed to undertake specific assurance activity, on behalf of Scottish Ministers, via the sponsor function and/or relevant policy lead, regarding a health board/s compliance with staffing duties. When undertaking such a request, HIS will explore the issues involved and provide advice on the most appropriate approach to effectively inform compliance and support improvement.
- 3.17 The HSP will provide healthcare staffing expertise to support the Quality Assurance Regulation Directorate undertake its work, such as inspection activity, Responding to Concerns and any other reviews.
- 3.18 HIS will provide Scottish Ministers with relevant independent information to that provided by the relevant organisations within their annual reports, to provide assurance to the Scottish Ministers that relevant organisations are complying with the duties required by the Act. This will be communicated through an annual report, via the existing SG sponsorship arrangement, as the mechanisms for providing advice to Scottish Ministers.
- 3.19 In accordance with HIS Escalation Framework, HIS may escalate serious concerns about a service to SG in accordance with the agreed Annex 5, 6, 7 of the 'Operational Framework: Healthcare

Improvement Scotland and Scottish Government' (2024) and provide advice to Scottish Ministers via the SG sponsor function at any time.

- 3.20 When concerns do not meet the threshold of HIS' Escalation Framework, the HIS HSP will follow the internal HIS HSP raising serious concerns procedure to inform an appropriate and proportionate response from HIS.
- 3.21 In undertaking HIS monitoring function, HIS will operate independently of SG, health boards, and integration authorities as part of their scrutiny function. This means that any additional information to boards annual reports may inform decisions by Scottish Ministers regarding any intervention required or any decisions relating to policy in healthcare staffing. A close, mutually supportive working relationship is therefore essential in enabling and delivering a whole system approach to improving care for all.
- 3.22 HIS will carry out its monitoring staffing duties functions transparently, including wherever possible, publishing the agreed processes and sources of intelligence that are used to inform its work.
- 3.23 The additional information obtained through HIS' monitoring role may inform the requirement to review existing, or develop new, staffing level tools, amend the Professional Judgement Tool and/or amend the Common Staffing Method (CSM).
- 3.24 The additional information obtained through HIS' monitoring role may identify areas of good practice, opportunities for shared learning and/or opportunities for improvement.
- 3.25 Where improvement support needs are identified through HIS' monitoring role the HSIAG and/or HSP will consider whether the necessary capacity and expertise could be mobilised to provide the board with assistance in making the necessary improvements. The level of support will be mutually agreed between the board and HIS in addition to signposting to resources and opportunities for shared learning from other boards.

## 4.0 HIS: monitoring and review of Common Staffing Method (CSM)(12IQ)

4.1 The 'Duty to follow Common Staffing Method' (12IJ) only applies to the types of health care mentioned in section (12IK) of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) as follows (Figure 2):

Figure 2 Duty to follow CSM: Types of Healthcare

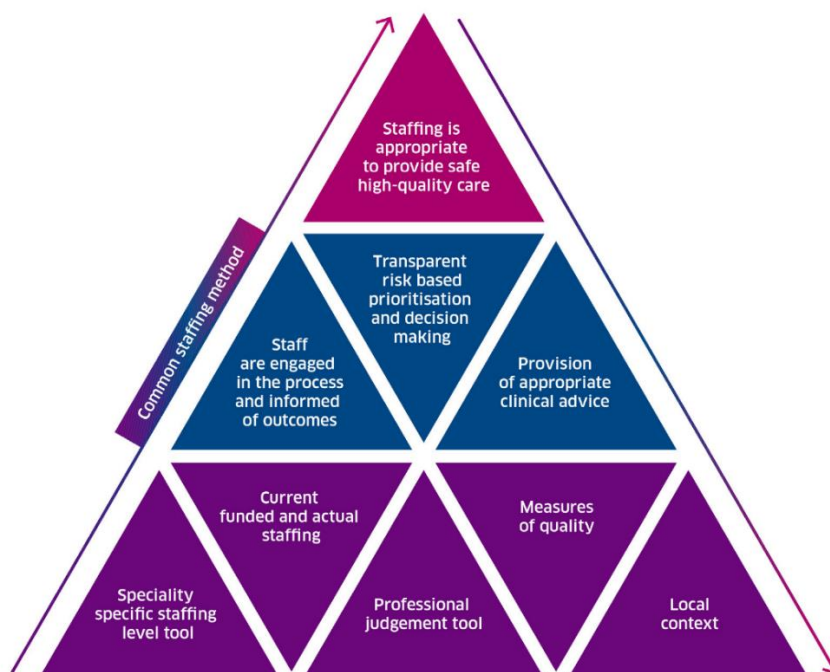
Type of health care	Location	Employees
Adult inpatient provision	Hospital wards with 17 occupied beds or more on average	Registered nurses
Clinical nurse specialist provision	Hospitals	Registered nurses who work as clinical nurse specialists
	Community settings	
Community nursing provision	Community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

4.2 The CSM is a systematic approach to workforce planning (see Figure 3) that requires boards to:

- utilise the staffing level tool and the Professional Judgement Tool, as prescribed in regulations, and takes into account the results from those tools.
- utilise any measures for monitoring and improving the quality of health care, which are published as standards and outcomes under Section 10H(1) of the National Health Service (Scotland) Act 1978 by the Scottish Ministers (including any measures developed as part of a national care assurance framework).
- take into account:
  - its current staffing levels and any vacancies
  - the different skills and levels of experience of its employees

- the role and professional duties, in particular, of any individual with lead clinical professional responsibility for the particular type of health care
- the effect that decisions about staffing and the use of resources taken for the particular type of health care may have on the provision of other types of health care including, in particular, those to which this section does not apply
- the local context in which it provides health care
- patient needs
- appropriate clinical advice
- any assessment by HIS, and any relevant assessment by any other person, of the quality of health care which it provides
- experience gained from using the real-time assessment arrangements under section (12IC) (1) and the risk escalation processes under sections (12ID) and (12IE)
- comments by patients, and by individuals who have a personal interest in their health care (for example family members and carers within the meaning of [Section 1 of the Carers \(Scotland\) Act 2016](#)), the duty imposed by section (12IA), and
- comments by its employees which relate to the duty imposed by section (12IA)

Figure 3 The Common Staffing Method 2024



- 4.3 HIS is required to monitor the effectiveness of the CSM process described in Part 2 (12IJ) of the Act and to monitor the way in which relevant organisations are using it.
- 4.4 HIS will monitor the discharge, by every health board, relevant special health board, and the Agency, of their duty to follow CSM (12IJ) in accordance with Section 3 HIS: monitoring compliance with staffing duties (12IP).

- 4.5 HIS HSP will analyse boards Staffing Level Tools and Professional Judgement Tool usage reports to determine if the tools are being run on a minimum of once per annum and used effectively and consistently across all relevant areas.
- 4.6 To identify how boards are utilising the CSM to inform decisions about staffing and any areas of good practice or gaps in boards compliance with the Act, HIS HSP will consider:
- the information provided by NHS boards in their quarterly internal reports and annual report to Scottish Government
  - their workforce plans, and
  - other relevant intelligence
- 4.7 HIS HSP will utilise its 'powers to require information' and the duty on relevant organisations to assist HIS to perform its staffing functions by requesting additional information, to that provided in boards reports. These requests will be made periodically to monitor the way in which relevant organisations are using the CSM. This information will be used to:
- Inform compliance with staffing duty (12IJ) and (12IK)
  - Identify areas of good practice and shared learning
  - In the identification and provision of appropriate improvement support, and
  - Inform the effectiveness of the CSM for informing staffing establishment, and the way in which boards provide health care
- 4.8 Scottish Ministers can direct HIS to carry out a review of the CSM, through existing HIS commissioning arrangements. In practice it is anticipated that HIS HSP will determine the frequency by which it undertakes a review.
- 4.9 HIS' HSP will consider the requirement for a CSM review by:
- Assessing the way in which relevant organisations apply the CSM
  - Assessing the effectiveness of CSM application for the specified areas of health care, location, and employees, and
  - Analysing intelligence about decisions made as an outcome of following the CSM
- 4.10 To inform the effectiveness and ease of use of the CSM and in addition, identify any gaps or areas for improvements, HIS' HSP will periodically seek feedback from the specified areas of health care, location, and employees who have a duty to use the CSM.
- 4.11 In undertaking a review of the CSM HIS HSP will consult with:
- the Scottish Ministers
  - Social Care and Social Work Improvement Scotland
  - every Health Board
  - every relevant Special Health Board
  - every integration authority
  - the Agency
  - trade unions and professional bodies as HIS considers to be representative of employees of the persons mentioned in sub-paragraphs (iii) to (vi)

- professional regulatory bodies for employees of the persons mentioned in sub-paragraphs (iii) to (vi) as HIS considers appropriate
- other providers of health care as HIS considers having relevant experience of using staffing level tools and professional judgement tools, and
- other persons as HIS considers appropriate

This will be undertaken through the formation of a CSM expert working group and through a series of consultations, utilising established internal and external governance groups and networks.

4.12 In undertaking a review of the CSM, HIS' HSP will have regard to the guiding principles for healthcare staffing set out in Part 1 of the HCSA to ensure that the CSM supports relevant organisations to fulfil their requirements to ensure appropriate staffing as defined in the Act.

4.13 Following a review, HIS may recommend changes to the CSM to the Scottish Ministers.

4.14 Where HIS makes recommendations it must submit to the Scottish Ministers, and then publish, a report setting out:

- a summary of the review it has carried out
- its recommendations for changes to the CSM, and
- the reasons for those recommendations

This report will be prepared by the HIS HSP team and published on the HSP webpages of the HIS website.

4.15 In recommending changes to the CSM, HIS HSP may consider the future development or recommendation for the inclusion or replacement with a new or revised staffing level tool or Professional Judgement Tool (see Section 5) which may have had an influence on the recommended changes to the CSM and/or Type of Healthcare, location, or employee in which the 'Duty to Follow the Common Staffing Method' applies.

4.16 The purpose of this rigorous process is to ensure that any review of the CSM is comprehensive, inclusive, and transparent, and to assure Scottish Ministers that the CSM is contemporary and fit for purpose.

## 5.0 HIS: monitoring and development of staffing tools (12IR)

6.1 HIS is required to monitor the effectiveness of all staffing level and professional judgement tools prescribed by Scottish Ministers. The frequency of monitoring the effectiveness of the tools will be determined by HIS using:

- Intelligence and feedback from relevant organisations' experience of using the tools
- Analysis of tool outputs, and
- Significant policy or practice change within the specialty to which the tool applies

The intention is to ensure that staffing level and professional judgement tools remain contemporary and appropriate for professional practice, and that they also support relevant organisations to fulfil their requirements to ensure appropriate staffing as defined in the Act.

6.2 In practice, HIS HSP will routinely review and refresh staffing level and professional judgement tools on a cyclical basis to ensure they remain contemporary and are functioning effectively. As part of this, HIS HSP will undertake an analysis of the usage, outputs and the functionality of all the staffing level tools and the professional judgement tool. This information will be provided to an established specialty specific expert working groups to inform any recommendations for improvements to the existing tool and/or its prioritisation for future redevelopment.

6.3 As part of the tool review process HIS HSP will consult with:

- Scottish Ministers
- Social Care and Social Work Improvement Scotland (the Care Inspectorate)
- Every Health Board
- Every relevant Special Health Board
- Every Integration Authority
- The Agency (National Services Scotland, (NSS))
- Relevant trade unions, professional bodies, and professional regulatory bodies that HIS considers to be representative of employees of Health Boards, Special Health Boards, Integration Authorities, and the Agency
- Any other providers of health care as HIS considers having relevant experience of using staffing level and professional judgement tools, and
- Any other group or person HIS considers appropriate

6.4 The HIS HSP will undertake this consultation process through a range of mechanisms, inviting key stakeholders (or the nominated representative) to participate:

- As members of the expert working group
- As members of other internal HSP governance groups
- By formally consulting with them in writing as part of the tool review process

The intention of this requirement is to ensure there is appropriate stakeholder engagement across the relevant sectors, which will in turn ensure tools are contemporary and work across diverse practice settings and staff groups.

6.5 The tool specific expert working group will be given the information obtained by HSP through:

- Internal analysis as described in 5.2
- The consultation process with stakeholders listed in 5.4
- Any relevant informal feedback to HSP

This information will be used by the group to inform any recommendations for improvements to the existing tool and/or its prioritisation for future redevelopment as a new replacement tool.

6.6 In undertaking a review of, or developing new, staffing level or professional judgement tools, HIS must have regard to guidance published by:

- Relevant professional bodies
- Other bodies HIS considers appropriate
- Relevant clinical evidence and research, and
- The guiding principles for health and care staffing set out in [Part 1 of the HCSA](#)

The HIS HSP health service researcher will undertake a literature review to inform the information considered by each of the expert working groups as part of the tool review process. The expert working group and wider consultation with stakeholders will also inform the programme of any other information or guidance that should be considered as part of the review process.

6.7 In making recommendations about the development of new, or revision of existing tools, SG expect HIS to make assumptions on certain matters. Examples of such assumptions include application of:

- Staff absence
- Bed occupancy levels

This is to ensure that such tools take account of staff national policy.

6.8 HIS HSP will produce a report providing:

- A summary of the review it has carried out
- The findings of the review
- The recommended changes to the existing staffing level tool or professional judgement tool, and
- Priorities for future tool developments, including the requirement for any tool to be developed to encompass and apply to other professional roles (see [Section 6](#))
- The inclusion or exclusion of any existing tool that is actively under development within the review process will be dependent on whether improvements are required as an interim solution e.g. to reflect any changes in policy

The report, once approved through HIS internal governance processes, will be published on the HSP webpages of the HIS website. The purpose of this rigorous process is to ensure that any review of the staffing tools is comprehensive, inclusive, transparent, and to assure Scottish Ministers that the tools remain contemporary and fit for purpose.



6.9 Where HIS HSP considers that any staffing level or professional judgement tool is no longer effective, HIS will recommend to Scottish Ministers, through the SG Sponsorship arrangement:

- the revocation of an existing tool, or
- the replacement of an existing tool, or
- the inclusion of a new tool

It is anticipated that this will take place at an allocated annual timeframe in line with parliamentary business to provide sufficient time for the regulations to be prepared and laid before parliament ahead of the next annual Board reporting period. The exception to this would be when it has been identified that a delay to the revocation or replacement of the existing tool, in which this new tool would replace, would have a significant impact to the outputs of the tools for informing appropriate staffing levels. In this circumstance, HIS would request an additional parliamentary window in which revocation or replacement of an existing tool could be considered.

6.10 Scottish Ministers can also direct HIS to develop a new, or revise an existing, staffing level tool or Professional Judgement Tool. In this situation HIS and SG will mutually develop and agree the proposal in line with HIS and SG commissioning arrangement. The purpose is to ensure that the HSP can prioritise the development of staffing tools in line with SG requirements whilst ensuring that the SG sponsor function has oversight of HIS commissions and directives from Scottish Ministers across all policy areas and is able to provide support and advice as needed.

6.11 Where HIS and/or Scottish Ministers identify a requirement to develop a new or replacement staffing level tool HIS' HSP will establish a specialty specific expert working group and follow the same collaboration process described in 5.3 to 5.7. The development of a new tool is a lengthier process than a review and revision of an existing tool and includes the requirement to consider whether the tool should apply to more than one professional discipline (see [Section 6](#)). Stakeholder engagement and collaboration from the start and throughout the tool development process is therefore paramount, in addition to the consideration of any published guidance and profession specific requirements.

6.12 HIS' HSP will determine the most effective methodology in which to inform the development of the staffing level tool and the most effective data capture and digital platform in which to host the tool. The expert working group will provide the necessary clinical, profession specific and service expertise to ensure the tool is fit for purpose and appropriate for the type of healthcare. This in turn supports relevant organisations to fulfil their requirements to ensure appropriate staffing as defined in the Act.

6.13 HIS' HSP will ensure appropriate governance arrangements are in place and HSP staffing level tool expert working groups providing a mechanism for collaboration and engagement.

6.14 HIS' HSP will produce and publish a report on the process and findings of any new tool developed, including a summary of the methodology used, the findings of any validation and testing and the consultation process. The report, once approved through HIS governance structure will be published on the HSP webpages of the HIS website. The purpose of this rigorous process is to ensure that the development of any new staffing tool is comprehensive, inclusive, and transparent, and to assure Scottish Ministers that the tools are reflective of contemporary workforce models and models of care and therefore fit for purpose.

## 6.0 HIS: duty to consider multi-disciplinary tools (12IS)

- 6.1 As outlined within [Section 5](#) when developing a new or revised staffing level or Professional Judgement Tool, HIS is required to consider whether the tool should apply to more than one professional discipline. The intention of this being to ensure that, where appropriate, the workload of all staff groups providing care in a specialty area is considered for inclusion in the review of existing, or development of new, tools.
- 6.2 HIS' HSP will identify what staff groups are working as key members of the multi-disciplinary care team within the specialty area to where the existing tool applies, as part of the tool review process.
- 6.3 A consideration of the tool review process, which will be informed through consultation with stakeholders, will be whether the tool should be re-developed to encompass other members of the wider multi-disciplinary team. This would be a significant development to any existing tool and consideration will therefore be given to whether:
  - the inclusion of other staff groups would enhance the existing tool, to reflect the multi-disciplinary nature of service delivery.
  - the requirements of the other staff groups involved in delivering care have a separate and distinct role and are managed separately and would therefore be better captured separately through a different mechanism or tool.
- 6.4 Having considered the inclusion of other staff groups in the review of existing tools, HIS' HSP will need to consider the requirements for the development to the tool, which in most circumstances will be the development of a new tool to replace the existing tool at a future date. This will need to be balanced against other priorities for tool developments, including the revision to other existing tools and the development of new tools for other specialties and professional groups.
- 6.5 HIS' HSP will consider what staff groups any new tool should encompass when developing any new or replacement staffing tool (see [Section 5](#) – 5.11) to ensure the tool is reflective of contemporary workforce and service delivery models of care delivery.
- 6.6 Having considered inclusion of additional staff groups in the review of existing, or as part of the development of new or replacement, tools, HIS can recommend to Scottish Ministers that a staffing level or professional judgement tool should apply to more than one professional discipline. The intention is to ensure that, where appropriate, future tools will be multi-disciplinary in nature. In cases where staffing groups are not included in revision or development of tools, there should be a clearly stated rationale for this. The recommended staff groups and rationale will be encompassed in the published reports of HIS' HSP review of the existing tool and the report accompanying and new tool development (see [Section 5](#) – 5.8 and 5.14)

## 7.0 HIS: duty on health boards to assist staffing functions (12IT)

- 7.1 Every health board, relevant special health board, the Agency, and integration authorities, where healthcare functions have been delegated, must give assistance to HIS as it requires to perform its functions under the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#).
- 7.2 It is the intention that health boards assistance to HIS will enable HIS to perform its legislative functions in relation to:
- Monitoring compliance with staffing functions
  - Monitoring and review of the CSM
  - Monitoring and developing staffing tools, and
  - The duty to consider multi-disciplinary tools
- 7.3 It is the intention that HIS, where possible and with data sharing arrangements in place, will access the appropriate workforce and quality information it requires to perform its functions under the Act and to avoid any unnecessary requests and associated data burden on health boards e.g. outputs from staffing level tool runs, data from the CAIR dashboard.
- 7.4 HIS will utilise the duty on health boards to assist HIS with staffing functions to request Health Boards to participate in any review or development of the CSM or staffing level tools. To do this HIS HSP will write to health boards to request participation in any consultation, evaluation, or testing. Alternatively, to request appropriate nominated individuals to represent the board in any working group tasked with the review or development of the CSM or staffing tools.
- 7.5 HIS HSP will ensure that every health board, relevant special health board, the Agency, and integration authorities, have appropriate representation on any working group and have participated in any consultation or evaluation.
- 7.6 HIS will seek the engagement and support of health boards in the identification and sharing of areas of good practice, improvement priorities and shared learning.
- 7.7 HIS will endeavour to provide appropriate improvement support when required and/or seek health boards support in the provision of appropriate improvement support to another health board where there have been opportunities for shared learning identified.
- 7.8 HIS will discharge its legislative duty to 'require information from relevant organisations' (12IU) HIS ([Section 8](#)) when additional information is required from the Health Board to inform HIS' approach to monitoring health boards compliance with staffing duties ([Section 3](#)). It is the expectation that in response to such a request health boards will provide HIS with the information requested within the timescales detailed in the 'duty on health boards to assist staffing functions (12IT)'. This will predominantly be led by the HIS HSP team with input from the HSIAG unless a joined-up approach with the Responding to Concerns team is a more appropriate route due to the source where the concern originated.
- 7.9 HIS HSP will escalate any lack of assistance and participation to senior persons within the health board, reminding them of their legislative duties to assist HIS, and through HIS routes of escalation.

## 8.0 HIS: power to require information (12IU)

- 8.1 HIS may, where necessary, serve a notice on a relevant organisation to provide information to enable it to carry out its functions under the Act:
- monitoring compliance with staffing functions
  - monitoring and review of the CSM
  - monitoring and developing staffing tools, and
  - the duty to consider multi-disciplinary tools
- 8.2 This notice will be a written request, in line with existing HIS powers to obtain information. The notice must explain why the information is required and for what function and state a date by which it must be provided (standard 10 working days but appropriate timescales will be provided to ensure boards have sufficient time to collate any required information and will be dependent on any associated level of concern identified).
- 8.3 The request for information should be proportionate and easily accessible where possible. The requested information should pertain to the current state, rather than historical, although recognising that historical trends may provide comparative data and evidence of improvement.
- 8.4 In accordance with (12IT) under the Act there is a duty on health boards to provide information to assist HIS to carry out its functions therefore the relevant organisation must comply with any notice served on it.
- 8.5 The purpose of this notice is to ensure HIS is provided with all the necessary information available to fulfil its functions in the Act effectively, whilst ensuring the information requested is proportionate and relates specifically to fulfilment of HIS' functions in the Act.
- 8.6 The written request will be sent together with an appropriate template in which to submit information, if pertaining to HIS' functions in relation to monitoring and review of the CSM; monitoring and developing staffing tools; and the duty to consider multi-disciplinary tools.
- 8.7 The information requested pertaining to 8.6 will be utilised for the sole purpose of the HIS HSP to inform its legislative functions in accordance with (12IQ): [Section 4](#); (12IR): [Section 5](#); and (12IS): [Section 6](#) unless information obtained has implications in relation to (12IP): [Section 3](#). In this instance any relevant information will be presented to HIS' HSIAG for consideration of its relevance and implications.
- 8.8 When a written request for information is identified:
- Routine part of assessment of boards compliance, such as accessing their quarterly and annual reports.
  - Proactively seeking further information based on gaps in knowledge or where insufficient assurance/information is available or been provided.
  - And/or level of concern regarding boards compliance with staffing duties, identified and agreed by the HIS HSIAG and HSP internal governance arrangement.
  - Information emerges from the HIS' multi-faceted intelligence led approach to monitoring compliance with staffing duties ([Section 3](#)).

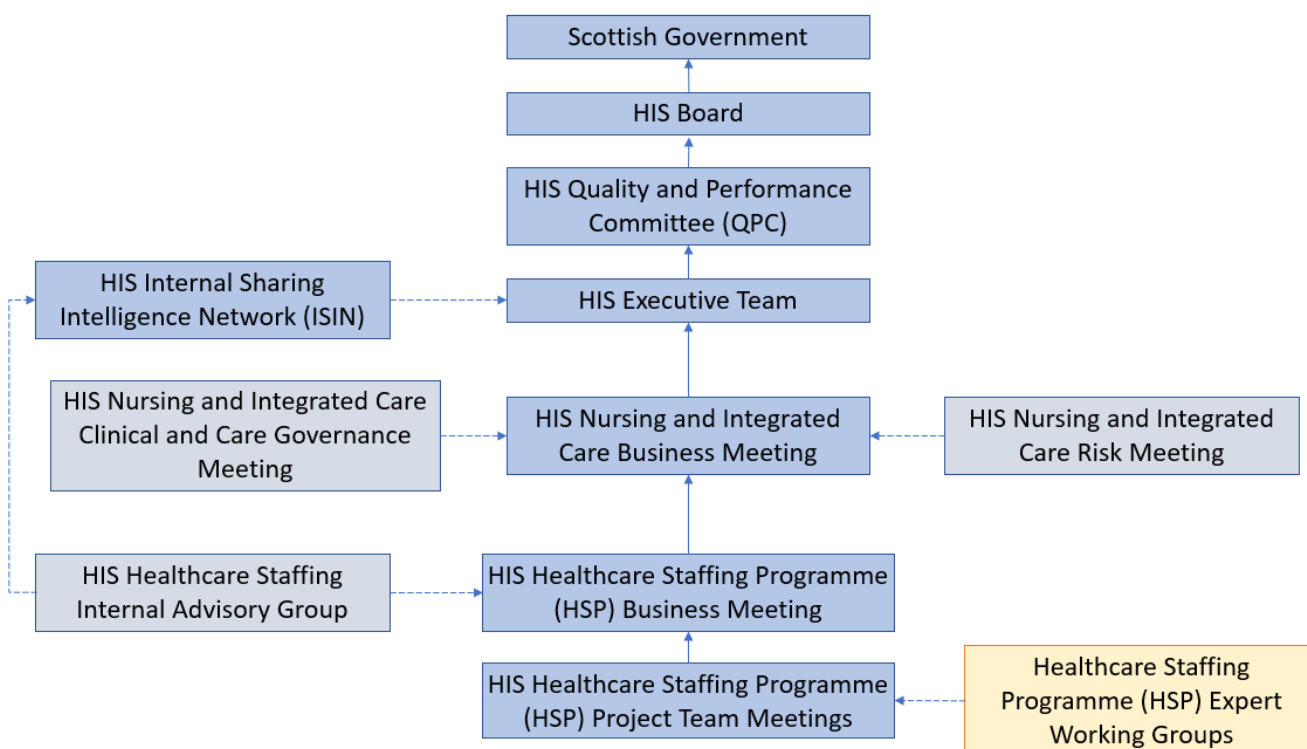
- Themes or trends are identified that warrant a thematic or deeper understanding of areas of good practice or gaps in boards compliance with staffing duties.
- 8.9 In response to a request triggered by the criteria identified in [Section 8](#) – 8.8 the HIS HSIAG will review the board’s response and complete the NHS board response review template. This will outline whether the NHS board has responded to each of the questions raised by HIS and is the boards’ response adequate, including conclusions and proposed next steps.
- 8.10 The HIS HSIAG will consider their assessment of the information provided in relation to the guiding principles of the Act in addition to several additional factors intended to support members to consider boards compliance with staffing duties. See below list. This is not exhaustive and is intended as a guide to prompt thinking in addition to the clinical knowledge, subject matter expertise, local context and the professional judgement of the HSIAG membership.
- What is the level of compliance for every Board? Do you have the information to support this?
  - What is the level of assurance from the HIS multi-faceted intelligence led approach to monitoring compliance with staffing duties (Section 3) in addition to the information provided from the Board?
  - What has been the impact of staffing on service provision? Is there evidence that patient safety and quality of care have been compromised?
  - Is there sufficient evidence of improvement work to improve appropriate staffing and outcomes for service users and where appropriate staff wellbeing?
  - Are there significant gaps in leadership, governance and executive oversight of staffing arrangements and associated implications for the safety, quality of care and staff wellbeing?
  - Are there significant concerns about the arrangements for measuring and monitoring real-time staffing risk and any associate impact on the safety and quality of care?
  - Is there significant concern about the arrangements for managing appropriate staffing levels eg recruitment challenges?
  - There is other relevant intelligence available (from within HIS and/or externally) which suggests there are more systemic issues?
  - The Board recognises the areas for improvement, however due to capacity and capability are unable to address these/make improvements.
  - Following an improvement recommendation, we would expect a response from the Board to advise us that they are addressing the areas of concern within the agreed time period.
- 8.11 In the situation that the information provided by the board (in response to the initial request for information under [Section 8](#) – 8.8) is inadequate, a further request for information may be required. In this case the HIS HSP would follow the previous steps outlined within the process or arrange to meet with the board to clarify the information required.
- 8.12 8.12 In the situation that the information provided by the board, in response to the request for information under [Section 8](#) – 8.8, is sufficient to demonstrate compliance with the Act or sufficient understanding and oversight of the risks and improvements required, HIS will issue a HSP response letter to the board.

- 8.13 In circumstances when boards are unable to demonstrate compliance with the Act or sufficient understanding and oversight of the risks and improvements required HIS HSIAG will determine the most appropriate course of action (see [Section 3](#)).
- 8.14 In every instance where HIS deploys its statutory duties to request information, information will be utilised to identify areas of good practice, opportunities for shared learning and improvement.


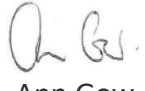
## 9.0 Accountability and governance

- 9.1 Accountability for all of HIS [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) duties covered in this Healthcare Improvement Scotland Healthcare Staffing Operational Framework remains with HIS and the relevant organisations, and not with individuals who may have delegated responsibility or be 'tasked' to carry out certain actions.
- 9.2 The executive lead for the HSP within HIS is the Director of Nursing and Integrated Care.
- 9.3 The operational delivery of HIS' legislative duties outlined within the HCSA and detailed within the Healthcare Improvement Scotland Healthcare Staffing Operational Framework is the responsibility of the HIS Associate Director for Healthcare Staffing and Care Assurance and the HSP, hosted within the Nursing and Integrated Care Directorate.
- 9.4 The review of this document and discharge of HIS' role and function will be monitored and reported through HIS' Quality and Performance Committee and from there to HIS' Board (see 9.5).
- 9.5 The Governance Structure for HIS Healthcare Staffing is demonstrated in Figure 4 below:




Figure 3 The HIS Healthcare Staffing Governance Structure



## 10.0 Version control

Version	Month / Year	Associate Director <i>Signature / date</i>	Director of NSI <i>Signature / date</i>
0.01	January 2024		
0.02	February (merged with SG updates)		
0.03	March 2024 (Chapters 4,5 and 6 added)		
0.04	April further comments received following circulation to HIS CCG on 28/3/2024 and the HSP External Programme Board.		
0.04 Final	May 2024 approval at HIS NSI Business Meeting		
0.04 Final for approval	May 2024 approval at HIS QPC		
1.0	22 May 2024 <ul style="list-style-type: none"> <li>• Approved by QPC</li> <li>• SG Errors corrected:               <ul style="list-style-type: none"> <li>○ Merged 5.9 with 5.14 to avoid duplication.</li> <li>○ SG Feedback and review by Associate Director - Updated 5.13 to remove reference to Tools Oversight group which has been disbanded and to clarify the roles and responsibilities of the HSP External Advisory group and Staffing Tools Reference Group as mechanisms for collaboration and clinical and service advice and expertise to inform HIS' work.</li> </ul> </li> </ul>	 Caroline Craig 4 June 2024	 Ann Gow 11 June 2024
1.01	Q2-Q3 2025-26 <ul style="list-style-type: none"> <li>• Reviewed by HSP Senior Management Team to ensure content reflects current practice</li> </ul>		
1.02	23 October 2025 <ul style="list-style-type: none"> <li>• Review by Programme Manager to ensure</li> </ul>		



	aligned with HIS house style		
1.03	23 October 2025 <ul style="list-style-type: none"> <li>Saved clean version for transfer to new HIS template</li> </ul>		
1.04	27 October 2025 <ul style="list-style-type: none"> <li>New template</li> </ul>	 30 October 2025	
1.05	19 November 2025 <ul style="list-style-type: none"> <li>Formatting</li> </ul>		
2.0	01 December 2025 <ul style="list-style-type: none"> <li>Final formatting and removal of EAG as now stood down. Addition of ISIN as escalation point for HS IAG and feeding into HIS ET.</li> <li>Ratified at ET</li> </ul>	 Caroline Craig 1 October 2025	 Melissa Dowdeswell 10 December 2025

Published | December 2025

Need information in a different format? Contact our Equality, Inclusion and Human Rights Team to discuss your needs. Email [his.equality@nhs.scot](mailto:his.equality@nhs.scot) or call 0141 225 6999. We will consider your request and respond within 20 days.

---

### **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

0141 225 6999

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