Healthcare Improvement Scotland

Health and Care (Staffing) (Scotland) Act 2019: ‘HIS functions in relation to staffing’

Annual Report

For year ended 31 March 2025

NHS SCOTLAND

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Contents

Foreword

I am pleased to present our first Healthcare Staffing annual report, highlighting the progress Healthcare Improvement Scotland (HIS) has made in fulfilling our responsibilities under the Health and Care (Staffing) (Scotland) Act 2019. The workforce is NHS Scotland's greatest asset and pivotal to ensuring that every patient receives safe, high-quality care.

The Act has provided a robust framework for us to enhance the quality of care through meticulous planning, monitoring, and improvements in staffing. Over the past year, we have focused on implementing the Act's requirements, fostering a culture of collaboration, continuous improvement, and supporting our dedicated workforce.

As we reflect on our achievements, we remain committed to our mission of leading quality health and care for Scotland. We look forward to building on this year's successes and continuing to drive positive change in the years to come.

Thank you for your continued support and dedication to our shared goals.

Robbie Pearson

Chief Executive

Healthcare Improvement Scotland

Introduction

The Health and Care (Staffing) (Scotland) Act 2019 has set a new standard for ensuring safe and effective staffing within Scotland's health and care services. This annual report outlines the progress and achievements of HIS in meeting our statutory obligations under this legislation.

Our mission is to enhance the quality of care through improvements in healthcare staffing, ensuring that every patient receives the best possible care. Throughout the year, we have collaborated closely with Health Boards, Scottish Government, professional bodies, and other stakeholders to implement evidence-based staffing tools and methodologies. These collaborations have been instrumental in fostering a culture of continuous improvement and innovation, ensuring our staffing tools reflect contemporaneous service delivery and the needs of staff and patients.

We have also prioritised integrating our new role and function in monitoring Boards's compliance with the Act into HIS' existing role and functions, providing independent assurance of the quality and safety of care and staffing provision. This has been done under the guiding principles for healthcare staffing, which is to ensure the provision of safe and high-quality services and outcomes for service users.

HIS have strived to reduce the burden on Health Boards by taking a proportionate intelligence-led and collaborative approach with Boards to inform improvements in staffing.

This report provides a comprehensive overview of our initiatives, collaborations, and outcomes. It highlights the innovative approaches we have adopted to ensure HIS efficiently and effectively meets our legislative requirements while being cognisant of the challenges Health Boards are experiencing, particularly in relation to staffing.

We are proud of the progress we have made and remain committed to our goal of delivering high-quality health and care services across Scotland. As we look to the future, we will continue to build on our successes and strive for excellence in all aspects of our work.

Background

The Health and Care (Staffing) (Scotland) Act 2019 (HCSA) into force on 1 April 2024. Its aim is to ensure the provision of safe, high-quality services and achieve the best healthcare or care outcomes for service users through appropriate staffing.

The Act stipulates several functions in relation to staffing in which HIS is 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

HIS' legislative requirements, outlined within the Act and the accompanying statutory guidance, were undertaken in line with HIS' Healthcare Staffing: Operational Framework and HIS' Organisational Approach (see Figure 1), as follows:

Figure 1: HIS organisational approach

Chapter 1 HIS: monitoring compliance with staffing duties (12IP)

Encompassing 12IT HIS: duty on Health Boards to assist staffing functions and 12IU HIS: power to require information.

1.1 Staffing duties

HIS must monitor the discharge, by every Health Board, relevant Special Health Board and the Agency, of their duties in relation to staffing (Table 1) as follows:

Table 1: NHS duties in relation to staffing

Section	Purpose
(a) section 12IA	Duty to ensure appropriate staffing, including related duties under section 2, to have regard to guiding principles etc. in healthcare staffing and planning
(b) section 12IC	Duty to have real time staffing assessment in place
(c) section 12ID	Duty to have risk escalation process in place
(d) Section 12IE	Duty to have arrangements to address severe and recurrent risks
(e) section 12IF	Duty to seek clinical advice on staffing
(f) section 12IH	Duty to ensure adequate time given to clinical leaders
(g) section 12II	Duty to ensure appropriate staffing: training of staff
(h) section 12IJ	Duty to follow Common Staffing Method
(i) section 12IL	Training and consultation of staff
(j) section 12IM	Reporting on staffing
(k) section 12IN	Ministerial guidance on staffing

1.2 Sharing good practice and learning

HIS plays a vital role in ensuring that relevant organisations comply with the duties outlined in the Act. By doing so, HIS helps to identify and disseminate good practices and constructive learning. This process is instrumental in informing the provision of targeted improvement support. For a visual of the monitoring board compliance process end to end please see the flow chart in Appendix 1.

1.3 Intelligence-led approach

HIS has discharged its duties in line with the HIS Healthcare Staffing Operational Framework (2024), utilising a multi-faceted, intelligence-led approach. The co-location of functions across HIS allows the organisation to provide a range of activities in a coordinated and balanced manner, thereby enhancing HIS' monitoring and improvement functions.

1.4 Power to require information

To support HIS' intelligence-led approach, HIS exercised its 'power to require information' by writing to NHS Boards quarterly and requesting copies of their internal Board reports. Under section 12IF duty to

seek clinical advice on staffing, individuals with lead clinical professional responsibility are required to provide a quarterly report to the Board of the relevant organisation. This reporting includes the views of these lead clinical professionals on the organisation's compliance with the duty to ensure appropriate staffing.

This has proven challenging due to the lack of reports to Board members in Quarter 1 and subsequent delays in receiving Board reports (see Table 2), partly due to the misalignment of Board Governance meetings.

Table 2: Quarterly board reports – date received by HIS

Board	Quarter 1 Report Received	Quarter 2 Report Received	Quarter 3 Report Received
NHS 24	16-Jul-24	25-Oct-24	29-Jan-25
NHS Ayrshire & Arran	14-Aug-24	5-Dec-24	04-Apr-25
NHS Borders	23-Jul-24	30-Oct-24	28-Jan-25
NHS Dumfries & Galloway	15-Jul-24	21-Nov-24	28-Feb-25
NHS Fife	9-Oct-24	7-Jan-25	28-Mar-25
NHS Forth Valley	16-Jul-24	25-Oct-24	31-Jan-25
NHS Grampian	10-Sep-24	30-Dec-24	26-Feb-25
NHS Greater Glasgow & Clyde	6-Sep-24	5-Dec-24	18-Feb-25
NHS Golden Jubilee (National Waiting Times)	11-Sep-24	13-Nov-24	07-Mar-25
NHS Highland	26-Sep-24	28-Jan-25	04-Apr-25
NHS Lothian	15-Aug-24	11-Dec-24	06-Feb-25
NHS Lanarkshire	23-Aug-24	12-Nov-24	31-Jan-25
NHS National Services Scotland	25-Jul-24	6-Jan-25	11-Mar-25
NHS Orkney	27-Aug-24	26-Nov-24	13-Feb-25
NHS Scottish Ambulance Service	4-Sep-24	15-Nov-24	14-Mar-25
NHS Shetland	9-Aug-24	13-Dec-24	13-Feb-25
NHS Tayside	16-Aug-24	13-Dec-24	27-Feb-25
NHS The State Hospital	22-Aug-24	2-Dec-24	28-Feb-25
NHS Western Isles	1-Oct-24	27-Nov-24	13-Mar-25

1.5 Board engagement

HIS utilised its 'powers' under section 12IT duty on health boards to assist staffing functions, to initiate quarterly virtual meetings via MS Teams. These meetings were attended by representatives from the HIS Healthcare Staffing Programme (HSP) and as a minimum the Health Board's executive lead for workforce and workforce lead. To foster collaboration, the HSP team promoted joint agenda setting and mutually agreed upon actions as outputs from the meetings.

The aim and purpose of the Board engagement calls are to:

- Support HIS' role and function under duty 12IP, by understanding how Boards are discharging their duties as cited in the legislation.
- Provide HIS with an opportunity to use an inquisitive and coaching approach to discuss the content and progress identified within the Board quarterly reports.
- Explore key lines of enquiry identified through HIS' data, evidence, and intelligence.
- Provide an opportunity for Boards to highlight areas of success, good practice, and share learning.
- Collectively understand and agree on identified risks, challenges, and mitigations.
- Identify and provide appropriate improvement support where required.

These meetings provide an opportunity to gain a deeper understanding of how the Boards are meeting the requirements of the Act and to ask pertinent questions that have arisen from the Board quarterly reports or other sources of intelligence. They also enable areas of good practice to be identified and shared between Boards, reducing the data burden on Boards by minimising the need to share additional supporting evidence where possible.

Due to the delay in receiving the Board reports, there has been an impact on the schedule of Board engagement calls (see Table 3) as follows:

Table 3: Quarterly Board engagement calls

Board	Quarter 1 Engagement Call	Quarter 2 Engagement Call	Quarter 3 Engagement call
NHS 24	28-Aug-24	Agreed No Call	24-Feb-25
NHS Ayrshire & Arran	5-Sep-24	16-Dec-24	Rescheduled
NHS Borders	13-Aug-24	19-Nov-24	Rescheduled
NHS Dumfries & Galloway	23-Aug-24	3-Dec-24	27-Mar-25
NHS Fife	9-Sep-24	3-Feb-25	Rescheduled
NHS Forth Valley	19-Aug-24	5-Nov-24	24-Feb-25
NHS Grampian	30-Sep-24	3-Feb-25	Unavailable
NHS Greater Glasgow & Clyde	24-Sep-24	16-Dec-24	10-Mar-25
NHS Golden Jubilee (National Waiting Times)	23-Sep-24	4-Dec-24	11-Mar-25
NHS Highland	23-Aug-24	5-Nov-24	20-Mar-25
NHS Lothian	27-Aug-24	17-Dec-24	27-Feb-25
NHS Lanarkshire	17-Sep-24	12-Dec-24	11-Feb-25
NHS National Services Scotland	4-Sep-24	9-Jan-25	Rescheduled
NHS Orkney	9-Sep-24	13-Jan-25	18-Mar-25
NHS Scottish Ambulance Service	12-Sep-24	9-Jan-25	20-Mar-25
NHS Shetland	9-Aug-24	20-Dec-24	10-Mar-25
NHS Tayside	26-Aug-24	20-Dec-24	20-Mar-25
NHS The State Hospital	26-Aug-24	27-Jan-25	Rescheduled
NHS Western Isles	10-Sep-24	15-Jan-25	25-Mar-25

1.6 Supporting inspections

The HSP has contributed essential input and expertise to HIS' inspection activities, including:

- Joint Inspections of Care services
- Inspections of Acute Hospitals
- Inspection of Maternity Units
- Inspection of Mental Health Units

The HSP plays a crucial role alongside our inspectors in conducting Safe Delivery of Care (SDoC) inspections. These inspections are carried out in accordance with HIS' Quality Assurance System and Framework, with the HSP providing both onsite and virtual input. Prior to April 2024 and Q1-3 of 2024-25 the SDoC inspections within NHS hospitals and services focused solely on Acute Hospital services, with Mental Health Units continuing to have a focus on Infection Prevention and Control. The HSP predominately focused on domain 4.3 of the Framework, aligning inspection findings with the requirements of the Act. Over the course of 2024-25 ten Acute Hospital Inspection reports were published with input from the HSP. The HSP have supported all of the Acute Hospital Inspections, some across multiple sites (see Table 4). With the expansion of the SDoC inspections to encompass Maternity and Mental Health services, from Q4 of 2024-25, the resource requirements for the HSP team to support inspections is expected to increase significantly.

Table 4: SDoC Inspections (2024-25)

Board	Hospital	Type of Inspection	Inspection Date	Inspection Report
NHS Greater Glasgow and Clyde	Queen Elizabeth University Hospital	Acute Hospital	April 2024 (focused emergency department inspection)	July 2024
NHS Greater Glasgow and Clyde	Royal Alexandra Hospital	Acute Hospital	April 2024	July 2024
NHS Greater Glasgow and Clyde	Glasgow Royal Infirmary	Acute Hospital	April 2024 (focused emergency department inspection) June 2024 (whole site)	September 2024
NHS Grampian	Dr Gray's Hospital	Acute Hospital	July 2024 (follow-up)	October 24
NHS Western Isles	Western Isles Hospital	Acute Hospital	September 2024	December 2024
NHS Highland	Raigmore Hospital	Acute Hospital	October 2024 (dual site)	February 2025
NHS Highland	Lorn and Islands Hospital	Acute Hospital	October 2024 (dual site)	February 2025
NHS Fife	Victoria Hospital	Acute Hospital	December 2024 (follow-up)	March 2025
NHS Lanarkshire	Cleland Hospital	Mental Health	January 2025	April 2025
NHS Tayside	Ninewells Hospital	Acute Hospital	January 2025	To be published
NHS Tayside	Ninewells Hospital	Maternity	January 2025	To be published
NHS Fife	Queen Margaret Hospital	Mental Health	February 2025	To be published

Plans for 2025-26 include conducting ten Acute Hospital, ten Mental Health, and seven Maternity SDoC inspections.

1.7 Reviews of care

The HSP has also provided significant input as part of HIS' role in reviewing care. The programme has played a pivotal role assessing the safety and quality of care in the main Emergency Departments at NHS Greater Glasgow and Clyde. This review addresses concerns raised by medical consultants at Queen Elizabeth University Hospital with the scope of the review widened to include the Emergency Departments at Glasgow Royal Infirmary and Royal Alexandra Hospital. The review also aimed to identify broader lessons for Emergency Departments and NHS Boards across NHS Scotland.

Given the significant workforce challenges highlighted in the concerns raised with HIS, the HSP led the review of workforce evidence and requirements to inform the review findings and any resulting actions. Additionally, the HSP team has taken the lead on the staff experience component of the review, due to the close link between staffing and staff wellbeing, as emphasised by the Act's guiding principles. The report is now available on the HIS website: Reviews of Care.

It is anticipated that there will be a requirement for HIS to further develop the Emergency Care Provision Staffing Level Tool to ensure it reflects the changes in patient acuity and complexity and the increase in patient length of stay within Emergency Departments.

1.8 Responding to concerns

Another source of information on Boards' compliance with the requirements of the Act is obtained through HIS' Responding to Concerns (RTC) process. The HSP contributes to HIS' RTC process by providing workforce expertise when a concern raised has an identified staffing element. Additionally, when the concern predominantly involves staffing, the HSP takes the lead, engaging with the Board to seek assurance. This involves our HSP team working with the NHS Board to establish:

- If they are aware of the concerns
- How they are responding to them
- Any actions or improvements being implemented
- The governance and oversight arrangements in place

HIS collaborates with NHS Boards and other relevant national agencies to support improvements.

The HSP have led on three separate Health Board RTC relating to staffing (Q1-4) and contributed to a further five. One is now closed and four remain open with one further maternity and service review RTCs underway.

1.9 Healthcare Staffing Internal Advisory Group

To ensure HIS collates and analyses all staffing information obtained through our internal processes and data intelligence, the HSP has established a Healthcare Staffing Internal Advisory Group. This group includes representatives from across the organisation, providing the HSP with a range of expertise and intelligence. It serves as a forum for obtaining critical advice, challenge, and direction to inform HIS' legislative monitoring and assurance role. The group first met on 30 August 2024 and has since met regularly to review each Board's compliance with the Act (see Table 5).

Table 5: HIS Healthcare Staffing Internal Advisory Group meetings 2024-25

HSIAG Meeting date	Friday, 30 August 2024	Thursday, 7 November 2024	Monday, 16 December 2024	Thursday, 30 January 2025	Tuesday, 18 February 2025	Tuesday, 11 March 2025
Boards discussed	1. NHS Borders 2. NHS Greater Glasgow and Clyde	3. NHS Orkney 4. NHS Shetland 5. NHS Western Isles 6. NHS Grampian	7. NHS 24 8. NSS 9. NHS Fife 10. NHS Lanarkshire	11. The State Hospitals Board for Scotland 12. NHS Lothian 13. NHS Ayrshire & Arran	14. Scottish Ambulance Service 15. NHS Dumfries & Galloway 16. NHS Tayside Board Update- Feedback on Actions from previous HSIAG's	17. NHS GJNH 18. NHS Forth Valley 19. NHS Highland Board Update- Feedback on Actions from previous IAG's

Prior to the meetings, information and intelligence are requested from across HIS. The HSP provides a summary of Board reports, coaching calls, staffing tool compliance, and intelligence. This information is triangulated with other data to assess Boards' compliance status and identify any gaps or questions. These gaps and questions are then addressed in the next Board engagement meeting to obtain further information and assurance.

High level findings from the HSP's assessment of Boards' compliance with the Act 2019 can be found in Section 1.10.

1.10 Monitoring compliance with staffing duties: findings

The Act requires relevant organisations to publish and submit an annual report to the Scottish Ministers detailing how they have carried out their duties under the legislation.

The role of HIS to monitor Boards compliance with their staffing duties, as part of their scrutiny function, is to provide independent information to that provided by the organisations in their annual reports. In addition, HIS will identify areas of good practice, shared learning and improvement support.

The following provides a high level overview of the findings that HIS have identified through its monitoring function in addition to the findings published within relevant inspection and review reports.

The emerging evidence available to HIS, is that Boards have a high reliance on the developed systems and processes to support full compliance with their legislative duties. The Boards will require to have regard of, and demonstrate how they have considered, the guiding principles of the legislation with each duty. This will ensure that Boards have meaningful understanding of current and future workforce requirements to support safe, effective, high quality patient outcomes and consideration of staff wellbeing.

The Scottish Government developed an annual reporting template which provides examples of RAG status and also highlights how the four levels of assurance should be reported. Substantial assurance (green status) reasonable assurance (yellow status) limited assurance (amber status) and no assurance (red status) The majority of boards use this method in their quarterly internal reports, however there are some boards who provide no status or use a RAG rating status only. The report below only captures boards who have reported levels of assurance as described by Scottish Government.

1.10.1 **12IA: Duty to ensure appropriate staffing**

In evidence provided by NHS Scotland Boards through their quarter two internal reports 36% of Boards report substantial assurance, 43% report reasonable assurance and 21% report limited assurance with 12IA Duty to ensure appropriate staffing.

Across NHS Scotland, Boards continue to experience significant workforce pressures, including high vacancies in key professions and recruitment challenges compounded by increased service and clinical pressures. This is undoubtably impacting on Boards ability to provide assurance that at all times there are suitable numbers of qualified staff in place.

Staffing shortfalls are a common finding identified as part of HIS' assurance and scrutiny role, particularly through inspection activity. Increasingly, staffing concerns are a key aspect of NHS Scotland staff raising concerns with HIS relating to the safety and/or quality of patient care under the Public Interest Disclosure Act (PIDA).

All Boards describe a variety of approaches to ensure that they have the right workforce in place to support safe, effective high-quality care and patient outcomes, such as service reviews, skill mixing, and workforce planning etc.

However, the requirement to manage the staffing risk and challenges is heavily reliant on effective arrangements for real time staffing (Duty 12IC) with staff deployed across the system to mitigate the risks associated with staffing. The use of a red, amber and green (RAG) status to identify staffing shortfalls is commonly used with the movement of staff from areas of green moved to reduce the risk associated with areas declaring a red risk status. The resulting widespread acceptance of 'amber' status indicates the challenge in ensuring at all times all areas are appropriately staffed.

1.10.2 **12IC: Duty to have real time staffing assessment in place**

In the evidence provided by NHS Scotland Boards through their quarter two internal reports 22% of Boards report substantial assurance, 64% report reasonable assurance and 14% report limited assurance with Duty 12IC.

A high number of Boards report having robust systems and processes to record how they assess real time staffing. Boards report a range of systems such as RLDatix (SafeCare Live), TURAS, Safety Huddles and other locally designed systems to capture real time staffing assessment. The data, evidence and intelligence emerging through inspections and Responding to Concerns demonstrate that Nursing and Midwifery generally have systems and processes to capture real time staffing assessment.

However, Boards are at different stages of implementing Duty 12IC across other non-nursing and midwifery staff groups and beyond Acute Hospital settings. HIS has limited intelligence available to understand the robustness of the arrangements that are in place.

The Boards that do have electronic systems in place, that in essence meets the requirements of the Act, there is evidence that oversight arrangements and decision making is still in the early stages of maturation. Many Boards are still in process of developing standard operating procedures to support this duty.

1.10.3 **12ID: Duty to have risk escalation process in place**

In the evidence provided by NHS Scotland Boards through their quarter two internal reports 38% of Boards report substantial assurance, 38% report reasonable assurance and 24% report limited assurance with Duty 12ID.

Boards are at different stages of implementation, particularly out with Nursing and Midwifery. There is some evidence across all the Boards that there are processes in place to support real time escalation, however this is mainly focused on Nursing and Midwifery and Allied Health Professionals (AHP) groups of staff. There is limited evidence available to HIS to substantiate high level of confidence with this duty for other professions cited in legislation. Many Boards are still in the process of formalising the processes in place to support real time staffing escalation, e.g. development of standard operating procedures to support this duty.

Many Boards report having governance groups in place to support discussion around real time staffing escalation and risk. However, during the SDoC inspections, a recurring theme reported to inspectors by staff is that they often do not receive feedback in relation to decisions that have been made as a result of staffing escalations e.g. the decision to deploy staff; or feedback if there is an inability to mitigate staffing shortfalls. Another common theme identified through HIS inspections and other assurance work is staff raising concerns about the impact of staff shortages on patient and staff wellbeing.

1.10.4 **12IE: Duty to have arrangements to address severe and recurrent risks**

In the evidence provided by NHS Scotland Boards through their quarter two internal reports 36% of Boards report substantial assurance, 54% report reasonable assurance and 28% report limited assurance with Duty 12IE.

There is not currently a 'Once for Scotland' definition of severe risk. Many Boards are working towards developing a local definition.

Some Boards include severe and recurring risk through their risk management strategy. The emerging evidence through the SDoC inspections is that there is limited evidence to support how Boards are robustly capturing recurring staffing risk for all staff groups included within the scope of the legislation. In addition, there is a lack of evidence to support that recurrent or severe risks are being utilised or triangulated with quality and safety to inform how the Boards are meeting the guiding principles of the legislation.

1.10.5 **12IF: Duty to seek clinical advice on staffing**

In the evidence provided by NHS Scotland Boards through their quarterly internal reports 13% of Boards report substantial assurance, 67% report reasonable assurance and 20% report limited assurance with Duty 12IF.

Boards are at various stages of how this duty is robustly recorded. Boards describe local arrangements for seeking clinical advice. This can be undertaken informally at Safety Huddles or support by clinical leaders within their local systems. What is less clear is how these conversations are robustly recorded or acted upon and how feedback is provided for staff.

Some Boards are describing the use of electronic recording systems such as RLDatix SafeCare live to record clinical advice; however, we have limited intelligence or evidence on how robust this is and will only be available to staff who are currently using this system.

1.10.6 **12IH: Duty to ensure adequate time given to clinical leaders**
In the evidence provided by NHS Scotland Boards through their quarter two internal reports 14% of Boards report substantial assurance, 50% report reasonable assurance and 36% report limited assurance with Duty 12IH.

Many Boards describe how they are working with the different professional disciplines to identify and ensure individuals with lead clinical professional responsibility for a team of staff receive sufficient leadership time. However, given the clinical and service pressures, Boards describe the challenges to ensure compliance.

There are many good practices cited in quarterly board reports, associated mainly with monitoring the number of occasions when individuals have been unable to have this protected time, and mitigations put in place. If they use an electronic system, such as e-rostering this is easily captured. For services or disciplines that have not implemented e-rostering or an alternative digital system, there is limited evidence of how Boards determine appropriate time to lead and monitor compliance.

1.10.7 **12II: Duty to ensure appropriate staffing: training of staff**
In the evidence provided by NHS Scotland Boards through their quarter two internal reports 43% of Boards report substantial assurance, 50% report reasonable assurance and 7% report limited assurance with Duty 12II.

Poor compliance with staff training is a recurring theme, demonstrated through the Safe Delivery of Care (SDoC) inspections; this therefore does not align to the level of confidence reported through the Boards quarterly reports.

This is balanced with many Boards reporting development of systems and processes to capture key requirements and compliance to ensure that staff have the right training to undertake their role safely and effectively.

1.10.8 **12IJ: Duty to follow Common Staffing Method**
In the evidence provided by NHS Boards through their quarter two internal reports 38% of Boards report substantial assurance, 54% report reasonable assurance and 8% report limited assurance with Duty 12IJ.

It is apparent through the data, evidence and intelligence available to HIS, that Boards have yet to fully establish a robust system and process to ensure that they are compliant with the duty to follow the Common Staffing Method. Boards are mostly in the process of testing and developing processes and templates, standard operating procedures to support the application of the Common Staffing Method.

From the tool run data (see Appendix 2) there are many instances that the application of the Staffing Level Tool has not been rigorously and consistently applied with many quality assurance issues. Although staffing level tools are only one component of the Common Staffing Method, lack of robust data will impact on the overall effectiveness of the methodology.

During the SDoC inspections and through Responding to Concerns, a common theme is emerging that staff do not receive feedback on the outcome of the staffing tools and the subsequent application of the Common Staffing Method.

HIS will undertake a thematic review into Boards compliance with the Common Staffing Method and a review into its effectiveness in 2025-26 reporting period.

1.10.9 **12IL: Training and consultation of staff**

In the evidence provided by NHS Scotland Boards through their quarter two internal reports 36% of Boards report substantial assurance, 64% report reasonable assurance with Duty: 12IL.

Boards have focused on providing education and training on staffing level tool runs. Despite the resources available on the HIS website to support staff to use the staffing tools, there is an identified need to develop further resources to support Boards in the provision of this training due to the quality assurance issues identified.

Many Boards also have ensured that the TURAS health and care staffing modules are undertaken by clinical staff to support understanding of the Act. There are many nationally available resources which Boards acknowledge are available to them.

1.10.10 **12IM: Reporting on staffing**

Every Health Board and the Agency must publish, and submit to the Scottish Ministers, a report setting out how during that financial year it has carried out its duties. Boards have indicated that they are preparing to submit these reports, however, have raised concerns regarding the tight timescales for submission after the end of the financial year. HIS will access these reports after the 30th of April 2025 and subsequently meet with Boards to discuss their annual submissions, identify areas of good practice and areas where further improvement and support required.

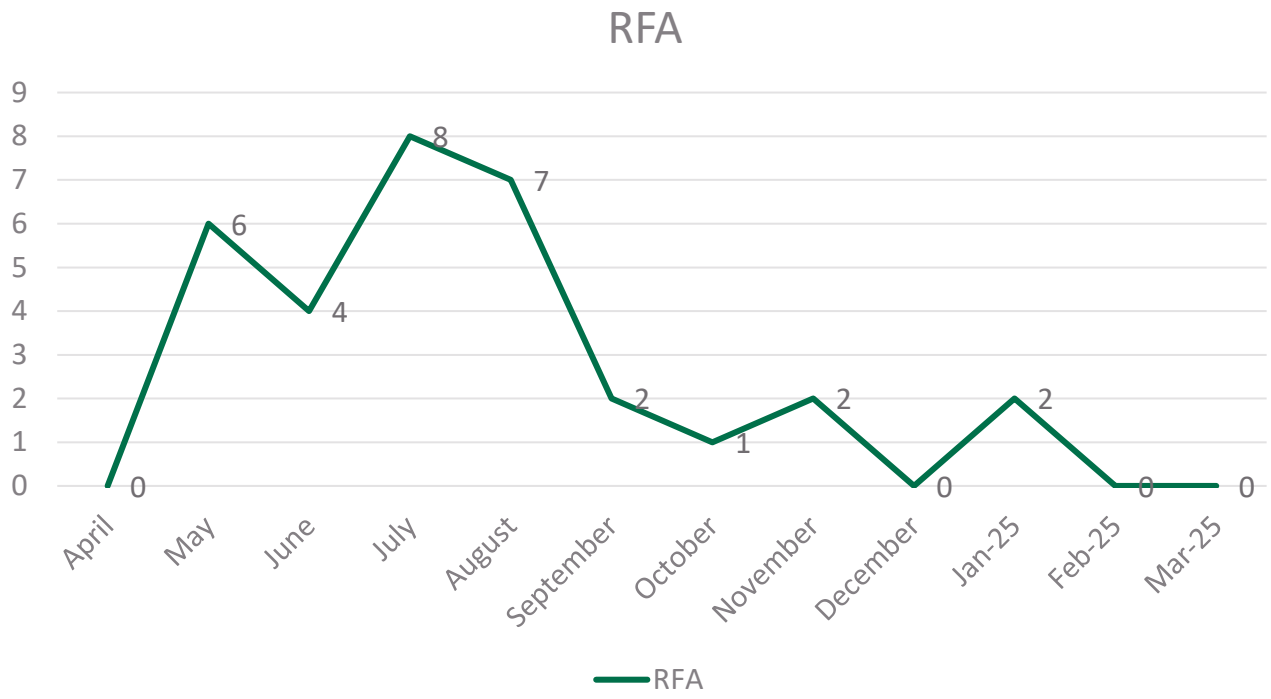
1.11 Sharing intelligence

The intelligence obtained through HIS' monitoring of individual Boards compliance with the Act in turn supports HIS' other assurance and regulatory functions. The HSP provide information through HIS' internal sharing intelligence mechanisms e.g. safety network and through the External Sharing Intelligence Network. The HSP programme actively contribute to the pre-inspection planning meetings ensuring any intelligence is shared that may influence the priority Boards or areas in which to focus future inspection activity.

1.12 Request for assistance (RFA)

Through HIS' role in monitoring Boards' compliance with the Act, there is an expectation that HIS will provide appropriate improvement support. The HSP has a process in place for Boards to request such support. The number of requests has gradually decreased over the course of 2024-25 as the Act has become more established as a routine part of business within the Boards (see Figure 2).

Figure 2: HSP requests for assistance



Most requests relate to support with the Staffing Level Tools and Professional Judgement Tool, as part of the Board's requirement to follow the Common Staffing Method (12IJ). The HSP has developed several resources to support compliance with 12IJ, which are available on the HIS website to help Boards meet this legislative duty. However, our monitoring role has identified ongoing compliance issues and quality concerns regarding how Boards use the staffing tools.

The HSP has recognised the need to develop additional LearnPro Modules to help Boards meet 12IJ and 12IL, "Training and Consultation of Staff," which will be progressed in 2025-26.

Two significant requests for bespoke support have been received from separate NHS Scotland Boards. These requests pertain to assistance with conducting a Board-wide review of the Acute Hospital nursing workforce. The objective of the workforce review is to better understand the necessary nursing establishments and the impact of caring for patients in non-funded contingency beds or non-standard care areas on staffing requirements. The insights gained from this improvement support will inform the development of resources to aid other Boards in undertaking similar reviews and provide broader learning across NHS Scotland. These resources will be developed in 2025-26.

It is worth noting that HIS does not support the routine use of contingency beds and beds in non-standard care areas, as the standard of care in many of these areas falls below acceptable standards. However, improvements in staffing will, in part, support improvements in the standards of care.

Chapter 2 HIS: monitoring and review of Common Staffing Method (12IQ)

HIS is required to monitor, in respect of each type of health care listed in section 12IK, the effectiveness of the Common Staffing Method process described in section 12IJ(2) of the Act and the way in which relevant organisations are using it.

2.1 Preparation for enactment

Through our role in 'monitoring compliance with staffing duties (12IP) (Chapter 1),' it has become apparent that Boards have yet to establish robust systems and processes to ensure full compliance with the duty to 'follow the Common Staffing Method' (12IJ) and duty 12IL: 'Training and consultation of staff.' HIS had expected that Boards would be better prepared to meet this legislative duty; however, our findings suggest that many Boards are still developing and testing new processes and templates.

2.2 Monitoring staffing level tools

HIS monitor monthly the Staffing Level Tool, Professional Judgement Tool, and Quality Audit usage (see Appendix 2).

This provides a good indication of Boards' compliance with some aspects of the Common Staffing Method. Our findings indicate that several Boards are still not compliant with Duties 12IJ to 12IL. For more information on Boards' compliance with Duties 12IJ to 12IL, please see chapter 1.

2.3 Reporting dashboard to monitor compliance

HIS has developed a new reporting dashboard to monitor Boards' compliance with the Common Staffing Method. Utilising specialty-specific staffing level tools and data from Health Boards, a Power BI dashboard has been created to track tool run compliance. This dashboard is built on structured datasets that align with Common Staffing Method requirements, ensuring accurate compliance measurement. It visualises key metrics in a clear and interactive format, providing a comprehensive view of compliance. Future enhancements will include the integration of real time staffing and workforce data to provide deeper insights. As the monitoring system evolves, the intelligence generated will serve as clear evidence of compliance with the Common Staffing Method.

2.4 Common Staffing Method project plan 2025-26

HIS have developed a project plan for 2025-26 to undertake a Common Staffing Method thematic review. The purpose of the review will be to:

- Establish Board's compliance with the duty to follow the Common Staffing Method, identifying any areas of good practice and areas for improvement
- The ease and effectiveness of the Common Staffing Method in informing appropriate staffing
- Consideration to the appropriateness of the Common Staffing Method for the specified areas of health care, location, and employees and any scope to broaden the areas to encompass other health care, location, and employees

- Opportunities for improvements to the Common Staffing Method, including any resources to support its application

This review will be undertaken in collaboration with the named persons under section 12IQ (3).

Chapter 3 HIS: monitoring and development of staffing tools (12IR)

Encompassing HIS: duty to consider multi-disciplinary staffing tools (12IS)

3.1 Monitoring Staffing level tool Effectiveness

Under section 12IR of the Health and Care (Staffing) (Scotland) Act 2019, HIS is required to monitor the effectiveness of any Staffing Level Tool or Professional Judgement tool prescribed by the Scottish Ministers under section 12IJ (see Table 6). HIS can recommend to the Scottish Ministers to revoke or replace these tools to ensure they remain contemporary and provide meaningful outputs for Health Boards when used as part of the Common Staffing Method.

3.2 Current staffing level tools

There are currently ten staffing levels tools mandated for use under the Health and Care (Staffing) (Scotland) Act 2019 as follows:

Table 6: Staffing tools prescribed under section 12IJ

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

These staffing level tools must be used in conjunction with the mandated Professional Judgement Tool. Additionally, the Quality Tool must be run alongside the Community Children's & Children's Specialist Nurse Staffing Level Tool, the Clinical Nurse Specialist Staffing Level Tool, and the Community Nurse Staffing Level Tool.

3.3 Timescale for making recommendations

In line with the ministerial calendar, HIS has been provided with pre-determined timescales for making recommendations to Scottish Ministers. HIS is required to make any recommendations in October for new or revised tools to be prescribed under section 12IJ (3) in April for the new financial reporting year. Any delay in the tool development process could impact HIS' ability to meet these ministerial timescales.

The Scottish Government has agreed to negotiate additional opportunities for HIS to make recommendations to Scottish Ministers. However, if the prescribed staffing tool becomes available partway through the annual reporting period, it could affect Boards' ability to meet the requirement to run the tools at least once per annum, as part of their legal duty to follow the Common Staffing Method.

3.4 Staffing tool revisions to reflect the reduced working week

3.4.1 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.

3.4.2 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 1st of April 2024 full-time staff in NHS Scotland employed on AfC 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).

3.4.3 This impacted the validity of the staffing tools, which were based on a standard working week of 37.5 hours. Due to the short timescales from the announcement to its implementation, HIS was unable to make the necessary changes to the staffing tools before April 1, 2024.

3.4.4 To ensure Health Boards had access to meaningful outputs from the staffing tools, based on the new 37-hour working week, the HSP added the revised recommended Whole Time Equivalent (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 hosted on the Scottish Standard Time System (SSTS).

3.4.5 The technical revisions to the staffing tools has now been concluded and the recommendation made to Scottish Ministers (see Recommendations to Scottish Ministers: October 2024) to amend the National Health Service (Common Staffing Method) (Scotland) Regulations 2024 to name the revised tools from April 1, 2025. Please see HIS website for the full report.

3.5 Development of new or revised staffing level tools

The Scottish Ministers may direct HIS to develop new or revised staffing level tools or professional judgement tools for specific types of healthcare provision.

Prior to the commencement of the Act on 1 April 2024, HIS was commissioned by the Scottish Government (SG) to further develop the Community Nursing, Community Children's and Specialist Nursing, and Clinical Nurse Specialist (3C's) Staffing Level Tools. This significant work aimed to develop a national 'multiplier' to recommend WTE outputs from the tools.

HIS was also commissioned to develop replacement staffing level tools for maternity Provision and Mental Health and Learning Disability (MHLD) inpatient services, as the current prescribed tools were identified as no longer effective. Additionally, HIS was tasked with developing a new Professional Judgement Tool that could be used by various clinical professions covered under the Act, replacing the existing tool.

The following provides an overview of the staffing tool developments progressed by HIS during the 2024-25 reporting period:

3.6 Community Nursing, Community Children's and Specialist Nursing and Clinical Nurse Specialist – Revision to the Staffing Level Tool

3.6.1 It was recognised that all the specialty-specific staffing tools named in section 12IJ (see Table 6) provide a recommended appropriate staffing level or WTE to be used as part of the Common Staffing Method. This excludes the 'Community Nursing,' 'Community Children's and Children's Specialist Nurse,' and 'Clinical Nurse Specialist' staffing level tools, collectively referred to as the 3C tools.

3.6.2 To develop a validated 'multiplier' within the tools that would generate a recommended WTE, sufficient and consistent data needed to be collected from across NHS Scotland. To create a robust dataset, Scotland-wide 'national runs' of the 3C tools were undertaken across every Scottish Health Board. These national runs were conducted over the course of 2023-24, with the HSP using this data to inform the development of 'multipliers,' which were subsequently developed, validated, and tested in quarter 1 and 2 of 2024-25.

3.6.3 The multipliers have been developed on the BOXI reports by the HSP team with no changes to the front-end application Staffing Level Tool hosted on SSTS. Regardless as this new enhancement changes the output of the tools the same rigorous process and has been followed.

3.6.4 The revisions to the 3C tools have now been concluded, and a recommendation has been made to Scottish Ministers (see Recommendations to Scottish Ministers: October 2024) to amend the National Health Service National Health Service (Common Staffing Method) (Scotland) Regulations 2024 to name the revised tools from April 1, 2025. Please see the HIS website for the full report.

3.7 Mental Health and Learning Disability (MHLD) Inpatient Staffing Level Tool

3.7.1 The MHLD Inpatient Staffing Level Tool development was originally commissioned in 2022. Work planned to commence in April 2022 with a completion date of October 2023.

3.7.2 Initial efforts were made to engage with multi-disciplinary stakeholders to explore whether the scope of the MHLD Inpatient Staffing Level Tool should extend to other professional disciplines beyond nursing and expand beyond inpatient settings. The feedback indicated a strong interest in this expansion. However, due to the impact on development timelines for a multi-disciplinary Inpatient Staffing Level Tool, the SG directed HIS to focus on the existing tool's scope. It was understood that once the MHLD Inpatient Nursing Staffing Level Tool was completed, there would be consideration for developing a tool that encompasses broader professional disciplines and services.

3.7.3 The commencement of the tool development was put on hold until the completion of the MHLD Real Time Staffing Resource on the NHS Education for Scotland (NES) TURAS platform in November 2023. This decision was made at the request of the MHLD expert working group and Boards, who indicated they did not have the capacity to work on both projects simultaneously.

3.7.4 The tool development was therefore carried forward to the 2023-24 workplan with an initial, albeit unrealistic, revised completion timescale of June 2024. The initial timescales for the tool development were agreed upon between HIS and SG before the full complexity of the tool development process was understood and before recognising the impact of the inter-dependency on Boards' ability to collaborate with HIS in developing these tools.

3.7.5 The MHLD expert working group was established, and significant work was undertaken to agree upon and prepare for the observational studies scheduled to commence in Q4 of 2023-24. Observational studies, a validated methodology developed by Dr. Keith Hurst, are used to inform the development of 'multipliers' that recommend a WTE based on patient numbers, acuity, and the associated required care hours. Please see Appendix 3 for the tool development process (Annex A only).

3.7.6 Due to pressures within the Boards, stemming from the ongoing legacy of the COVID-19 pandemic, compounded by winter pressures and staff availability to undertake the observational studies, HIS agreed to delay the commencement of the observational studies to March 2024. This decision was made in response to feedback from the MHLD Nurse Leads Group and Scottish Executive Nurse Directors (SEND).

3.7.7 To ensure the clinical areas selected through robust sampling methodology were delivering the quality of care needed to inform appropriate staffing, these areas first had to undertake a quality audit and meet an inclusion threshold of 70%. Out of the 46 clinical areas, 11 (24%) did not meet the required threshold for inclusion in the observational studies, and an additional 5 (11%) did not participate following discussions with the Board. Due to the number of areas not meeting the required threshold, further sampling and quality audits were conducted. Of the 17 additional clinical areas selected, 3 (18%) did not meet the inclusion threshold. However, this still provided the necessary number and spread of sub-specialties to gather sufficient data for developing the multipliers.

3.7.8 The capacity issues within the Boards and the need to undertake additional large-scale sampling caused a significant delay in concluding the observational study component of the tool development process by approximately four months, with completion in September 2024.

3.7.9 These delays were further compounded by the time required to transfer all data captured in paper format from the observational studies into a custom-developed app for manipulation and analysis by HSP data analysts. This prevented HIS from meeting the ministerial timescales for making recommendations to the Scottish Ministers in October 2024.

3.7.10 In the interim, Health Boards have been provided with support to rapidly deploy the RL Datix SafeCare system, part of the national e-rostering contract, across MHLD inpatient units. This system will provide the digital platform for the new MHLD tool. It will be the first staffing tool built directly onto the RL Datix system, guiding the future development of new tools and the transition of existing tools to this digital platform over the coming years.

3.7.11 The development, validation, and testing of the multipliers were conducted in Q4 of 2024-25 to inform the recommendation to Scottish Ministers in April 2025 with the intension that this new tool will be prescribed under section 12IJ (3) of the Act in October 2025. Please see the 'Recommendations to Scottish Ministers: March 2025' on our HIS website. The full report will be published on the HIS website in June 2025.

3.8 Maternity provision staffing level tool

3.8.1 The Maternity provision Staffing Level Tool was originally commissioned in 2022. Work planned to commence in July 2022 with a completion date of June 2024.

3.8.2 The commencement of the tool development was put on hold until the maternity Real Time Staffing Resource on the NES TURAS platform was completed in February 2024. This delay was requested by the maternity expert working group and Boards, who did not have the capacity to work on both projects simultaneously.

3.8.3 The tool development was therefore carried forward to the 2023-24 workplan, with an ambitious planned completion date of February 2025. The initial timelines for the tool development were agreed upon by HIS and SG before fully understanding the complexity of the process for the entire maternity services, including inpatients, outpatients, community, clinics, and leadership roles, with different service delivery models being used to meet national policy. It soon became apparent that two different methodologies were required to capture the necessary data to inform the development of the 'multipliers'. Essentially, this equates to developing two staffing tools, which is significantly more work than developing the staffing level tool for Mental Health and Learning Disabilities (MHLD) inpatients requiring two distinct components. Please see Appendix 3 for the tool development process (Annex A and Annex B).

3.8.4 Similarly to the MHLD Leads, the Directors of Midwifery and SEND requested a delay in commencing the observational studies to allow time for staff within the Boards to be identified to be observers. As a result, the observational studies did not begin until March 2024.

3.8.5 Unlike MHLD, only 2 (5%) of the 40 clinical areas selected through the robust sampling methodology did not meet the quality audit threshold of 70%, with a further 3 (7%) not participating after discussions with the Board. This avoided the need for resampling. However, due to Board capacity, it took until September 2024 for all Boards to complete the observational studies.

3.8.6 Despite delays in the observational studies and the subsequent transfer of data into the digital app, which was put on hold until all data from the MHLD observational studies had been inputted, work commenced on sampling and data collection from non-inpatient settings (i.e. Annex B). This is a complex process to ensure sufficient data is captured across the diverse range of maternity services, including leadership and specialist roles, to inform the multipliers. Significant collaboration with maternity services across NHS Scotland was required, as the methodology necessitates all staff within the selected clinical areas to capture their own activity.

3.8.7 Now that the data has been collected from across maternity services the complex data manipulation and analysis has begun to inform the development of the multipliers.

3.8.8 It is anticipated that the remaining work, including the validation and testing of the multipliers, the rapid deployment of the RL Datix SafeCare system across maternity services, and further collaboration with the named persons under section 12IR of the Act, will take until October 2025 to complete.

3.8.9 The complexity of developing the staffing tool across an entire service, combined with the dependency on Board capacity to collaborate with HIS, has led to significant delays in the original timelines. This has necessitated a more realistic schedule for completing the tool development. The revised timeline for submitting the recommended replacement tool to Scottish Ministers is now October 2025, with the tool to be prescribed under section 12IJ (3) of the Act in April 2026.

3.9 Professional Judgement Tool

3.9.1 The Professional Judgement (PJ) tool was initially developed in 2022-23 following extensive stakeholder engagement. It was approved by the then HSP Staffing Level Tools and Real Time Staffing Steering and Oversight Group in August 2023 to proceed for digitalisation.

3.9.2 Since an agreed digital platform to host the new tool had not yet been identified, there was a ‘soft launch’ of the tool using an advanced Microsoft Excel format. Access to the tool and training was made available through the HSP Request for Assistance process. Until such time as the tool was available on a digital platform, it was agreed that it would not be recommended to the Scottish Ministers as the replacement tool to be prescribed under section 12IJ (3).

3.9.3 The HSP explored every avenue possible under the national e-rostering contract to host the PJ tool, which had been a directive from the Scottish Government (SG) and Board Chief Executives given this was part of the tendering specification for the system. The potential for RL Datix, the provider of the national e-rostering system, to develop this tool at a future date has not been ruled out but this would need to be scheduled within their development roadmap and as such timescales for this are unlikely to be realised in the foreseeable future.

3.9.4 In March 2024, HIS engaged with NES Technology to explore the potential for developing the tool on the NES Turas platform, under their existing commission to work with HIS on the digitalisation of real time staffing resources and staffing tools. It was agreed that NES would undertake discovery work starting in Q2 of 2024-25 for a 12-week period, with tool development commencing in Q3, depending on the outcome of the discovery phase. Unfortunately, in August 2024, NES Technology Services confirmed

that they would not be able to progress this work until April 2025. This delay necessitates negotiating a new commission between the SG and NES.

3.9.5 HIS were therefore directed by the SG to assess the feasibility of revising the existing PJ tool hosted on the SSTS. The work to develop a revised PJ tool began in August 2024. HIS HSP has collaborated with the technical supplier Atos and the named persons under section 12IR of the Act to agree on the necessary revisions to the existing tool, utilising the insights gained from the PJ tool development on Microsoft Excel. This work is expected to be completed by June 2025. The revisions to the PJ tool will include enhanced functionality as follows:

- Removal of 4-hour blocks (did not reflect contemporary shift patterns or hand over periods)
- Introduction of recording required staffing utilising shift patterns
- User recording of unpaid breaks
- 'Other' tab for recording of non-nursing and/or medical staff with 0% predicted absence allowance incorporated.

HIS have negotiated a revised timescales of April 2025 for recommending the replacement PJ tool to Scottish Ministers, to be prescribed under section 12IJ (3) of the Act in October 2025. Please see the 'Recommendations to Scottish Ministers: March 2025' on our HIS website. The full report will be published on the HIS website in June 2025.

3.10 Hospital at Home provision staffing level tool

3.10.1 In addition to the staffing tool developments commissioned by SG that have been progressed over 2024-25 HIS identified an opportunity to revisit the development of a new multi-disciplinary SLT for Hospital at Home Provision.

3.10.2 In 2022 HIS HSP collaborated with the HIS Primary Care Programme to support the development of a staffing level tool to inform the staffing required to increase the number of Hospital at Home beds. This had been a SG priority as part of the winter plans in 2022.

3.10.3 Following extensive stakeholder engagement, a staffing level tool was developed on an advanced Microsoft Excel and tested with several Boards.

3.10.3 Due to competing priorities in 2023-24 with the requirement on HIS to provide support to Health Boards and SG with the preparations for the commencement of the Health and Care (Staffing) (Scotland) Act the development of the Hospital at Home Staffing Level Tool was put on hold.

3.10.4 The proposal to reestablish this work in Q3 of 2024-25, was agreed between SG and HIS. However, delays to other staffing tool developments and capacity within the programme has impacted on the HSPs ability to progress the Hospital at Home tool this financial year.

3.10.5 In January 2025, the HSP explored the feasibility and timing for reestablishing the Hospital at Home Staffing Level Tool development. Feedback from the HIS Primary Care Programme indicated that the timing was not conducive to commencing this work due to potential changes in national direction and the evolving landscape within Boards regarding the model for Hospital at Home provision.

3.10.6 With the Hospital at Home tool development remaining on hold, the HIS HSP turned their attention to other priority tool developments, initiating the project initiation and discovery phases. The first priority is the revision or replacement of the Emergency Care Provision Staffing Level Tool, and the second is the development of a new multi-disciplinary Staffing Level Tool for Community MHLD, as well as specialist roles.

3.11 Staffing level tool review

3.11.1 The HIS HSP committed to undertaking a robust review of all staffing tools prescribed under section 12IJ (3) of the Health and Care Staffing Scotland Act 2019, in collaboration with the named persons under section 12IR (3) of the Act. This review was conducted over the course of 2024-25 in line with our staffing tool review process (see Appendix 4).

3.11.2 The purpose of this review is to inform future required revisions or replacement staffing tools to ensure they remain contemporaneous and provide meaningful outputs for Boards to utilise as part of the Common Staffing Method.

3.11.3 Expert Working Groups (EWGs) have been established to support the review of each staffing tool, except for the Maternity Provision and MHLD Staffing Level Tools, due to the concurrent work on developing replacement tools.

3.11.4 The review process (Appendix 4) encompassed the following aspects:

- Analysis of Each Specialty- Specific Tool by HSP:
  - Deep dive into the 'back-end' methodology and multipliers, including consideration of 'personal time/breaks', 1:1 care and predicted absence allowance.
  - Evaluation of staffing tool usage, including consistency of application and identification of data inputting errors that could impact tool outputs.
  - Correlation analysis between staffing level tool outputs against corresponding PJ tool outputs to inform tool effectiveness.
- Literature review
  - Conducted by our Health Service Researcher to provide background information and evidence.
  - Any additional information provided by the expert working group.
- Service-user survey
  - Dissemination with the support of the expert working group.
  - The findings are scored to measure the effectiveness and usability of the staffing tools, including the reports hosted on Business Objects.
- Feedback from expert working groups
  - EWGs were asked to provide feedback on each aspect of the staffing tool hosted on the SSTS, the supporting guidance, and where applicable the associated Quality Tool.

3.11.4 The final phase of the tool review process took place in Quarter 4 of 2024-25. During this phase, a summary of the findings (see Appendix 5) was presented to the expert working groups. A decision making matrix was used to inform priority revisions to the existing tools and to determine the need for any new or replacement staffing tools.

3.11.5 The outputs and recommendations from the review will be presented to the HSP External Advisory Group with further feedback sought from persons named under section 12IR (3) of the Act to inform HIS priorities and the HSP's workplan for future tool developments. This will be considered alongside the requirement to develop new tools for areas of healthcare where a staffing tool is currently not available. The full report will be published on the HIS Website in June 2025.

3.12 Future tool developments

3.12.1 The HSP recognises the requirement to ensure future commissioned tool developments and work plans have more realistic timescales that reflect the work involved. The aforementioned staffing tools were the first tool developments undertaken by HIS. The learning from this will be utilised to inform future workplans and open and transparent communication with stakeholders on the expected timescales and work involved.

3.12.2 The HSP is conducting after-action reviews to inform future improvements to the tool development process and methodology. Refinements to the previous methodology, used when the tools were developed within the SG, have been introduced throughout the tool development process, such as the use of sampling methodology and digital app development. Further improvements to the staffing model and digital data capture could address some of the challenges encountered in accessing staff to undertake the observational studies from the Boards, as well as the resources and time associated with transferring data from paper to a digital format, thereby expediting the process and reducing associated costs.

3.12.3 Under the Health and Care (Staffing) (Scotland) Act 2019, Health Boards have a duty to assist with staffing functions (12IT). HIS relies on the collaboration of Health Boards throughout the tool development process. Therefore, it is crucial for HIS to remain aware of capacity challenges and competing priorities within the Boards and to minimise requests on them whenever possible.

3.12.4 HIS remain committed to ensuring the staffing tools prescribed under section 12IJ (3) of the Health and Care Staffing Scotland Act 2019 remain contemporary and reflect current and future service and staffing models. 2025-26 will see the development of a staffing tool development and maintenance plan and the continued commitment to:

- Conclude the work of the replacement MHLD Inpatient Staffing Level Tool (October 2025)
- Conclude the work on the revisions to the current PJ Tool (October 2025)
- Continue the work on the development of the Maternity Provisions Staffing Level Tool (April 2026)
- Make any appropriate revisions to the current tools following feedback from the staffing level tool review (April 2026)
- Make any necessary revisions to the staffing tools in line with the outcome of the Agenda for Change (AfC) review, as part of the 2023-24 AfC pay settlement for NHS Scotland (April 2025)
- Commence the development of a new 'Multi-disciplinary Community MHLD and Specialist Roles' Staffing Level Tool (Annex B tool development process – see Appendix 3)
- Commence the development of a revised or new 'Emergency Care Provision' Staffing Level Tool (Annex A tool development – see Appendix 3)

Conclusion

In the past year, HIS has made significant strides in meeting the requirements of the Health and Care (Staffing) (Scotland) Act 2019. Through our HSP, we have collaborated closely with NHS Boards to make improvements in healthcare staffing. This has been achieved by providing tailored support, education, and training, as well as developing and implementing effective staffing level tools and methodologies.

Our commitment to ensuring safe and effective staffing is demonstrated by our diligence in monitoring Boards' compliance with their staffing duties. We have successfully identified and addressed staffing risks through our monitoring and assurance functions, sought and incorporated clinical advice, and ensured that our staff received the necessary training and support to fulfil their roles effectively. The breadth of healthcare and professional roles covered under the Act remains a challenge to encompass within HIS' current assurance programmes. This may require alternative means to provide the level of assurance needed in the coming years to ensure Boards are fully compliant with their staffing duties.

Additionally, we have adhered to the statutory requirements by collaborating with the named persons under the Act, remaining diligent to any ministerial guidance on staffing functions (12IV) and through the publication and reporting of our progress to the Scottish Ministers, thereby contributing to the overall transparency and accountability of our healthcare services. Our collaborative approach has further strengthened our efforts to provide assurance to the Scottish Ministers and the public that relevant organisations are meeting their statutory obligations, ensuring that staffing levels are appropriate and conducive to delivering high-quality care.

The first year has presented significant challenges as HIS, like all NHS Boards, works to implement the Health and Care (Staffing) (Scotland) Act 2019 amidst service, workforce, and financial pressures. This has necessitated a flexible and balanced approach, mindful of the potential impact any additional demands may have on the system and our staff.

Looking ahead, we remain dedicated to fostering a culture of openness and continuous improvement. By building on the foundations laid this year, we aim to further enhance the quality of care provided to the people of Scotland, ensuring that our healthcare services are both safe and sustainable.

Appendices

1. Monitoring Board Compliance Process
2. Staffing Tool Usage Report
3. Staffing Level Tool Development Process
4. Staffing Level Tool Review Process
5. Staffing Level Tool Review Summary (January 2025)

Useful links

1. Health and Care (Staffing) (Scotland) Act 2019: Overview https://www.gov.scot/publications/health-and-care-staffing-scotland-act-2019-overview/
2. Health and Care (Staffing) (Scotland) Act 2019: Statutory Guidance https://www.gov.scot/publications/health-care-staffing-scotland-act-2019-statutory-guidance/
3. Healthcare Improvement Scotland https://www.healthcareimprovementscotland.scot/
4. Healthcare Improvement Scotland: Healthcare Staffing Programme https://www.healthcareimprovementscotland.scot/improving-care/healthcare-staffing-programme/
5. Healthcare Improvement Scotland's Healthcare Staffing Operational Framework 2024 https://www.healthcareimprovementscotland.scot/publications/healthcare-staffing-operational-framework-june-2024/
6. Operating Framework: Healthcare Improvement Scotland and Scottish Government https://www.healthcareimprovementscotland.scot/publications/operating-framework-healthcare-improvement-scotland-and-scottish-government/
7. The National Health Service (Common Staffing Method) (Scotland) Regulations 2024 https://www.legislation.gov.uk/ssi/2024/43/made

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