

Staffing Level Tool Development

Professional Judgement v4

Staffing Level Tool

12IR HIS: Monitoring and Development of Staffing Tools

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1.0 Introduction

1.1 The Healthcare Staffing Programme (HSP) sits within Healthcare Improvement Scotland (HIS). We were commissioned by the Chief Nursing Officers Directorate (CNOD) within the Scottish Government to develop the following staffing level tool for use in specific types of healthcare:

Table 1

Staffing Level Tool Name	Type of health care where the tool applies
Professional Judgement Tool Version 3	All types of healthcare covered under 12IK (1) of the Health and Care (Staffing) (Scotland) Act 2019

(*includes other staff working under the supervision of specified employee)

The development of this tool will include the calculation of a recommended staffing level (whole time equivalent) output to be utilised as part of the [Common Staffing Method](#).

1.2 The work to develop the Professional Judgement Tool to inform a recommended staffing level was undertaken between August 2024 to January 2025. In March 2025, HIS recommended to Scottish Ministers the inclusion of the revised tool to replace the existing Professional Judgement Tool Version 3 from October 2025. The revised tool will include enhanced functionality such as:

- Removal of 4-hour blocks
- Introduction of recording shifts
- User recording of unpaid breaks
- 'Other' tab for recording of non-nursing and/or medical staff with 0% PAA

2.0 Background

2.1 Healthcare Improvement Scotland (HIS) has a requirement under section 12IR of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) to monitor the effectiveness of any staffing level tool or the Professional Judgement Tool which has been prescribed by the Scottish Ministers under section 12IJ (see table 2). HIS can recommend to Scottish Ministers to revoke or replace the tools. This is to ensure they remain contemporary and provide meaningful outputs that inform appropriate staffing when used as part of the [Common Staffing Method](#).

Table 2

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 (ECP)	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
Professional Judgement	In conjunction with Specialty Specific Staffing Level Tool	Registered nurses and midwives. When used in conjunction with the ECP tool it encompassed medical practitioners

2.2 All speciality specific staffing level tools named in section 12IJ (see table 2) provide a recommended appropriate staffing level or Whole Time Equivalent (WTE), except for Community nursing provision, Community children's nursing provision, and Clinical nurse specialist provision which do not currently have this output.

2.3 Professional Judgement gives a recommended appropriate staffing level based on clinical professional judgement with retrospective consideration of the right number of staff and the ideal skill mix to provide the required care and associated workload in four hourly time blocks.

This information provides a workforce profile via the Business Objects XI (BOXI) reporting module.

2.4 The information on BOXI provides meaningful workforce information. This information is to be used as part of the [Common Staffing Method](#), but does not provide a recommended staffing level or WTE.

2.5 The Professional Judgement Tool is currently only available to Nursing, Midwifery, and Emergency Care including medical staff, and is run concurrently with their specialty staffing level tool.

2.6 There is no validated specialty specific staffing level tool for professionals other than nursing and midwifery, and medical staff, who are included in the Emergency Care Provision Staffing Level Tool. Nor is there a validated Professional Judgement Tool that captures the differences in Predicted Absence Allowance throughout the various professions.

3.0 Aim

3.1 Utilising methodology developed by Dr Keith Hurst; the revision of the Professional Judgment Tool aimed to achieve a contemporary version of the tool. This was created in excel format to enable testing with data and feedback collected via the professional judgement expert working group.

Adopting learning from other tool development, and to enable those other professions to have a tool to inform workforce planning, a revised version of the Professional Judgement Tool has been recommended to Scottish Government to be cited in legislation. This will provide a Professional Judgement Tool for all professions on the current SSTs platform as part of the [Common Staffing Method](#).

4.0 Development

4.1 To develop a Professional Judgement Tool that would generate a professionally judged whole time equivalent, there requires sufficient and consistent test data to be collected from across NHS Scotland.

4.2 Feedback was acquired from a range of different professions working across the breadth of health and care services, with engagement from all NHS boards. This allowed consideration for variation in local context e.g., workforce models, geography, patient demographics etc.

4.3 The proposal to undertake a review of the Professional Judgement Tool was endorsed by the Scottish Government Health and Care Staffing Act team.

4.4 Reconvening the expert working group in 2024, we sought representation from health boards, trade union and professional bodies, Health and Social Care Partnerships and the Healthcare Staffing Programme (HSP) team to ensure Health Improvement Scotland meet its

duty 12IR to collaborate with relevant persons. This ensured a collaborative and coordinated approach to this national work.

4.5 Testing of the revised excel template was supported by the HSP and undertaken by expert working group members to test within their own board and/or professional groups. The HSP provided virtual training via the expert working group, drop-in support sessions during the testing window, and access to an online recorded demo and guidance to support consistent and accurate data entry.

4.6 There were several separate opportunities to test the excel version of the Professional Judgement Tool between August 2024 to December 2024, with the majority return of feedback received from the testing done in December 2024. The expert working group and board workforce leads supported the testing.

4.7 Feedback was obtained via virtual meetings, a live issues log and written feedback. Feedback was received via each option, and there was also collective feedback submitted by the workforce leads collaborative which mirrored the feedback received by individual boards and professional testers.

4.2 Methodology

4.2.1 The methodology behind the Professional Judgement Tool takes the headcount of staff and transforms it into a recommended Whole Time Equivalent (rWTE).

$$rWTE = ns * hpb * (1+paa) / ch$$

where:

rWTE = recommended whole time equivalent

ns = number of staff recorded

hpb = hours worked per 4-hour block = unpaid breaks removed at 15 minutes per 4 hours if <= 8 hours worked; 20 minutes per 4 hours otherwise

paa = predicted absence allowance = percentage to cover planned and unplanned leave, for example study leave, annual leave, maternity leave, sickness absence

ch = contracted hours worked per week by 1 WTE

4.2.2 Feedback from the expert working group highlighted that the existing Professional Judgement Tool did not sufficiently account for handover periods and the amount of time removed for unpaid breaks was not correct.

4.2.3 The Healthcare Staffing Programme (HSP) analysts developed a shift-based model in MS Excel which allows users to record their actual shift times thereby fully accounting for both handover periods and unpaid breaks.

$$rWTE = ns * ph * (1+paa) / ch$$

where:

rWTE = recommended whole time equivalent

ns = number of staff recorded

ph = paid hours = shift time – unpaid break

paa = predicted absence allowance = percentage to cover planned and unplanned leave, for example study leave, annual leave, maternity leave, sickness absence

ch = contracted hours worked per week by 1 WTE

4.2.4 Recommendation to include a shift element into the current Professional Judgement Tool to allow for handover periods and unpaid breaks. Removal of four hourly blocks. Inclusion of a tab to account for non-medical and non-nursing staff.

4.2.5 Please note the content of this paper, including the above calculation is HIS intellectual property. Please see Creative Commons Attribution statement on page 1. See [appendix 1](#) for staffing level tool methodologies and multipliers.

5.0 Validation and evaluation

5.1 To allow robust evaluation, the HSP applied an extended period to provide the opportunity to boards to use the template and provide feedback.

5.2 In November 2024, Health and Care Staffing Act Executive Leads were advised in writing of the Professional Judgement Tool progress, with a reminder of their legislative duty to support Health Improvement Scotland (HIS) in its role and function. This was a fresh appeal to nominate and encourage increased participation with testing and providing user feedback on the revised Professional Judgement Tool.

5.3 In December 2024 the expert working group reconvened over two virtual meetings, and four drop-in support sessions were made available by the HSP.

5.4 The feedback log was enhanced to encourage testers to consider the four key changes:

- Removal of 4-hour blocks
- Introduction of recording shifts
- User recording of unpaid breaks
- 'Other' tab for recording of non-nursing and/or medical staff with 0% PAA

However, feedback typically focused on practical use of the excel, i.e. incompatibility of Excel transfer, different versions in boards and local issues, requests for additional input fields for inputting larger teams, Excel being onerous etc. These issues will cease to exist in the Scottish Standard Time System (SSTS) electronic platform. However, the HSP accept they will need to provide a much more functional Excel for those who do not utilise SSTS. In summary the

feedback was positive towards the four key changes intended for the revised Professional Judgement Tool v3.

5.5 As with all new staffing tools, the Professional Judgement Tool will be subject to an annual review period. This will enable boards to utilise the Professional Judgement Tool v3 as part of their duty to follow the Common Staffing Method (12IJ) and provide meaningful feedback in terms of the tool's effectiveness. The review will form part of HIS' duty to monitor the effectiveness of the staffing tools prescribed by the Scottish Ministers (including any new or revised tools) (12IR). This will be informed by both qualitative, in the form of an evaluation survey, and quantitative, in the form of variation and correlation analysis, information. The monitoring and evaluation of the Professional Judgement Tool will be performed on contemporary data from the tool runs for the 2025-26 reporting period.

6.0 Collaboration and governance

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

- Scottish Ministers
- Social Care and Social Work Improvement Scotland
- every Health Board
- every relevant special health board
- every integration authority
- the Agency
- trade unions and professional bodies Health Improvement Scotland considers to be representative of employees
- professional regulatory bodies for employees as Health Improvement Scotland considers appropriate
- other providers of health care as Health Improvement Scotland considers having relevant experience of using staffing level tools and professional judgement tools
- other persons as Health Improvement Scotland considers appropriate.

6.2 HIS was commissioned by the Chief Nursing Officers Directorate (CNOD) and the Health and Care (Staffing) (Act) implementation team on behalf of Scottish Minister to further develop the Professional Judgement Tool.

6.3 The Healthcare Staffing Programme (HSP) sought the endorsement of the Scottish Executive Nurse Directors (SEND) as the professional leads within every Health Board, Integrated Joint Board (IJB) and Agency for the Types of Healthcare and employees named under section 12IJ to where these tools apply.

6.4 Until April 2024 the work was overseen by the HSP Staffing Level Tools and Real Time Staffing Steering and Oversight Group. This group reported to the HSP Programme Board of,

which promoted external involvement in the work of HIS. This included representatives from Scottish Government, the Care Inspectorate, relevant professional bodies, and trade unions.

6.5 From April 2024 the governance groups under 6.8 have been replaced by the Healthcare Staffing Programme External Advisory Group but continues to have widespread representation. This includes the above representatives and an extended invite to include professional regulators.

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

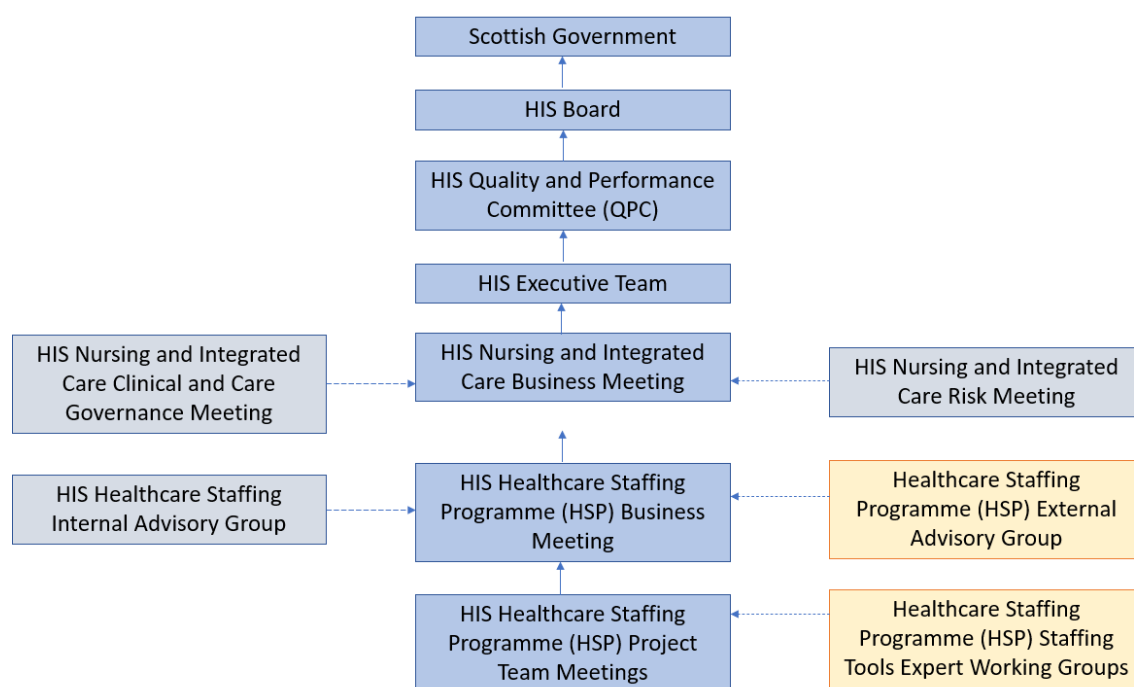


Figure 1: Healthcare Improvement Scotland Healthcare Staffing Programme Governance Structure

6.7 In addition, reformed with new members, the HSP expert working groups have been established to review the current tools. All boards, Integrated Joint Boards, IJBs, and the agency have been written to and invited to provide representation. Relevant professional bodies, trade unions and professional regulators have also been written to and invited to provide representation.

6.8 The re-established Professional Judgement Tool expert working group convened in August 2024. The first question of the group was to consider the changes to the original Professional Judgement Tool regarding

- unpaid breaks and handover periods
- the input of staff in shifts

- rather than a decimal point WTE on the development of the ‘multipliers’ to inform a recommended whole time equivalent, WTE
- and the level of confidence to recommend this revision to the existing tool to Scottish Ministers in October 2025

6.9 The Professional Judgement Tool expert working group have advised they were content that the HSP make the recommendation to Scottish Ministers to digitalise v4 of the Professional Judgement Tool and for it to be included in the Health & Care (Staffing) (Scotland) Act 2019.

6.10 The Professional Judgement Tool Version 4 was recommended by the Healthcare Staffing programme to Scottish Ministers in March 2025. This will then be laid before parliament in, and if agreed, will be the revised tool prescribed under section 12IJ from April 1, 2026, for those types of healthcare named under 12IK (1).

7.0 Recommendations

7.1 HIS made the below recommendation to Scottish Ministers in March 2025. Please see full [March 2025 recommendation paper here](#).

HIS recommend the following amendments to The National Health Service (Common Staffing Method) (Scotland) Regulations 2025, that accompany the Health and Care (Staffing) (Scotland) Act 2019, as follows:

The Professional Judgement Tool

- Revisions to existing tool – changing from Version 3 to Version 4 as follows:
- For the purposes of section 12IJ(3)(b) of the 1978 Act, the professional judgement tool for each kind of health care provision described in the first column of the table in the schedule, is the **Professional Judgement Tool Version 4(2)**

(2) Version 4 was developed by Healthcare Improvement Scotland and was made available online at <https://workforce.mhs.scot.nhs.uk/eyou/Authentication/Login.aspx>, in 2025, to those granted access.

Please note that the version numbers referenced above reflect the changes required to the version numbers that are anticipated will be reflected in the revised regulations when published.

7.2 This tool will be hosted on the ATOS Scottish Standard Time System (SSTS) platform.

7.3 Monitoring of the effectiveness of this tool will be undertaken in line with Healthcare Improvement Scotland Duty 12IR with a review date of October 2026.

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