Healthcare Improvement Scotland

# Staffing Level Tool Development

## Maternity Services 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). HIS was commissioned by the Chief Nursing Officers Directorate to revise the existing Maternity Staffing Level Tool for use in specific types of healthcare (see table 1).

Table 1

| Healthcare Provision | Staffing level tool |
|---|---|
| Maternity care provision by registered midwives including inpatient, outpatient, community services* and specialist and leadership roles | Maternity Staffing level tool |

The table includes other individuals providing care for patients and acting under the supervision of, or discharging duties delegated to the individual by, the registered midwife.

1.2 The development of the replacement Maternity Staffing Level Tool was led by the HSP, on behalf of HIS, taking place between July 2023 and March 2026. This report outlines the process and methodology of the tool development. Please see appendix 1 for a glossary of definitions and acronyms.

1.3 HIS recommends the replacement of the 'Maternity Staffing Level Tool Version 3' with a new staffing level tool 'Maternity Services Staffing Level Tool Version 1'.

# 2.0 Background

2.1 HIS has requirements under the Health and Care (Staffing) (Scotland) Act 2019 to:

- 12IR HIS: monitoring and development of staffing tools
- 12IS HIS: duty to consider multi-disciplinary tools
- 12IK HIS: monitor the effectiveness of any staffing level tool or professional judgement tool which has been prescribed by the Scottish Ministers under section 12IK (see table 2).

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 | 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 |

2.2 When developing tools, HIS has a duty to consider multi-disciplinary staffing level tools. Due to the nature of the timeline for this tool and the absence of a validated methodology

for multi-disciplinary development, it was agreed this tool would remain uni-professional i.e. workload of the midwifery team. Any expansion to the employees in scope adds greatly to the complexity and workload in developing a staffing level tool. Another key factor influencing this decision was that the Royal College of Obstetricians and Gynaecologists (RCOG) had been commissioned by the Department of Health and Social Care (DHSC) to more accurately quantify the number of obstetricians required in maternity units and a tool describing obstetric and anaesthetic staffing was being developed to support this work. This was discussed with:

- Scottish Executive Nurse Directors
- NHS Scotland Directors of Midwifery
- Royal College of Midwives
- Chief Nursing Officer's Directorate.

2.3 HIS can recommend to Scottish Ministers to revoke or replace the staffing level 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.

2.4 All the specialty specific staffing level tools named in section 12IK (see table 2) provide a recommended staffing level i.e. Recommended Whole Time Equivalent (rWTE). This is based on patient acuity with patients recorded by level of care. This tool is used in both hospital and community maternity services across Scotland.

2.5 The current Maternity Staffing Level Tool covers the following areas of care:

- antenatal ward
- postnatal ward
- labour suite (intrapartum)
- clinics
- triage
- community.

2.6 The levels of care within the current staffing level tool consider various areas of risk. These are:

- vulnerability
- social
- obstetric and medical
- anaesthetic.

2.7 Each level of care aligns to a value which determines the care hours required per patient which informs the overall rWTE with reports available via Business Objects XI (BOXI).

2.8 The current Maternity Staffing Level Tool was developed and adapted to encompass both community and hospital settings for maternity services. Following detailed observation studies, the staffing level tool was trialled and tested in 2013/14, with further adaptations to the roster location type. This resulted in the addition of a 'Maternity Services' location type to facilitate data entry within mixed service areas in 2015. Dr Keith Hurst was consulted as an external expert advisor during the period of development and thereafter the staffing level tool was ratified and signed off by the Heads of Midwifery.

2.9 In 2017, the Scottish Government launched The Best Start: a five-year plan for maternity and neonatal care. This produced a significant change to the service model of care within midwifery teams with variation across Scotland. Five Pilot Boards agreed to test the framework. A continuity of care model and a workforce subgroup was established providing early feedback that Boards couldn't staff this model of continuity of care.

2.10 A national run of the Maternity Staffing Level Tool was commissioned by Chief Nursing Officers Directorate and undertaken in 2018. The maternity tool and professional judgement tool ran concurrently in all maternity units in Scotland in both inpatient and community areas for a 2-week period. This was a two-cohort approach during September 2018. Timescales were condensed to allow rapid completion and data analysis to accommodate reporting to the Scottish Executive Nurse Directors by October 2018.

2.11 Following interrogation of the outputs, five issues required investigation and resolution before the next scheduled run. The five issues were:

- Compare Community Nursing tool and Maternity Community Tab for inter-usability
- Complex case allowance and recording on maternity workload tool
- Triage calls, data capture of telephone clinical assessments over 24hrs
- Stepping up and down of levels of care,
- 6-hour discharges.

2.12 The Cabinet Secretary, Chief Nursing Officers Directorate, Scottish Executive Nurse Directors, and Heads of Midwifery commissioned a further national run of the tool and professional judgement tool in 2019 to allow additional intelligence to be collected in areas where the tool did not capture activity to inform its 'refresh' and provide clarity on the following key areas:

- Transitional care which was not widespread when tool developed thus generating concern that mum and baby are not identified individually
- Increased travel resulting from Best Start implementation within integrated teams and geographical locations of maternity services within NHS Scotland
- Theatre activity not included in current tool
- Intrapartum work undertaken by community continuity / integrated midwife recorded in labour ward and not community teams

- On call provision not included,
- Recording of high risk antenatal and maternity day assessment workload.

2.13 The learning from the 2019 staffing level run included comparing the output from NHS board 'early adopter teams' testing Best Start with the traditional service models of care in others.

2.14 The findings were collated through January and February 2020, with a report on the findings scheduled to be tabled at the Heads of Midwifery meeting on the 20 March 2020. However, the Covid Pandemic necessitated that this work was put on hold.

2.15 NHS Education for Scotland was commissioned by the Chief Nursing Officers Directorate in July 2020 to review the current and future national midwifery workforce and pre-registration education requirements, to ensure that Scotland has the right midwifery workforce, in the right place, with the right skills and competencies to support current and future service reform and sustainability. Outputs of the 2019 staffing level tool run were included in this report.

2.16 The Midwifery Workforce and Education Review for Scotland report was published in March 2021 resulting in the establishment of a National Workforce and Education implementation Group for Maternity chaired by the Chief Midwifery Officer from the Chief Nursing Officers Directorate of the Scottish Government.

2.17 The Healthcare Staffing Programme, once re-established post pandemic, undertook a high-level review of all the staffing level tools and professional judgement tool in December 2021 / January 2022 which identified the tool remained a priority for redevelopment. The plan had been to commence the development of the new maternity tool during 2022/23.

2.18 On the request of the maternity stakeholders, this was put on hold until after the launch of the Maternity Real Time Staffing resource on the Turas platform. Regrettably delays to the launch of this resource were encountered which resulted in the work on the tool development being carried forward to 2023/24.

2.19 In January 2022, the Healthcare Staffing Programme was made aware of work being undertaken across NHS Scotland to develop a staffing tool for obstetricians with NHS boards requested to submit a range of data to the Royal College of Obstetricians & Gynaecologists to support the development of the tool. The Department of Health and Social Care commissioned the Royal College of Obstetricians & Gynaecologists to more accurately quantify the number of obstetricians and obstetric anaesthetists required in maternity units in England, taking into consideration factors such as existing staffing levels and predicted population changes. The priority for this tool was following the recommendations from the Health and Social Care Select Committee Inquiry in 2020/21, which examined the ongoing safety concerns with maternity services.

This work was extended to include Wales and Scotland with funding being secured from the Scottish Government to support this expansion. The purpose of the tool was to describe the summary characteristics and demand for obstetric and anaesthetic staffing on an annual basis in NHS trusts and boards providing maternity services across England, Wales and Scotland. Meetings between the Healthcare Staffing Programme and external stakeholders in Chief Nursing Officers Directorate, Royal College of Midwifery and the Royal College of Obstetricians & Gynaecologists (RCOG) took place to understand and identify opportunities to incorporate or align the Scottish Maternity Staffing Level Tool development with the RCOG tool development going forward. As the RCOG tool does not capture the midwifery staffing it was deemed that it would not impact on HIS's redevelopment of the Scottish tool.

2.20 In August 2022, the Healthcare Staffing Programme proposed a more consistent approach to the frequency of tool runs seeking support from Chief Nursing Officers Directorate (CNOD) Scottish Executive Nurse Directors and Heads of Midwifery to modify the frequency of all specialty specific and professional judgement tool runs to a minimum of once per annum. This coincided with the announcement for all boards to start planning the recommencement of their schedule of tool runs thus enabling them to discharge their duties of the pending enactment of the legislation.

2.21 During this consultation period for the legislation, we sought the Chief Midwifery Officer's, Scottish Executive Nurse Directors and Heads of Midwifery's agreement to continue to use the extant tool in preparation for enactment. This was in recognition that for many midwifery services the current tool provides valuable outputs but is only one component of the common staffing method when making any decision on appropriate staffing.

2.22 A collaborative meeting with the Healthcare Staffing Programme team, the Royal College of Midwifery and the Chief Midwifery Officer, representing NHS Board Heads of Midwifery. It was established that while it would not be possible to include all areas noted in section 2.12, the ability to record travel time and time spent on triage phone calls would be a welcome addition to the existing staffing level tool ahead of enactment.

2.23 We updated user guides, training materials, the maternity toolkit and provided training on the changes made. BOXI reports were also updated. Therefore, these additions were taken forward in time for commencement of the Act.

2.24 These continuing limitations were such that the option of further updating the extant Maternity Staffing Level Tool was deemed not appropriate and that replacing the tool was the preferred way forward.

2.25 A Scottish Government Directors Letter (2024) 05 was issued to NHS boards acknowledging the limitations of the extant tool but emphasising that it must be run alongside the

Professional Judgment Tool as part of the health boards requirement to follow the common staffing method for this type of healthcare.

# 3.0 Aim

3.1 The aim of the workstream was to develop a new staffing tool for maternity services.

3.2 The focus areas for the tool development were:

- redevelopment of the staffing level tool to cover the range of areas that were known to be insufficiently captured by the extant Maternity Staffing Level Tool (as per 2.13)
- simplifying and improving the User Interface (UI) that supports data collection processes i.e. the IT system
- data entry
- the methodology that provides the numerical evidence for the tool,
- the analytical technique which underpins the tool and produces the recommended WTE. This is often called the "multiplier" and is based upon the data inputted by the team and the methodology that provides the numerical evidence.

3.3 These strands of work were not a linear process and were interlinked to facilitate the progression of the development of a new staffing level tool for maternity services.

3.4 A Maternity Staffing Level Tool expert working group was established in 2023, chaired by a Director of Midwifery, nominated by the Directors of Midwifery Group. The purpose of which was to provide a platform for engagement and to secure expert input from group members to explore the development of a tool suitable for all areas and roles within maternity services. The role of the group was to plan, co-ordinate, facilitate and support the development and national testing incorporating where appropriate, speciality specific requests.

3.5 The expert working group membership secured representation from NHS boards, professional bodies and trade unions to allow a proactive and cohesive approach to this national work. Engaging such stakeholders ensured HIS met its legislative duty to collaborate with named persons as outlined in duty 12IR (3).

# 4.0 Development

## 4.1 IT System

4.1.1 Prior to the legislation being enacted, review of the digital solutions available to support staffing level tools took place. This was done in partnership with Scottish Government.

4.1.2 The result of that review concluded that the RL Datix (external supplier) SafeCare modules within the national eRostering solution was the preferred platform to host staffing level tools. A key benefit of this solution is the synergies this module has with other elements of the Health and Care (Staffing) (Scotland) Act 2019, particularly in relation to duty 12IC to have real-time staffing assessments in place.

4.1.3 Robust testing was undertaken of the SafeCare module, including a 'proof of concept' process, which was successful. It was then agreed, via Scottish Government colleagues and internal governance routes, as the platform that would host all staffing tools going forward including the new Maternity Staffing Level Tool.

## 4.2 Methodology

4.2.1 A short life working group was established in October 2023 of midwifery subject matter experts across NHS Scotland to review the levels of care within the extant maternity tool to ascertain their continued applicability in current and future models of care and service delivery. Representation was from NHS boards, professional bodies and the Healthcare Staffing Programme team. This ensured a collaborative and coordinated approach to the development of the levels of care for the new tool.

4.2.2 The short life working group reviewed all intelligence relating to the levels of care within the Maternity Real Time Staffing Resource. Additional requirements from the outputs of national maternity tool run 2019 were incorporated to consider theatre and transitional care; the separation of mother and baby workload activity, and midwifery proficiencies as identified by the expert working group members including staff side colleagues. The new levels of care align to those within the Maternity Real Time Staffing Resource.

4.2.3 There are a range of different methodologies available to support the development of a staffing level tool. Due to the variety of services in scope of the new tool development, three different methodologies were applied dependent on whether care was provided within an inpatient setting or otherwise.

4.2.4 Services and clinical areas where the three different methodologies were applied are as follows:

**Annex A (Observation Studies)**

- Antenatal Inpatient Wards
- Postnatal Inpatient Wards
- Maternity Triage Units and
- Inpatient labour suites*

*In accordance with the National Institute for Health and Care Excellence (NICE) guidelines, women in established labour should have 1:1 care and support from an assigned midwife.

1:1 care needs to be based on a calculation and not observation studies to ensure an accurate output. This allows for a standardised approach to 1:1 care ensuring staffing level tools attribute sufficient care hours for patients at this level. The proposed multiplier is based on the recommended calculation that attributes 26 hours of paid care to a patient on 1:1 care over a 24-hour period as detailed below.

24 hours + 60min handover period + 60min personal time

= 26 hours of care required

**Annex B (Timed Task Method)**

- Hospital outpatients,
- Community/integrated areas
- Specialist midwives and
- Leadership roles

4.2.5 Observation studies are an established methodology developed by Dr Keith Hurst where observers shadow an inpatient midwifery team for the duration of their shift and record each activity observed at 10-minute intervals. Data gathered is then used to develop acuity-based multipliers for each of the different levels of care by specialty i.e. antenatal, postnatal mother, postnatal baby

4.2.6 Activities are grouped into 4 main categories below. See appendix 1 for definitions.

- direct care
- indirect care
- associated work and,
- personal.

4.2.7 Annex B involved the development of a data collection application largely based on the existing Community Nursing (CN); Community Children and Specialist Nursing (CCSN) and Clinical Nurse Specialist (CNS) staffing level tools (3Cs) with staff recording activity for direct and indirect interventions; clinic or workshop sessions and associated workload over a 2-week period.

4.2.8 The application was developed by Healthcare Staffing Programme analysts supported by a short life working group. Members included the tool development project team and Community and Specialist Midwives from across NHS Scotland. Improvements were made to the data collection application following feedback from the project team, expert working group and short life working group colleagues. Thereafter, a small test of the application was completed by midwives from across 4 NHS boards. Access to the application was via a dedicated MS Teams channel with a link provided by programme.

4.2.9 A statistical technique of sampling was undertaken for all clinical areas within maternity services across NHS Scotland. The objective was to identify the clinical areas where the observation studies and completion of the data collection application were to be conducted.

4.2.10 Operational processes were developed to support Annex A and Annex B including the creation of a quality audit to ensure the findings are reflective of areas that are delivering high-quality care.

4.2.11 When completing the quality audit some clinical areas were unable to achieve the required threshold to evidence high quality of care. These clinical areas were excluded from Annex A and Annex B with the sampling revisited to identify further areas across NHS Scotland. This was an iterative process.

4.2.12 In addition, a quality assurance document was completed by the midwife in charge of each shift. This was used as a measure of the quality of care provided during the period of observation studies or data collection.

4.2.13 Observation studies were undertaken in 35 clinical areas across various aspects of maternity care. Shifts were a combination of day and night as well as weekends.

4.2.14 The Healthcare Staffing Programme provided training to the observers to ensure consistent and accurate data recording. The team also visited every ward area to meet with the observers before they began their observation studies.

4.2.15 A total of 752 staff members was onboarded to the data collection application from a variety of community, integrated and hospital outpatient services. The total number of community / integrated teams who were sampled to complete the data collection app is outlined in table 3a and 3b below.

**Table 3a**

**Number of departments/teams sampled**

| Board | Community/ Integrated | Hospital Outpatients | Grand Total |
|---|---|---|---|
| NHS Ayrshire and Arran | 2 | 1 | 3 |
| NHS Borders | 3 | 2 | 5 |
| NHS Dumfries and Galloway | 2 | 1 | 3 |
| NHS Fife | 3 | | 3 |
| NHS Forth Valley | 1 | 1 | 2 |
| NHS Grampian | 2 | 2 | 4 |
| NHS Greater Glasgow and Clyde | 3 | 3 | 6 |
| NHS Highland | 4 | | 4 |
| NHS Lanarkshire | 5 | | 5 |
| NHS Lothian | 2 | | 2 |
| NHS Orkney | 2 | 1 | 3 |
| NHS Shetland | 2 | 1 | 3 |
| NHS Tayside | 3 | 1 | 4 |
| NHS Western Isles | 3 | | 3 |
| **Grand Total** | **37** | **13** | **50** |

**Table 3b**

**Number of departments/teams completed data collection app**

| Board | Community/ Integrated | Hospital Outpatients | Grand Total |
|---|---|---|---|
| NHS Ayrshire and Arran | 2 | 1 | 3 |
| NHS Borders | 1 | 1 | 2 |
| NHS Dumfries and Galloway | 2 | 1 | 3 |
| NHS Fife | 2 | | 2 |
| NHS Forth Valley | 1 | 1 | 2 |
| NHS Grampian | 2 | 1 | 3 |
| NHS Greater Glasgow and Clyde | 3 | 3 | 6 |
| NHS Highland | 4 | | 4 |
| NHS Lanarkshire | 2 | | 2 |
| NHS Lothian | 2 | | 2 |
| NHS Orkney | 2 | | 2 |
| NHS Shetland | | | 0 |
| NHS Tayside | 3 | 1 | 4 |
| NHS Western Isles | 3 | | 3 |
| **Grand Total** | **29** | **9** | **38** |

4.2.16 Due to the small numbers across NHS Scotland, NHS boards were invited to provide intelligence of all their specialist and leadership midwives, demonstrating a noticeable variance across the country.

4.2.17 All specialist midwives were onboarded to the data collection application to gather as much intelligence as possible given the low numbers.

4.2.18 Leadership roles were not included in this sampling exercise as it became apparent that they had limited patient facing contact therefore an acuity-based multiplier would not be appropriate and therefore this staff group were deemed out of scope of the staffing level tool. The leadership requirement plays a vital contribution to the delivery of high-quality maternity services therefore should be captured through the professional judgement tool and the duty to follow the common staffing method. Leadership roles who had line management responsibility were asked to complete quality audits for their cohort of staff.

4.2.19 The Annex B specialist midwives who completed and were onboarded to the application is outlined below in table 4.

Table 4

| **Speciality** | **No. Onboarded** | **No. completed app** | **% Completion** |
|---|---|---|---|
| Blood borne viruses (BBV) | 2 | 2 | 100% |
| Diabetes | 9 | 7 | 78% |
| Family Liaison | 4 | 4 | 100% |
| Fertility | 4 | 1 | 25% |
| Fetal Medicine | 5 | 4 | 80% |
| Infant Feeding | 16 | 7 | 44% |
| Perinatal/Bereavement | 30 | 11 | 77% |
| Sonographer | 33 | 31 | 94% |
| Substance Misuse/Safeguarding | 31 | 23 | 74% |
| **Grand Total** | **134** | **90** | **67%** |

4.2.20 Following analysis of the data the decision was taken not to include the specialist midwives within the tool due to low numbers and variation across Boards, preventing the ability to develop a Once for Scotland multiplier.

4.2.21 The Healthcare Staffing Programme plans to review alternative options to inform workforce planning for these roles.

## 4.3 Development of the multipliers

4.3.1 The analysts undertook a comprehensive exercise to validate data from observation studies to ensure completeness and confidence of data. Several data entries were removed due to incompleteness of essential data elements e.g. where no level of care was recorded against a direct care intervention for a patient.

4.3.2 The analysts discovered that there was insufficient quantity of quality data for 3 aspects of maternity care i.e. antenatal, postnatal and triage. Therefore, further observation studies took place in these areas between March to November 2025.

4.3.3 Methodology developed by Dr Keith Hurst was used to calculate the inpatient multiplier for one patient at each level of acuity by specialty over a 24-hour period using the below calculation. See appendix 2 for levels of care.

WTE = WI * hmh1 * (ho / 60 * do) / dc * (1+(PAA-b)) / ch

Formula abbreviation meanings:

- WTE = whole time equivalent
- WI = workload index = sum of (number of patients at each level of care * (hourly minutes per hour for each level of care/hourly minutes per hour for core))
- hourly minutes per hour = the number of minutes on average per hour spent on direct care by level of care = specialty specific data from observation studies
- hmh1 = hourly mins per hour for level of care core
- ho = hours open = number of hours per day the service/ward is open
- do = days open = number of days the service/ward is open
- dc = direct care = percentage of time spent on direct care as a proportion of all time observed in the study
- PAA = predicted absence allowance = percentage to cover planned and unplanned leave, for example study leave, annual leave, maternity leave, sickness absence
- b = breaks = percentage to allow for breaks
- ch = contracted hours worked per week by 1 WTE

4.3.4 This value is multiplied by the average number of patients, per level of care, within a staffing level tool to derive a recommended Whole Time Equivalent (rWTE).

4.3.5 The resulting multipliers were applied to a national evaluation data process (section 5.0) to test for accuracy. Further refinement was made to improve accuracy of the data.

4.3.6 Methodology used to calculate the community multiplier calculation for one intervention at each level of acuity:

rWTE = WI * dci * hmh1 * (ho / 60 * do) / dc + tt * paa / ch

Where: rWTE = recommended Whole Time Equivalent

- WI = Workload Index = sum of (number of interventions at each level of care * (hourly minutes per hour for each level of care / hourly mins per hour for level of care core))
- dci = average number of direct care interventions at each level of care
- hmh1 = hourly mins per hour for level of care core
- hmph = the number of minutes on average per hour spent on direct and indirect care by level of care
- ho = hours open = number of hours per day the service is open
- do = days open = number of days the service is open
- dc = direct care = percentage of time spent on direct care as a proportion of all time observed in the national run
- tt = travel time = actual travel time in hours
- paa = Predicted absence allowance = percentage to cover planned and unplanned leave, for example study leave, annual leave, maternity leave, sickness absence
- ch = hours worked per week by 1 WTE

The result of the above formula calculates the multiplier for one intervention at each level of acuity. This value is multiplied by the total number of interventions, per level of acuity to derive a recommended Whole Time Equivalent (rWTE).

4.3.7 Please note the content of this paper, including the above calculations. The calculation and multipliers are the intellectual property of HIS. Please see Creative Commons Attribution statement on page 2. See staffing level tool methodologies and multipliers document for more information.

# 5.0 Validation

5.1 In partnership with NHS boards, we undertook a national evaluation process to review the new Maternity Services Staffing Level Tool. Please see list of boards that participated in the national evaluation in appendix 3.

5.2 Within inpatient areas, this two-week exercise involved completing the patient census on the RL Datix SafeCare platform twice daily using the new levels of care, with zero multipliers. Within outpatient and community areas the staff completed the census with the total number of patient interventions once per day. This was in tandem with the Professional Judgement Tool on the SSTS platform.

5.3 Evaluation surveys were undertaken by the senior charge midwife for each clinical area.

5.4 The maternity national evaluation process replicated the processes undertaken by the Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool development across NHS Scotland. The aim was to ensure continuity in staffing level tool development processes thus guaranteeing an established approach including appropriate representation in terms of specialty and local context.

5.5 A statistical technique of sampling was undertaken with the objective of identifying 50 clinical areas within maternity services across NHS Scotland, where the national evaluation was to be conducted. This sampling ensured a representative cross-selection of specialties and geographic spread across Scotland.

5.6 The following NHS boards and specialties were included in the national evaluation, excluding specialist midwives.

5.7 The total number of Annex A hospital inpatient ward/departments sampled to undertake the national evaluation is outlined below in table 5a and table 5b.

Table 5a

**Number of departments/teams sampled**

| Board | Community/ Integrated | Hospital Outpatients | Grand Total |
|---|---|---|---|
| NHS Ayrshire and Arran | 1 | 1 | 1 |
| NHS Borders | 2 | 1 | 1 |
| NHS Dumfries and Galloway | 1 | 1 | 1 |
| NHS Fife | 1 | 1 | 1 |
| NHS Forth Valley | 3 | | 1 |
| NHS Grampian | 2 | 1 | 4 |
| NHS Greater Glasgow and Clyde | 1 | 1 | 4 |
| NHS Highland | 3 | | 1 |
| NHS Lanarkshire | 1 | 1 | 1 |
| NHS Lothian | 1 | 1 | 2 |
| NHS Orkney | 1 | 1 | 1 |
| NHS Shetland | 1 | 2 | 1 |
| NHS Tayside | 1 | 1 | 3 |
| NHS Western Isles | 2 | | 1 |
| **Grand Total** | | | |

Table 5b

**Number of departments/teams completed data collection app**

| Board | Community/ Integrated | Hospital Outpatients | Grand Total |
|---|---|---|---|
| NHS Ayrshire and Arran | 1 | 1 | |
| NHS Borders | 2 | 1 | 1 |
| NHS Dumfries and Galloway | 1 | 1 | 1 |
| NHS Fife | 1 | 1 | 1 |
| NHS Forth Valley | 3 | | 1 |
| NHS Grampian | 2 | | 4 |
| NHS Greater Glasgow and Clyde | 1 | 1 | 4 |
| NHS Highland | 3 | | 1 |
| NHS Lanarkshire | 1 | 1 | 1 |
| NHS Lothian | 1 | 1 | 2 |
| NHS Orkney | | | |
| NHS Shetland | 1 | 1 | 1 |
| NHS Tayside | 1 | 1 | 2 |
| NHS Western Isles | 2 | | 1 |
| **Grand Total** | **20** | **9** | **20** |

5.8 The new Maternity Services Staffing Level Tool was implemented in the software application 'SafeCare' for 38 of the 50 (76%) clinical areas/teams across NHS Scotland for the national evaluation. The HSP worked closely with Midwifery, Workforce and e-Rostering Leads to support rapid deployment where boards were not yet using 'SafeCare', providing training and ongoing support for local teams during the evaluation process.

5.9 The national evaluation took place from 12 May to 25 May 2025.

5.10 Feedback on the national evaluation of the new tool was provided to the expert working group. The invite was extended to all senior charge midwives involved in the testing across NHS Scotland. This was also another opportunity for feedback to be obtained.

5.11 The consensus from the senior charge midwives on the new tool in SafeCare was that it was: "less time consuming to complete overall, which is a positive improvement in terms of usability and workflow efficiency"; "It was concise and user-friendly"; "easier to access and update", "the individual midwives found it easy to complete". There was significant informal feedback to replace the extant Maternity Staffing Level Tool on the Scottish Standard Time System (SSTS) with a more contemporary and relevant tool.

5.12 The national evaluation confirmed the integrity of the new Maternity Services Staffing Level Tool in progressing the focus areas of the workstream as outlined in section 3.0.

5.13 All new staffing tools will be subject to an annual review period. This will enable boards to utilise the new or revised staffing level tool 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's duty to monitor the effectiveness of the staffing tools prescribed by the Scottish Ministers (including any new or revised tools) (12IR).

5.14 The new tool will be under continuous review during 2026/27. The review will take account of both qualitative information, in the form of an evaluation survey, and quantitative, in the form of data over time.

# 6.0 Collaboration and governance

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

6.2 HIS was commissioned by the Chief Nursing Officers Directorate and the Health and Care (Staffing) (Act) implementation team on behalf of Scottish Ministers to further develop the Maternity Staffing Level Tool in 2022.

6.3 The Scottish Government have been kept abreast of the work through the HIS governance groups and through formal commissioning and sponsorship meetings.

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

6.5 The HSP collaborated with Dr Keith Hurst to ensure the evidence-based methodology for the development of the staffing tools was adhered to and any improvements were done in collaboration with him.

6.6 The HSP also collaborated with the Safe Staffing Faculty within the Chief Nursing Officer's Directorate (England) who have led on similar work across NHS England, in partnership with Dr Keith Hurst and the Shelford Group, in the development of the Safer Nursing Care Tools. This promotes cross border shared learning and best practice.

6.7 The HSP collaborated with all boards and integration joint boards through their board workforce lead and senior midwifery leaders which ensured significant engagement and board representation through the expert working group.

6.8 The HSP collaborated with trade unions and professional bodies representative of midwifery teams via the expert working group.

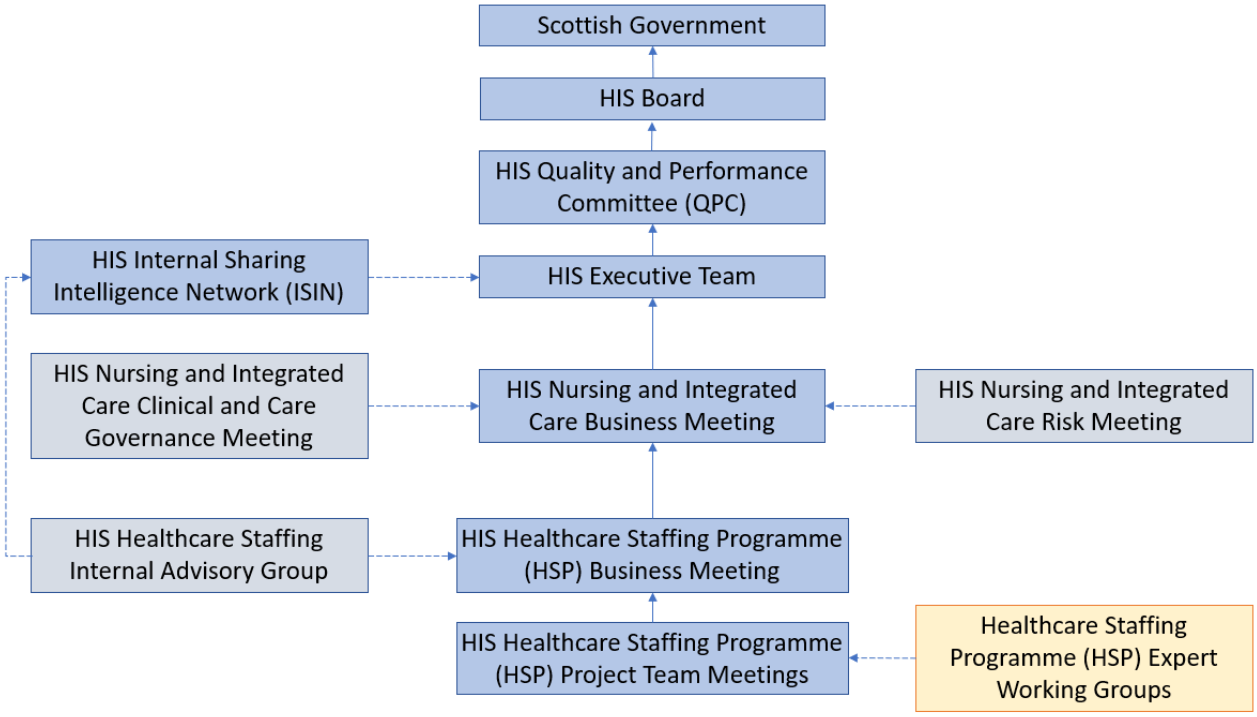
6.9 Until April 2024 the work was overseen by the HSP Staffing Level Tools and Real Time Staffing Steering and Oversight Group. The group reported to the HSP Programme Board, which promoted external involvement in the work of HIS. This included representatives from Scottish Government, the Care Inspectorate, relevant professional bodies and trade unions.

6.10 From April 2024 the governance groups have been reviewed and while the HSP Staffing level tools and Real Time Staffing Steering and Oversight Group is no longer in place, the HSP continue to collaborate and consult with stakeholders through various mechanisms, primarily through expert working group membership as well as seeking feedback from professional leaders and other named stakeholders.

6.11 The HSP wrote to the Nursing and Midwifery Council, as the professional regulator for midwifes to ensure they were given the opportunity to provide any further feedback on the replacement tool.

6.12 The HSP governance structure was reviewed in 2022 (see Figure 1) in recognition of HIS's roles and responsibilities of HIS outlined in the Health and Care (Staffing) (Scotland) Act 2019. The replacement of the Maternity staffing level tool was approved through HIS's governance structure prior to recommending to Scottish Ministers.

Figure 1: HIS HSP Governance Structure




6.13 HIS recommended the replacement of the Maternity Staffing Level Tool to Scottish Ministers in October 2025 to allow for the regulations to be prepared. This full report detailing the tool development was later published in January 2026. The regulations will then be laid before parliament in February 2026 and if endorsed the new Maternity Services Staffing Level Tool will be prescribed under section 12IJ from 1 April 2026 and made available to all NHS boards.

6.14 Prior to the publication of this report a consultation was undertaken to gather feedback from key stakeholders. Please see appendix 4 outlining the feedback received and the response provided.

# 7.0 Recommendations

7.1 HIS made the below high-level recommendation to Scottish Ministers in October 2025.

7.2 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:

- Schedule Staffing level tools Column 1 Kind of health care Provision: 'Maternity provision by Registered Midwives in Maternity units in hospitals and community' – remains unchanged

- Schedule Staffing level tools Column 2 Staffing level tool:

  Maternity Staffing level tool Version 3 (8)'

(8) Version 3 was developed by Healthcare Improvement Scotland and was made available online at NHS Scotland Login, in 2025, to those granted access.

- Replacement with a new staffing level tool as follows:

  'Maternity Services Staffing level tool Version 1 (8)'

(8) Version 1 was developed by Healthcare Improvement Scotland and made available online on the RLDatix SafeCare Platform as part of the national e-rostering contract, in 2025, to those granted access.

The link to the online tool has not been included due security concerns. The RLDatix system is hosted on the world wide web and not behind the NHS SWAN network. In addition, all NHS boards would have a separate URL to their own instance of the system requiring the regulations to include multiple different links for this one staffing level tool.

7.3 This new Maternity staffing level tool will be hosted on the 'SafeCare' platform and will be assigned the version numbers as follows:

- 'Maternity Services Staffing level tool Version 1'

7.4 The inclusion of the rWTE will not be evident on the front-end application in 'SafeCare' as this will be calculated via the Healthcare Staffing Programme and reported back to NHS Boards as an interim solution until the national reporting (SEER) platform made available to NHS Boards and HIS.

7.5 Monitoring of the effectiveness of these revised tools will be undertaken in line with HIS Duty 12IR with a review taking place 12-months after the go-live date.

7.6 While this tool has been developed, the HSP plan to undertake further work in relation to seeking to understand what additional requirements are needed where ratios are applied. Understanding percentiles reflected within the tool outputs and exploring the opportunity for developing maternity workforce standards to accompany the tool to address issues where staff members have been excluded from the tool development at present. It was agreed internally not to delay the launch of the new tool for another 6-12 months while this work was undertaken. We re-emphasise the importance of using professional judgement and the common staffing method alongside the tool outputs when undertaking workforce planning.

# 8.0 Appendices

## Appendix 1: Glossary of definitions and acronyms

## Appendix 2: Levels of care

## Appendix 3: List of NHS boards and associated specialties participating in the national evaluation

## Appendix 4: Consultation feedback and responses

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**Healthcare Improvement Scotland**

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

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

0141 225 6999

**www.healthcareimprovementscotland.scot**