Health and Care (Staffing) (Scotland) Act 2019:

Review of the Common Staffing Method

March 2026

NHS SCOTLAND

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1.0 Introduction

1.1 The Health and Care (Staffing) (Scotland) Act 2019 (HCSA) has set a new standard for ensuring safe and effective staffing within Scotland's Health and Care services. To meet legislative requirements Healthcare Improvement Scotland (HIS) are required to undertake a review of the Common Staffing Method (CSM).

1.2 The HCSA was enacted 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.

1.3 The HCSA 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 multidisciplinary staffing tools
- 12IT HIS: duty on health boards to assist staffing functions
- 12 IUIU HIS: power to require information
- 12IV HIS: ministerial guidance on staffing functions

1.4 This report will outline how HIS fulfil their obligation HIS: 12IQ Review of the CSM detailing the methodology implemented to review the effectiveness of the CSM and assess how boards are applying CSM while ensuring that the guiding principles are being considered.

2.0 Background

2.1 HIS is required to monitor and review the CSM 12IQ duty, in respect of each type of health care listed in duty 12IK section 1, by assessing the way in which relevant organisations apply the CSM; and analysing the effectiveness of the CSM.

2.2 The review was undertaken in collaboration with the named people under duty 12IQ section 3. HIS will seek views of stakeholder by means of consultation and feedback, this will ensure the CSM remains contemporary and that it can work in practice across diverse practice settings and staff groups.

2.3 In undertaking a review of the CSM, HIS had regard to how the CSM has been aligned to the guiding principles of the Health and Care staffing as set out in section 1 of the HCSA. In recommending changes, HIS may consider the revision of existing, or development of new, staffing level or Professional Judgement tools.

2.4 Having completed a review of the CSM, HIS may report recommended changes to the CSM to Scottish Ministers.

2.5 Having submitted this report to Scottish Ministers, HIS must publish the report. The purpose of this process is to ensure any review of the CSM is comprehensive, inclusive and transparent and to assure Scottish Ministers that the CSM is contemporary and fit for purpose.

2.6 To support our role and function there is a duty on health boards to assist staffing functions (12IT) and HIS: power to require information (12IU).

3.0 Aim

3.1 The aim of the workstream was to ensure that the CSM supports relevant organisations to fulfil their requirements to ensure appropriate staffing as defined in the HCSA. Together with the aim of the review, HIS was to provide assurance to Scottish Ministers on:

- the effectiveness of the CSM
- the way in which health boards, relevant special health boards and the Agency are using the CSM

3.2 The purpose of the review was to establish:

- board compliance with the duty to follow the CSM, identifying any areas of good practice and areas for improvement
- the ease and effectiveness of the CSM in informing appropriate staffing
- consideration of the appropriateness of the CSM 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 CSM, including any resources to support its application

3.3 These four strands of work were not a linear process and were interlinked to facilitate the progression of the CSM review.

4.0 Methodology

To support HIS' review of the CSM in line with HIS Healthcare staffing operational framework: December 2025 and Healthcare Improvement Scotland and Scottish Government: operating framework, HIS used a multifaceted intelligence led and qualitative research approach supported by a consultation process with key stakeholders.

4.1 Intelligence led approach

4.1.1 Mapping exercise to determine how the boards are meeting their legislative requirements of the Duty 12IJ CSM and how they align this to the guiding principles of the HCSA. This included a review of the NHS boards internal quarterly reports and annual report to seek any emerging themes, any areas of self-reported good practice or shared learning (requires to be substantiated by HIS).

4.1.2 Review of staffing level tool runs, national workforce statistics, and data submitted to the Excellence in Care programme. Healthcare Staffing Programme (HSP) have used these data

sources to evidence the application of the CSM, and to examine whether the CSM process has had an impact on the workforce across NHS Scotland.

4.1.3 Themes emerging from the Safe Delivery of Care (SDoC) Inspections.

4.1.4 Themes emerging from Response to Concerns (RtC).

4.1.5 Intelligence from HIS Data Measurement and Business Intelligence (DMBI) to identify if there are any concerns regarding safety and quality.

4.1.6 Review of health board's use of quality and safety measures to inform their triangulation of data as part of the application of the CSM.

4.2 Semi structured interviews to seek views from stakeholders

4.2.1 HSP adopted a qualitative research design and conducted semi structured interviews with a broad range of stakeholders from several NHS boards to gather perspectives on the effectiveness of the CSM.

4.2.2 Due to limitations, HSP could not interview stakeholders from every NHS board. Instead, HSP aimed for a sample from the boards that would provide representation from the following:

- island board
- large board
- mid-size board
- special board

4.2.3 Overall, participants represented four health boards. Island boards were under-represented, as HSP were only able to recruit from one.

4.2.4 Participants were drawn from a wide variety of professional backgrounds, including senior charge nurses, chief nurses, health visitor team leads, nurse specialists, lead nurses, nurse team leads, practice development staff and an implementation programme manager. Nine participants worked in rural settings, seven in urban settings and eight in hybrid environments.

4.2.5 Further detail on the semi structured interview methodology can be found in *Appendix 8.1 Executive summary CSM semi-structured interviews*

5.0 CSM review outcome

5.1 Duty to follow CSM 12IJ: board compliance

5.1.1 The HSP Monitoring Board Compliance (MBC) team has reviewed intelligence and information submitted by NHS boards through their quarterly internal reports and annual reports submitted to Scottish Government (as required under Duty 12IM). This review also incorporated information gathered from board review calls and other relevant sources. Where necessary, the team utilised the powers under Duty 12IU, power to require information, to strengthen HIS' understanding of the level of assurance boards hold in relation to Duty 12IJ.

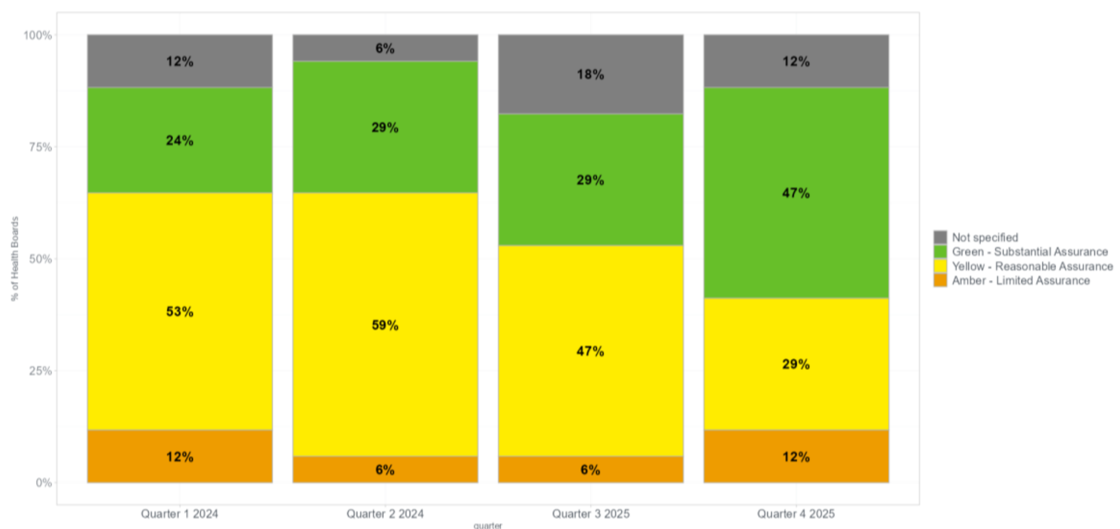
5.1.2 This work was undertaken to support the requirement to review the CSM, a statutory approach designed to ensure safe and effective staffing in health care settings. The review involved assessing how the relevant organisations are applying the method and analysing information on decisions made since the implementation of the CSM.

5.1.3 From the evidence provided in NHS boards' annual reports, 56 % of boards reported substantial assurance, 31 % reported reasonable assurance, and 13 % reported limited assurance against Duty 12IJ. These proportions were identical to the reported levels of assurance for Duty 12IL.

5.1.4 In addition, HSP reviewed and recorded boards' reported assurance levels throughout the first full year of enactment to track progress and improvements in compliance over time. Slight variations in the final-year figures were influenced by differences in reporting periods: some boards reported assurance covering up to Q3, while others reported across the full year including Q4 (*see Figure 1 and 2*).

Figure 1: Health Board Assurance with Duty 12IJ–CSM

Figure 2: Health Board Assurance with 12IL–CSM Training



5.2 Key strengths identified across boards

5.2.1 Governance arrangements:
Most boards reported established local governance processes to support full CSM application, though several noted ongoing testing of new standard operating procedures and templates, declared being in the early stages of the governance implementation, resulting delays in closing the workforce reviews with use of CSM for 2024-2025 period.

5.2.2 Planning and procedural support:
Most boards have locally agreed schedules for staffing level tool use, with many supported by standard operating procedures, frameworks or guidance. Although, some of these documents remain in draft form, their development indicates growing procedural maturity.

5.2.3 Education and training:
All boards reported having education support in place, covering staffing level tool use and wider CSM awareness. Many boards have developed local resources such as standard operating procedures, guides and awareness materials to support staff understanding.

5.2.4 Engagement with HIS resources:
Boards demonstrated positive engagement with HIS resources, including staffing level tool toolkits, quality assurance materials, CSM guidance and the knowledge and skills framework.

5.2.5 Early evidence of impact:
Although, only a minority of boards reported clear positive outcomes from CSM application, evidence shows increasing alignment of processes and strengthening of governance structures.

5.3 Key challenges reported by boards

5.3.1 It is apparent through the data, evidence and intelligence available to HIS, that boards have understanding around legislative requirements for utilisation of the CSM for designated groups, however there are some gaps identified in practical applications and in terms of robust governance processes in achieving timely outcomes. Boards have yet to fully establish a robust system and process to ensure that they are compliant with the duty to follow the CSM. Boards are often in the process of testing newly developed processes and templates, standard operating procedures to support the application of the CSM.

5.3.2 Key themes identified include:

- **Operational pressures:**
  Competing system demands; including staffing shortages, financial constraints, recruitment and retention challenges, continue to impact boards’ ability to fully implement the CSM

- **Staff engagement and capability:**
  Challenges included variation in staff engagement, limited training capacity and inconsistent understanding or confidence in applying the CSM

- **Governance and feedback gaps:**
  Several boards highlighted gaps related to establishment of robust governance processes, missing formal feedback processes and staff concerns about limited involvement in decision making

- **Data limitations:**
  Boards noted issues with staffing level tool data quality, incomplete staffing level tool runs (particularly Professional Judgement assessments), and limited availability of supporting evidence to inform CSM decision. Some boards also referenced gaps in staffing level tools availability for other professional groups

- **Variation in maturity:**
  Several boards remain in early stages of CSM governance implementation, contributing to delays in completing CSM informed workforce reviews

5.4 Findings from Safe Delivery of Care inspections and Response to Concerns

5.4.1 This review synthesises evidence from Safe Delivery of Care (SDoC) inspections and Response to Concerns (RtC) cases to assess compliance with the CSM under the HCSA following the first year of enactment. More details on the SDoC inspections can be found in *Appendix 8.2*. Refer to *Appendix 8.3* for details on the RtC process.

5.4.2 The review focused on the twelve SDoC inspection reports and sixteen RtC cases undertaken between April 2024 and August 2025. The SDoC inspection reports that were reviewed included data intelligence from acute, mental health and maternity services from across seven NHS boards.

5.4.3 Key findings from the SDoC inspections included:
- Seven requirements and three recommendations issued; all boards had at least one.
- No examples of good practice identified.
- Common gaps:
  - inconsistent use of staffing level tools
  - weak quality assurance processes
  - missing documentation on CSM decision making
  - lack of governance structures to support staffing decisions
- Requirements focused on:
  - establishing robust systems for full CSM application
  - reviewing assurance processes for staffing level tools use

5.4.4 Key findings form Response to concern cases:
- sixteen concerns related to workforce and legislation
- themes:
  - inadequate staffing levels (nursing and medical) causing unsafe practice and staff wellbeing issues
  - recurrent risks reported without effective action
  - lack of feedback provision and no staffing changes despite staffing level tools use

5.4.5 Overall Themes:
- persistent compliance gaps in applying CSM principles
- governance and assurance weaknesses across boards
- staff engagement with CSM application and feedback mechanisms insufficient
- risks to patient safety because of staffing concerns and staff wellbeing remain high

5.5 Compliance with staffing level tools

5.5.1 There are ten staffing level tools available for nursing and midwifery, each aligned to service areas required to apply the CSM annually. These tools provide workload based numerical recommendations and support the triangulation process central to the CSM.

5.5.2 Engagement with health boards highlights ongoing challenges with managing Scottish Standard Time System (SSTS) rosters for staffing level tool data collection. Work undertaken with boards has focused on identifying active rosters, ensuring appropriate alignment to staffing level tools, and confirming those linked to the Professional Judgement staffing level tool. The HSP conducted a staffing level tool review last year, HSP Staffing Level Tool Review: July 2025, and sought health board users opinions on the usability and suitability of the current staffing level tools. SSTS data from 2024-25 indicates several issues affecting staffing level tool usage and compliance.

5.5.3 For a staffing level tool to be used in a compliant manner it is recommended that 2-weeks of data collection be used as input for a staffing level tool in order that the outputs can be considered representative of the service's workload. Additionally, the use of the Professional Judgement tool gives a "clinical voice" to the recommended staffing levels and is required as part of the CSM. The Professional Judgement tool must be used alongside the recommended staffing level tool to represent a compliant tool run.

5.5.4 Key findings include:

- **highest completion** rates were observed for the Neonatal, Emergency Care Provision and Adult Inpatient staffing level tools, with the Adult Inpatient tool having the highest rate of compliance as well
- **lowest completion and compliance** occurred with the Clinical Nurse Specialist tool
- **primary reason for non-compliance** was the lack of a completed Professional Judgement assessment to accompany the two-week staffing level tool data collection period

Figure 3: Variation by health board in staffing level tool compliance

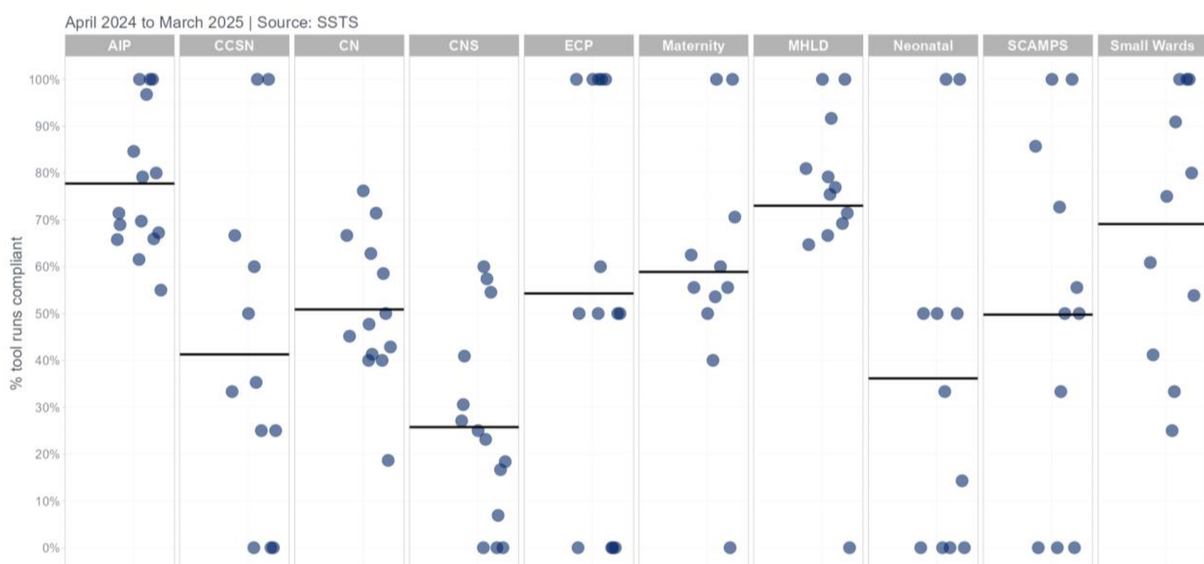


Figure 3 shows a comparison of staffing level tool compliance in 2024-2025 by health board. Dark lines indicate the average compliance rate for each staffing level tool, and each point represents the

compliance rate for a health board. This chart highlights significant variation in compliance across health boards for all staffing level tools, which demonstrates gaps in the application of the CSM.

5.6 Workforce and quality data integration

5.6.1 A core principle of the CSM is the integration of service quality information alongside staffing level tool outputs, Professional Judgement, local context and workforce data. Evaluating workforce suitability therefore requires consideration of service quality and safety, which may be informed by patient feedback, outcomes and patient safety indicators, among other speciality specific measures.

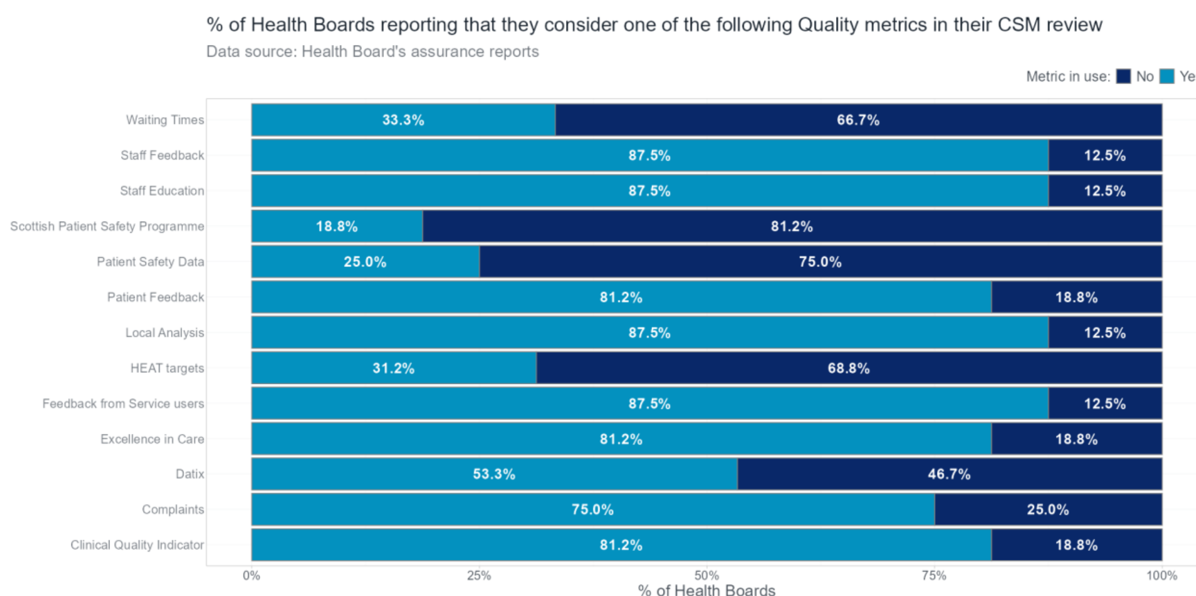
5.6.2 National workforce statistics published quarterly by NHS Education for Scotland (NES) provide census data on establishment, staff in post and vacancies across Medical, Nursing and Allied Health Professional (NMAHP) groups. To supplement this, HSP reviewed data from Excellence in Care's (EiC) Care Assurance and Improvement Resource (CAIR) dashboard, which offers a more detailed view of workforce indicators and service quality for nursing and midwifery services.

5.6.3 Review of annual and quarterly progress reports from health boards shows a wide range of data sources being used to assess service quality (*figure 4*); however, several gaps are evident in current approaches when applying the CSM.

5.6.4 HSP found that:

- some boards did not reference patient or staff feedback, despite these being key indicators of service quality
- boards reported using a diverse selection of data sources, including Health improvement, Efficiency, Access, and Treatment (HEAT) targets, Datix and Scottish patient safety data. However, it is not clear what definitions are being used and how those data sources are being used to facilitate the CSM
- although, use of national resources, such as the EiC CAIR dashboard, is well embedded, there are opportunities to promote and harmonise use of this resource

Figure 4: CSM Review: Reported data sources used for assessing service quality



5.6.5 HSP identified several challenges in both monitoring and assessing the application and overall effectiveness of the CSM. These included:

- difficulties triangulating staffing level tool data with national workforce statistics to understand potential establishment changes following CSM reviews:
    - staffing level tool data is recorded at roster level, whereas the most granular national workforce data is reported at grouped specialty level, limiting comparability
    - quality metrics from the CAIR dashboard are presented at ward level, creating further difficulty in aligning and comparing datasets across systems
- dependence on accurate SSTS roster configuration for the effective use of staffing level tools:
    - some boards must maintain and configure hundreds of rosters, making it challenging to ensure that each roster is correctly linked to the appropriate staffing level tool
    - in several cases, multiple roster configurations exist for the same area or service, complicating efforts to accurately monitor staffing level tool usage and compliance

5.7 Semi structured interview outcomes

5.7.1 Semi structured interviews with NHS staff across four health boards were conducted as part of the CSM review to understand staff experiences of the CSM. The more detailed report can be found here (*Appendix 8.1 Executive summary CSM semi-structured interviews*)

5.7.2 Key Themes and Findings

- Perceived Effectiveness and Funding
    - some staff view the CSM as supporting safety and governance, helping highlight risks and justify staffing needs
    - positive impacts were noted, such as securing additional whole time equivalents and reducing reliance on agency staff
    - however, some felt disillusioned when CSM requests did not result in increased staffing or were not reviewed by leadership
    - financial constraints limit the organisation's ability to ensure safe staffing levels, which in turn impacts staff expectations around the outcomes of CSM applications

- Awareness and Understanding
    - awareness of HIS resources was inconsistent; some staff struggled to navigate or recognise official guidance
    - misunderstandings occurred, for example, believing that completing the CSM would automatically ensure more staff

- Compliance and Engagement
    - experienced staff generally found the CSM acceptable and recognised its legislative importance under the 2019 Act
    - barriers included time pressures, inconsistent participation (eg, only 50 % completion of tools in one area), and reliance on Professional Judgement when tool outputs felt inaccurate
    - there was criticism of the CSM in its current form, and it was suggested that it was better to rely on Professional Judgement instead

    - the presence of multiple systems (Datix, Illuminate, TURAS) complicated the process

- Acuity, Capacity, Priority and Settings as barriers:
    - staffing level tools were viewed as not reflective of the current services, therefore staffing needs not always reflected in tool outputs
    - community tools were viewed as subjective and less reliable for capturing acuity
    - workload pressures often forced staff to prioritise patient care over completing CSM processes
    - impact of staffing shortages and reliance on agency staff on completion of CSM
    - some viewed the CSM as bureaucratic, diverting time from clinical care

- Facilitators to CSM Use:
    - cultural shifts, including clearer discussions about what constitutes "safe" staffing, helped normalise CSM use
    - local champions (often senior charge nurses, finance managers, nurse directors) played a crucial role in sustaining engagement, supporting tool runs and offering training
    - CSM helped raise awareness of service pressure points and reduce unrealistic expectations around task timescales
    - some staff suggested that the CSM was normalised for nurses who had been using it for a large part of their time and that it was embedded in the processes that they follow

5.7.3 In summary, the semi-structured interview data revealed persistent gaps in participants' understanding of CSM, especially concerning the difference between applying staffing levels tools on their own and integrating it as a part of the CSM.

6.0 Collaboration and governance

6.1 Collaboration

6.1.1 HIS has a legislative duty to consult with key stakeholders as listed within legislation (12IQ):

- the Scottish Ministers
- Social Care and Social Work Improvement Scotland
- every health board
- every relevant special health board
- every integration authority
- the Agency
- such trade unions and professional bodies as HIS considers to be representative of employees of the people mentioned in subparagraphs (iii) to (vi)
- such professional regulatory bodies for employees of the people mentioned in subparagraphs (iii) to (vi) as HIS considers appropriate
- such other providers of health care as HIS considers having relevant experience of using Staffing Level Tools (SLTs) and Professional Judgement tools
- such other people as HIS considers appropriate

6.1.2 HSP obtained stakeholder feedback via consultation undertaken through a short life expert working group or, alternatively, through a virtual consultation process. Following the stakeholder mapping exercise, the HSP recognised the need to consult with all named people specified in the HCSA. This requirement has been considered alongside:

- existing experience of using the CSM
- the opportunity for professionals applying the methodology across different disciplines (but not currently listed under section 12IK) to provide feedback

6.1.3 Formal requests have been issued to all NHS boards seeking nominations for the establishment of a CSM review expert working group. This engagement supports boards in meeting duty 12IT, which requires health boards to assist with staffing functions. Named people beyond health boards, integration authorities and relevant special boards were also invited to participate through this process.

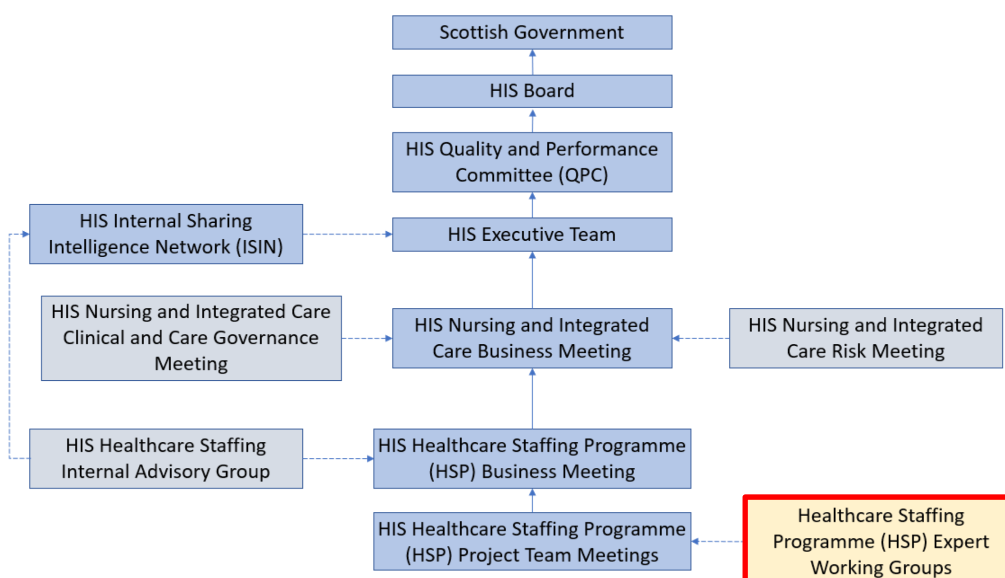
6.1.4 For named people identified in the HCSA who are not covered under Duty 12IJ, HSP offered either membership of the CSM review expert working group or participation in an online consultation. This approach ensured a broad and inclusive stakeholder consultation, meeting the requirements of duty 12IQ. The virtual consultation ran in parallel with the expert working group meetings, complementing the group's work and enabling HSP to gather input from both channels. Feedback gathered through the online consultation was presented to the expert working group for review and consideration. The purpose of the CSM review expert working group was to provide a forum for engagement and consultation with representatives from a wide and diverse group of key stakeholders.

6.2 Governance

6.2.1 The CSM review expert working group was established and contributed to this review as a form of consultation. This group reported to the HIS HSP Business Meeting.

6.2.2 Governance structure for the HSP in recognition of the roles and responsibilities of HIS outlined in the HCSA can be seen in *Figure 5*.

Figure 5: HIS Healthcare Staffing Programme Governance Structure



7.0 Recommendations

7.1 The recommendations submitted to the Scottish Government were underpinned by evidence from the findings and informed through consultation with stakeholders participating in the established CSM review expert working group. To ensure that HIS could fully reflect stakeholder perspectives during the consolidation of final recommendations, members of the CSM review expert working group, including virtual consultation attendees, provided feedback on the review outcomes. This stakeholder input informed proposed recommendations, which were shared with all members of the CSM review expert working group, and the results were collated through polling.

7.2 The polling results can be seen under each recommendation.

7.3 HIS, in accordance with its duties under section 12IQ of the Health and Care (Staffing) (Scotland) Act 2019, recommends to the Scottish Ministers the following:

7.3.1 Recommendation 1:
Development of National reporting template, electronic was suggested would require further consideration, for consistent application and monitoring of CSM.
Consultation outcome: 91 % support

7.3.2 Recommendation 2:
Recommend not to make changes to CSM but HIS HSP to review, refresh and develop guidance and resources to include roles and responsibilities to support operationalising CSM within boards.
Consultation outcome: 100 % support

7.3.3 Recommendation 3:
Recommend continue to monitor boards application, and the effectiveness, of CSM in line with the duty 12IQ to allow more time for embedding methodology and gather further evidence on robustness of CSM to enhance internal intelligence sharing process within HIS.
Consultation outcome: 84 % support

7.3.4 Recommendation 4:
Explore extension of CSM to all relevant professionals beyond nursing and midwifery (including tool development). Development of guidance supporting application of CSM for areas without available staffing level tool.
Consultation outcome: 92 % support

7.3.5 Recommendation 5:
Progress staffing level tool review and update (as per 12IR duty), and development of staffing level tool compliance dashboard to aid visibility and assurance. Continue exploring alignment with core quality and safety data (through EiC) with staffing level tool run data in order to evaluate the impact of the CSM.
Consultation outcome: 100 % support

7.4 The HCSA establishes a new benchmark for safe and effective staffing across Scotland’s Health and Care services. To comply with the legislation, boards must fulfil their responsibilities under the HCSA, particularly duties 12IA, 12IJ, and 12IL, in support of the CSM’s objective to maintain safe staffing levels.

7.5 HIS will continue to monitor the discharge, by every health board, relevant special health board and the Agency, of their duties under the HCSA, in line with Duty 12IP.

8.0 Appendices

8.1 Executive summary CSM semi structured interviews

2025-12-09 HSP CSM Review Interviews Executive summary v2.0

8.2 HIS inspection reports

Hospital and services inspection reports – Healthcare Improvement Scotland

8.3 HIS Response to concern process

Our concern response process – Healthcare Improvement Scotland

8.4 HIS annual report: Healthcare Staffing Programme

Health and Care Staffing Act 2019 HIS functions in relation to staffing annual report 2024-2025: April 2025 – Healthcare Improvement Scotland

8.5 Boards annual reports submissions

All NHS board annual HCSA reports are available on their local websites. Below link refers to the Scottish Government ministerial annual report for HCSA.

Health and Care (Staffing) (Scotland) Act 2019 2024/25 Ministerial Annual Report

8.6 TURAS NHS Scotland workforce data

NHS Scotland workforce | Turas Data Intelligence

8.7 Staffing level tool compliance criteria (document)

2026-01-28 HSP SLT Compliance Paper v1.0

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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