

Healthcare Staffing Programme criteria for assessment of staffing level tool usage

1.0 Introduction

Healthcare Improvement Scotland (HIS) is responsible, under Duty 12IP of the Health and Care (Staffing) (Scotland) Act 2019 (HCSA), for monitoring how health boards, relevant special health boards and the Agency discharge their statutory responsibilities. This includes oversight of Duty 12IJ, which requires boards to apply the Common Staffing Method (CSM).

As part of the CSM, boards must run the relevant specialty-specific staffing level tools at least once per financial year for a minimum of two consecutive weeks, alongside the Professional Judgement (PJ) tool. Duty 12IK section 1, sets out the specific areas and professional groups required to use these tools. These currently apply to nursing and midwifery, except for the Emergency Care Provision (ECP) tool which also includes medical staff.

At present, HIS has limited intelligence to determine how boards are fulfilling their legislative duties in relation to the CSM. However, HIS has access to staffing level tool (SLT) data through Scottish Standard Time System (SSTS) Business Objects (BOXI) which provides insight into patterns of tool usage. It is important to note that the SLTs and the PJ tool each form only one component of CSM application. Boards must not only run these tools as prescribed but must also consider their results as part of the wider methodology.

Failure to run mandated SLTs in line with legislative requirements indicates that the CSM cannot be applied accurately or robustly. Further information on the specialty-specific tools and wider methodology is available on the HIS website: [Staffing level \(workload\) tools and methodology – Healthcare Improvement Scotland](#).

To support HIS in fulfilling Duty 12IP, the Staffing Level Tool Compliance Dashboard has been developed to provide high-level assurance on boards' compliance with SLT usage, as an indicator of CSM application, in line with Duties 12IK and 12IJ. The dashboard presents an overview of data extracted from SSTS BOXI, summarising tool usage across NHS Scotland. As the national transition to SafeCare progresses, comparable data will be extracted from the national reporting solution using the same criteria applied to SSTS BOXI.

2.0 The HSP staffing level tool usage dashboard

The staffing level tool run data used to populate the HSP Staffing Level Tool Compliance Dashboard is extracted from BOXI in Microsoft Excel format. This is an established data source that has always been available to the Healthcare Staffing Programme (HSP), and the extraction process does not place any additional data burden on health boards.

HSP then validate, transform, and model the extracted data. This enables the creation of an interactive Microsoft Power BI dashboard that provides a consistent and transparent overview of SLT usage across NHS Scotland. The dashboard reports the total number of SLT runs completed by each board and service area during the reporting period and assesses whether these runs meet the defined compliance criteria. These criteria are based on legislative requirements specified in the HCSA and on current best practice recommendations for completing SLT runs.

The dashboard has been developed and tested in collaboration with health boards to ensure it is practical, supports efficient oversight, and enhances HIS' ability to monitor compliance under Duty 12IP. Its design prioritises clarity, comparability, and rapid insight, using a range of visual and interactive features to support boards and HIS in understanding tool usage patterns. Information

from the dashboard will be considered by HIS and will inform HIS annual report to Scottish Government.

3.0 Compliance criteria

The compliance criteria used within the HSP Staffing Level Tool Usage Dashboard are based on the legislative requirements of the HCSA Duty 12IK, and the current best practice recommendations for each specialty-specific SLT. An overarching requirement is that the specialty-specific SLT and the available PJ tool must run concurrently, for the same roster, over a minimum period of 14 consecutive days at least once per year: [Health and Care \(Staffing\) \(Scotland\) Act 2019: statutory guidance](#). For inpatient SLTs on SafeCare, the tool must be run for a minimum of two census periods within 24 hours.

For the purposes of this dashboard, a tool run is considered non-compliant when:

- the specialty specific staffing level tool has been run for fewer than 14 consecutive days (being mindful of caveats below) or has not run at all
- the PJ tool has not been run concurrently with the specialty-specific tool
- the PJ tool has been completed for fewer than the 14 consecutive days, considering the relevant caveats outlined in Section 4

Certain data has been excluded from the dashboard analysis because there is no legislative requirement for these tools to be used within the Common Staffing Method. Removing data containing information on:

- Professional Judgement, only tools used in service areas that are not mandated to run specialty, specific staffing level tools (e.g. outpatients, theatres, Hospital at Home etc)
- rosters that are clearly marked as “training”, “redundant”, or any other term indicating that the roster is not active
- quality tool data, although best practice recommends that the Quality Tool is run alongside the 3Cs tools (Community Nursing, Community Children’s Nursing and Children’s Specialist Nursing and the Clinical Nurse Specialist staffing level tools), it is not required by legislation

4.0 Caveats and limitations

The analysis is based solely on data extracted from BOXI (and SafeCare system, where applicable) and is limited by the accuracy and completeness of information entered by boards. HSP cannot verify local data quality of the staffing level tool data entered or contextual factors that may influence results.

Key limitations include:

- service operating patterns: some services run part-time or close during staff leave, affecting data coverage
- roster complexity: teams may use multiple roster locations or enter staffing level tool and PJ data in different locations.
- local variation: boards may deviate from national guidance on how tools are run or recorded.

- specialty-specific nuances: variations in tool frequency, operating days, and data entry patterns (eg, 3Cs part-time services, daily versus weekly data entry for Adult Inpatients, Neonatal, SCAMPS, or MH/LD tools)

To improve accuracy, HSP has asked boards to confirm which roster locations are currently aligned to and used for staffing tool data entry. HSP will continue to collaborate regularly with boards to ensure that roster locations are accurate and reflective of current practice to maintain the dashboard. Where possible, specialty-specific caveats have been applied to ensure fair assessment of compliance:

- the 3Cs (Community Nursing, Community Children’s Nursing and Children’s Specialist Nursing and Clinical Nurse Specialist)
 - tool-run dates may vary due to part-time services, single-staff teams, vacancies, or absence
- Professional Judgement tool:
 - PJ data should reflect the same two-week period; services operating Monday-Friday, for example, may show fewer than 14 days of entries
 - PJ may be entered via the aligned tool or the standalone PJ tool, provided dates match the staffing level tool
 - the roster name for the tool run should match the roster name for PJ tool
 - PJ tool run starts on a Monday. If the service does not run on a Monday, data still requires to be entered for that day eg, “0” for each shift
- Adult Inpatients/Small Wards
 - data may be entered daily, weekly, or once for the full two-week
 - entries must cover at least 14 consecutive days and align with PJ dates
- Neonatal and SCAMPS
 - historically run daily; now align with the standard requirement of a minimum two-week annual run with concurrent PJ
 - boards may still vary in daily versus non-daily completion
- Mental Health and Learning Disabilities
 - requires a census of patient and task types recorded at a minimum of twice per 24 hours
 - as long as the data entered covers at least 2 census periods over 14 consecutive days and is concurrent with Professional Judgement this would be deemed compliant
- Maternity
 - require data for every 24-hour period across 14 consecutive days
 - must include concurrent PJ for the same timeframe
- Emergency Care Provision (ECP)
 - requires data for every 24-hour period across 14 consecutive days, representing all discharged patients in each 24-hour period
 - concurrent PJ for the same timeframe for both nursing and medical staff