

Healthcare Staffing Programme Staffing Level Tools Sustainability Strategy

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1.0 Foreword

Healthcare is an evolving system. Changes in population health, technological advancements, medications, service delivery models, and standards all influence the care hours patients require and in turn, the workforce needed to deliver safe, effective, and high-quality care. Without an effective and responsive sustainability strategy, staffing level tools can quickly become outdated and less impactful.

As the development of new and revised staffing level tools continues within the [Healthcare Staffing Programme](#) (HSP), there is an increasing need to focus not only on established maintenance methodologies but also on exploring alternative mechanisms to ensure long-term sustainability.

Our aim is for staffing tool maintenance to become routine and continuous, driven by intelligence to establish priorities and enable timely updates. It is a collaborative effort, where staff voices are heard, valued, and acted upon.

The HSP is committed to implementing this sustainability strategy to ensure specialty-specific staffing level tools remain contemporary and are based on the latest real-world evidence. These tools are a vital component of the [common staffing method](#) and its use can support NHS Scotland in ensuring appropriate staffing levels to meet the healthcare needs of the nation.

2.0 Introduction

Healthcare Improvement Scotland (HIS) has a duty under section 121R of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) to the monitoring and development of [staffing level tools](#), prescribed within [The National Health Service \(Common Staffing Method\) \(Scotland\) Regulations 2024](#).

To fulfil this duty, HIS requires an effective strategy to support the ongoing maintenance of all staffing level tools named in the Act.

Since the Act came into force on 1 April 2024, interest in the common staffing method (CSM) has grown among the professions it covers. Services are eager to adopt the CSM, and requests for new staffing level tools are increasing. The current trajectory is one of growth, with several new and revised tools in development and a roadmap planned for the year ahead. While this enthusiasm is welcome, it presents significant resourcing challenges and increases the risk that tool development may be prioritised over maintenance.

3.0 Background

Staffing level tools support NHS boards in workforce planning by providing recommended Whole Time Equivalents (WTE) based on patient acuity/dependency or interventions.

The HSP, within HIS, is responsible for managing all staffing level tools and will lead their maintenance on behalf of HIS.

Historically, staffing level tools were maintained using evidence gathered by a third-party organisation contracted by NHS Scotland. Updated multipliers were periodically provided and deployed following approval through relevant governance channels.

NB: Multipliers refer to the numeric values used to calculate recommended WTEs by multiplying them with patient numbers.

This contract ended when the third-party organisation ceased trading, and responsibility for tool maintenance now lies with HIS.

Previously, changes to multipliers were typically informed by observation studies. Each study contributed to a growing database, which in turn informed updates to the multipliers for a tool or its sub-specialties. This approach helped ensure that staffing level tools remained current and evidence based.

While observation studies remain a valuable mechanism for tool maintenance, they are resource-intensive and costly. Therefore, this strategy also considers alternative methodologies to support sustainable maintenance.

4.0 Our vision

“Staffing level tools remain an effective component of the common staffing method, that supports NHS Scotland boards with workforce planning. Innovative techniques to support the maintenance of tools are identified, tested, and if successful, implemented. HIS will collaborate with partner organisations to ensure NHS services in Scotland have the best possible tools to support sustainable workforce planning mechanisms.”

Our vision will be achieved through five high-level component areas:

- Measurement
- Maintenance categories
- Methodologies
- Workforce planning alternatives
- Management

4.1 Maintenance definition

A staffing level tool is considered to be under maintenance when no changes are required to the levels of care or interventions to improve its effectiveness or contemporaneity.

Maintenance may involve updates to multipliers or adjustments to patient tasks/additional tasks.

4.2.1 Measurement

Section 12IR of the Act states:

(1) HIS must—

(a) monitor the effectiveness of any staffing level tool or professional judgement tool which has been prescribed by the Scottish Ministers under section 12IJ (3) (including any new or revised tools which have been developed under this section), and

(b) where it considers that any such tool is no longer effective, recommend the revocation or replacement of the tool to the Scottish Ministers.

Measuring the effectiveness of each staffing level tool using a fair and consistent method will support the assignment of appropriate maintenance categories.

4.2.2 Existing tools

A full review of all tools will be conducted every third financial year, with results published on the HIS website the following year.

As at May 2026, this will include the following tools:

- Adult Inpatient Staffing Level Tool
- Clinical Nurse Specialist Staffing Level Tool
- Community Children's & Children's Specialist Nurse Staffing Level Tool
- Community Nurse Staffing Level Tool
- Emergency Care Provision Staffing Level Tool
- Mental Health and Learning Disabilities Inpatient Nurse Staffing Level Tool
- Neonatal Staffing Level Tool
- Professional Judgement Tool
- Scottish Children's Acuity Measurement in Paediatric Settings (SCAMPS)
- Small Wards Staffing Level Tool

A full review took place in 2024/2025. The next review is scheduled for 2027/2028.

4.2.3 New or revised tools

Once a new or revised tool is published, it will undergo an evaluation period of up to 12 months. Following this, the HSP will take up to three months to analyse the results. This may lead to:

- Refinement of multipliers
- Operational changes to the tool
- Updates to guidance based on user feedback

The list above is not exhaustive.

The HSP will then agree a timeline and methodology for any refinement of multipliers. Operational changes and changes to guidance should be made promptly. New and revised tools will be hosted directly on SafeCare. Key releases include:

- Maternity Services Staffing Level Tool – Go-live: 1 April 2026

4.3 Maintenance categories

To prioritise maintenance, tools will be assigned to one of the following categories based on level of assurance the HSP has that internal controls are in place, operating effectively and objectives are being achieved. Part of this intelligence and evidence should be derived from the tools review process. Each tool’s maintenance level will be reviewed internally by the HSP on an annual basis.

Category/Assurance level	Category action
Significant Assurance	Tool requires no maintenance.
Moderate Assurance	Tools require minimal maintenance that year.
Limited Assurance	Tools require more intensive maintenance that year or a full rebuild may be deemed appropriate.
No Assurance	Tool requires a full rebuild or revoked from legislation.
Researched	Tool requires updates to reflect professional standards (e.g. nurse-to-patient ratios).

4.3.1 Significant assurance level

Allocated to tools for which HSP has reasonable assurance, primarily through the tools review process, that there is sufficient evidence that the objectives of the tool are being achieved, internal controls are in place, such as training materials and reporting, and are operating effectively. Significant assurance may be derived due to proximity of a tool launch accompanied by recent development methodologies pending formal evaluation. There may be an insignificant amount of residual risk or none.

- No maintenance required

4.3.2 Moderate assurance level

Allocated to tools for which HSP has reasonable assurance, primarily through the tools review process, that there is sufficient evidence that objectives of the tool are in the main being achieved, internal controls are in place and are applied. There remains a moderate amount of residual risk. Maintenance may include:

- A small number of observation studies
- Updates based on professional opinion or a low intensity alternative methodology
- Additional training or updates to training materials

4.3.3 Limited assurance level

Allocated to tools for which HSP has some assurance, primarily through the tools review process, that there is sufficient evidence that objectives of the tool are partially being achieved, internal controls are in place and in some capacity managing the risk. There remains a high amount of residual risk. Maintenance may include:

- A programme of observation studies
- Updates based on professional opinion or using alternative methodologies
- Additional training or updates to training materials
- Issuing relevant communication to stakeholders

4.3.4 No assurance level

Allocated to tools for which HSP has no assurance, primarily through the tools review process, that there is sufficient evidence that objectives of the tool are not being achieved. There remains a significant amount of residual risk. Tool requires a full rebuild or revoked from legislation.

- If determined full rebuild mitigations should be explored
- Revoking criteria from legislation to be developed
- Issuing relevant communication to stakeholders

4.3.5 Researched level

Allocated to tools based on **professional standards**. These tools require:

- An annual check for updates to relevant standards
- Assessment of any changes within three months of notification
- Implementation of agreed changes within six months, if feasible

Updates may be communicated via professional bodies or NHS board staff.

5.0 Methodologies

To effectively implement this strategy, consideration must be given to the current methodologies used to maintain staffing level tools. As outlined in Section 3.0, observation studies have historically been the primary method. These can take two forms:

- **Assisted observation studies**, where observers record staff workload
- **Independent observation studies**, where staff self-report their workload

Assisted studies are often expensive and time-consuming, while independent studies can place a burden on staff. Therefore, before including observation studies in a maintenance plan, efforts should be made to explore how these methodologies can be made more efficient.

In parallel with improving existing methods, it is essential to explore and test **alternative techniques** as a matter of urgency to ensure long-term sustainability.

6.0 Workforce Planning Alternatives

Workforce planning occurs at every level within every health board. Given the scale of NHS Scotland, it is not feasible for HIS to provide and maintain staffing level tools for every service.

To mitigate the risk of this strategy becoming unsustainable, more **scalable and sustainable workforce planning methodologies** must be considered.

Under section 12IS of the Act, HIS has a duty to consider multi-disciplinary staffing tools. This includes roles that may not be directly involved in patient care. For such roles, traditional methodologies based on patient acuity or interventions may not be appropriate.

Determining the most suitable and effective workforce planning tools is a broader responsibility that extends beyond HIS. Public Services Delivery (PSD) Scotland (previously

NHS Education for Scotland) plays a key role in national workforce planning, including responsibility for NHS Scotland's national workforce publications. PSD Scotland also works closely with health boards and workforce planners.

It is therefore essential that HIS collaborates with key partners, such as PSD Scotland and board-level workforce planners, to collectively determine the most appropriate workforce planning tools for specific services.

Consideration needs to be given to alternative methodologies, as well as which health board is best placed to lead on the development of any requested workforce planning tools.

As part of this consideration, the HSP should assess the value in existing resources available to services, such as the common staffing method without a mandated staffing level tool.

7.0 Management

There are two key components to the management of the staffing level tools sustainability strategy:

7.1 Operational management

Operational management of the strategy should be led by a dedicated project team responsible for staffing level tool maintenance. This team will oversee all activities related to sections 4 and 5 of this strategy.

7.2 Strategic management

The strategic oversight of the strategy lies with the senior management team within the Healthcare Staffing Programme. This includes:

- Oversight of all activities in Section 6
- Governance of the project team and project plan
- Ensuring that all staffing level tools, including those in development, have an effective and efficient maintenance approach assigned

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