

Health and Care (Staffing) (Scotland) Act 2019

12IR 'HIS: Monitoring and Development of Staffing Tools'

Healthcare Improvement Scotland's Recommendation to Scottish Ministers October 2026

1.0 Introduction

Healthcare Improvement Scotland (HIS) recommends to Scottish Ministers revisions to the staffing tools, prescribed under section 12IJ(3) of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) (HCSA) as follows:

- Revisions to the existing Maternity Services Staffing Level Tool as follows:
 - Staffing tool: Maternity Services Staffing Level Tool
 - Type of healthcare: Maternity Provision
 - Location: Hospitals and Community Settings
 - Employees: Registered Midwives (including other staff working under the supervision or delegation by the registered midwife)
- Revisions to the existing Neonatal Staffing Level Tool as follows:
 - Staffing tool: Neonatal Staffing Level Tool Version 5
 - Type of healthcare: Neonatal Provision
 - Location: Neonatal units in Scotland
 - Employees: Registered Midwives and Registered Nurses (including other staff working under the supervision or delegation by the registered nurse or midwife)

2.0 Revision: Maternity Services Staffing Level Tool

- 2.1 A [detailed paper](#) was published on 16 January 2026 recommending to Scottish Ministers the replacement of the 'Maternity Staffing Level Tool Version 3' with a new staffing level tool 'Maternity Services Staffing Level Tool Version 1'.
- 2.2 While this tool has been developed and launched on the 1 April 2026, HIS committed to undertake further work to determine:
- minimum staffing requirements within small maternity wards (10 beds or less).
 - additional staffing requirements where staffing ratios are applied i.e. intrapartum care.
 - staffing models within maternity theatres to establish if a Once for Scotland approach could be incorporated into the Maternity Services staffing level tool.
 - the composition of the sonography workforce within maternity services to establish if the development of sonography multipliers would be possible.
 - what evidence is available to support the use of percentile values in workload measurement and workforce planning as well as exploring the opportunity for developing maternity workforce standards to accompany the tool.
- 2.3 HIS have worked in collaboration with Scottish Health Boards to develop an evidence-based approach in determining appropriate staffing levels across the range of areas detailed in section 2.2.
- 2.4 A short survey was issued to all Boards in August 2025 to develop an understanding of minimum staffing requirements for maternity inpatient areas with 10 beds or less. Findings from this survey will determine if national minimum staffing levels for small wards are applicable.
- 2.5 A further survey was issued to all Boards in June 2026 with follow-up Board support calls to review and discuss staffing requirements within intrapartum wards and maternity theatres. Analysis of these findings is ongoing to determine if a standardised uplift can be applied within intrapartum areas, to account for any additional roles required over and above those providing 1:1 care. It will also determine if a Once for Scotland staffing model is applicable within maternity theatres.
- 2.6 At present all midwifery Sonographers are asked to complete the Clinical Nurse Specialist tool. HIS conducted a scoping exercise to determine the composition of the Sonography workforce across NHS Scotland. With the Maternity Services Staffing Level Tool being applicable to midwives only, this will help determine if there is value in developing multipliers for midwifery sonographers.
- 2.7 While the majority of existing staffing level tools provide a recommended whole time equivalent (rWTE) based on average patient numbers, this could present a risk in areas where

demand fluctuates significantly over time. The previous Maternity Staffing Level Tool reported a rWTE based on average patient numbers as well as a rWTE based on the 75th percentile. A percentile is the value below which a percentage of data falls. The 75th percentile means that 75% of values fall below this given value. HIS has committed to undertake a review of available evidence to support the use of percentiles in workload measurement and workforce planning.

3.0 Revision: Neonatal Staffing Level Tool

- 3.1 HIS transitioned the Neonatal Staffing Level Tool from SSTS to the RLDatix SafeCare Platform on the 1 April 2026 for use in Neonatal Units across NHS Scotland.
- 3.2 The Neonatal Staffing Level Tool is based on the British Association for Perinatal Medicine (BAPM) Standards, utilising ratios to determine the care hours required per level of care:
- Transitional Care (1:4)
 - Special Care (1:4)
 - High Dependency (1:2)
 - Intensive Care (1:1)
 - Enhanced Intensive Care (2:1)

These ratios are not inclusive of any additional staffing requirements such as leadership roles, coordinators etc.

- 3.3 While the tool transitioned from SSTS on 1 April 2026, HIS committed to undertake further refinement work to determine:
- additional staffing requirements where staffing ratios are applied.
 - what evidence is available to support the use of percentile values in workload measurement and workforce planning.
 - if the task functionality should be removed from the existing Neonatal Staffing Level Tool.
 - if further development work is required to expand the existing tool with consideration of a multidisciplinary approach in line with the BAPM standards.
- 3.4 In collaboration with senior members of the Scottish Neonatal Nurses Group (SNNG) and the Royal College of Nursing (RCN), HIS developed a survey to identify additional nurse staffing requirements over and above those established through ratio-based staffing models. Findings will determine if a standardised uplift can be applied within neonatal settings, to account for any additional roles required in addition to ratio-based staffing.
- 3.5 A review of available evidence to support the use of percentiles in workload measurement and workforce planning is ongoing as per section 2.7.
- 3.6 HIS conducted a high-level review of all staffing level tools in 2024/25 including the Neonatal

staffing level tool. A review of the use of additional tasks highlighted inconsistencies in use between boards, with some tasks considered out of date. Further engagement with the SNNG will determine if additional tasks should be removed from the existing staffing level tool.

- 3.7 In addition, with ratio-based staffing levels for nursing, the BAPM standards also provide guidance on staffing requirements for the wider multidisciplinary team subject to cot types and number of deliveries. A further review of these standards will determine if there is value in expanding the existing staffing level tool beyond nursing.

4.0 Recommendations

It is anticipated that the ongoing work in relation to both the Maternity Services and Neonatal Staffing Level Tools will lead to a revision of the Staffing Level Tools. However, the concluded evidence will be presented within the detailed recommendations paper to be published in March 2027 with details of versioning changes.