🧭 Introduction

These five Healthcare Improvement Scotland (HIS) recommendation papers form a core part of the national approach to implementing the **Health and Care (Staffing) (Scotland) Act 2019**. They outline important updates to staffing level tools (SLTs) across maternity, neonatal, emergency care, and inpatient services. The papers introduce revised methodologies and expand the scope of SLTs to reflect contemporary service models, aligning with Best Start reforms and regulatory standards.

Key enhancements include the integration of the reduced working week, improved workload capture for 1:1 nurse-to-patient ratios, and the adoption of evidence-based staffing calculations within the RLDatix SafeCare platform. Collectively, these updates aim to support safe, person-centred care and ensure that workforce planning remains robust, responsive, and compliant with both national expectations and clinical best practice.

The Professional Judgement Tool (on SSTS until 2027) will operate alongside each tool*

1️⃣ Maternity Services Staffing Level Tool – High Level (October 2025)

- **What**: The Maternity SLT Version 3 is now replaced by the Maternity Services Staffing Level Tool Version 1, following the latest Healthcare Improvement Scotland (HIS) recommendations. This new tool expands its scope to cover antenatal, intrapartum, postnatal, triage/maternity assessment, outpatient, and community midwifery services. It aligns with updated service models introduced Best Start (2017) and uses observation study data and Quality Audit (QA) results to inform staffing calculations.
- **Why**: The update ensures the tool reflects current midwifery practice, addresses gaps identified in previous versions, and complies with the Common Staffing Method (CSM). It provides a robust framework for safe, person-centred care, directly aligned with national standards and regulatory requirements.
- **When**: Full integration within SafeCare by 2026 with a planned tool run during 01/06/2026 –14/06/2026.
- **How**: Methodology comprises structured sampling, application of QA thresholds, Care Hours Per Patient Day (CHPPD) multipliers, and retrospective analysis of observation data. Final recommendations undergo governance approval to ensure

accuracy and reliability. The tool is designed for real-time adjustments within SafeCare and is fully integrated with workforce planning systems.

- **Supports**: Clinical leads, workforce planners, and maternity managers benefit from evidence-based staffing figures, real-time adjustment capability, and seamless legislative compliance. The tool supports preparation for service redesign and ensures ongoing alignment with best practice and regulatory frameworks.
- **Implementation**: Hosted in SafeCare, the tool will be accompanied by dedicated user access and training to facilitate effective uptake. A moderate risk of delay exists if observation study data is insufficient, and contingency plans are in place to address potential data gaps.

Full paper can be found here: HIS-Recommendation-Maternity-Services-Staffing-Level-Tool-High-Level-October-2025.pdf

2 Emergency Care Provision Staffing Level Tool (September 2025)

- **What**: Healthcare Improvement Scotland (HIS) recommends the replacement of the Emergency Care Staffing Level Tool Version 4 with Version 1, aligning with the Health and Care (Staffing) (Scotland) Act 2019. This update transitions staffing calculations from the SSTS platform to SafeCare, retaining the established calculation logic while introducing aggregate acuity-level data entry. The revised tool integrates directly with TrakCare, Scotland's national patient management system, ensuring streamlined data capture and supporting robust workforce planning.
- **Why**: The update is designed to maintain safe, evidence-based staffing in Emergency Departments (EDs), fully compliant with national standards and Common Staffing Method (CSM) requirements. Aggregate acuity-level input significantly reduces administrative burden for clinical teams, while enhanced integration with SafeCare and TrakCare ensures consistent, reliable data for regulatory reporting and operational oversight.
- **When**: Implementation of the updated tool is scheduled for 2025, coinciding with annual SLT runs, periods of high demand, and service redesign initiatives. NHSGGC will participate in the national Emergency Care Provision Staffing Level Tool pilot from 17/11/2025 to 30/11/2025, with full rollout planned thereafter.
- **How**: Staffing requirements are calculated using attendance data, defined care levels, and task multipliers, supplemented by professional judgement and local context. The move to aggregate data entry facilitates rapid, accurate workload

capture, while the direct link to TrakCare provides real-time patient flow information for more responsive workforce allocation.

- **Supports**: The tool delivers staffing figures for clinical leads, workforce planners, and ED managers, enabling real-time adjustment and supporting compliance with SafeCare and regulatory frameworks. It also assists in preparing for service redesign and future legislative changes.
- **Implementation**: SafeCare configuration is underway, with user access and targeted training programmes being rolled out to ensure smooth adoption. The reduction in manual data entry and administrative workload is expected to improve both accuracy and efficiency, supporting the ongoing delivery of safe, person-centred emergency care.

Full paper can be found here: HIS-Recommendation-Emergency-Care-Provision-Staffing-Level-Tool-September-2025.pdf

3 Neonatal Staffing Level Tool (September 2025)

- **What**: HIS advises replacing the Neonatal Staffing Level Tool Version 3 with Version 1, moving from SSTS to the SafeCare platform. The revised methodology calculates staffing needs in neonatal units, covering both high-dependency and intensive care, and now uses acuity-based levels for data entry within SafeCare. The tool retains a core scoring system based on 10 defined categories per neonate, aligns directly with BAPM standards (2021) for neonatal and transitional care, and supports the Health and Care (Staffing) (Scotland) Act 2019.
- **Why**: The update aims to improve the precision of risk assessments and operational efficiency, ensure compliance with BAPM standards and the CSM, and reduce the data burden on neonatal teams. It also reflects current service delivery models and professional consensus.
- **When**: The revised tool is to be used during annual SLT runs and when reviewing neonatal service configurations. The tool run is scheduled for 02/11/2026 – 15/11/2026. Testing of the new care levels will conclude in October 2025, with the final report due in December 2025 and regulations expected before Parliament in February 2026.
- **How**: Staffing requirements are determined using BAPM patient ratios as multipliers within SafeCare. A Short Life Working Group (SLWG) is reviewing levels of care to ensure alignment with BAPM categories. Six NHS boards are piloting the tool with both SafeCare and the Professional Judgement Tool, and SafeCare has been tested for suitability ahead of its full launch on 1 April 2026. The tool ensures

consistency across Scotland and incorporates professional judgement and local context in final recommendations.

- **Supports**: The tool offers evidence-based staffing figures for clinical leads, workforce planners, and neonatal managers. It facilitates real-time adjustments, regulatory compliance, and simplifies data collection, enhancing both the accuracy and efficiency of workforce planning.
- **Implementation**: The tool will be hosted on the SafeCare Platform. Training and configuration support will be provided to ensure smooth adoption, and HIS governance structures will approve the final tool following validation of the pilot phase.

Full paper can be found here: HIS-Recommendation-Neontatal-Staffing-Level-Tool-September-2025.pdf

4 1 Nurse to 1 Patient Ratio Calculation (September 2025)

- **What**: This recommendation paper introduces a standardised methodology for capturing and calculating 1:1 nurse-to-patient ratios across multiple healthcare settings. It proposes:
  - Adding a new care level to the Adult Inpatient and Small Wards SLTs to represent patients requiring continuous 1:1 nursing.
  - Standardising care hours for 1:1 care at 26 paid hours per 24-hour period, including 24 hours of direct patient care, 1 hour of paid breaks, and 1 hour of handover time.
- **Why**: The revision ensures:
  - Accurate reflection of patient acuity and dependency in staffing calculations.
  - Consistency across all staffing tools and healthcare settings.
  - Alignment with clinical expectations and regulatory standards.
  - Recognition that 1:1 care requires two staff members to cover breaks and handovers.
- **When**: The 1:1 ratio methodology applies in 2025 for teams using Safe Care to calculate daily Real Time Staffing and Risk Assessment. Also for when the Adult Inpatient and Small Wards SLTs transition from SSTS to Safe Care in 2027:
- **How**:
  - Adult Inpatient and Small Wards tools will be updated to include a new 1:1 care level IN 2027.

- Neonatal and SCAMPS tools, which already include 1:1 care, will adopt the standardised 26-hour model.
- Neonatal nurse-to-baby ratios (e.g. 1 nurse to 2 babies) will be recalculated using the updated 1:1 baseline.
- All changes will be reflected in revised tool versions and integrated into RLDatix SafeCare through the national e-rostering contract.

- **Supports**: This methodology supports:
  - Clinical teams in accurately documenting high-acuity care.
  - Workforce planners in calculating staffing requirements.
  - HIS in ensuring national consistency and regulatory compliance.
  - Future service redesigns and escalation planning.
- **Implementation**:
  - HIS recommends replacing existing tool versions as follows:
    - Adult Inpatient Tool → Version 5
    - Small Wards Tool → Version 4
    - Neonatal Tool → Version 1
    - SCAMPS Tool → Version 4
  - Revised tools will be hosted on the RLDatix SafeCare Platform for authorised users.
  - Access and training will be arranged for staff to support adoption and effective use of the updated tools.

Full paper can be found here: HIS-Recommendation-1-Nurse-to-1-Patient-Ratio-Calculation-September-2025.pdf

5️⃣ Update on Conditioned Hours for Reduced Working Week (RWW) (September 2025)

- **What**: HIS is implementing a comprehensive revision of all SLTs and the Professional Judgement Tool, as prescribed under section 12IJ (3) of the Health and Care (Staffing) (Scotland) Act 2019. These changes reflect the move from a 37-hour to a 36-hour standard working week for Agenda for Change (AfC) staff, effective from 1 April 2026. The update ensures that baseline hours in SLT calculations are adjusted to align with the new contractual hours, supporting both full-time and part-time AfC staff. All relevant SLTs and the Professional Judgement tool will be updated. This will support NHS boards in workforce planning and maintain legal

compliance as per the latest AfC pay settlement commitment and the Common Staffing Method (CSM).

- **Why**: The revision is designed to ensure that all Safe Staffing calculations accurately reflect current contractual arrangements, promote workforce equity, and prepare NHS boards for the reduction in standard working hours. By aligning the tools with the 2023/24 AfC pay settlement, the update delivers accurate whole-time equivalent (WTE) outputs, guarantees compliance with the CSM, and maintains consistency across all staffing level tools, thereby supporting effective workforce planning and future service redesigns.
- **When**: The transition to a 36-hour working week takes effect from 1 April 2026. HIS will commission Atos to revise the tools between September 2025 and February 2026. The revised tools and updated regulations will be available on SSTS and Safe Care platforms, with regulations expected before Parliament in early 2026.
- **How**: HIS and Atos will update the logic and outputs of all relevant tools to reflect the new 36-hour working week. Business Objects (BOXI) reports will also be updated to aid workforce planning. There will be no changes to the types of healthcare provision or employee categories only the working hour basis is being adjusted. The tools will continue to be hosted on their respective platforms (SSTS or Safe Care), ensuring boards can access them using existing credentials. Boards will be supported with guidance, and a consistent methodology will be applied nationally.

Full paper can be found here: HIS-Recommendation-Update-Conditioned-Hours-RWW-September-2025.pdf