1. Introduction

Revised Guidance was issued in December 2012 for the development of Board Local Delivery Plans. The guidance now issued states that the application of the Nursing and Midwifery Workload Workforce planning tools is mandatory. These tools should form part of a triangulated approach to inform decision making on staffing needs at local level (NHS Scotland Local Delivery Plan Guidance 2013/2014. Scottish Government, Dec 2012). This mandate is effective from April 2013 and refers to the use of all the workload tools where available. This follows on from CEL 32 issued in 2011 whereby the use of the tools was initially recommended.

1.1 The Nursing and Midwifery Workload tools have been developed over a number of years to support evidence based decision and risk management in relation to setting nurse staffing establishments in a variety of service settings. The tools use rigorous statistical analysis to calculate the whole time equivalent for current workload; they have been tested extensively across NHS Scotland before being confirmed as fit for purpose and have attracted significant international interest. The process for completion and utilisation of the tools includes a triangulation process which captures both nurses’ professional judgement and the determination of measures of quality. This provides validation of the data.

1.2 This paper provides guidance for the process to follow and what is required both locally and nationally to ensure appropriate application of the Workload and Workforce Planning tools.

The aim and requirement.

1.3 The aim is to assure Safe, Effective, Person Centred Care across NHS Scotland; therefore Nursing & Midwifery Workload and Workforce Planning will be consistent systematic and evidence based throughout the country it will command the trust of
stakeholders and empower clinical leaders to work with managers to shape workforce decisions. Specifically:

- From April 2014 all Boards will use all available and appropriate workload tools to inform nursing and midwifery workforce planning, this will be evidenced in all Local Delivery Plans from 2014. The data captured from each tool will be stored centrally providing assurance and enabling comparable benchmarking data nationally and by local Boards.

- All areas will have used a triangulation process incorporating the use of the Professional Judgement tool and measures of quality to validate the data.

- LDP plans from April 2014 will contain a paragraph outlining which tools they have used, which areas/wards the tools have been applied to, and the frequency of use.

- The use of nursing and midwifery workload and workforce planning tools and processes to ensure Partnership Working and frontline staff engagement should be further described within the Board Workforce Plan narratives and reflected in the projections.

- Out with the LDP process, Boards should use the appropriate tool to provide information for the required staffing for any new builds or when as a result of service redesign or short term pressures there is a fundamental change to the role function or location of a service unit or team. This should also follow a triangulation approach.


2.1 The workload tools are all available on an IT platform hosted by SSTS. This is accessible to all NHS sites in Scotland and available for use by all registered users. Each ward area, unit and department has been classified as a roster location and it is therefore essential that the information held by SSTS about these locations is accurate. This information includes specialty and bed numbers.
2.2 The application of the tools and frequency of use is dependent on the clinical area and patient type e.g. the Adult Inpatient Tool covers a relatively stable patient group and uses the variable of bed occupancy. It can be applied on an annual basis or more frequently as required. The Neonatal and SCAMPS™ tool is based on patient dependency and is used twice daily.

2.3 The frequency of use of other tools will be determined at a later date but at a minimum should be combined with the annual cycle to inform integrated planning of service, finance and workforce and to determine establishments for new builds or for short or longer term changes to the function of services units or teams.

2.4 In order to militate against risk and to highlight the benefits and strengths of the tools and methodologies, a communication strategy will be devised. Key stakeholders will be kept informed of progress of the NMWWPP work on a regular basis.

3. Delivery Plan.

3.1 In order to achieve full implementation and embed the workload tools in practice the NMWWPP team have undertaken a scoping exercise to ascertain the current use of the workload tools across NHS Scotland. Issues of access as well as issues of capacity and capability were identified; these issues will be addressed by the team from NMWWPP who will undertake to support NHS Boards as required with appropriate education and training to support full implementation of the tools.

3.2 Each Board needs to have the following in place -
   a) An action plan highlighting the roll out of the tools to all relevant areas and timelines (the suite of tools now covers 98% of all service areas).
   b) Clearly articulated local arrangements in place for reporting the outcomes of the tools.
   c) A process whereby any risk associated with nurse staffing is escalated through line management to the Executive Nurse Director, and the CEO/Board where necessary. Risks arising from any assessment should be addressed through the Local Delivery Plan.

3.3 Whilst Nurse Directors provide Leadership in this area it is essential that other staff groups are fully engaged in the process. To this end the NMWWPP team will ensure that a communication strategy is developed to incorporate the provision of data to CEO’s, Chairs, HRD’s, DoP’s and DoF’s.
4. Future focus

4.1 In support of the 2020 Workforce Vision and Quality Staffing, the CNO and SENDs will continue to drive Staffing for Quality in NHS Scotland working in partnership with stakeholders. They will consider how tools can support local decisions about skill mix and measure staffing requirements in real time. They are also keen to explore opportunities for the tools to support policy development and delivery and for integrated workforce planning across staff groups in Health and social care. The mandating process will support this.