

Staffing Level Tool Development

Mental Health and Learning Disability
Inpatient Nurse Staffing Level Tool

12IR HIS: Monitoring and Development of Staffing Tools

(REF:12IR/2025/003)

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1.0 Introduction

1.1 The Healthcare Staffing Programme (HSP) sits within Healthcare Improvement Scotland (HIS). HIS were commissioned by the Chief Nursing Officers Directorate (CNOD) to revise the Mental Health and Learning Disability Staffing Level Tool for use in specific types of healthcare (see Table 1):

Table 1

Type of healthcare provision	Staffing Level Tool
Mental health and learning disability provision by registered nurses in mental health or learning disability units in hospitals*	Mental Health and Learning Disability Staffing Level Tool

*Includes other individuals providing care for patients and acting under the supervision of, or discharging duties delegated to the individual by, the registered nurse.

1.2 The development of the revised Mental Health and Learning Disability Staffing Level Tool was led by the HSP, on behalf of HIS, with this taking place between August 2022 and April 2025.

1.3 HIS recommends the replacement of the ‘Mental Health and Learning Disability Staffing Level Tool Version 3’ with a revised staffing level tool ‘Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool Version 1’.

2.0 Background

2.1 HIS has a requirement under section 12IR of the Health and Care (Staffing) (Scotland) Act 2019 to monitor the effectiveness of any staffing level tool or professional judgement tool which has been prescribed by the Scottish Ministers under section 12IK (see Table 2).

Table 2

Type of health care	Location	Employees
Adult inpatient provision	Hospital wards with 17 occupied beds or more on average	Registered nurses
Clinical nurse specialist provision	Hospitals	Registered nurses who work as clinical nurse specialists
	Community settings	
Community nursing provision	Community settings	Registered nurses
Community children's nursing provision	Community settings	Registered nurses
Emergency care provision	Emergency departments in hospitals	Registered nurses
		Medical practitioners
Maternity provision	Hospitals	Registered midwives
	Community settings	
Mental health and learning disability provision	Mental health units in hospitals	Registered nurses
	Learning disability units in hospitals	
Neonatal provision	Neonatal units in hospitals	Registered midwives
		Registered nurses
Paediatric inpatient provision	Paediatric wards in hospitals	Registered nurses
Small ward provision	Hospital wards with 16 occupied beds or fewer on average	Registered nurses

- 2.2 When developing tools HIS has a duty to consider multi-disciplinary staffing tools. Due to the nature of the timeline for this tool and the absence of a validated methodology for multi-disciplinary development, it was agreed this tool would remain uni-professional i.e. the workload of the nursing team. This was discussed with the NHS Scotland Mental Health Nursing Leads Group; NHS Scotland Mental Health Allied Health Professional Leads; NHS Scotland Heads of Psychology and the Royal College of Psychiatrists.
- 2.3 HIS can recommend to Scottish Ministers to revoke or replace the tools. This is to ensure they remain contemporary and provide meaningful outputs that inform appropriate staffing when used as part of the [Common Staffing Method](#).
- 2.4 All the specialty specific staffing level tools named in section 12IK (see Table 2) provide a recommended staffing level i.e. Whole Time Equivalent (WTE). This is based on workload and/or patient acuity.
- 2.5 The Mental Health and Learning Disability Staffing Level Tool Version 3 captures workload data. The tool collects workload information on:
- Admissions/Discharges
 - Patient Specific
 - Task Specific
 - Group Work
- 2.6 This information provides a recommended WTE via the Business Objects XI (BOXI) reporting module.
- 2.7 There was a consistent view from clinical stakeholders that the existing Mental Health and Learning Disability Staffing Level Tool had limitations. These primarily related to data burden and specialty applicability i.e. not being specific enough for all the specialties within Mental Health and Learning Disabilities.
- 2.8 These limitations were such that the option of updating the Mental Health and Learning Disability Staffing Level Tool was deemed not appropriate and that replacing the tool was the preferred way forward.

3.0 Aim

- 3.1 The aim of the workstream was to develop a new Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool.
- 3.2 The focus areas for the tool development were:
- simplifying and improving the User Interface (UI) that supports data collection processes i.e. the IT system,
 - data entry,
 - the methodology that provides the numerical evidence for the tool,

- the analytical technique which underpins the tool and produces the recommended WTE. This is often called the “multiplier” and is based upon the data inputted by the team and the methodology that provides the numerical evidence.

3.3 These four strands of work were not a linear process and were interlinked to facilitate the progression of the development of a new Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool.

4.0 Development

4.1 IT system

4.1.1 Prior to the legislation being enacted, a review of the digital solutions available to support staffing level tools took place. This was done in partnership with the Scottish Government.

4.1.2. The result of that review concluded that the RL Datix (external supplier) ‘SafeCare’ within the national eRostering solution was the preferred platform to host staffing level tools. A key benefit of this solution is the synergies this module has with other elements of the Health and Care (Staffing) (Scotland) Act 2019, particularly in relation to duty 12IC to have real-time staffing assessments in place.

4.1.3 Robust testing was undertaken of the ‘SafeCare’ module, including a ‘proof of concept’ process, which was successful. It was then agreed, via Scottish Government colleagues and internal governance routes, as the platform that would host all staffing level tools going forwards including the new Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool.

4.2 Data input

4.2.1 An expert working group was established in 2022 with representation sought from NHS boards, trade unions, and professional bodies to allow for a coordinated approach to this national work. Engaging such stakeholders ensured HIS met its legislative duty to collaborate with named persons as outlined in duty 12IR (3).

4.2.2 Data input by the Mental Health and Learning Disability team for the existing tool is viewed as time consuming. A Microsoft Excel template was designed to demonstrate how the new Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool could work from a data inputting perspective.

4.2.3 The template incorporated a patient census and additional activities data capture functions.

4.2.4 The template was approved by both the senior Mental Health Nursing Leads and Learning Disability Nursing Leads for NHS Scotland.

4.2.5 The template was sense checked by the expert working group and rationalised data entry with a view to ensuring it interlinked to the methodology for the numerical evidence.

4.2.6 The template was in a format that replicated the required data input within SafeCare.

4.3 Methodology for Numerical Evidence

4.3.1 Numerical evidence for the analytical technique for underpinning the new Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool was progressed by the HSP team.

4.3.2 Various different methodologies for sourcing the numerical evidence for developing the analytical technique for the new Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool was explored before agreeing upon the established methodology developed by Dr Keith Hurst. This methodology was 'observation studies' where observers shadowed a nursing team for their shifts and recorded the main activities that the nursing team undertook.

4.3.3 Data was collected through observing staff undertaking their daily work routine. This was utilised to inform the development of validated 'multipliers' that generated a recommended Whole Time Equivalent (WTE) to inform Mental Health and Learning Disabilities Inpatient establishment setting as part of the [Common Staffing Method](#).

4.3.4 The approach of utilising observation studies was approved by both the senior Mental Health Nursing Leads and Learning Disabilities Nursing Leads for NHS Scotland.

4.3.5 To develop the new Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool, there was a requirement to observe nursing staff from a range of Mental Health and Learning Disabilities specialties across a proportionate geographical spread throughout NHS Scotland boards. This comprehensive approach enables variation in specialty and local context to be captured. For example: different specialties, workforce models, geographic location and patient demographics.

4.3.6 A task and finish group was established in October 2023 to review patient levels of care classifications. It had representatives from NHS boards, professional bodies and the Healthcare Staffing Programme team. This ensured a collaborative and coordinated approach to the development of the levels of care for the new tool and national background material for observation studies.

4.3.7 Levels of care were developed with a specialty specific focus. These levels also incorporated those patients who require intensive observations from a nursing perspective.

4.3.8 Operational processes were developed to support undertaking observation studies. This included a wide range of resources including quality audits and a code sheet for the observers to standardise the data collection during the observation studies.

- 4.3.9 A statistical technique of sampling was undertaken for all Mental Health and Learning Disabilities Inpatient wards across NHS Scotland. The objective was to identify the approximately 40 ward areas where the observation studies were to be conducted. The aim of this sampling exercise was to ensure a representative cross-selection of specialties and geographic areas across Scotland from remote and rural to urban cities.
- 4.3.10 For each of the proposed sampled inpatient wards there had to be a process of ensuring that the care delivered within that ward was high quality.
- 4.3.11 The HSP adapted a process that was used for other staffing level tools, for example: Community Nursing, Community Children's and Specialist Nursing and the Clinical Nurse Specialist Staffing Level Tools. For each of these tools a quality questionnaire is utilised to reflect the quality of care during the running of these tools.
- 4.3.12 This process was adapted for Mental Health and Learning Disabilities Inpatient wards to meet Mental Health and Learning Disabilities standards. Each ward that was sampled to be in the observation study was asked to complete a Mental Health and Learning Disabilities specific quality audit in advance of observation studies taking place.
- 4.3.13 When completing the quality audit some wards were unable to achieve the required threshold to evidence high quality of care. These wards were excluded from the observations studies with the sampling revisited to identify further wards across NHS Scotland. This was an iterative process.
- 4.3.14 A quality assurance document was completed by the nurse in charge of each shift observed. This was used as a measure of the quality of care provided during the observation studies.
- 4.3.15 Observation studies were undertaken in 38 wards, with a mixture of Mental Health and Learning Disabilities specialties. Shifts were a combination of day and night as well as weekend. The nursing team on ward areas were observed undertaking their daily duties. Observations were recorded in ten-minute blocks as per a code sheet. The four main categories from this code sheet were: direct care; indirect care; associated work and personal.
- 4.3.16 The Healthcare Staffing Programme provided training to the observers to ensure consistent and accurate data recording. The programme also visited every ward to meet with the observers before they began their observation studies.
- 4.3.17 Mental Health and Learning Disability specialty services' participation in the studies ensured that sufficient data was captured from across NHS Scotland. See Table 3 below for detail. This spread was reviewed by Mental Health and Learning Disabilities Leads and felt to be appropriate.

Table 3

Specialty	Number of Wards
Adult Acute Admission	3
Child and Adolescent	1
Eating Disorder	1
Forensic High Secure (The State Hospital)	7
Forensic Medium Secure	3
Forensic Low Secure	4
Inpatient Addiction Services	2
Older Age	2
Perinatal	2
Psychiatric Intensive	2
Rehabilitation	1
Learning Disabilities	10

4.3.17 Observation studies were undertaken in 11 NHS boards. All 11 contributed to mental health observation studies with 5 out of the 11 contributing to learning disabilities. The data collected during the studies was then collated and verified.

4.4 Development of the Multiplier

4.4.1 The Healthcare Staffing Programme analysts undertook a comprehensive exercise to validate data from observation studies to ensure completeness and confidence of data. Several data entries were removed due to incompleteness of essential data elements e.g. where no level of care was recorded against a direct care intervention for a patient.

4.4.2 From an initial data set of 60,710 records, data cleansing reduced this to 44,416 records, a data loss of 27%. Data was aggregated by specialty, board, ward and shift to further refine the data set and allow focused analysis.

4.4.4 The Healthcare Staffing Programme analysts discovered that there was insufficient usable data from 2 specialties (i.e. eating disorders and perinatal). Further observation studies took place in these areas in March 2025.

4.4.5 Methodology developed by Dr Keith Hurst was used to calculate the multiplier for one patient at each level of dependency/acuity over a 24-hour period using the following calculation:

$$WTE = WI * hmh1 * (ho / 60 * do) / dc * (1+(paa-b)) / ch$$

Where:

WTE = whole time equivalent

*WI = workload index = sum of (number of patients at each dependency/acuity level * (hourly minutes per hour for each dependency/acuity level/hourly minutes per hour for dependency/acuity level 1))*

hourly minutes per hour = the number of minutes on average per hour spent on direct care by dependency/acuity = specialty specific data from observation studies

hmh1 = hourly mins per hour for dependency/acuity level 1

ho = hours open = number of hours per day the service/ward is open

do = days open = number of days the service/ward is open

dc = direct care = percentage of time spent on direct care as a proportion of all time observed in the study

paa = predicted absence allowance = percentage to cover planned and unplanned leave, for example study leave, annual leave, maternity leave, sickness absence

b = breaks = percentage to allow for breaks/unproductive time

ch = contracted hours worked per week by 1 WTE

The results of the above formula calculate the multiplier for one patient at each level of dependency over a 24-hour period. This value is multiplied by the average number of patients, per level of care, within a staffing level tool to derive a recommended Whole Time Equivalent (rWTE).

4.4.6 The resulting multipliers were applied to a national evaluation data process (section 5.0) to test for accuracy. Further refinement will take place to ensure no data outliers will skew the results and accuracy is increased.

4.4.7 Please note the content of this paper, including the above calculation is HIS intellectual property. Please see the Creative Commons Attribution statement on page 1. See [appendix 1](#) for staffing level tool methodologies and multipliers.

5.0 Validation

- 5.1 In partnership with NHS Tayside, the Healthcare Staffing Programme piloted the national evaluation process to test the new Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool. This two-week pilot involved completing the patient census twice daily utilising the new levels of care.
- 5.2 NHS Tayside undertook the pilot in all their Mental Health and Learning Disabilities wards. Detailed below is the list of specialities (see Table 4).

Table 4

NHS Tayside MHLI Inpatient Ward	Specialty
CAMHS - Young Peoples Unit	Children and Adolescent Mental Health Service
Carseview - IPCU	General Adult Psychiatry
Carseview - LDAU	Learning Disabilities
Carseview - Mulberry	General Adult Psychiatry
Carseview - Ward 01	General Adult Psychiatry
Carseview - Ward 02	General Adult Psychiatry
Kingsway Care Centre - Ward 01	Psychiatry of Old Age
Kingsway Care Centre - Ward 03	Psychiatry of Old Age
Kingsway Care Centre - Ward 04	Psychiatry of Old Age
MRH - Amulree	General Adult Psychiatry
MRH - Garry	Psychiatry of Old Age
MRH – Kinclaven	General Adult Psychiatry
MRH - Leven	Psychiatry of Old Age
MRH - Moredun	General Adult Psychiatry
MRH - Tummel	Psychiatry of Old Age
Secure Care Clinic - Esk Ward	Forensic Low Secure Wards
Secure Care Clinic - Lyon Ward	Forensic Low Secure Wards
Secure Care Clinic - Spey Ward	Forensic Medium Secure Wards
Secure Care Clinic - Vaara Ward	Forensic Medium Secure Wards
Secure Care Clinic - Ythan Ward	Forensic Medium Secure Wards
Stracathro - Rowan Unit	Psychiatry of Old Age
Stracathro - Willow Unit	Psychiatry of Old Age
Strathmartine - Bridgefoot Flat 1	Learning Disabilities
Strathmartine - BSI Unit	Learning Disabilities

- 5.3 Evaluation surveys were undertaken by the senior charge nurse for each Mental Health and Learning Disabilities ward in NHS Tayside.
- 5.4 The pilot verified the approach for a national evaluation process. The feedback from NHS Tayside confirmed the integrity of the new tool.
- 5.5 The national evaluation process replicated the NHS Tayside process across NHS Scotland with the aim of ensuring representation in terms of specialty and local context.
- 5.6 A statistical technique of sampling was undertaken with the objective of identifying approximately 60 Mental Health and Learning Disabilities inpatient wards where the national evaluation was to be conducted. This sampling ensured a representative cross-selection of specialties and geographic spread across Scotland.
- 5.7 The following specialties were included in the national evaluation (see Table 5):

Table 5

Specialty	Number of Wards
Adult Acute Admission	10
Child and Adolescent	2
Eating Disorder	2
Forensic High Secure (The State Hospital)	7
Forensic Medium Secure	3
Forensic Low Secure	5
Inpatient Addiction Services	2
Older Age	15
Perinatal	0
Psychiatric Intensive	3
Rehabilitation	8
Learning Disabilities	10

- 5.8 The new Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool was implemented in the software application 'SafeCare' for over 50 wards across NHS Scotland for the national evaluation. The HSP worked closely with Mental Health and Learning Disabilities and e-Rostering Leads to support rapid deployment where boards were not

yet using 'SafeCare', providing training and ongoing support for local teams during the evaluation process.

5.9 The national evaluation took place from November 2024 - January 2025.

5.10 In addition qualitative surveys were circulated to nursing teams who had undertaken a run of the new Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool in 'SafeCare'. Initial feedback from the NHS Scotland Senior Charge Nurses who participated in the national evaluation of the new tool was positive.

5.11 Feedback on the national evaluation of the new tool was provided to the expert working group. An invite was extended to all senior charge nurses involved in the testing across NHS Scotland.

5.12 The consensus from the senior charge nurses on the new Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool in SafeCare was that it was: "real-time"; "quick"; "user friendly" and "linked to the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#)". There was significant informal feedback of a much-maligned Mental Health and Learning Disability Inpatient Staffing Level Tool on Scottish Standard Time System being replaced with a more contemporary and relevant Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool.

5.13 The national evaluation confirmed the integrity of the new Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool in progressing the four focus areas of the workstream as outlined in section 3.0.

5.14 All new staffing tools will be subject to an annual review period. This will enable boards to utilise the new or revised staffing level tool as part of their duty to follow the Common Staffing Method (12IJ) and provide meaningful feedback in terms of the tool's effectiveness. The review will form part of HIS's duty to monitor the effectiveness of the staffing tools prescribed by the Scottish Ministers (including any new or revised tools) (12IR).

5.15 The new Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool will be under constant review during 2025-2026. This will be informed by both qualitative information, in the form of an evaluation survey, and quantitative, in the form of data over time. The monitoring and evaluation of the Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool will be supported by contemporary data from NHS boards Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool runs for the 2025-26 reporting period.

6.0 Collaboration and governance

6.1 HIS may develop and recommend to the Scottish Ministers new or revised staffing level tools. However, in developing such tools, we must collaborate with:

- Scottish Ministers

- Social Care and Social Work Improvement Scotland
- every Health Board
- every relevant special health board
- every integration authority
- the Agency
- trade unions and professional bodies HIS considers to be representative of employees
- professional regulatory bodies for employees as HIS considers appropriate
- other providers of health care as HIS considers to have relevant experience of using staffing level tools and professional judgement tools
- other persons as HIS considers appropriate.

6.2 HIS was commissioned by the Chief Nursing Officers Directorate (CNOD) and the Health and Care (Staffing) (Act) implementation team on behalf of Scottish Ministers to further develop the Mental Health and Learning Disability Staffing Level Tool in 2022. Scottish Government have been kept abreast of the work through the HSP governance groups and through formal commissioning and sponsorship meetings.

6.3 The HSP sought the endorsement of the Scottish Executive Nurse Directors (SEND) as the professional leads within every Health Board, Integrated Joint Board (IJB) and Agency for the Types of Healthcare and employees named under section 12IJ to where these tools apply.

6.4 The HSP collaborated with Dr Keith Hurst to ensure the evidence-based methodology for the development of the staffing tools was adhered to and any improvements were done in collaboration with him.

6.5 The HSP also collaborated with the Safe Staffing Faculty within the Chief Nursing Officer's Directorate (England) who have led on similar work across NHS England, in partnership with Dr Keith Hurst and the Shelford Group, in the development of the Safer Nursing Care Tools. This promotes cross border shared learning and best practice.

6.6 The HSP collaborated with all boards and integration joint boards through their board workforce lead which ensured significant engagement and board representation through the expert working group.

6.7 The HSP collaborated with trade unions and professional bodies representative of nursing teams via the expert working group.

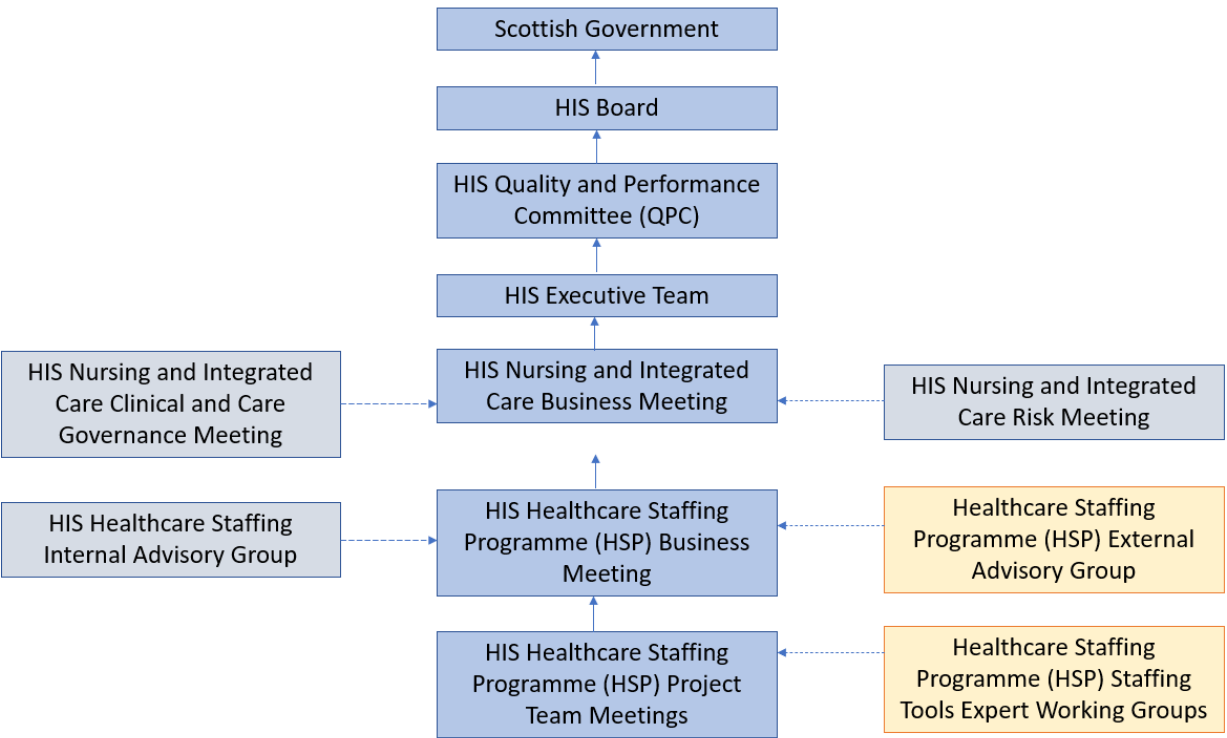
6.8 The HSP promoted the work to various NHS Scotland meetings: allied health professional leads for mental health and learning disabilities, psychologists, nursing leads for mental health and learning disabilities and medical leads for mental health and learning disabilities. This promoted a collaborative approach to this work. There was recognition of the tool being a nursing teams only staffing level tool, as other professional disciplines operate in a complex mental health and learning disabilities patient pathway focus of community, outpatient and inpatient.

6.9 Until April 2024 the work was overseen by the HSP Staffing Level Tools and Real Time Staffing Steering and Oversight Group. They reported to the HSP Programme Board, which promoted external involvement in the work of HIS. This included representatives from Scottish Government, the Care Inspectorate, relevant professional bodies and trade unions.

6.10 From April 2024 the governance groups under 6.8 have been replaced by the HSP External Advisory Group but continues to have widespread representation. This includes the above representatives and an extended invite to include professional regulators.

6.11 This forms part of a new governance structure (see Figure 1) for the HSP in recognition of the roles and responsibilities of HIS outlined in the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#).

Figure 1: HIS Healthcare Staffing Programme Governance Structure



6.12 The HSP collaborated with the Mental Health Nursing Leads for NHS Scotland.

6.13 The new Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool was recommended by HIS to Scottish Ministers in March 2025. This will then be laid before parliament in summer 2025 and if agreed it will be the new Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool prescribed under section 12IJ from 13 October 2025.

7.0 Recommendations

7.1 HIS made the below recommendation to Scottish Ministers in March 2025. Please see full [March 2025 recommendation paper here](#).

HIS recommend the following amendments to The National Health Service (Common Staffing Method) (Scotland) Regulations 2025, that accompany the Health and Care (Staffing) (Scotland) Act 2019, as follows:

Mental Health and Learning Disability

- Schedule Staffing Level Tools Column 1 Kind of health care Provision: ‘Mental health and learning disability provision by registered nurses in mental health or learning disability units in hospitals’ – remains unchanged
- Schedule Staffing Level Tools Column 2 Staffing level tool:
‘Mental Health and Learning Disability Staffing Level Tool Version 3 (9)’

Version 3 (9) was developed by Healthcare Improvement Scotland and was made available online at <https://workforce.mhs.scot.nhs.uk/eyou/Authentication/Login.aspx>, in 2025, to those granted access.

Replacement with a new staffing level tool as follows:

‘Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool Version 1 (9)’

Version 1 (9) was developed by Healthcare Improvement Scotland and made available online on the RLDatix SafeCare Platform as part of the national e-rostering contract, in 2025, to those granted access.

The rationale for adding ‘Inpatient Nurse’ to the title is to differentiate it from the planned staffing level tool developments for ‘Community Mental Health and Learning Disability and Specialist Roles’ (tool name to be confirmed). This distinction also helps communicate that the tool is a **completely new staffing level tool**, hence it being assigned Version 1.

The link to the online tool has not been included due to information technology security concerns. The RLDatix system is hosted on the world wide web and not behind the NHS SWAN virtual private network. In addition, all NHS boards would have a separate URL to their own instance of the system requiring the regulations to include multiple different links for this one staffing level tool.

7.2 This new tool will be hosted on the 'SafeCare' platform and will be assigned the version numbers as follows:

- 'Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool Version 1'

7.3 The inclusion of the recommended WTE will not be evident on the front-end application in 'SafeCare' as this will be calculated via the Healthcare Staffing Programme and reported back to NHS Boards.

7.4 Monitoring of the effectiveness of these revised tools will be undertaken in line with HIS Duty 12IR with a review date of October 2026.

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