Healthcare Improvement Scotland

Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool

User guide

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1.Introduction

The Mental Health and Learning Disability (MHLD) Inpatient Nurse Staffing Level Tool (SLT) is set up to enable Nursing staff to record information on patient/task type and to calculate a recommended Whole Time Equivalent (rWTE). These patient/task types are completed a minimum of twice per 24 hours. This is termed completing the census.

The national recommendation as outlined in the Health and Care (Staffing) Scotland Act 2019 (Appendix A) is that this MHLD Inpatient Nurse SLT is run at least once per year for two consecutive weeks. For this two-week period, it is run concurrently with the Professional Judgement Tool Version 4 which is hosted on the Scottish Standard Time System (SSTS).

However, the MHLD Inpatient Nurse SLT can be run as frequently as Boards wish. NHS Boards can use more tool runs to gather longitudinal data over time. Background information on Staffing Level Tools can be found in Appendix A.

It is important to remember the recommended WTE is only one element of the Common Staffing Method (CSM) which is the methodology recommended within the Health and Care (Staffing) (Scotland) Act 2019 (Appendix A) that informs workforce planning. Application of the CSM includes consideration of the following:

- Current funded and actual establishment
- The findings from the Professional Judgement Tool[1] version 4 in SSTS
- Quality indicators and local context

This user guide will provide detailed information on how to log in, how to finalise and submit data. It will not provide information about the methodologies used to develop the MHLD Inpatient Nurse SLT. That information can be accessed via the learning resources available on the Healthcare Staffing Programme (HSP) webpages: Healthcare Staffing Programme (HSP) webpages.

Please note screenshots within this user guide are from a test environment and may differ from the live environment.

This can be completed by the healthcare staffing programme or by someone who has received training from the HSP.

2. Logging In

2.1 Accessing the Tool

To prepare for a tool run you will need access to the MHLD Inpatient Nurse Staffing Level Tool on SafeCare as well as the Professional Judgement Tool Version 4 on the SSTS platform.

Please speak to your eRoster lead/Workforce planning lead/line manager or equivalent individual in your board regarding local processes to obtain this access.

Some staff may already have access to SSTS but will require additional permissions to access the Professional Judgement Tool Version 4.

- **SSTS can only be accessed on an NHS board approved computer or network.**

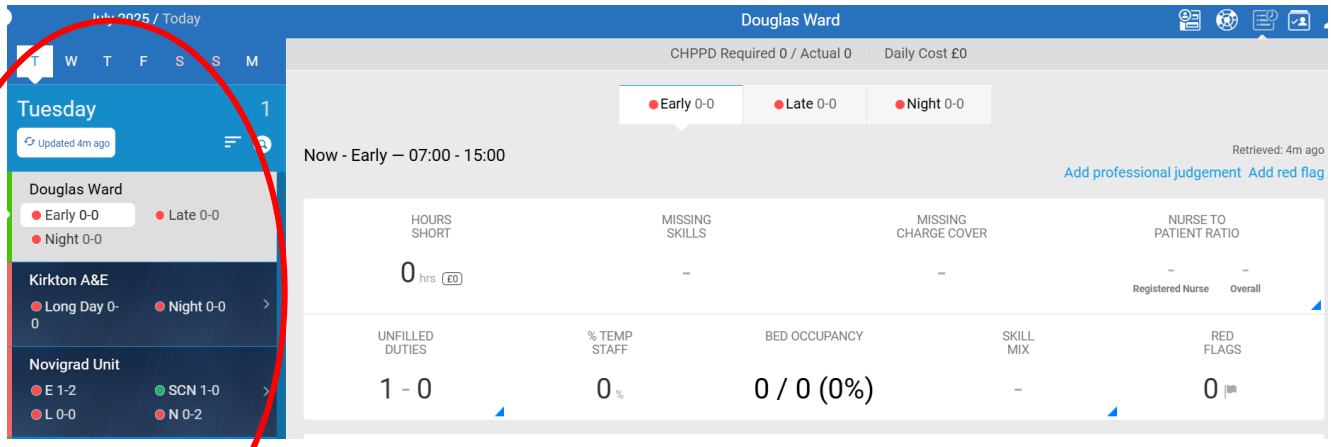
2.2 Safecare

Enter your username and password as they were provided to you and select “log in”.

- **Passwords are case sensitive.**

2.3 Landing Page

When you log in you will be taken directly to the landing page.



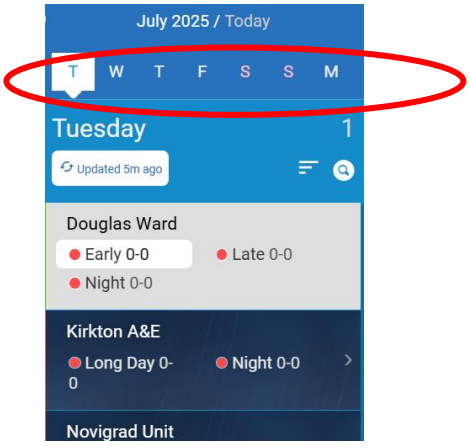
Please note, depending on your access you may have multiple wards/departments available to select from on the left of the screen.

- **Your display may look slightly different depending on which version of SafeCare you are using**

2.4 Date for Completion

When you have logged into SafeCare it will automatically open on the day you are on, for example, if you open it Tuesday 1st July 2025 for the first census period, this will be the census period you see.

If this is incorrect then please select the correct day from the options at the top of this column.



2.5 Select Ward / Department

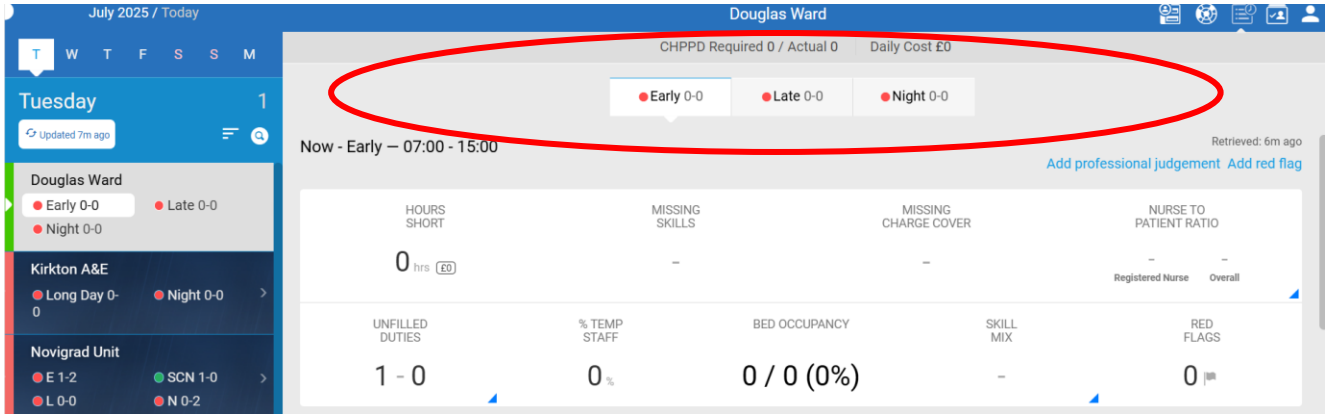
Select the correct ward/department from those listed on the left of the screen.

As previously mentioned, you may have multiple wards/departments depending on your access.

3. Creating / editing entries in tool

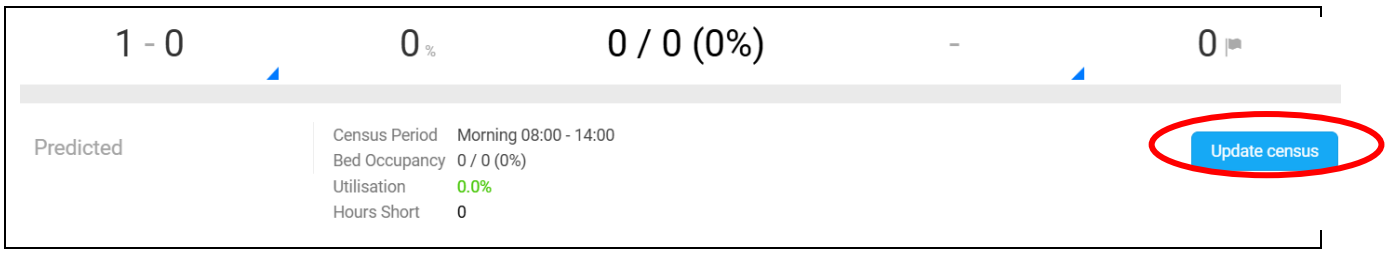
3.1 Landing Page

When you log in you are automatically taken to the correct date, you are also automatically taken to the relevant census period, for example if you logged in on the 1st of July 2025 between 07:00-15:00 you will be taken to the relevant census period for this day.



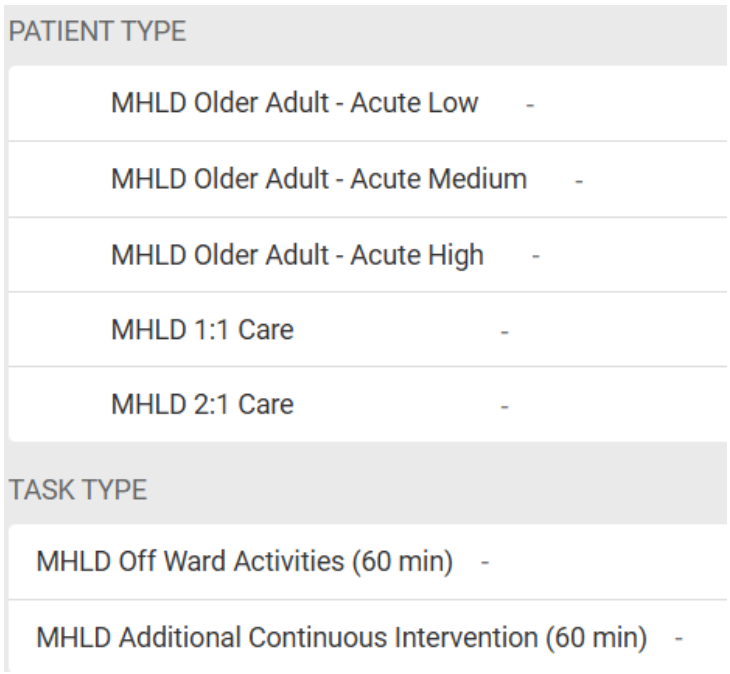
3.2 Entering Census Data

Please select “update census”



You will then be able to record the number of patients at each Level of Care. The Levels of Care were developed by MHLD Nursing Teams and are detailed in Appendix B. This data should represent the situation in your ward/department at that precise moment in time.

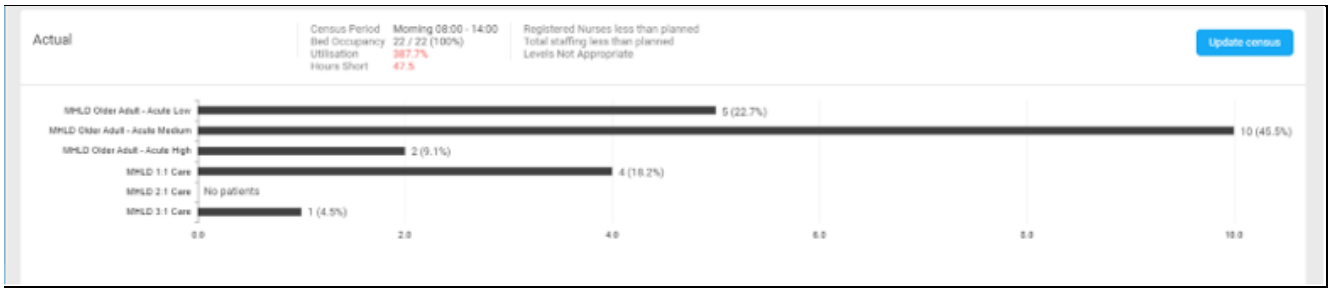
Time spent undertaking patient tasks can be added retrospectively. There are data capture sheets available on the HSP website Healthcare Staffing Programme (HSP) webpages for collecting task type information. Ideally this information should be inputted daily.



- **Please note Additional Continuous Interventions are only for those Patient Types 1:1 and 2:1 where escalations have occurred.**

3.3 Viewing Data

Following completion of the above steps you will see that your landing page has updated.



Please always sense check that the data that has been inputted is correct.

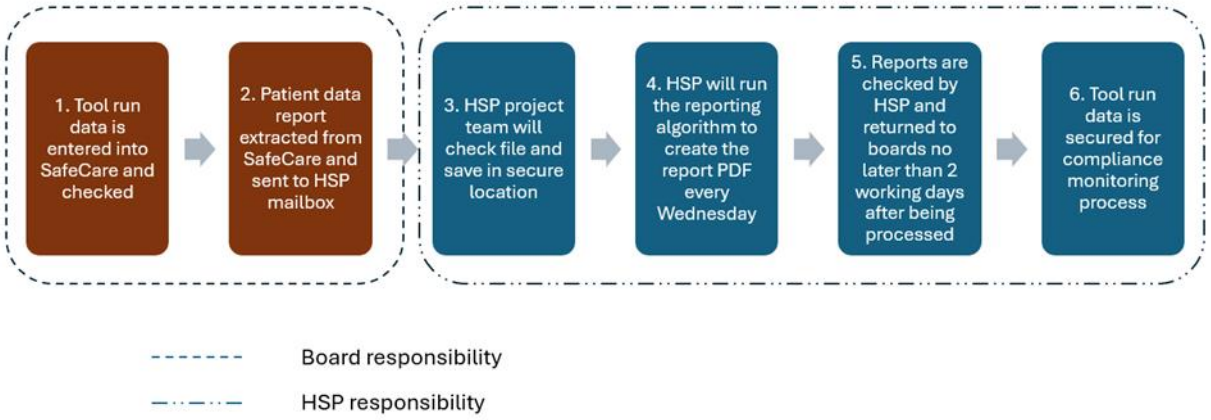
- **Professional Judgement within SafeCare refers to Real Time Staffing – please continue to utilise the Professional Judgement Tool version 4 via SSTS.**

4. Reporting

The recommended WTE is currently not available via a reporting mechanism within SafeCare. A dashboard is being developed that will link to SafeCare however this is currently not available.

The recommended WTE will be available from the Healthcare Staffing Programme via what is termed an interim reporting solution.

The process for delivering an interim reporting solution is described in the diagram below. Boards have the responsibility to provide accurate data from Optima in the form of the Patient Data report. The Healthcare Staffing Programme (HSP) will process this report and return a rWTE to the user in a timely manner.



Further information is available on the [Healthcare Staffing Programme (HSP) webpages]

Appendix A- Background

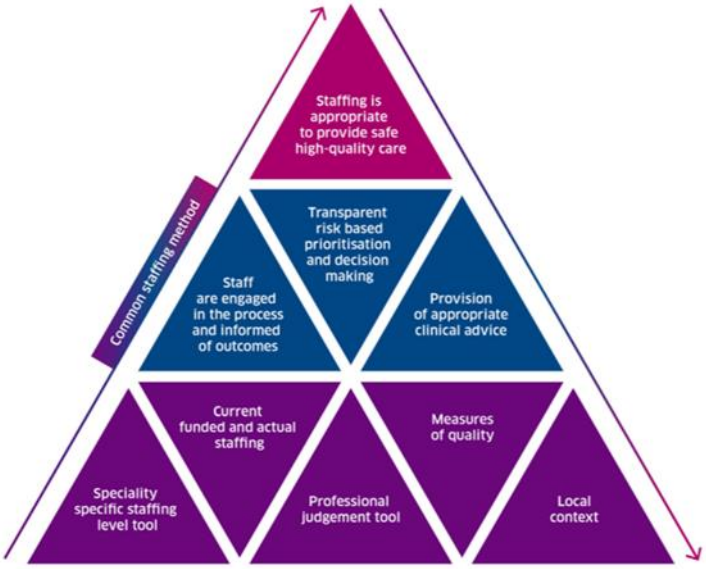
The Health and Care (Staffing) (Scotland) Act 2019 came into effect on 01 April 2024. It stipulates that Health Boards have a duty to utilise Staffing Level Tools and follow the Common Staffing Method (CSM). The MHLD Inpatient Nurse Staffing Level Tool is one of national staffing level tools available for this purpose. The purpose of the Staffing Level Tools is to provide information and recommended Whole Time Equivalent (WTE) based on workload.

The outputs from the staffing level tools should not be used in isolation and the Common Staffing Method sets out a process, including the use of the relevant Staffing Level Tool and the Professional Judgement Tool and a range of other considerations, which must be applied rigorously and consistently to inform workforce planning. The application of the CSM will support NHS Boards to ensure appropriate staffing, the health, wellbeing and safety of patients and the provision of safe and high-quality care. It will form part of the evidence that relevant organisations submit to demonstrate how they have complied with the Act. The frequency of applying the CSM has been defined as once per financial year as a minimum.

To find out more about this, please refer to the HSP website and learning resources:

[Healthcare Staffing Programme (HSP) webpages]

Figure 1 – The Common Staffing Method



Appendix B- Levels of Care

Level of Care	General description	Speciality specific description
1. Low Level (Straightforward episodes of Care) - Engaging with service on a voluntary basis requiring general care, routine support or requiring low level continuous intervention.	• Routine care, stable, with an established care and treatment plan including possibly self-medicating. • Risk assessed as posing no risk to themselves or others. • Highly unlikely to require physical interventions. • Potentially awaiting discharge from service or hospital. • Independent with activities of daily living • Insight into managing their own mental health including triggers. • Not requiring staff escort for time out of ward and/or home. • Routine NEWS.	**Eating Disorders** • Routine care, stable with an established care and treatment plan including completing diet. • General, hourly observations required. • Risk assessed as posing no risk to themselves or others. • Physical observations are recorded at least monthly. Blood investigations are generally within range. Weighed weekly and is restoring or maintaining weight. Accepts medications. • Potentially awaiting discharge from service or hospital. • Independent with activities of daily living including diet. • Insight into managing their own mental health including triggers. • Routine NEWS **Rehabilitation** • Routine care • General, hourly observations required. • Risk assessed as posing no risk to themselves or others. • Potentially awaiting discharge from service or hospital. • Independent with activities of daily living including diet. • Insight into managing their own mental health including triggers. • Routine NEWS **Forensic Low secure**

		• Observation requirements are 30 minutes to one hourly. • Risks are understood and fully engages with management plan. • No significant physical, mental, or social issues. • At pre-discharge phase. • Demonstrates insight. • Manifests ad-hoc, unpredictable behaviour. • Engages with treatment and care plan. • Routine NEWS **Adult Acute Admissions** • Self-caring and able to do most daily living activities of unaided. • General, hourly observations required. • Risks can be managed by community services. • Mental state is stable/ predictable. • Potentially awaiting discharge from service or hospital. • Patient has capacity to engage with therapeutic interventions. • Routine NEWS **Older Adult – Acute** • Personal care can be managed by one staff, or patient is independent. • General, hourly observations required. • Not at risk to self or others. • Mental state is stable/ predictable. • Ready for discharge. • Supportive family able to cope at home/ Care Placement identified. • Medically stable, no changes to treatment required. • No significant care-package changes required. • Routine NEWS

		Older Adult – Dementia • Personal care can be managed by one staff, or patient is independent. • General, hourly observations required. • Has cognitive impairment, but not at risk to self or others. • Mental state is stable/ predictable. • Ready for discharge. • Patient can contribute to care and care planning/Guardianship/POA in place. • Medically stable, no changes to treatment required. • No significant care-package changes required. • NEWS monitored daily. **Psychiatric Intensive Care Unit** • Self-caring – able to do self-care activities unaided. • General, hourly observations required. • Not currently a risk to self or others • Core therapeutic interventions are provided. • Non-PICU patient awaiting discharge or transfer. • Not requiring staff escort for time out of ward and/or home. • NEWS monitored daily. **Forensic Medium/High Secure** • Requires more indirect than direct care. • Thirty-minute to hourly observations. • Risks well known. • Settled, engaged, fully assessed, and has a stable care plan. No significant physical, mental, or social issues. • Discharge plan is underway.

		• Unescorted time off ward/discharge. • NEWS monitored daily. **Child and Adolescent** • Self-caring and able to do most daily living activities unaided. • General, hourly observations required. • Low risk of harm to self or others/ Proactively engaging with staff to manage risks. • Core therapeutic interventions are provided. Able to access education services unaided. • Discharge plan is underway. • Concordant with treatment and care plan. Minor/stable mental illness symptoms, not affecting functioning. • Can leave the ward without supervision (supported by parents or social services • NEWS monitored daily. **Perinatal (Mother and Baby)** • Staff continually monitoring mum's ability to care for baby – there is always level of supervision. • Mother fully looks after her baby. • Risk level is low. • Attachment is good. • Mother-baby interaction is safe and consistent. • Can provide adequate and safe care to baby independently in and outside the unit. • Responds to advice and support. • Can provide some aspects of care to baby across most domains but requires support and supervision in some aspects of care. May require support and supervision when out of the unit, although this can be reviewed by the multidisciplinary team.

		Learning Disability • Self-caring – able to do self-care activities unaided/with or without prompting. • General, hourly observations required. • Risk assessed as posing no risk to themselves or others. • Highly unlikely to require physical interventions. • Engages in activities/with or without prompting. • Unescorted time off ward (TOW) • Routine NEWS.
2. Medium Level (Moderate increase in interventions and care) - Patients requiring moderate levels of care and/or support including increased levels/number of scheduled visits	• Some stress and distress behaviour (Gross cognitive deficit). • Refusal or reluctance to engage with treatment/care plans. • Occasional physical intervention may be required. • May require some support/prompting with activities of daily living. • Limited insight into mental state. • Displaying higher risk behaviours or symptoms. • May have restrictions to available time out of ward. • NEWS Score 1-4. • Manifests predictable behaviours that require extra	**Eating Disorders** • Mental health fluctuates. • Physical observations are recorded up to once daily. Physical observations and bloods taken are generally within range. Weighed weekly and is maintaining or restoring weight. Accepts medication. • Anxiety levels around mealtimes may be present. Remains on post mealtime observations. • Occasional manifestation of compensatory eating disorders • Displaying higher risk behaviours including some compensatory eating disorders • Physical observations are monitored once daily and are stable. Bloods taken weekly and generally within range. Engaging, but struggling to restore weight. Accepts medication. • intermittent observations. • High anorexic cognitions around, weight, size, and shape. Post meal observations. • NEWS Score 1-4

	observations, otherwise routine observations • Has potential to harm self and/or others? • Complex discharge process is likely	**Rehabilitation** • Mental health fluctuates - active rehabilitation programme in place. • Some unpredictable behaviour • Lacking family support, or family needs significant help at home. • Short-term but significant physical, mental, and social problems. • Risks are known but patient is not fully engaging with risk-management plan. **Forensic Low secure** • Some, ad-hoc unpredictable behaviour. • Active rehabilitation programme in place. • Lacking family support, or family needs significant help at home. • Short-term but significant physical, mental, and social problems. • Risks are known but patient is not fully engaging with risk-management plan. • Requires thirty-minute observations. **Adult Acute Admissions** • Presents as fluctuating risk to self or others. • Patient has capacity to engage with therapeutic interventions. • May be potential barriers preventing a safe and timely discharge. • More dependent on ward staff for mental, social, or physical health needs. • May be potential barriers preventing a safe and timely discharge. OR

		• Heavily reliant on ward team for support • Presents as fluctuating risk to self or others. • Has high-level mental, social, or physical health needs. • There may be potential barriers preventing a safe and timely discharge. • Low or inconsistent engagement with therapeutic interventions **Older Adult – Acute** • Normal observation and therapeutic interventions. • Mental state fluctuates. • Patient and family are participating in care/care planning/ Package/Care Home being identified and planned. • Personal care can be managed by one staff or independently. • Care needs require regular re-evaluation. • Increased multi-disciplinary team input and regular risk assessment. • Awaiting Guardianship. • NEWS trigger point reached, requiring escalation. **OR** • Has significant mental and physical health problems, which fluctuate. • At risk, but safety can be maintained with moderately skilled interventions. • Activities of daily living are managed by two staff and rarely requires one-to-one care. • Has co-morbidities, but physical health is stable. • Increased psychological/emotional and education support required by patient and/or family carers.

		• Multiagency discharge due to change in circumstances/care needs or package • Patient requires direct supervision and medication to ensure compliance, or has a complex drug regimen, including prolonged preparatory/administration/post-administration care. **Older Adult – Dementia** • Normal observation and therapeutic interventions. • Mental state fluctuates. • Patient and family are participating in care/care planning/ Package/Care Home being identified and planned. • Personal care can be managed by one staff. • Care needs and require regular re-evaluation. • Increased multi-disciplinary team input and regular risk assessment. • Patient has significant co-morbidity, e.g., an infection. • NEWS trigger point reached, requiring escalation. OR • Has significant mental and physical health problems, which fluctuate. • At risk, but safety can be maintained with moderately skilled interventions. • Activities of daily living are managed by two staff and rarely requires one-to-one care. • Has co-morbidities, but physical health is stable. • Increased psychological/emotional and education support required by patient and/or family carers. • Multiagency discharge due to change in circumstances/care needs or package

		• Patient requires direct supervision and medication to ensure compliance, or has a complex drug regimen, including prolonged preparatory/administration/post-administration care. **Psychiatric Intensive Care Unit** • General, hourly observations required. • Requires more than base-level core interventions. • Ready for transfer/discharge • More dependent on ward staff for personal care needs. • Risks managed. • Ready for transfer/discharge OR • Heavily reliant on ward team for safety and care. • Some continued risk of harm to self or others**.** **Forensic Medium/High Secure** • Fifteen-to-twenty-nine-minute observations. • Some unpredictable, ad-hoc behaviours and some physical/mental health issues. • Short-term, significant physical, mental, and social problems. • Personal care and physical needs require regular attention. • Active rehabilitation programme. • Risks generally known, though not fully engaging with risk management plan. • NEWS Score 1-4 OR • Observation frequency under fifteen minutes. • Demonstrates behaviour requiring extra supervision, observation, and support. • Likely to self-harm or abscond.

		• Complex discharge process. **Child and Adolescent** • Requires thirty-minute observation. • Increased staff support required when accessing core therapeutic interventions, education, and community services. Able to access education services unaided. • Minor/stable mental illness symptoms, which do not affect functioning. • Self-caring and able to do some daily living activities unaided. • Proactively engaging with staff to manage risks. Concordant with treatment and care plan • Can leave the ward without supervision (supported by parents or social service staff). OR • Requires support from staff to meet personal care needs. • Proactively engaging with staff to manage risks. Not fully concordant with treatment and care plan • Moderate risk to self and others. • Engagement with staff/ward routine is inconsistent, requiring frequent intervention. • Moderate mental illness symptoms having definite impact on ability to function. **Perinatal (Mother and Baby)** • Mother cares for baby with minimum staff-support • Mother and baby interaction shows some attachment, but not consistent or safe. • Risk is stable. • Agreed care plan in place. • Baby needs little support from staff.

		• mother requires verbal prompting and reassurance. • Requires accompanied home leave. OR • One-to-one observations part of the day. • Requires supervision when handling her baby and needs help with baby care. • High risk, mother is unpredictable and volatile. • If home leave is allowed, then escort is required. • Baby requires planned interventions at specific times. Has a nursery-nurse care plan (as per all levels) • Can provide limited aspects of care to baby across most domains and may require an increased level of support and supervision. Requires support and supervision when out of the unit, either by staff member or carer. **Learning Disability** • General, hourly observations required. • Minimum level for detained patients • Requires minimal intervention for maintaining physical healthcare needs/ treating ill health. • Needs prompting for, or minimal assistance with, ADL. • May have mild symptoms of stress and distress- does not pose a risk to self and others. • May need escorted TOW. OR • One-to-one observations part of the day/telecare in-situ.

		• Displaying symptoms of stress and distress • May pose a risk to self and others. • Limited TOW • Redirection and de-escalation required to prevent physical interventions. • Assistance required for ADL. • Requires more frequent or complex interventions for maintaining physical health/ treating ill health
3. High Level (Significant increase in intervention and/or care) – Patient has been risk assessed as requiring frequent interventions to maintain personal and environmental safety, manage their distress and their interactions with other people safely. Significant increase in care maybe aligned to physical, social, or psychological needs.	• Need for continuous supervision and/or support, this may include restricted privacy for certain tasks. • Need full support to maintain activities of daily living. • No insight into condition and poses significant risk to self/others. • Complex needs requiring detailed input in relation to discharge planning. • Palliative care • Delirium • NEWS Score 5 to 6	**Eating Disorders** • Needs full support to manage diet. • Manifests compensatory eating disorder behaviours • Not compliant with care plan • Physical health fluctuates. • Difficulty restoring weight most weeks. • Restrictions around bathroom use. May require more intense physical interventions. OR • one-to-one care or constant supervision to maintain safety, welfare, and care. • Difficulties in finding occupations in which to engage independently due to poor concentration, motivation, or high-risk level. **Rehabilitation** • Mental health fluctuates - active rehabilitation programme in place. • Refusal or reluctance to engage with treatment/care plans. • Some unpredictable behaviour • Lacking family support, or family needs significant help at home. • Short-term but significant physical, mental, and social problems.

		• Risks are known but patient is not fully engaging with risk-management plan. • NEWS Score 1-4 OR • Manifests predictable behaviours that require extra observations, otherwise routine observations • Has potential to harm self and/or others? • Complex discharge process is likely. **Forensic Low secure** • Clinical pause discussion in reviewing level of intervention required. • Some, ad-hoc unpredictable behaviour. • Active rehabilitation programme in place. • Lacking family support, or family needs significant help at home. • Short-term but significant physical, mental, and social problems. • Risks are known but patient is not fully engaging with risk-management plan. • Requires thirty-minute observations. • NEWS Score 1-4. OR • Manifests predictable behaviours that require extra observations, otherwise routine observations are 15 to 30 minutes. • Has potential to harm self and/or others. • Complex discharge process is likely. **Adult Acute Admissions**

		• Clinical pause discussion in reviewing level of intervention required. • Presents as fluctuating risk to self or others. • Patient has capacity to engage with therapeutic interventions. • May be potential barriers preventing a safe and timely discharge. • More dependent on ward staff for mental, social, or physical health needs. • May be potential barriers preventing a safe and timely discharge. • NEWS Score 1-4 OR • Heavily reliant on ward team for support • Presents as fluctuating risk to self or others. • Has high-level mental, social, or physical health needs. • There may be potential barriers preventing a safe and timely discharge. • Low or inconsistent engagement with therapeutic interventions **Older Adult – Acute** • Clinical pause discussion in reviewing level of intervention required. • Intermittent observations or one-to-one for part of the day. • Skilled intervention required to maintain safety. • Has significant on-going care needs, which can only be met by two or more staff. • At risk – has an unpredictable mental state or is likely to harm self or others.

		• Skilled intervention required to maintain safety. • Significant co-morbidities with fluctuating physical health needs. • Family/carers require increased psychological, educational, and emotional support. OR • Patient requiring one-to-one care to maintain safety and care. • Leave from the ward is not allowed other than planned hospital appointments with escort. • No care facility available in locality for discharge. **Older Adult – Dementia** • Clinical pause discussion in reviewing level of intervention required. • Intermittent observations or one-to-one for part of the day. • Skilled intervention required to maintain safety. • Has significant on-going care needs, which can only be met by two or more staff. • At risk – has an unpredictable mental state or is likely to harm self or others. • Skilled intervention required to maintain safety. • Significant co-morbidities with fluctuating physical health needs. • Family/carers require increased psychological, educational, and emotional support. OR • Patient requiring one-to-one care to maintain safety and care. • No care facility available in locality for discharge/Hospital Based Complex Care Needs**.**

		Psychiatric Intensive Care Unit • Clinical pause discussion in reviewing level of intervention required. • Requires high engagement and frequent interventions. • Fully dependent on ward team for safety and care. • Ongoing risks of harm to self or others. • Additional support needed to meet personal care needs. OR • In a de-escalation/extra care area/ Secluded patients/ 1-1/ 2-1 Observations. • Has harmed or may harm self or others. • Increased support required to meet personal care needs. • Possible transfer to a forensic service unit. • Complex discharge process. **Forensic Medium/High Secure** • Clinical pause discussion in reviewing level of intervention required. • Continuous, within sight, observations for part of the day. • Sustained high-acuity level. • Likely serious aggression or high self-harm risk. • No family support or family unable to cope at home. • Newly admitted or reintegrated patient. • Complex discharge process. OR • Continuous, arms-length observations. • High-risk and imminent destructive behaviour, harm to self or other when, for example,

		leaving seclusion or long-term segregation. • Requires one-to-one care throughout the day and the night. • Complex discharge process. • No family support or family unable to cope at home**.** **Child and Adolescent** • Clinical pause discussion in reviewing level of intervention required. • Intermittent observations or one-to-one for part of the day. • Requires direct intervention from staff when attending to personal care needs. • Moderate to high risk of harm to self or others • Needs one-to-one support from staff when accessing therapeutic interventions, education, and community services. • Social and family issues require staff intervention. • Limited engagement with staff • Moderate to high mental-illness symptoms, which significantly influence functioning. **OR** • Continuous one to one observation • High risk to self and others • Non-concordant with treatment and care plan, requiring constant staff intervention. • Significant mental illness symptoms having severe effect on functioning. • For transfer to higher-security care **Perinatal (Mother and Baby)**

		• Clinical pause discussion in reviewing level of intervention required. • One-to-one observations, most of the day • Constant supervision required when engaging with baby. • May neglect and possibly harm her baby. Behaviour is chaotic. • Intermittent support when self-caring; requires verbal and physical prompting. • Not engaging in activities • Home leave is not allowed. • Mother and baby may need transferring to an adult MH unit or PICU. **OR** • Constant supervision and support when undertaking self-care activities. • Harm to herself and baby - high risk. • Mental health severely affects ability to care for her baby. • Disruptive behaviour that affects the whole ward. • Mother and baby may require transfer to adult MH unit or PICU. • Difficulty or inability to provide most aspects of safe care to baby without support and supervision. This may be due to unpredictability, inconsistency, or incapacity. Requires that baby must always be within sight of designated member of staff. • Difficulty or inability to provide most aspects of safe care to baby without support and supervision. This may be due to unpredictability, inconsistency, incapacity or may have significant thoughts of harming baby where there are concerns, she may act upon these thoughts, based on

		clinical risk assessment. Therefore, poses significant and imminent risk to baby. A designated member of staff must provide all care required by baby at all times. If level 5 is applied for a prolonged period, it is expected that the multidisciplinary team will promptly review if MBU admission for mother and baby remains appropriate. **Learning Disability** • Clinical pause discussion in reviewing level of intervention required. • Intermittent interventions required. • Dependent on staff for ADL • High levels of stress and distress. poses a risk to self and others. • High level of engagement, redirection and de-escalation required. • Frequent/high levels of physical intervention required. • Complex/ high frequency interventions for maintaining physical health/ treating ill health. • Reducing level of delirium OR • Continuous intervention (1-1/2-1+) • Poses a high risk to self and others. • Deteriorating patient requiring intensive monitoring and complex treatment regimens for ill health. • End of life care • Delirium

Continuous Intervention

1:1	Requiring 1:1 for the entire census period.	1:1 to ensure patient, staff, and public safety. E.g.- Patient walking without direction and falling causing themselves harm.
2:1	Requiring 2:1 for the entire census period.	2:1 to ensure patient, staff, and public safety. E.g.- Patient stress and distress deteriorating, physical health deteriorating.

Appendix C- Frequently Asked Questions

Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool

Frequently Asked Questions and Answers

Q1 What do I need to do before I start using the tool?

You need to make sure you are familiar with the MHLD Inpatient Nurse Staffing Level tool.

There are two video guides on the HSP webpages: Healthcare Staffing Programme (HSP) webpages.

Training and support will be provided via your local Workforce Lead. Please make sure you understand all the information provided, the responsibilities and expectations for you and your team.

Q2 Why am I being asked to use two tools?

You are being asked to use the Professional Judgement Tool (PJ) version 4 in SSTS along with the MHLD Inpatient Nurse Staffing Level tool. This forms part of the Common Staffing Method approach mentioned above which is a requirement within the Health and Care (Staffing) (Scotland) Act 2019 (Appendix A).

Q3 Some Mental Health and Learning Disability inpatient wards are less than 16 beds. Should the Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool be used rather than the Small Wards Tool?

Yes, the Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool should be used. The Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool has been developed to measure patient/task types in all Mental Health and Learning Disability settings.

The new MHLD Inpatient Nurse Staffing Level Tool takes account of the size of the area and applies an average minimum staffing WTE where appropriate.

Q4 Does the tool consider mandatory training requirements?

A national Predicted Absence Allowance of 22.5% is included in the MHLD Inpatient Nurse Staffing Level Tool. 2% of this total is for study leave.

Q5 How does the tool capture all aspects and complexity of my work?

Observation studies were undertaken in a wide range of MHLD Inpatient wards across NHS Scotland. These observed a comprehensive complex range of Nursing care.

Q6 Can this tool be used in a Community Mental Health setting?

No - The MHLD Inpatient Nurse Staffing Level Tool is intended for use only in Inpatient Mental Health and Learning Disability wards.

Q7 How often should the information be entered onto SafeCare?

The number of census periods for your roster should be decided prior to a tool run.
You should work with your eRostering team to configure your roster for the number of census periods required.

For the purposes of the MHLD Inpatient Nurse Staffing Level Tool run you are required to complete a minimum of 2 census periods per 24-hour period.

There may be instances where some areas wish to complete more on a regular basis, for example if they experience significant changes in patient acuity and/or numbers throughout the 24-hour period or to match census periods to shifts. This however needs to be reconfigured by your eRostering team.

Q8 Who do I contact if I require help and support with this tool

Please contact your local workforce lead in the first instance should you require support with any aspect of the tool or MHLD Inpatient Nurse Staffing Level Tool run.

Appendix D- Troubleshooting

Mental Health & Learning Disability Inpatient Nurse Staffing Level Tool Troubleshooting guide

1. **SSTS**

Q1 I am getting an error message when trying to login to SafeCare. What should I do?

Contact your local eRostering Team.

Q2 What should I do if I lose my login details?

Contact your local eRostering Team.

Q3 What happens if the internet goes down whilst during data entry to SafeCare?

You will have to re-enter any unsaved data once you are able to access SafeCare again.

Q4 What happens if I enter the wrong information by mistake e.g. wrong dates or patient activity?

Census data can be amended before or after saving, however you can only go back as far as 1 week in SafeCare.
Please ensure you quality assure the information in a timely manner.

2. The Staffing Level Tool

Q1
The Senior Charge Nurse is off sick. Who takes responsibility for the data collection and SafeCare entry now?

The nurse in charge of the shift should always make sure the data is collected for their census period. A deputy for the Senior Charge Nurse (SCN) should be identified to enable continuation of data entry.

Q2
The rWTE is much higher/ lower than our actual/Funded Establishment. What should I do?

This may simply reflect your workload. However, it is worth quality assuring the data, in particular, that you have captured all the workload and have logged it in the MHLD Inpatient Nurse Staffing Level tool rather than reflecting this in Professional Judgement comments.

Appendix E- Data Capture Template

Mental health and learning disability inpatient nurse staffing level tool data capture template

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Need information in a different format? Contact our Equality, Inclusion and Human Rights Team to discuss your needs. Email his.equality@nhs.scot or call 0141 225 6999. We will consider your request and respond within 20 days.

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