Healthcare Improvement Scotland

Staffing Level Tool Development

One Nurse to One Patient Ratio Calculation

12IR HIS: Monitoring and development of staffing tools

(REF:12IR/2026/001)

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Contents

1.0 Introduction

1.1 Healthcare Improvement Scotland (HIS) must monitor the effectiveness of any staffing level tool under duty 12IR of the Health and Care (Staffing) (Act) 2019.

1.2 Within HIS, the Healthcare Staffing Programme (HSP) team, lead on operations in relation to the Act on behalf of HIS.

1.3 Prior to enactment of the legislation on 1 April 2024, the HSP identified inconsistency in the care hours attributed to patients assigned a one nurse (or healthcare support worker) to one patient ratio (1:1) across staffing level tools.

1.4 In 2024/25, the HSP reviewed the calculation for 1:1 care with the aim of standardising this.

2.0 Background

2.1 All inpatient staffing level tools are based on patients' level of care/acuity and/or dependency. Patient counts by acuity/dependency level determine the total care hours required to care for patients over a given period.

2.2 Care hours attributed to each level of care generate the staffing level tool output, specifically the recommended Whole Time Equivalent (WTE).

2.3 Although criteria for assessing patient care needs vary across healthcare settings, all patients assigned a 1:1 level of care require continuous observation and intervention by one nurse until their care level changes.

3.0 Aim

3.1 To standardise the care hours required for a patient assigned a 1:1 level of care.

3.2 To assess whether it is appropriate to include a 1:1 level of care in staffing level tools where this level does not currently exist.

3.3 To determine if a standardised calculation should be applied in future staffing level tool developments.

4.0 Calculation of 1:1 care hours

4.1 Inpatient staffing level tools calculate care hours per patient over a 24-hour period, commonly referred to as Care Hours Per Patient Day (CHPPD).

4.2 A patient requiring 1:1 care needs a minimum of 24 paid care hours per day. These hours are calculated rather than derived from observation studies like other levels of care.

4.3 Additional time for shift handovers must be included. A survey conducted via the National Associate Nurse Directors Group asked:
"What is the predominant shift pattern operated within your acute inpatient setting?"
Thirteen of fourteen boards reported a 12-hour, two-shift pattern; one board reported a mixed pattern.

4.4 Based on the predominant shift pattern, of two shifts per day, this equates to 1 hour per day handover period whereby a second nurse is present.

4.5 Paid breaks must also be factored in. A recommendation of 30 minutes per shift equates to one hour of paid breaks per day.

4.6 Section 27.16 of the NHS Terms and Conditions of Service Handbook states that 'In circumstances where work is repetitive, continuous or requiring exceptional concentration, employers must ensure the provision of adequate rest breaks as an integral part of their duty to protect the health and safety of their employees'. This supports including paid breaks in the calculation.

4.7 The total calculation for 1:1 care is:
24 hours direct care + 1 hour handover + 1 hour paid breaks = 26 hours per day.

4.8 CHPPD is used to create a multiplier for staffing level tools. This multiplier converts patient numbers into recommended WTE.

4.9 From 1 April 26, the multipliers will be based on the conditioned hours of 36 hours per 1 WTE.

4.10 To convert 26 CHPPD into a multiplier:

$$26 \times 7 \div 36 \times 1.225 = 6.19$$

(The 22.5% increase accounts for the nationally set predicted absence allowance.)

5.0 Review approach

5.1 The Healthcare Staffing Programme (HSP) conducted an internal review of 1:1 care hours across existing staffing level tools.

5.2 The review combined clinical expertise within the HSP team and analysis of varying calculations and observation study databases.

5.3 In 2024/25, we undertook a staffing tool review process. As part of this, 1:1 care was considered by each relevant specialty-specific expert working group, which included clinical representatives from health boards and professional bodies.

6.0 Review findings

6.1 We proposed a standardised approach: 26 hours of paid care per 24-hour period for patients requiring 1:1 care (see Section 4.0).

6.2 The adult inpatient and small wards staffing level tools do not currently have a level of care for patients receiving 1:1 care. Proposals to include this level were agreed by respective expert working groups, enabling accurate reflection of patient care needs.

6.3 Neonatal and paediatric tools already include a 1:1 level, but care hours varied. Agreement was reached to adopt the standardised calculation.

6.4 The neonatal tool, based on British Association of Perinatal Medicine (BAPM) standards, uses specific nurse-to-baby ratios. Adjusting the 1:1 level will affect other ratios (e.g., one nurse to two babies = 50% of 1:1 care).

6.5 For the Mental Health and Learning Disabilities Inpatient Nurse Staffing Level Tool Version 1, effective 30 October 2025, the HSP agreed to apply the proposed 1:1 care calculation.

7.0 Collaboration and governance

7.1 HIS may develop and recommend to the Scottish Ministers new or revised staffing level tools. However, in developing such tools, HIS 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.

7.2 The recommendation was considered by the HSP to be relatively minor. Therefore, full collaboration with all stakeholders, as outlined in section 7.1, was not deemed necessary.

7.3 Every health board, trade union and professional bodies were represented within the expert working groups.

7.4 Following consultation with each specialty-specific expert working group, the proposal was presented to the HSP Business Meeting, where it was accepted.

7.5 A high level recommendation to Scottish Ministers was made in September 2026. In line with HIS internal governance processes, this was submitted to the HIS Executive Team and the HIS Quality and Performance Committee prior to publication.

8.0 Recommendations

8.1 Add a 1:1 care level to the Adult Inpatient and Small Wards Staffing Level Tools.

8.2 Revise the multiplier for 1:1 care level for the Neonatal and Scottish Children's Acuity Measurement in Paediatric Settings (SCAMPS) staffing level tools.

8.3 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:

8.4 Adult Inpatient

- Schedule Staffing Level Tools Column 1 Kind of health care Provision: 'Adult inpatient provision by registered nurses in hospital wards with 17 occupied beds or more on average – remains unchanged.

- Schedule Staffing Level Tools Column 2 Staffing level tool:

  'Adult Inpatient Staffing Level Tool Version 4 (3)'

  Replacement with a revised staffing level tool as follows:

  'Adult Inpatient Staffing Level Tool Version 5 (3)'

- (3) Version 3 was developed by Healthcare Improvement Scotland and was made available online at the SSTS login page, in 2024, to those granted access – remains unchanged.

8.5 Small Wards

- Schedule Staffing Level Tools Column 1 Kind of health care Provision: 'Small ward provision by registered nurses in hospital wards with 16 occupied beds or fewer on average – remains unchanged.

- Schedule Staffing Level Tools Column 2 Staffing level tool:

  'Small Wards Staffing Level Tool Version 3 (12)'

  Replacement with a revised staffing level tool as follows:

  'Small Wards Staffing Level Tool Version 4 (12)'

- (12) Version 3 was developed by Healthcare Improvement Scotland and was made available online at the SSTS login page, in 2024, to those granted access.

8.6 Neonatal

- Schedule Staffing Level Tools Column 1 Kind of health care Provision: ‘Neonatal provision by registered midwives or by registered nurses in neonatal units in hospitals – remains unchanged.

- Schedule Staffing Level Tools Column 2 Staffing level tool:

  ‘Neonatal Staffing Level Tool Version 3 (10)’

(10) Version 3 was developed by Healthcare Improvement Scotland and was made available online at the SSTS login page, in 2024, to those granted access.

Replacement with a revised staffing level tool as follows:

‘Neonatal Staffing Level Tool Version 1 (10)’

(10) Version 1 was made available online on the RLDatix SafeCare Platform as part of the national e-rostering contract to those granted access.

8.7 Paediatric

- Schedule Staffing Level Tools Column 1 Kind of health care Provision: ‘Paediatric inpatient provision by registered nurses in paediatric wards in hospitals – remains unchanged.

- Schedule Staffing Level Tools Column 2 Staffing level tool:

  ‘SCAMPS – Scottish Children’s Acuity Measurement in Paediatric Settings Version 3 (11)’

  Replacement with a revised staffing level tool as follows:

  ‘SCAMPS – Scottish Children’s Acuity Measurement in Paediatric Settings Version 4 (11)’

- (11) Version 3 was developed by Healthcare Improvement Scotland and was made available online at the SSTS login page, in 2024, to those granted access – remains unchanged.

8.8 For information on the staffing tool methodology and revised outputs please refer to appendix 1.

These staffing tools will be included in the accompanying regulations to the Health and Care (Staffing) (Scotland) Act 2019. The regulations will be laid before parliament in February 2025 and if agreed released in April 2026.

9.0 Appendices

Appendix 1: Staffing tool methodologies and outputs January 2026

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