

Health and Care (Staffing) (Scotland) Act 2019

12IR 'HIS: Monitoring and Development of Staffing Tools'

Revision to the Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool multipliers

1.0 Introduction

Healthcare Improvement Scotland (HIS) recommends to Scottish Ministers revisions to the staffing tools, prescribed under section 12IJ (3) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSA) as follows:

The revision of the 'Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool Version 1,' with a new revised staffing level tool 'Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool Version 2'

- **Staffing tool:** Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool Version 2
- **Type of healthcare:** Mental health and learning disability provision
- **Location:** Mental health or learning disability units in hospitals
- **Employees:** Registered nurses (including other staff working under the supervision or delegation of the registered nurse)

2.0 Revision: Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool Version 1

2.1 Background

- 2.1.1 The Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool Version 1 was implemented in October 2025, following the recommendation made in July 2025. The new tool introduces new acuity levels of care, a new hosting platform and a change in methodology to generating recommended Whole Time Equivalent (rWTE) values.
- 2.1.2 The methodology for the Mental Health and Learning Disability Staffing Level Tool (Version 3) was a time-task based calculator, which was superseded by the Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool Version 1, which utilises an acuity-based model for calculating a rWTE.
- 2.1.3 As part of Healthcare Improvement Scotland's statutory 12IR (1) to monitor and develop staffing level tools, the Healthcare Staffing Programme (HSP) reviewed the effectiveness of the tool through a user evaluation process alongside intelligence gathered from tool run data to understand how the tool was performing in practice and whether targeted refinement was required.

2.2 Evaluation

- 2.2.1 The evaluation considered feedback from stakeholders, tool run data, comparison between the tool-generated rWTE outputs and Professional Judgement, and HSP insight generated through the initial tool development work.
- 2.2.2 This was reviewed collectively to understand whether the tool was producing clear and meaningful outputs and to identify where targeted refinement was required.
- 2.2.3 The high-level findings indicated that the tool remains appropriate in purpose and continues to support the Common Staffing Method. However, it shows some variation across specialties in the perceived appropriateness of the tool output, the level of engagement with evaluation activity and the consistency of available data.
- 2.2.4 The findings have therefore been interpreted as early implementation intelligence rather than a definitive national assessment.
- 2.2.5 Overall, the evaluation supported a proportionate revision focused on refining the multipliers and continuing national monitoring as the tool becomes embedded in practice.

2.3 Staffing Level Tool Data Review

- 2.3.1 The tool run review compared the recommended Whole Time Equivalent output with available Professional Judgement figures. The review found that the relationship between the tool output and Professional Judgement varied across specialties. Some areas showed close alignment, while others highlighted differences that required further consideration.

- 2.3.2** This variation was likely to reflect a combination of factors, including differences in patient acuity, local tool completion practice and the quality of available data. The findings did not indicate that the tool was unsuitable for use but supported further refinement to improve the consistency and applicability of the numerical output.

2.3 HSP Insight: previous sampling and identified gaps

- 2.3.1** HSP insight, generated through the original observation studies and initial tool development work, identified that the previous observations resulted in an uneven distribution amongst the acuity of patients across specialities. Some patients' levels of care, per specialty were represented more strongly, while others had limited data captured through observation studies.
- 2.3.2** The gaps were considered alongside the tool run review and evaluation findings. Priority was given to areas where the previous observation-study sample was limited, where there was greater variation between the tool output and Professional Judgement, or where additional evidence was required to improve confidence that the multipliers reflected current inpatient care needs.
- 2.3.3** Forensic High Secure Wards were excluded from this stage due to the absence of tool run data and user evaluation responses. This meant that meaningful conclusions could not be drawn about tool performance or stakeholder views for this specialty within this phase of review.

2.4 Additional observation studies

- 2.4.1** A sampling approach was applied to identify which specialties required additional observation-study evidence to support development of the revised multipliers. This approach built on the criteria used in the previous observation studies and placed greater emphasis on the distribution of patients across each level of care. This was given additional weighting because the multipliers needed to reflect the range and intensity of patient need within each specialty.
- 2.4.2** Specialties were prioritised where the existing observation-study data was limited, where previous sampling did not provide sufficient representation across levels of care, or where the evaluation and tool data review indicated that additional evidence would improve confidence in the revised multipliers.
- 2.4.3** The additional observation studies used the established methodology and consistent data collection processes applied during earlier development work, however, were conducted digitally with built-in steps to improve the accuracy and quality of the data. This ensured that the new data was comparable with the original dataset and could be appended for the purposes of multiplier development.
- 2.4.4** HSP has also reviewed the methodology used to create the multipliers and will make very slight adjustments where required to support a more balanced distribution of associated work and personal time across each level of care.

2.5 Observation study hours by specialty

2.5.1 To support the refinement of multipliers, HSP aims to conduct further observations studies across all specialties between August 2026 and October 2026.

2.5.2 The table below outlines the planned hours of observations for each specialty.

Specialty	Observation Hours
Adult Acute Admission	96
Older Adult Dementia	96
Rehabilitation Wards	96
Forensic Low Secure Wards	48
Forensic Medium Secure Wards	48
Older Adult Acute	48
Psychiatric Intensive Care Units	48
Child and Adolescent Mental Health Wards	24
Eating Disorder Wards	24
Inpatient Addiction Services	24
Learning Disabilities	24
Perinatal	24

2.5.3 Once the observation studies conclude, this additional evidence will be added to the underlying data, allowing for further analysis and revised multipliers based on a greater evidence base.

3.0 Recommendations

3.1 HIS recommends 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:

3.2 Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool

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 Inpatient Nurse Staffing Level Tool Version 1 (4)’

Replaced with a revised staffing level tool as follows:

‘Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool Version 2 (4)’

(4) Version 1 was developed by Healthcare Improvement Scotland. It comprises a methodology and a multiplier which was made available at

<https://www.healthcareimprovementscotland.scot/wp-content/uploads/2025/07/HSP-SLT-Methodologies-and-Multipliers-July-2025.pdf> - **remains unchanged**.