Healthcare Improvement Scotland

Healthcare Staffing Programme

Emergency Care Provision Staffing Level Tool

User Guides and Frequently Asked Questions

March 2026

NHS SCOTLAND

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1.0 Introduction

The Emergency Care Provision (ECP) Staffing Level Tool (SLT) is set up to enable nursing and medical staff to record information on patients' levels of care that will calculate a recommended whole time equivalent (rWTE) which will help inform workforce planning.

The information for the ECP tool is completed retrospectively for the previous day.

The national recommendation as outlined in the Health and Care (Staffing) (Scotland) Act 2019 (HCSA) (Appendix A) is that this ECP 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 (PJ) tool which is hosted on the Scottish Standard Time System (SSTS).

However, the ECP SLT can be run as frequently as boards wish. NHS boards can use more tool runs to gather data over time. Background information on SLT can be found in Appendix A.

It is important to remember the recommended whole time equivalent is only one element of the Common Staffing Method (CSM).

The application of the CSM is a legislative requirement under the HCSA for the specified types of healthcare services, locations and employee groups set out in Duty 12IK of the HCSA. It is important to note that the outputs from the SLT and your PJ tool each represent only one component of the CSM. All elements of the CSM must be applied rigorously and consistently to ensure compliance with the legislation and to support safe, effective staffing decisions.

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 ECP SLT. That information can be accessed via the learning resources available on the Healthcare Staffing Programme webpages.

- **Please note screenshots within this user guide are from a test environment and may differ from the live environment. These are being utilised with the permission of RLDatix.**

2.0 Logging in

2.1 Accessing the tools

Staff responsible for recording patient acuity data should have access to the roster and ensure the relevant patient types and patient tasks have been configured prior to a tool run.

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 PJ tool.

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

2.2 SafeCare

As shown below in image 1 enter your username and password and select “log in.”

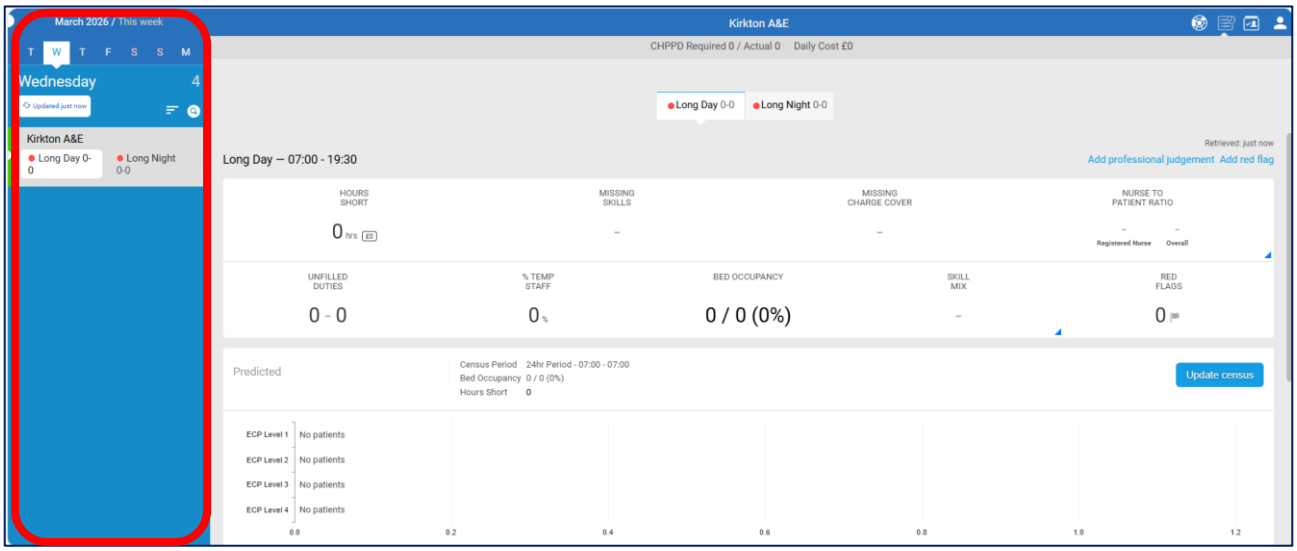
Image 1: Log in page for SafeCare

- **Passwords are case sensitive**

2.3 Landing page

As shown below in image 2, when you log in you will be taken directly to the landing page

Image 2: Landing page within SafeCare



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

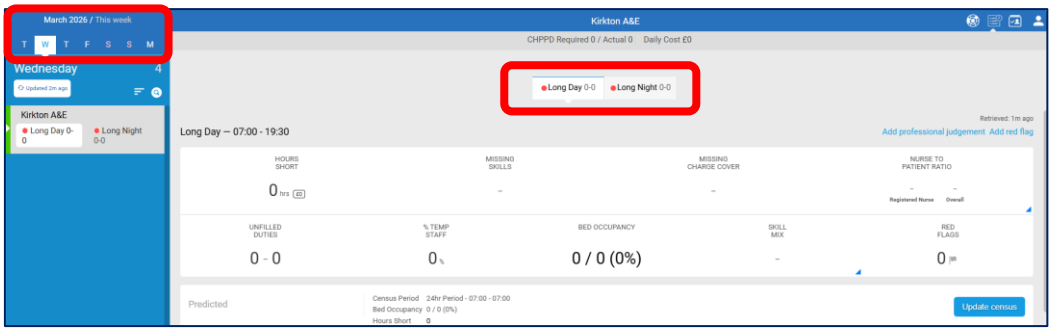
- **Your display may look slightly different depending on which version of SafeCare you are using.**

2.4 Date for completion

When you have logged into SafeCare it will automatically open on today's date.

As the ECP SLT requires retrospective data entry, you will need to navigate to the correct date prior to entering data. This is shown below in image 3, the date is at the top left, you can use the white semi-circle to navigate between weeks, and the census period to the top middle

Image 3: Landing page in SafeCare highlighting day of the week and census period.

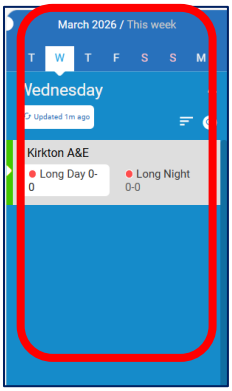


2.5 Select ward or department

As shown below in image 4 select the correct ward or department from those listed on the left of the screen.

As previously mentioned, you may have multiple ward or departments depending on your access.

Image 4: Different ward availability within SafeCare



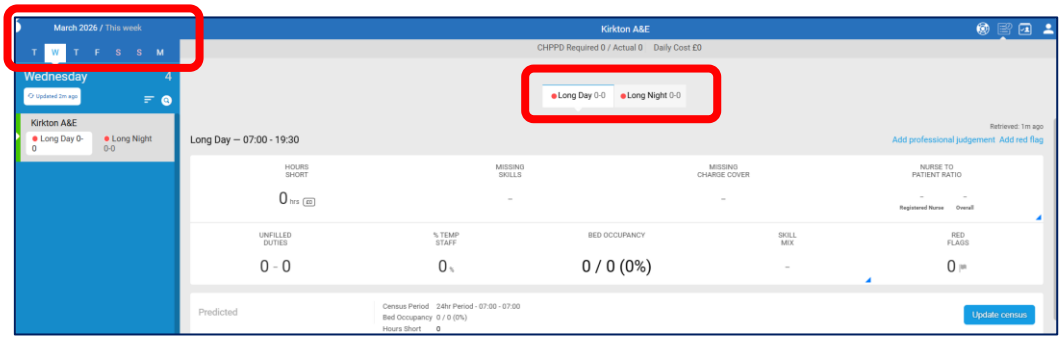
3.0 Creating or editing entries in tool

3.1 Landing page

When you have logged into SafeCare it will automatically open on today's date.

If this is incorrect then please select the correct day, as shown below in image 5, from the options at the top left of the screen and the correct census period from the middle of the screen.

Image 5: Landing page in SafeCare highlighting day of the week and census period.



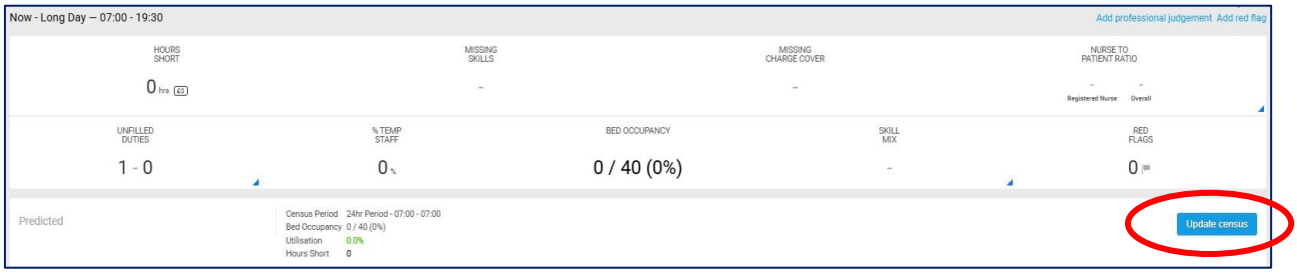
Please note, for the ECP SLT you are entering the data retrospectively for a 24 hour period.

3.2 Entering census data

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

As shown below in image 6 please select "update census."

Image 6: Update census button



Once 'Update Census' has been selected, you will then be able to record the number of patients at each level of care. The levels of care have been in place since the development of this tool and can be found in Appendix B.

Remember the ECP tool is recorded retrospectively.

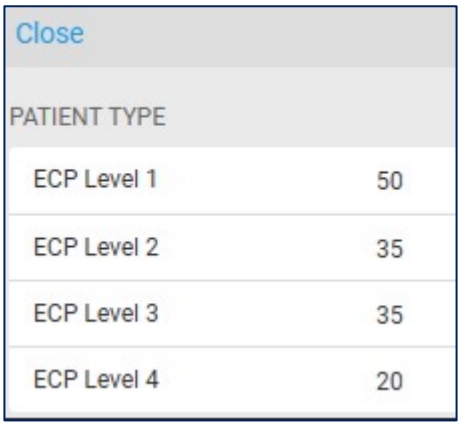
Depending on the version of SafeCare your board is on, you may only be able to enter data retrospectively for up to one week in SafeCare. If you require to enter data retrospectively for greater than one week you may need to enter this via Optima, this can be done by selecting

SafeCare > Patient Number Entry. You may require access to be granted to this function via your eRostering team.

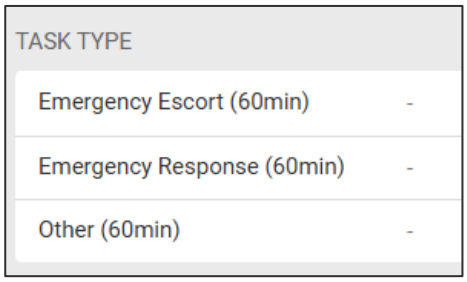
There are data capture templates (DCT) available on the Healthcare Staffing Programme webpages for collecting task type information. This information will be entered retrospectively with the numbers of patients at each level of care.

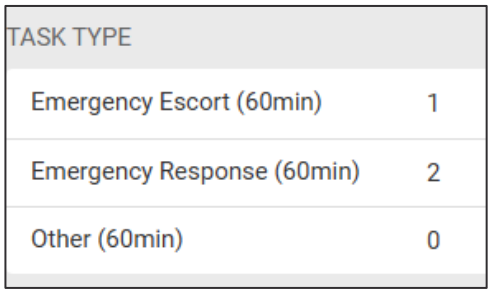
- Please see, below in image 7, both a blank Patient Type and Task Type and a completed Patient Type and Task Type.

Image 7: Patient Type and Task type



Task Types are only to be used in rare and extraordinary events that are unforeseen.





See below for examples of each option:

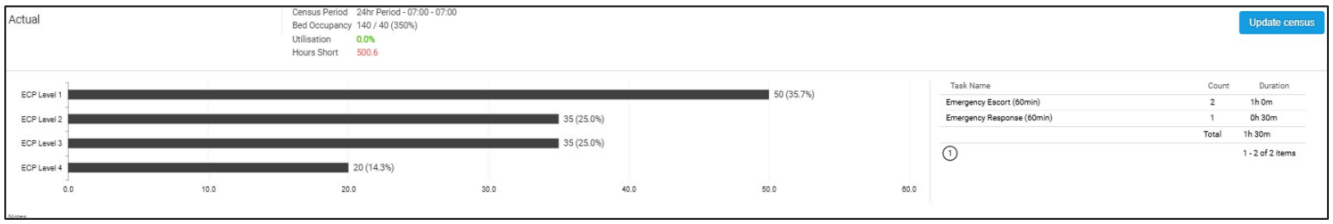
- Emergency Escorting: This is when one or more staff participate in an emergency escort out with their base hospital.
- Emergency Response: This is when one or more staff leave the hospital to attend to a major incident eg 3 or 4 staff leave the department to attend on scene at a road traffic accident. It is not staff leaving to go to an emergency call in the hospital.
- Other: please ensure this is used for rare, extraordinary events that are unforeseen eg a fire alarm resulting in evacuation of the department.

These examples are not exhaustive and are only a guide to help understand each option.

3.3 Viewing data

Following completion of the above steps you will see that your landing page has updated, as shown below in image 8.

Image 8: Updated landing page within SafeCare



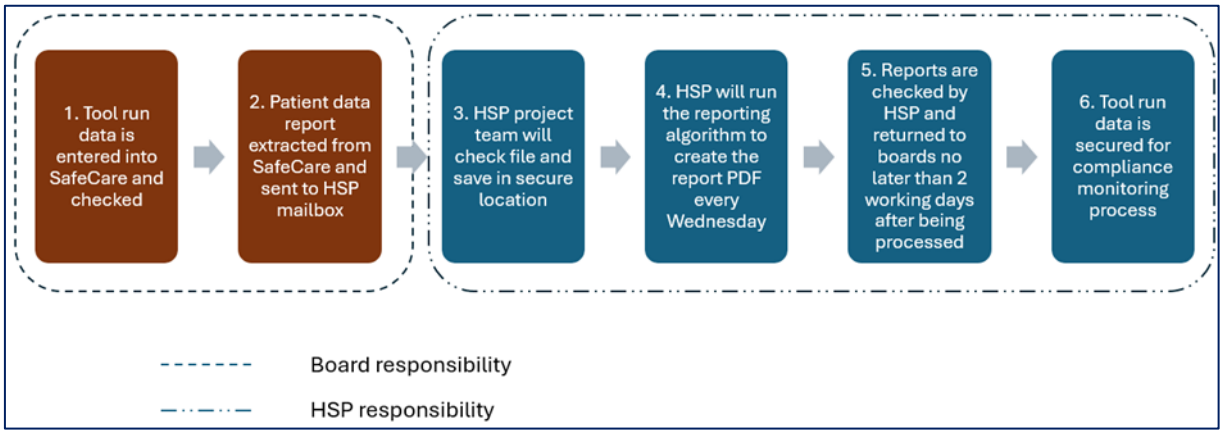
Please always sense check that the data entered is correct.

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

4.0 Reporting

The process for delivering an interim reporting solution is described in image 9 below. Boards have the responsibility to provide accurate data from SafeCare 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.

Image 9: Process for interim reporting from SafeCare

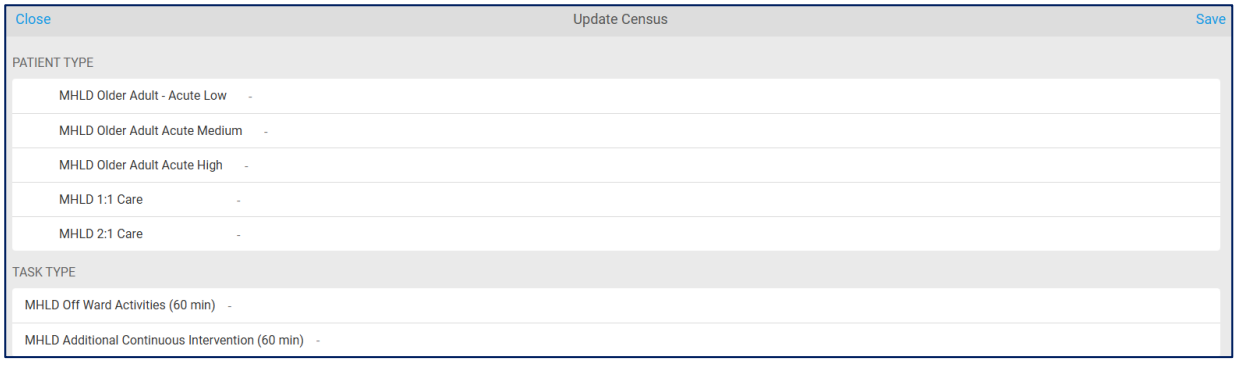


Please see the steps to extract the data for the Healthcare Staffing Programme:

1. Tool run data is entered into SafeCare and checked by the boards.

Ward areas should enter their data as per the associated tool run guidance shared from HIS when the specialty specific tool was implemented in SafeCare. As shown below in image 10.

Image 10: SafeCare Patient Type and Task Type

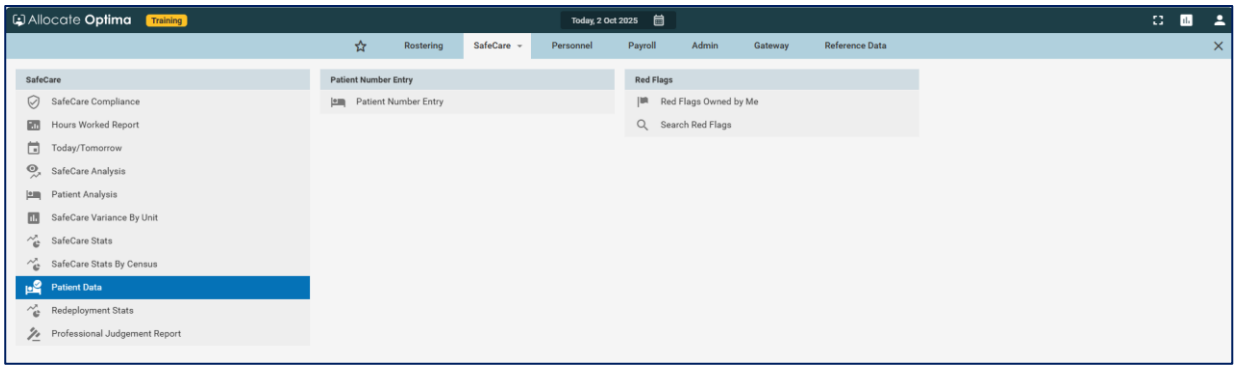


Data should be entered every day for a 2-week period. It is recommended that all data entered has been checked for accuracy.

2. Board runs the Patient Data report, exports it and sends it to HSP mailbox

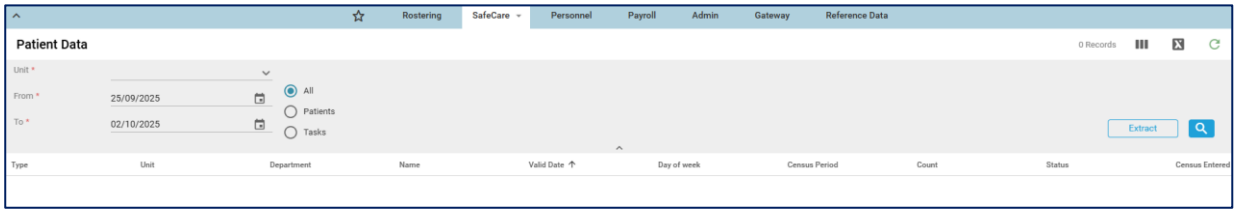
The Patient Data report is available in Optima as shown below in image 11.

Image 11: Patient Data Report



Enter the 2-week period of the tool run in the section shown below in image 12.

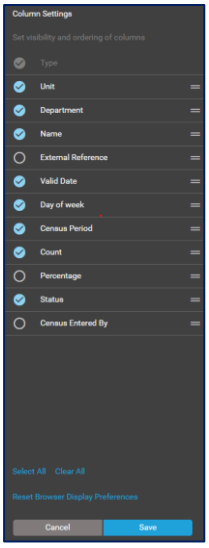
Image 12: A 2-week period of the tool run.



To ensure successful report generation the following mandatory columns must be included in the Patient Data report (see list below and image 13 to the right):

- Type
- Unit
- Department
- Name
- Valid Date
- Day of week
- Census Period
- Count
- Status

Image 13: Mandatory Columns



When the report has been run successfully, it should be exported into Excel and named as the Ward or Unit name eg, if the ward area that has ran the SLT is Ward 3A, the file should be named Ward 3A.xlsx. This file should then be emailed to the HSP mailbox his.hsp@nhs.scot

3. HSP check the file and save it in a secure location ensuring naming conventions are adhered to

HSP will check that the file has been attached to the email from Boards and save the file in the appropriate folder on the shared drive. The naming of the folder and Excel file is critical to ensure that the model runs correctly without errors.

- Folder Name: Represents the Board eg, NHS Greater Glasgow and Clyde.
- Excel File Name: Represents the Ward or Unit being analysed eg, Ward 3A.

The final dashboard report will be displayed in the Power BI App.

4. HSP will update the data models in the Power BI dashboard

Every Wednesday, the model will be refreshed to ensure the pipeline structure includes the mandatory fields and aggregates and transforms the data ready for analysis. A rWTE is generated, along with summary tables and graphs in the Power BI Desktop.

5. Data files are processed and published to the Power BI dashboards

HSP will check the model for completion and publish to live in Power BI by the Friday of the same week. This will allow for variation in the volume of reports requiring to be processed.

Any data files which contain errors or are otherwise unable to be processed will be returned to the user with an explanation of the issue.

6. Tool run data is secured for compliance monitoring process

On publication of the Power BI dashboard, the data model is made available to inform HSP's Monitoring Board Compliance duty under legislation. This is saved securely using user-based access functionality.

Further guidance and information relating to access to these dashboards can be found on the Healthcare Staffing Programme webpages. Each speciality specific tool with have a document; Interim Reporting from SafeCare, Guidance for Boards.

Appendix A

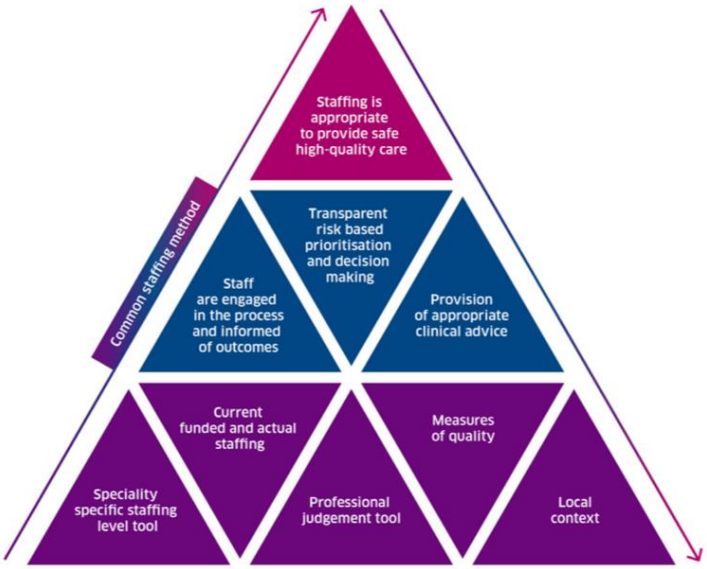
Background

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 SLTs and follow the CSM (Figure 1 below). The ECP SLT is one of the national SLTs available for this purpose. The purpose of the SLTs is to provide information and a recommended whole time equivalent based on workload.

The outputs from the SLTs should not be used in isolation and the CSM sets out a process, including the use of the relevant SLT and the PJ 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 Healthcare Staffing Programme webpages and learning resources.

Figure 1: The Common Staffing Method



Appendix B

Levels of Care

HSP Emergency Care Provision SLT Levels of Care

Appendix C

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 ECP SLT.

There are two video guides on the Healthcare Staffing Programme 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 PJ tool hosted in the SSTS along with the ECP SLT within SafeCare . This forms part of the CSM approach mentioned above which is a requirement within the HCSA (Appendix A).

Q3 Does the tool consider mandatory training requirements?

A national Predicted Absence Allowance of 22.5 % is included in the ECP SLT. 2 % of this total is for study leave.

Q4 How does the tool capture all aspects and complexity of my work?

Observation studies were undertaken in a wide range of Emergency Departments across NHS Scotland. These observed a comprehensive complex range of nursing and medical care.

Q5 Can this tool be used in a community setting?

No, the ECP tool is designed for use within the emergency department only

Q6 How often should the information be entered onto SafeCare?

For the ECP tool within SafeCare this data is entered retrospectively for each 24-hour period.

Q7 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 tool run.

Appendix D

Trouble shooting

SafeCare

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 eg wrong dates or patient activity?

Census data can be amended before or after saving, however if later versions of SafeCare you can only go back as far as 1 week in SafeCare. To go further back than 1 week, you can do this via Optima as outline in section 3.2.

Please ensure you quality assure the information in a timely manner.

The Staffing Level Tool

Q1 Who is responsible for data collection and data entry on SafeCare?

Prior to any tool run it should be agreed who will be responsible for data collection or entry on each shift to ensure an accurate reflection of patient numbers and acuity.

Data is entered retrospectively for the previous 24-hour period with one entry for the entire roster. Data should be reviewed and agreed by all relevant staff groups prior to submission.

Q2 The recommended whole time equivalent is much higher or lower than our actual or 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 patients and have logged it in the ECP SLT, rather than reflecting this in professional judgement comments.

Appendix E

Data capture template

HSP Emergency Care Provision Staffing Level Tool Data Capture Template – Patient Type

HSP Emergency Care Provision Staffing Level Tool Data Capture Template – Patient Task Type

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