Healthcare Staffing Programme

Maternity Services Staffing Level Tool

User Guides and Frequently Asked Questions

March 2026

Contents

1.0 Introduction

The Maternity Services Staffing Level Tool (SLT) is set up to enable maternity staff to record information on patient/task types and to calculate a recommended whole time equivalent (rWTE).

Within inpatient areas, staff are asked to record the number of patients by level of care **at a point in time**, a minimum of twice per day. Time spent undertaking patient tasks should be added retrospectively.

Within community, outpatient and triage departments, staff are asked to record the **total number of direct patient interventions** by level of care retrospectively as well as time spent undertaking any relevant patient tasks. This is termed completing the census.

The statutory guidance for the Health and Care (Staffing) (Scotland) Act 2019 (HCSA) states that the Common Staffing Method (CSM), which includes SLTs, should be run minimally once per financial year, alongside the Professional Judgement (PJ) tool each shift for a 2-week period. The PJ Tool is hosted on the Scottish Standard Time System (SSTS).

However, the Maternity Services SLT can be run as frequently as boards deem necessary. NHS Boards can use more tool runs to gather longitudinal data over time. Background information on SLTs can be found in Appendix A.

It is important to remember the rWTE is only one element of the CSM which is the methodology recommended within the HCSA (Appendix A) that informs workforce planning. Application of the CSM includes consideration of the following:

- Current funded and actual establishment
- The findings from the PJ Tool on SSTS
- Measures of quality and local context

The guidance set out in this document underpins the standardised implementation and use of the Maternity Services SLT across a range of maternity service areas including:

- Inpatient wards
- Community
- Maternity triage
- Outpatient departments

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

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

2.0 Logging in

2.1 Accessing the tools

Within SafeCare staff responsible for recording patient acuity data should have access to the required roster(s) 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.
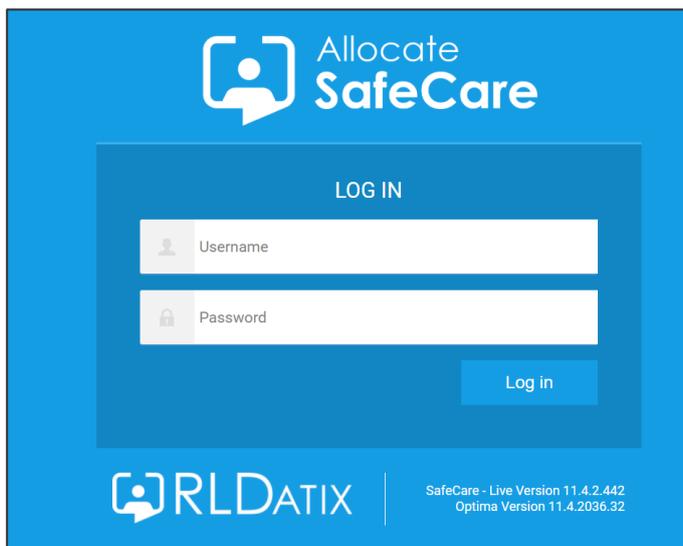
Some staff may already have access to SSTS but will require additional permissions to access the PJ Tool.

- **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 as they were provided to you and select "log in".

Image 1: Log in page for SafeCare

- **Passwords are case sensitive**

2.3 Landing page

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

Image 2: Log in page for SafeCare, example for maternity inpatients
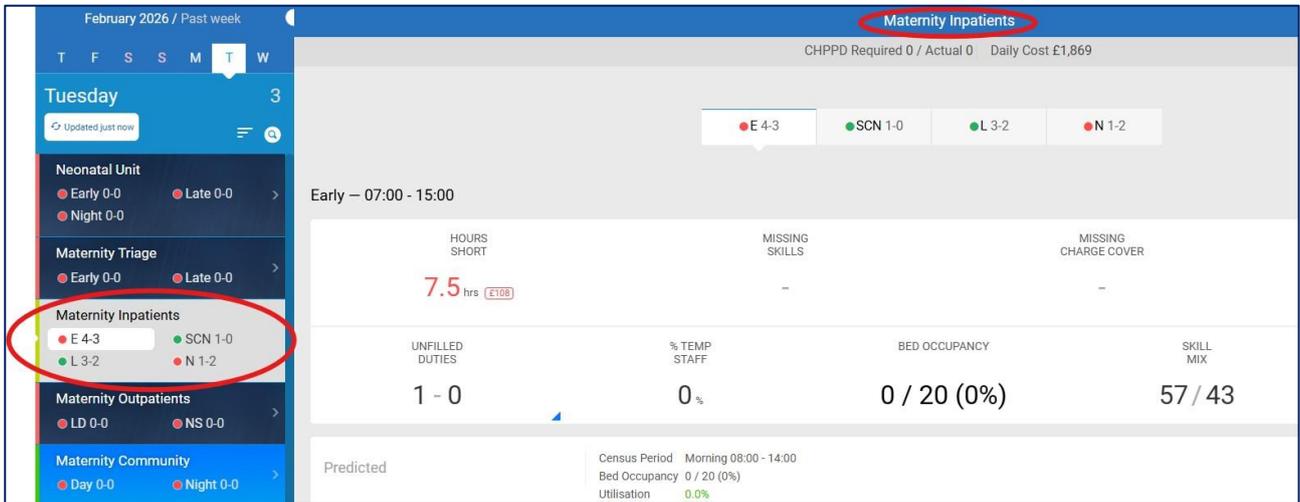
Please note that, depending on your access, you may have multiple rosters available to select from on the left of the screen.

2.4 Date for completion

As shown in image 3, the landing page shows the rosters accessible by the individual, this will be role dependent. When you have logged into SafeCare it will automatically open on the day you are on, for example, if you open it Tuesday 3rd February 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 as circled in red in image 3.

- **Please note that if you miss a census period you can only go back 1 week to upload your recorded data**

Image 3: Landing page for SafeCare, example for maternity inpatients
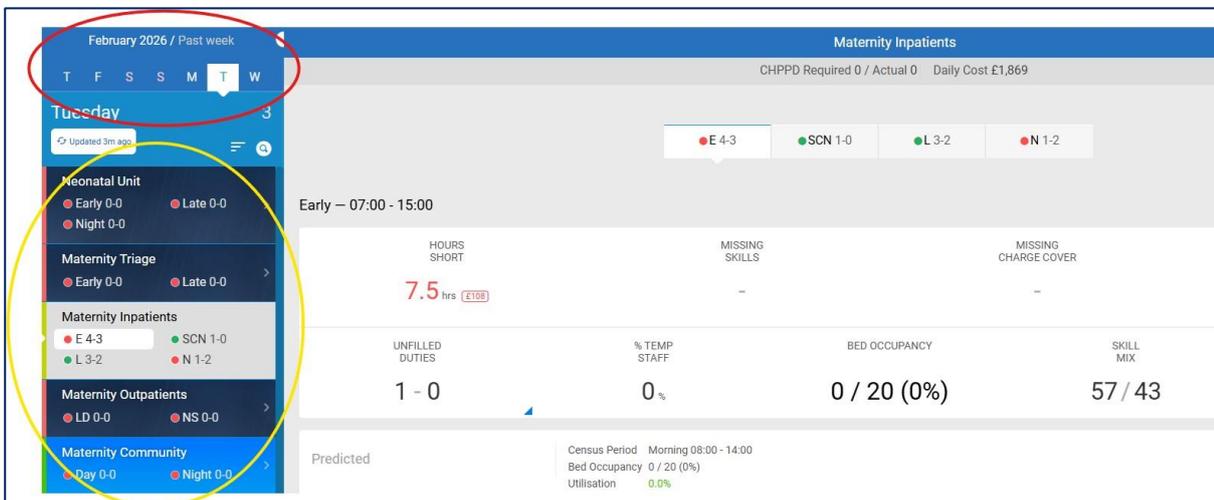
2.5 Select Roster

As shown in image 3 above, select the correct roster from those listed on the left of the screen circled in yellow.

As previously mentioned, you may have multiple rosters depending on your access.

3.0 Creating/Editing Entries on SafeCare

3.1 Entering Census Data

As shown in image 4, please select "update census" circled in red.

Image 4: How to update your census data

You will then be able to record the number of patients at each level of care as shown in image 5. The levels of care were developed by the maternity expert working group and are detailed in [Appendix B](#).

Image 5: How to update your census data for Maternity Inpatient Services

Within inpatient areas, staff are asked to record the number of patients by level of care **at a point in time**, a minimum of twice per day. Time spent undertaking patient tasks should be added retrospectively.

Within community, outpatient and triage departments, staff are asked to record the **total number of direct patient interventions** by level of care retrospectively as well as time spent undertaking any relevant patient tasks.

Staff working within integrated teams may be required to record a mix of inpatient and community, outpatient, triage activity. It is important staff are aware of the different recording

methodologies for different patient types and agree which rosters each patient type should be recorded against. This will ensure accurate recording of data and prevent duplicate entries for the same patient.

There are data capture sheets available in Appendix E.

There are data capture templates 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.

Image 6: Maternity Inpatient Patient Type and Task Type data

Maternity Inpatient: Patient Type

PATIENT TYPE	
MAT IP Antenatal Core	-
MAT IP Antenatal Enhanced	-
MAT IP Antenatal Complex	-
MAT IP Intrapartum Core	-
MAT IP Intrapartum Enhanced	-

PATIENT TYPE	
MAT IP Antenatal Core	4
MAT IP Antenatal Enhanced	3
MAT IP Antenatal Complex	2
MAT IP Intrapartum Core	3
MAT IP Intrapartum Enhanced	2

Maternity Inpatient: Task Type

TASK TYPE	
MAT Additional Intrapartum (1 hour)	-
MAT Out of Hospital Transfer (1 hour)	-

TASK TYPE	
MAT Additional Intrapartum (1 hour)	2
MAT Out of Hospital Transfer (1 hour)	1

Image 7 : Populated Patient Type and Task Type data for Maternity Inpatient Service

Close	Update Census	Save
PATIENT TYPE		
MAT IP Antenatal Core	4	
MAT IP Antenatal Enhanced	3	
MAT IP Antenatal Complex	2	
MAT IP Intrapartum Core	3	
MAT IP Intrapartum Enhanced	2	
TASK TYPE		
MAT Additional Intrapartum (1 hour)	2	
MAT Out of Hospital Transfer (1 hour)	1	

Image 8: How to update your census data for Maternity Community Services

There are data capture templates 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.

Image 9: Maternity Community Patient Type and Task Type data

Maternity Community: Patient Type

Maternity Community Task Type

TASK TYPE	
MAT Group/Workshops Total Number of Sessions	-
MAT Group/Workshops Duration incl. AWL (1 hour)	-
MAT Homebirth (1 hour)	-
MAT Travel (1 hour)	-

TASK TYPE	
MAT Group/Workshops Total Number of Sessions	3
MAT Group/Workshops Duration incl. AWL (1 hour)	2
MAT Homebirth (1 hour)	1
MAT Travel (1 hour)	6

Image 10 : Populated Patient Type and Task Type data for Maternity Community Service

Close	Update Census	Save
PATIENT TYPE		
MAT Comm Antenatal Core	4	
MAT Comm Antenatal Enhanced	5	
MAT Comm Antenatal Complex	3	
MAT Comm Postnatal Woman Core	4	
MAT Comm Postnatal Woman Enhanced	3	
MAT Comm Postnatal Woman Complex	4	
MAT Comm Postnatal Baby Core	4	
MAT Comm Postnatal Baby Enhanced	5	
MAT Comm Postnatal Baby Complex	3	
TASK TYPE		
MAT Group/Workshops Total Number of Sessions	3	
MAT Group/Workshops Duration incl. AWL (1 hour)	2	
MAT Homebirth (1 hour)	1	
MAT Travel (1 hour)	6	

Image 11: How to update your census data for Maternity Triage Services

PATIENT TYPE	
MAT Triage Core	-
MAT Triage Enhanced	-
MAT Triage Complex	-
TASK TYPE	
MAT Triage Calls - Total Duration (1 hour)	-
MAT Triage Calls - Total Number of Calls	-

There are data capture templates 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.

Image 12: Maternity Triage Patient Type and Task Type data

Maternity Triage Patient Type

Maternity Triage Task Type

Image 13 : Populated Patient Type and Task Type data for Maternity Triage Service

Image 14: How to update your census data for Maternity Outpatient Services

There are data capture templates 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.

Image 15 : Populated Patient Type data for Maternity Outpatient Service

Maternity Outpatient Patient Type

Image 16 : Populated Patient Type data for Maternity Outpatient Service

In summary:

- Select the correct roster
- Navigate to the appropriate day and census period
- Click "Update Census"
- Populate the census data
- Click "Save"
- Your census should now be updated with the relevant data – please sense check that the information you have recorded accurately reflects the current status of your ward or service

3.2 Viewing Data

Following completion of the above steps you will see that your landing page has updated as shown in image 17.

Image 17: Updated display of census data
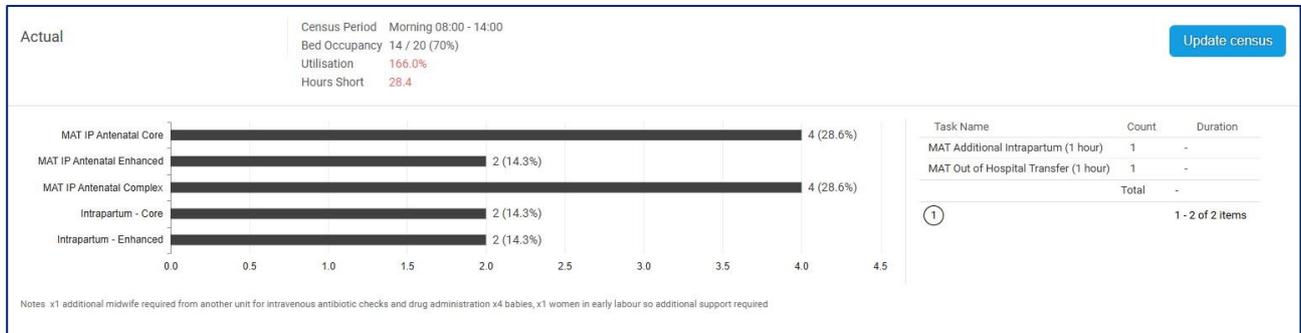
Please always sense check that data has been entered correctly. **Please note that PJ within SafeCare refers to Real Time Staffing. In order to comply with the HCSA please continue to utilise the PJ tool via SSTS when running your SLT.**

There may be occasions when the number of patients exceeds the number of beds within your roster.

A message will appear in a window asking for the staff member who is entering the data to confirm this when completing the census as shown in image 18.

Image 18: Confirm message when data input exceeds the number of beds
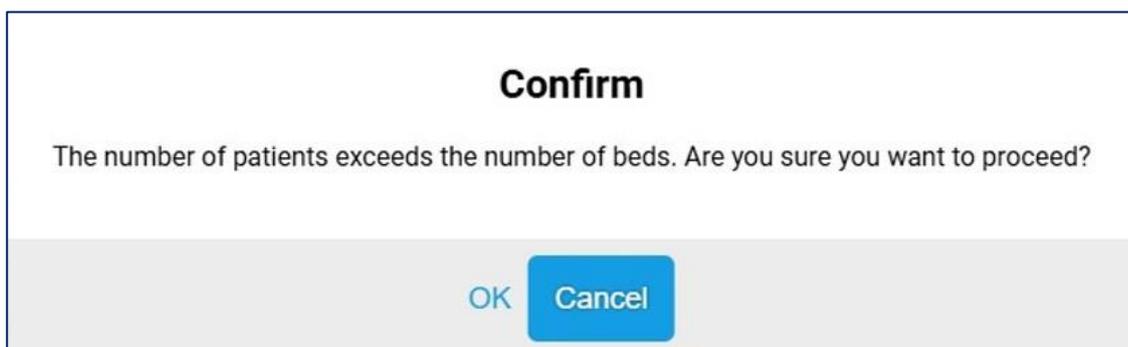
The senior charge midwife for each roster is responsible for ensuring that the census period is completed as per local board agreement. However, locally a nominated person can be agreed such as midwife in charge. This will be a local board decision.

4.0 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 whole-time equivalent 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 will process this report and return a recommended whole-time equivalent to the user in a timely manner.

Image 19: Process for delivering an interim report
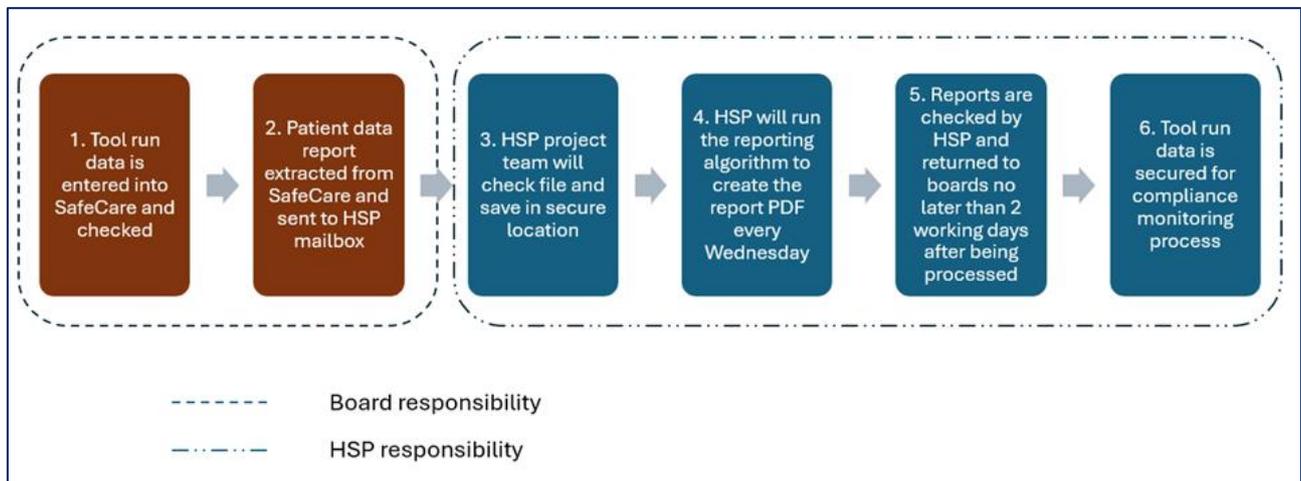
Appendix A

Background

The [Health and Care (Staffing) (Scotland) Act 2019](#) came into effect on 1 April 2024. It stipulates that Health Boards have a duty to utilise SLTs named within legislation and a requirement to follow the CSM (Figure 1 below). The [Maternity SLT](#) is one of a suite of national SLTs available for this purpose. The purpose of the SLTs is to provide information and a recommended WTE 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](#) website and learning resources.

Figure 1 – The Common Staffing Method

Appendix B: Maternity Levels of Care

Healthcare Staffing Programme Maternity Services Levels of Care

Appendix C: Frequently Asked Questions

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

You need to make sure you are familiar with the Maternity Services SLT and have relevant access.

Your eRostering team can support with configuration to ensure you have the correct patient types and task types available within your roster.

There are two video guides on the Healthcare Staffing Programme webpages.

Training and support will be provided via your local workforce lead or equivalent. 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 SSTS along with the Maternity Services SLT hosted on SafeCare.

This forms part of the CSM approach mentioned in Appendix A which is a requirement within the HCSA.

Q3. Is the Maternity Services SLT suitable for all sizes of wards?

Yes, the Maternity Services SLT should be used. The Maternity Services SLT has been developed to measure patient/task types in all maternity settings.

Any minimum staffing requirements should be reflected in the PJ tool and considered as part of the local context.

Q4. Does the tool consider Predicted Absence Allowance?

Yes, a national Predicted Absence Allowance (PAA) of 22.5% is included in the Maternity Services SLT. For example, 2% of this total is for study leave.

PAA breaks down as annual leave 14.5% • sickness absence 4% • maternity or paternity leave 1% • study leave 2% • other leave 1%

Q5. How do I record 1:1 care?

Intrapartum women receiving 1:1 care can be recorded as **MAT IP Intrapartum Core** or **MAT IP Intrapartum Enhanced** depending on the level of care required. Any time spent over and above 1:1 care can be recorded using the **MAT Additional Intrapartum** task functionality.

Q6. How does the tool capture all aspects and complexity of my work?

Within inpatient areas observation studies were undertaken across antenatal, postnatal, and triage services. Within outpatient and community/integrated teams staff completed a data collection app, recording activity for direct and indirect interventions, clinics/workshops and associated workload.

These studies help ensure SLT outputs are contemporary and reflect modern ways of working with a diverse range of teams/departments from across NHS Scotland taking part ensuring representation from all Boards.

Q7. Does the tool capture On Call work?

On-call work is not included in the rWTE. If a member of staff is on call for an inpatient area and is called into work, the activity will be recorded against the relevant inpatient ward, i.e. patient numbers by levels of care.

If a member of staff is on call for a planned homebirth, they would record the time attending the homebirth using the patient task.

All boards must account for an on-call provision of staff, and this should be considered as part of the local context within the CSM as the need will vary from board to board.

Q8. Can this tool be used in a community setting?

Yes - The Maternity Services SLT is intended for use within maternity inpatients, community/, outpatients and triage. The toll can also be used by integrated teams.

Q9. 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.

Within inpatients the Maternity Services SLT should be completed for a minimum of 2 census periods per 24-hour period.

There may be instances where some areas wish to complete on a more 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.

Within community/, outpatients and triage departments, the total number of patients should be recorded retrospectively against the first census period for the previous day.

Q10. I work in an integrated community maternity service. Should I input data for inpatient, community or both?

All inpatient and community data should be recorded. It will be a local board decision if this should all be recorded against the one roster or split by inpatient and community.

Q11. Who do I contact if I require help and support with this tool?

Please contact your local workforce lead or equivalent in the first instance should
you require support with any aspect of the tool or tool run.

Appendix D: Trouble Shooting for SafeCare and Maternity Staffing Level Tool

SafeCare

Q1. Who should complete SafeCare?

This is dependent on the team that you work in.

It is recommended each participating team/department identify a number of key individuals who will have responsibility for capturing the required information across each shift over the two-week period of the tool run.

The data capture templates can support staff to record patient acuity and patient tasks.

Q2. How often do I complete SafeCare?

Within inpatient areas, staff are asked to record the number of patients by level of care **at a point in time**, a minimum of twice per day. Time spent undertaking patient tasks should be added retrospectively.

Within community/integrated teams and outpatient/triage departments, staff are asked to record the **total number of direct patient interventions** by level of care retrospectively as well as time spent undertaking any relevant patient tasks.

Q3. What Patient Types do I use?

There are 4 different groups of patient types which will determine how you record your data.

- **MAT IP** – Inpatients – patient numbers are recorded at a point in time

- **MAT OP** – Outpatients – total number of direct patient interventions

- **MAT Triage** – Triage – total number of patients

- **MAT COMM** – Community – total number of direct patient interventions

You should use the patient types relevant to your department/roster - this may be a mix of inpatient and community types for example, if you are working in a CMU then you will need community patient types as well as INTRAPARTUM CORE and INTRAPARTUM ENHANCED configured to your roster to be able to record women in labour within the CMU.

Q4. Where do I find the levels of care?

The agreed Maternity Levels of Care have already been distributed to your Board

You should have received a copy by email after you have attended training

An electronic version of the levels of care can be found at:

Q5. Do all team members need access to SafeCare?

This will need to be agreed locally on who requires access to SafeCare.

Once agreed your local eRostering team will provide you with access.

Q6. How should I record triage calls?

Triage calls refer to those calls received by a dedicated triage unit/service. The total duration and total number of triage calls should be recorded using the patient tasks section. Data capture sheets are available to support the collation of this information.

While we appreciate some teams are integrated, we would ask staff to consider if they are working within an inpatient or community function at the time of the call.

Q7. How and where do I record on call hours?

If you are required to provide direct patient care/intervention throughout your on-call period, this will be captured on SafeCare.

If you are NOT required to provide direct patient care/intervention throughout your on-call period, this should not be recorded on SafeCare.

All other on-call activity can be reflected within PJ.

Q8. Will I be able to edit an entry?

Yes, you can update patient census entries **up to 1 week** only after the date has passed.

Q9. What if the patient acuity changes during the census period?

Fluctuation in acuity is expected to happen, we would not recommend changing census entries retrospectively.

Over a longer period, these fluctuations should balance out.

If there is a significant change in acuity and/or increase/decrease in patient numbers, then you may wish to consider increasing the number of census periods for your roster.

Q10. How do I record babies receiving transitional care?

Transitional care babies are included within the complex baby level of care.

However, if transitional care is delivered within neonatal services, then this is not required to be entered into the maternity services tool.

Q11. My ward area does not receive triage calls, what do I record here?

If there is no triage activity, then you don't need to record anything.

Q12. I am non caseload holding - how do I reflect my activity within SafeCare?

Only patient acuity, direct interventions and patient tasks should be recorded within SafeCare as appropriate to the team/department.

Any other roles/activity can be captured within PJ tool on SSTS.

Q13. Who should complete the data capture templates?

The data capture sheets are there for you to make it easier to keep on top of all the patients you care for, so this would be yourself, in preparation for entering your data in at census time.

Q14. How should intrapartum care be recorded within a Community Midwife Unit/Maternity Led Unit?

This should be recorded using the **Mat IP Intrapartum** patient types.

Your eRostering team is responsible for configuring patient types for your roster so you should link with them to advise what patient types you need available to use.

Q15. I am getting an error message when trying to log into SafeCare. What should I do?

Contact your local eRostering team.

Q16. What should I do if I lose my login details?

Contact your local eRostering team.

Q17. What happens if the internet goes down whilst I am entering data into SafeCare?

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

Q18. 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.

Maternity Staffing Level Tool

Q1. The Senior Charge Midwife is on leave. Who takes responsibility for the data collection and SafeCare entry?

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

This should be part of your checklist to provide quality assurance for tool runs. Further information on quality assurance is available on the Healthcare Staffing Programme webpages: Quality assurance and reporting – Healthcare Improvement Scotland

Q2. The recommended whole-time equivalent 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. Ensure that all the workload has been captured and logged within the Maternity SLT rather than reflecting this in the PJ comments.

Appendix E: Maternity Services Staffing Level Tool Data Capture Templates

a) Data Capture Template: Maternity Inpatients - Census

[HSP Maternity Services Triage Outpatient Community Census DCT March 2026](#)

b) Data Capture Template: Maternity Inpatients - Triage Calls

[HSP Maternity Services Inpatient Triage Calls DCT March 2026](#)

c) Data Capture Template: Maternity Inpatients – Patient Tasks – Out of Hospital Transfer

[HSP Maternity Services Inpatient Patient Out of Hospital Transfer DCT March 2026](#)

d) Data Capture Template: Community Midwifery – Patient Tasks – Home Births

[HSP Maternity Services Community Patient Task Home Births DCT March 2026](#)

e) Data Capture Template: Community Midwifery – Patient Tasks – Travel

[HSP Maternity Services Community Patient Task Travel DCT March 2026](#)

f) Data Capture Template: Community Midwifery – Patient Tasks – Group or Workshop

ie, vaccination clinics or where groups of mums (and partners) are provided with identical information. A 1:1 routine clinic appointment should be recorded as a patient intervention

[HSP Maternity Services Community Task Group Workshop DCT March 2026](#)

g) Data Capture Template: Triage, Outpatients and Community Midwifery – Census

[HSP Maternity Services Triage Outpatient Community Census DCT March 2026](#)