

# Healthcare Staffing Programme

## Staffing Level Tools Transition Plan

Scottish Standard Time System (SSTS) to SafeCare

August 2025

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# 1.0 Introduction

NHS Scotland's business systems landscape is evolving, with formal communication now sent to all NHS Boards informing them that the Scottish Standard Time System (SSTS) contract will end on 31 March 2028. This will mean that all [staffing level tools](#), that are prescribed within section 12IK of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) and hosted on SSTS, will require transition to a new digital platform by this date.

This transition plan aims to inform boards of the plan to transition the staffing level tools from SSTS to SafeCare. There will be a requirement for all boards to do preparatory work to support this plan.

Please note, given the dependencies outlined in section 4, this plan is subject to change. However, every effort will be made not to deviate from this plan unless necessary. Any changes will be communicated to boards at the earliest opportunity.

## 2.0 Background

Staffing level tools support boards with workforce planning by providing recommended Whole Time Equivalents (WTE) based on patient acuity or patient interventions. NHS Scotland boards are required by the Act to run the tools minimally once per annum as part of the [Common Staffing Method](#) (CSM) as outlined within [The National Health Service \(Common Staffing Method\) \(Scotland\) Regulations 2024](#). Amendments to the regulations are published as new tools or revision to tools are made, which includes changes to digital platforms.

In February 2023, the Chief Nursing Officers Directorate (CNOD) provided the following statement outlining the position on SSTS and the national eRostering solution:

*'Allocate has been confirmed as the national eRostering solution for all Boards in Scotland, and rollout is expected to be completed in 2024. Any similar functionality should not be developed on SSTS in parallel to this given the agreed approach through Chief Executives and CNOD'.*

The [Healthcare Staffing Programme](#) (HSP), within NHS Healthcare Improvement Scotland, is responsible for the management of all staffing level tools. As such, the HSP will be responsible for and lead on the transition of all staffing level tools from SSTS to the SafeCare Module within the national eRostering solution.

## 2.1 eRostering Implementation

The eRostering National Programme contract was signed by the NSS Chief Executive on behalf of all NHS Scotland boards in November 2021. The original eRostering Implementation Programme delivered the business case and procured Allocate (RLDatix) as the national eRostering system in 2021.

In May 2022, a revised implementation plan was approved reflecting the challenges boards faced with rollout due to lack of readiness and resources. Following approval, the re-established programme commenced in 2022 with a focus on addressing the issues and completing implementation across all 22 boards.

The implementation phase of the programme formally concluded in December 2024. However, this does not mean that all boards have fully implemented all products within this contract. Boards are at various stages of their full implementation of SafeCare, and this transition plan needs to take this into consideration. Significant focus, and pressure, will be placed on boards to fully adopt the Optima (rostering) module by March 2028 as this will replace SSTs.

## 2.2 SafeCare

The SafeCare product has been tested robustly by the HSP, and boards, to ensure it is suitable for hosting staffing level tools. The underlying calculations have been proven, with approval for deployment obtained via the HSP Real Time Staffing and Staffing Level Tools Steering and Oversight Group. The transfer to SafeCare will provide NHS Scotland with a standardised approach to all staffing level tools. This will decrease complexities in data collection whilst improving accuracy, whilst reducing the data burden for users.

As part of an evaluation process for the Mental Health and Learning Disabilities Nurse Inpatient Staffing Level Tool, some boards opted to utilise a 'rapid deployment' of SafeCare process. This process enables boards to utilise SafeCare, with minimal resourcing overheads, without being operational with the Optima (rostering) module. This involves creating a skeleton roster, without staff assigned to it, for the purposes of recording patient census data which is used for staffing level tools. It also facilitates real-time staffing assessments and risk escalation functions.

A key benefit to SafeCare is the dual purpose it provides for inpatient areas i.e. supporting real-time staffing assessments and staffing level tool runs by utilising the same patient acuity data recorded at census periods. The vision is for patient acuity to be recorded daily and built into business-as-usual processes that support real-time staffing assessment. This will lead to more representative outputs for staffing level tools as it would capture fluctuations in patient numbers and acuity over a longer period.

## 3.0 Transition Plan

### 3.1 Scope

The focus of the transition plan is to transfer staffing level tools in their **current form** from SSTS to SafeCare. This will require some modifications to how users interact with the staffing level tools, and how data is collected. However, the underlying calculations will not change. It is important to note that the tools will **not** be reviewed as part of this transition plan.

The tools within scope for transition are as follows:

- Adult Inpatient Staffing Level Tool Version 4
- Clinical Nurse Specialist Staffing Level Tool Version 3
- Community Children's & Children's Specialist Nurse Staffing Level Tool Version 3
- Community Nurse Staffing Level Tool Version 3
- Emergency Care Provision Staffing Level Tool Version 3
- Neonatal Staffing Level Tool Version 3
- Professional Judgement Tool Version 3
- SCAMPS - Scottish Children's Acuity Measurement in Paediatric Settings Version 3
- Small Wards Staffing Level Tool Version 3

The tools that are out of scope are as follows:

- Quality Tool (not required from April 26)
- Mental Health and Learning Disability Staffing Level Tool Version 3 (replacement tool in development)
- Maternity Staffing Level Tool Version 3 (replacement tool in development)

Replacement tools and new staffing level tools will be hosted directly on SafeCare. Mental Health and Learning Disabilities Inpatient Nurse Staffing Level Tool Version 1 will go-live on SafeCare on **30 October 2025**. In preparation for this go-live date all boards completed a 'state of readiness' survey, with HSP having follow-up meetings with two boards to help ensure all boards are fully prepared. Maternity Services Staffing Level Tool will go-live on SafeCare on **1 April 2026**.

### 3.2 Plan Considerations

#### 3.2.1 National eRostering Implementation

The plan takes into consideration the pace of the national eRostering implementation. This will be monitored through the RLDatix Implementation Dashboard and via discussions with boards. The HSP are keen to minimise impact on the 'best practice' approach to the national implementation, which is to implement Optima first, then SafeCare. The number of estimated rosters that each deployment will impact has been considered. All boards will need to be

ready by their planned tool run date for each financial year, as the regulations will be updated to state that the tool must be completed on SafeCare.

### 3.2.2 Scottish Government Parliamentary Timelines

Updates to legislation need to be approved by via parliamentary processes. Any updates will require a change to the regulations. It is expected that over the coming years updates to legislation can only be done twice per annum (April and October). Thereafter, a move to annual updates is being considered.

### 3.2.3 National Reporting Platform

As it stands (August 2025), work is ongoing in the creation of a national reporting platform. This work is being led by NHS Education for Scotland (NES), with NHS National Services Scotland (NSS) delivering on the digital infrastructure. The HSP are responsible for the reporting of staffing level tools and will therefore require appropriate access to relevant datasets. The timelines for the technical delivery of this are unknown but this is actively being worked on by all parties. It is anticipated that related Information Governance (IG) work will be completed, including board sign-off, by 31 October 25.

Although it is anticipated that the national reporting platform will be in place towards the end of October 2025, the dashboard infrastructure will take approximately 6-months to build. An interim reporting solution for the new Mental Health and Learning Disabilities Inpatient Nurse Staffing Level Tool Version 1 is in development to bridge this gap between the tool going live in SafeCare and full reporting being in place. This interim process will require boards to submit data to the HSP, who will provide results back to boards. A full risk assessment, including IG considerations, will take place prior to communicating this process to boards. The HSP considered a 'self-serve' type approach to the interim reporting solution however give HIS' duties under section 12IQ of the Act, to monitor boards compliance with the Common Staffing Method, it was determined that this would not be appropriate.

This interim solution may also be required for tools in scope of this transition plan. Once access to the national reporting platform is established, and reports are created, these will be shared with relevant staff from boards via MS PowerBI dashboards. Boards will require to plan for access to these dashboards.

### 3.2.4 Training Strategy

The HSP will be responsible for developing new training resources. Each tool, prior to transitioning, will be assessed for training requirements. These corresponding tailored resources will be supplemented by training sessions.

### 3.2.5 Communication Strategy

The HSP will be responsible for developing and implementing a robust communication strategy to support this transition. This will require different approaches for each tool, and it is expected that this will require attendance at several key specialty specific national groups.

### 3.3 Transition Timelines

<b>Staffing Tool</b>	<b>Estimated Roster Count</b>	<b>NHS Boards Count</b>	<b>SafeCare Planned Go-Live Date</b>
Emergency Care Provision Staffing Level Tool Version 3	27	13	Apr-26
Neonatal Staffing Level Tool Version 3	22	10	Apr-26
Community Children's & Children's Specialist Nurse Staffing Level Tool Version 3	49	11	Oct-26
SCAMPS - Scottish Children's Acuity Measurement in Paediatric Settings Version 3	44	10	Oct-26
Adult Inpatient Staffing Level Tool Version 4	441	14	Apr-27
Small Wards Staffing Level Tool Version 3	78	10	Apr-27
Community Nurse Staffing Level Tool Version 3	501	13	Oct-27
Clinical Nurse Specialist Staffing Level Tool Version 3	395	13	Oct-27
Professional Judgement Tool Version 3	1634	15	Oct-27

All dates are subject to change given dependencies outlined in section 4.

### 3.4 Professional Judgement Tool

As part of the Common Staffing Method, boards are required to run the Professional Judgement Tool alongside the speciality specific tool. As of July 2025, there is no functionality within SafeCare to host the Professional Judgment Tool. The HSP are working with the supplier, RLDatix, to develop suitable functionality to support Professional Judgement with an aim to have this hosted within SafeCare and fully functional by October 2027.

This means for all staffing level tools hosted on SafeCare prior to this date, all boards will be required to complete the Professional Judgement tool on SSTs. This will mean boards will be working from two separate systems to complete the Common Staffing Method during the period of this transition.

This is not a desirable position, however, given the scale of change and evolving business systems landscape some temporary disruption is to be expected.



## 4.0 Dependencies

The key dependencies for this transition plan are noted within this section. If some, or all, of the dependencies are not met this may impact the timelines outlined in section 3.3.

### 4.1.1 Boards State of Readiness

The HSP will consult with eRostering leads, workforce leads and speciality specific key representatives to ensure boards are ready for any proposed go-live dates. Any concerns with this proposal should promptly be flagged to [his.hsp@nhs.scot](mailto:his.hsp@nhs.scot).

### 4.1.2 National Reporting Platform

Whilst an interim reporting solution has been identified, this may not be sustainable as more tools are transferred to SafeCare. This will be under constant monitoring internally within HIS.

### 4.1.2 HSP Capacity

The plan is based on the HSP team operating to full funded establishment. The HSP will plan resources around this transition phase. However, there remains an element of unknowns e.g. reporting complexities. The HSP aims to prioritise this work from now until all tools are transferred given the hard deadline of March 2028.

## 5.0 Key Risks

RISK	MITIGATION
<b>Live Issue</b> - HIS is unable to gain access to the national reporting platform in a timely manner to begin work on national reporting for staffing level tools outputs.	<ul style="list-style-type: none"> <li>Interim reporting solution identified</li> <li>Ability to change transition dates</li> <li>SSTS platform available until March 2028</li> <li>6 months contingency in plan</li> </ul>
<b>Live Issue</b> - HSP capacity as each tool is transitioned while national reporting platform not available	<ul style="list-style-type: none"> <li>Ability to invest more analytic time to increase level of automation</li> <li>Ability to provide Boards with interim reporting solution to self-serve with results shared with HIS to allow compliance monitoring</li> </ul>
SEER/Snowflake has been identified as the reporting platform. HIS staff will require a level of training on this. There remain some unknowns re the use of this platform, that NHS NES will host, therefore no data management plan is not in place (July 25)	<ul style="list-style-type: none"> <li>PowerBI identified as data visualisation tool</li> <li>Options to use platform purely to extract data</li> <li>Work closely with NHS NES colleagues, frequent meetings and agreed workplan</li> </ul>
Data Protection Impact Assessment (DPIA) still to be developed by HIS and signed off. This is unable to be completed until access permissions has been agreed by NHS NES.	<ul style="list-style-type: none"> <li>NHS NES DPIA near completion</li> <li>HIS DPIA able to reference overarching DPIA</li> </ul>
Boards may not be ready with SafeCare in line with transition plan.	<ul style="list-style-type: none"> <li>A communication plan will be in place that is adhered to with frequent updates to boards.</li> <li>State of readiness survey to boards several months in advance of transition dates</li> <li>Support boards where possible e.g. rapid deployment process</li> <li>Potential delays to decommission of SSTS tools</li> </ul>
Boards will be required to run the Professional Judgement Tool in SSTS parallel to staffing level tool runs in SafeCare, this may disengage users and decrease compliance with the Common Staffing Method (CSM).	<ul style="list-style-type: none"> <li>Work is ongoing with RLDatix relating to development work required to host the Professional Judgement Tools in SafeCare.</li> <li>Monitoring board compliance dashboard will allow HSP and boards to monitor CSM compliance monthly.</li> <li>Preparatory work underway to map SSTS rosters to SafeCare rosters to ensure accurate reporting.</li> </ul>

## 6.0 Conclusion

Every effort will be made by the HSP to ensure the smooth transition of staffing level tools from SSTS to SafeCare. This can only be successful if all boards and the HSP are committed to the transition plan. This is an exciting new chapter for NHS Scotland's staffing level tools with many benefits expected to be realised as the tools become embedded within SafeCare.

The HSP would like to thank all boards for their ongoing support through this system transitional phase.

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