Healthcare Improvement Scotland

Adult Inpatient Staffing Level Tool

User Guide and Frequently Asked Questions (FAQs)

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NHS SCOTLAND

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This document includes several images of the SafeCare platform relevant to the tool. Due to the nature of these images, it is challenging to provide meaningful alternative (alt) text descriptions. If you require additional support, please contact his.hsp@nhs.scot.

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11	July 2026	Addition of 1:1 care	HSP

Contents

1. Introduction

The Adult Inpatient Tool (AiT) is set up to enable nursing staff to record information to review workload and to calculate a recommended whole time equivalent (rWTE) using occupied beds and patient dependency to inform workforce planning decisions. The national recommendation is that this tool is run at least once per year, for two consecutive weeks, with ward occupancy data and average dependency for each patient**.**

The statutory guidance for the Health and Care (Staffing) (Scotland) Act 2019 (HCSA) states that the Common Staffing Method (CSM), which includes staffing level tools, 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 AiT Staffing Level Tool (SLT) can be run as frequently as boards deem necessary. NHS boards can use more tool runs to gather data over time. Background information on staffing level tools can be found in Appendix A.

It is important to remember that the rWTE is only one element of the CSM, which is the methodology recommended within the HCSA that informs workforce planning Appendix A.

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

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 AiT SLT. That information can be accessed via the learning resources available on the healthcare staffing programme webpages: Healthcare Staffing Programme webpages.

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

2.Logging in

2.1 Accessing the tools

To prepare for a tool run you will need access to the AiT SLT as well as the PJ Tool on the Scottish Standard Time System platform (SSTS).

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 using an **NHS board approved computer** or while connected to an **NHS board approved network**.

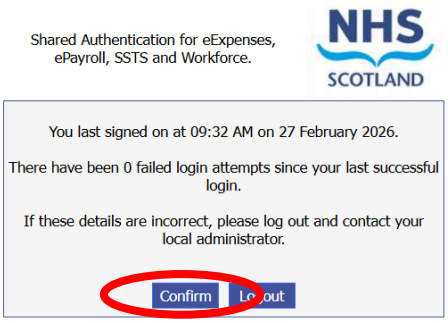
2.2 SSTS

As shown in image 1 enter your username and password as they were provided to you and select "log in". Note, passwords are case sensitive.

Image 1: Log in page for SSTS

You are then asked to confirm when you last signed on, as shown on image 2 below.

Image 2: Confirmation of last log in



Select “confirm”

You are then given options to select, as shown in image 3 below.

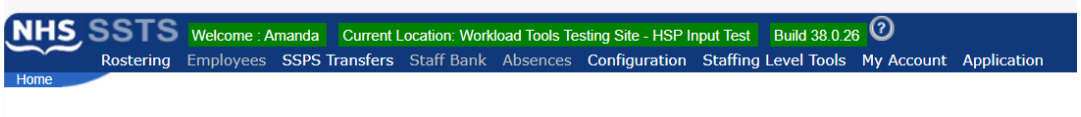
Please select SSTS.

Image 3: SSTS selection

2.3 Changing working location

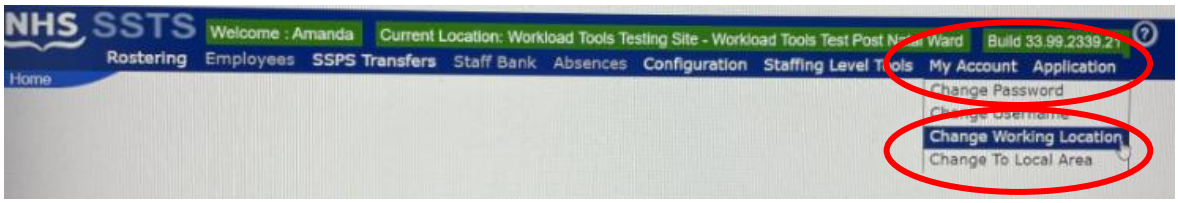
Once you log in you will see the landing page. Please review your working location, this is shown in image 4 below.

Image 4: Working location



Your working location should be set prior to running the staffing level tool run, however if this is incorrect, and you have the appropriate permissions, select **'My Account'** and then **'Change Working Location'**:

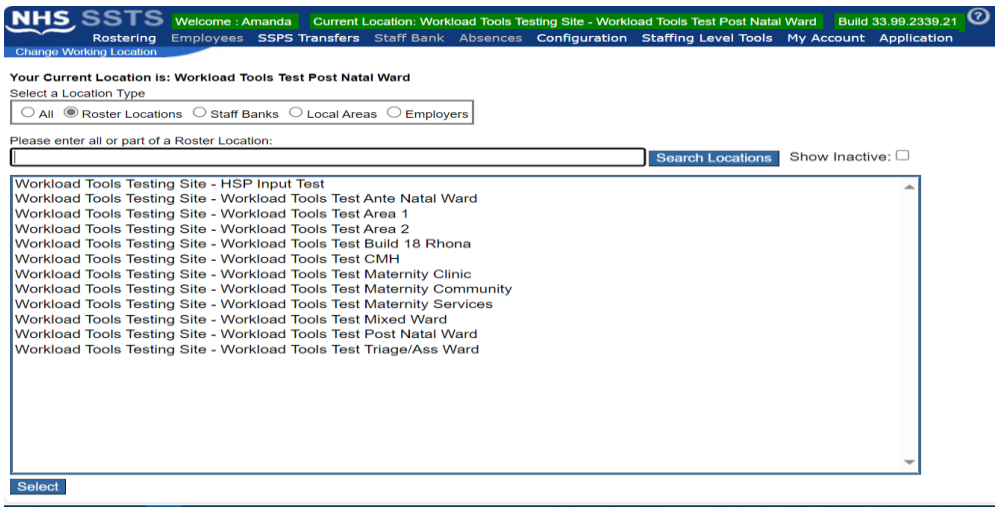
Image 5: Selection of change working location



As shown in image 5 a screen will then appear showing the ward and clinical areas you have access to. The ward/area can be searched for by roster location, staff bank, local area, or employer.

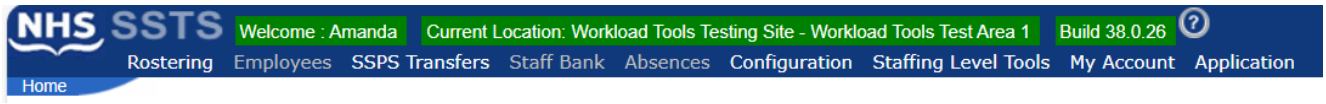
To choose a ward/area of interest, select it from the available list, see image 6, and then click **'Select'**:

Image 6: Available list of ward areas



The location will then be updated on the tool bar, shown in image 7.

Image 7: Updated tool bar



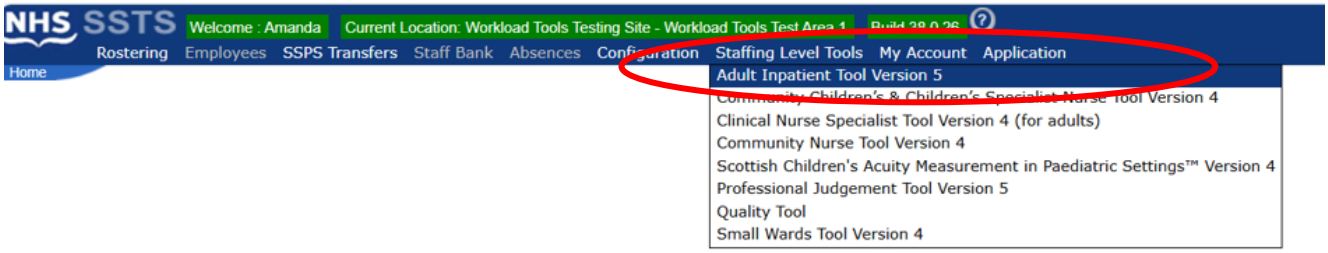
3. Creating/Editing Entries in Tool

3.1 Opening the staffing level tool

To open the AiT SLT, select '**Staffing Level Tools'** and then **'Adult Inpatient'** as shown in

image 8.

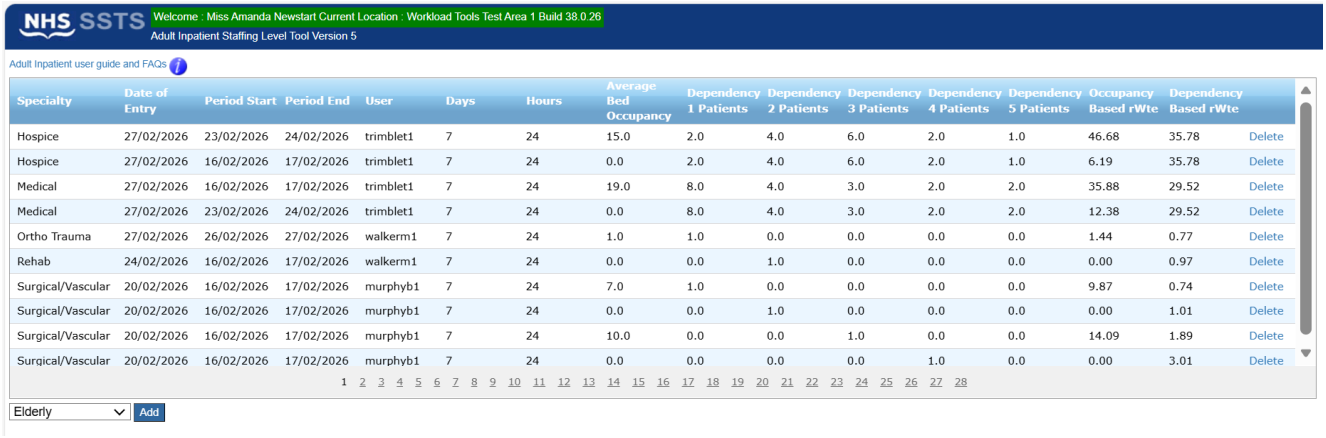
Image 8: Staffing level tool selection



A screen like the one below, in image 9, will then appear. It will only show the data for your ward/specialty.

A list of available specialties can be found in Appendix C.

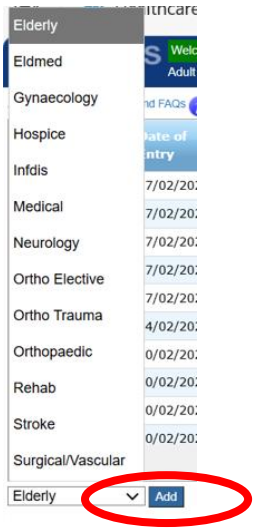
Image 9: Previous data entry



3.2 Entering data

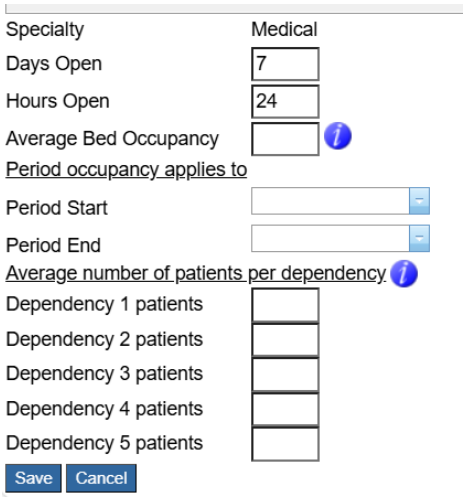
1. To add data, use the down arrow to open the menu and select the relevant area for your ward, then select add as shown in image 10.

Image 10: Select ward and confirm by selecting “Add”



2. When you select the relevant ward area you will then see this screen, shown in image 11.

Image 11: Data entry page for staffing level tool.



- **SSTS defaults to days open 7 and hours open 24. Both can be changed by selecting the appropriate box and amending the days and hours as required.**

3. Enter your average bed occupancy. The blue "i" icon provides more information, see image 12 below.

- **Please note your average bed occupancy should be based on the previous financial year.**

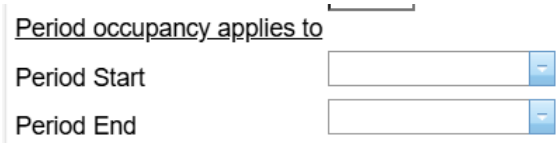
Image 12: Blue "i" information

- Once the blue information button is clicked the following information will appear in a separate window.

  This should be the number of occupied beds and not the % of beds occupied.
  For example:
  - If the ward has 30 beds and average occupied beds is 80%, i.e., average of 24 occupied beds, 24 should be entered.
  - If the ward has 32 beds and average occupied beds is 80%, i.e., average of 25.6 occupied beds, 25.6 should be entered.

4. Following this complete the Period Occupancy, as shown in image 13.

Image 13: Period occupancy



Enter the '**Period Start**' and '**Period End'**.

This is the date range that the workload is being entered into. It is **not** the date the user is inputting the data into the tool.

5. Please enter the average number of patients per dependency.

   - **Please note there is a new dependency level of 5 - this is for patients who have or are having 1:1 care during the period start and end time.**

6. Enter the average number of patients per dependency, for the designated period of start and end time.

This should be the number of patients and not the % of patients.

   - **Please note when calculating the average patient numbers, round up to the nearest 1 decimal place and enter this value e.g. dependency level 1 average patients equal 5.24, then enter 5.3 for level 1.**

The blue "i" icon provides a description of each level of dependency, including the newly added **dependency 5.**

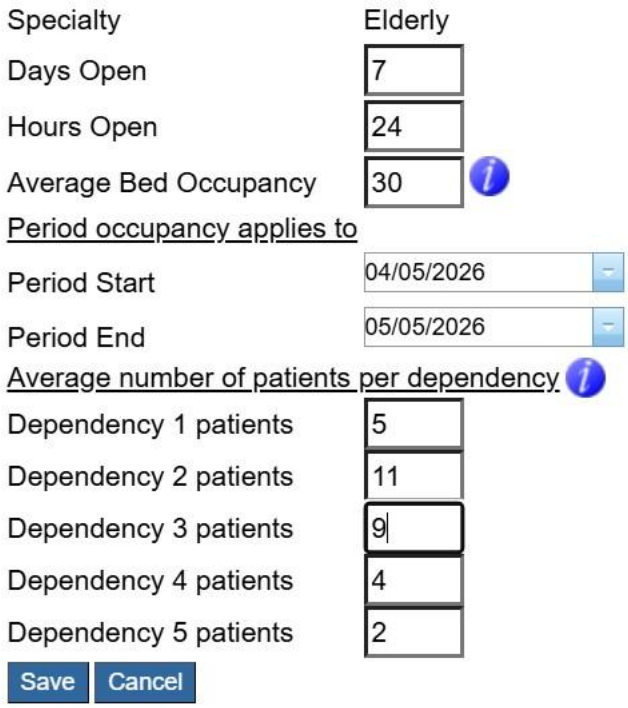
Following completion of the Acuity-Quality Tool, refer to Appendix B , you can calculate each patient's dependency from the information shown in image 14.

Image 14: Dependency scoring for patients.

Score	Rating	Definition
< 8	1	Independent
8 – 13	2	Between dependence and independence
14 – 22	3	Dependent
>22	4	Highly dependent
	5	1:1 care. Constant observation. Risk of harm to themselves or others. Must have risk assessment for special observations.

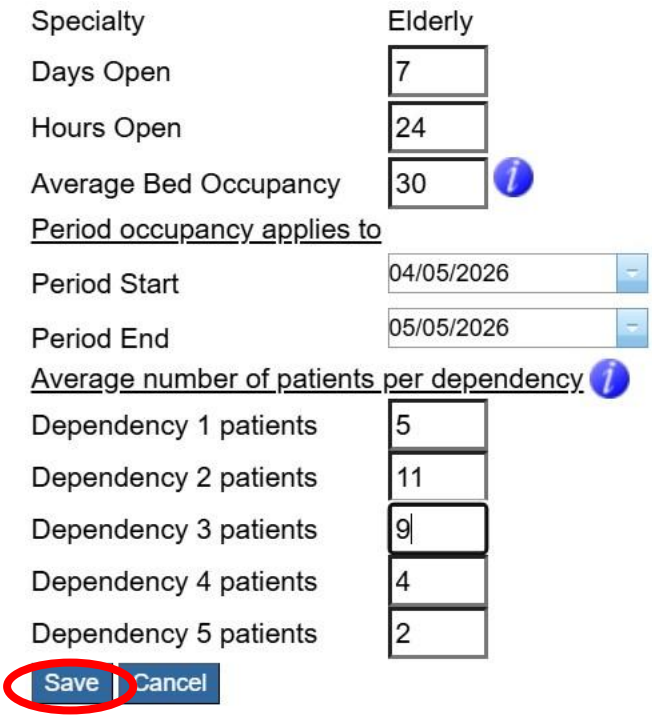
Enter recorded data for your roster as shown in image 15.

Image 15: Recorded data entered for roster



7. Once all this data has been inputted, please select “Save”, shown in image 16.

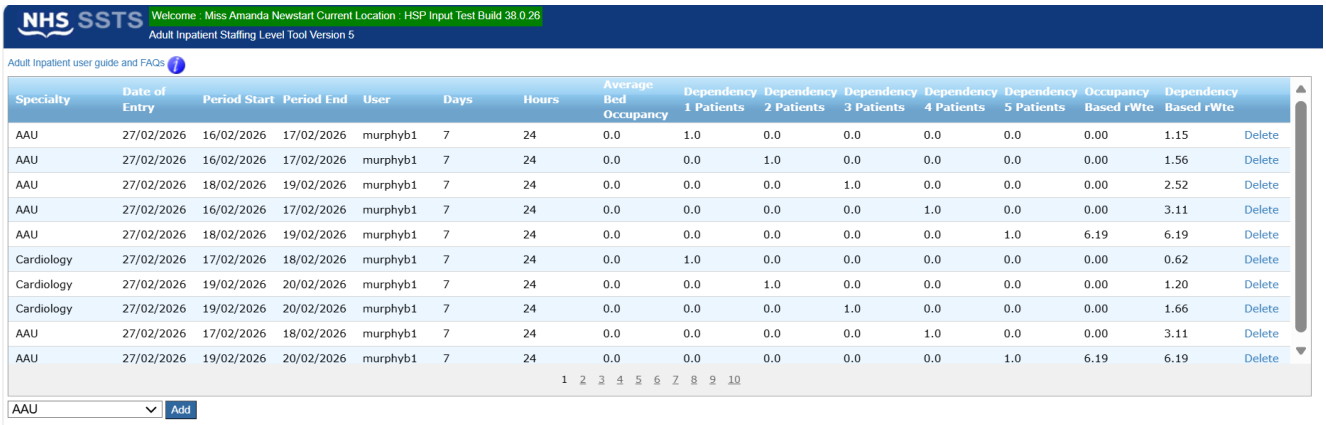
Image 16: Select save button



3.3 Viewing data

A summary screen of the data will be available to users (permission permitting) including the rWTE from the tool as shown in image 17.

Image 17: Updated landing page within SSTS AiT Staffing Level Tool



Specialty	Date of Entry	Period Start	Period End	User	Days	Hours	Average Bed Occupancy	Dependency 1 Patients	Dependency 2 Patients	Dependency 3 Patients	Dependency 4 Patients	Dependency 5 Patients	Occupancy Based rWte	Dependency Based rWte	
AAU	27/02/2026	16/02/2026	17/02/2026	murphyb1	7	24	0.0	1.0	0.0	0.0	0.0	0.0	0.00	1.15	Delete
AAU	27/02/2026	16/02/2026	17/02/2026	murphyb1	7	24	0.0	0.0	1.0	0.0	0.0	0.0	0.00	1.56	Delete
AAU	27/02/2026	18/02/2026	19/02/2026	murphyb1	7	24	0.0	0.0	0.0	1.0	0.0	0.0	0.00	2.52	Delete
AAU	27/02/2026	16/02/2026	17/02/2026	murphyb1	7	24	0.0	0.0	0.0	0.0	1.0	0.0	0.00	3.11	Delete
AAU	27/02/2026	18/02/2026	19/02/2026	murphyb1	7	24	0.0	0.0	0.0	0.0	0.0	1.0	6.19	6.19	Delete
Cardiology	27/02/2026	17/02/2026	18/02/2026	murphyb1	7	24	0.0	1.0	0.0	0.0	0.0	0.0	0.00	0.62	Delete
Cardiology	27/02/2026	19/02/2026	20/02/2026	murphyb1	7	24	0.0	0.0	1.0	0.0	0.0	0.0	0.00	1.20	Delete
Cardiology	27/02/2026	19/02/2026	20/02/2026	murphyb1	7	24	0.0	0.0	0.0	1.0	0.0	0.0	0.00	1.66	Delete
AAU	27/02/2026	17/02/2026	18/02/2026	murphyb1	7	24	0.0	0.0	0.0	0.0	1.0	0.0	0.00	3.11	Delete
AAU	27/02/2026	19/02/2026	20/02/2026	murphyb1	7	24	0.0	0.0	0.0	0.0	0.0	1.0	6.19	6.19	Delete

1 2 3 4 5 6 7 8 9 10

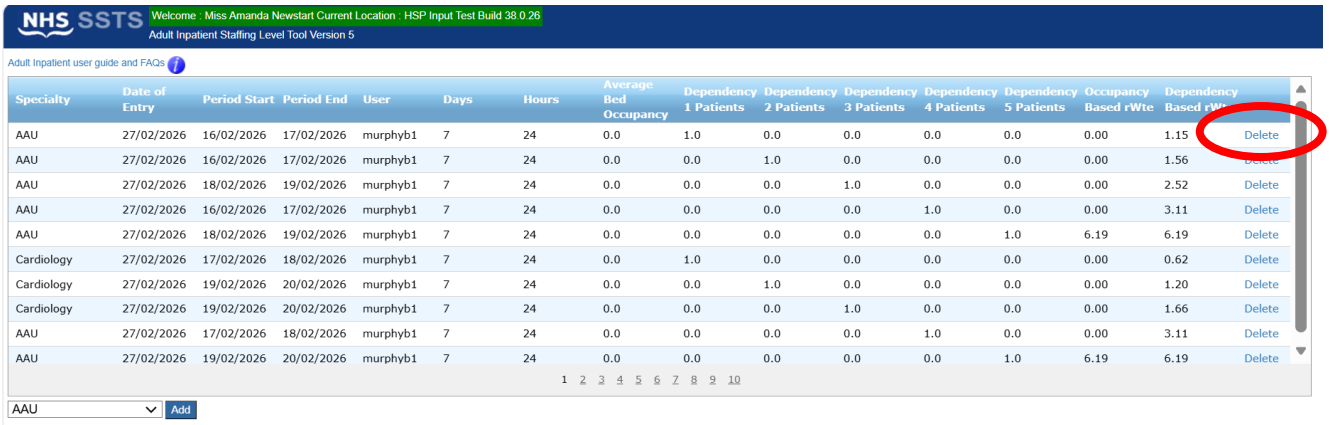
AAU Add

- **Only users with view results permissions can view the recommended whole time equivalent**

3.4 Deleting data

To delete an entry (permission permitting) select the entry of interest on the summery screen and select “Delete”, as shown in image 18.

Image 18: Select delete to remove record.



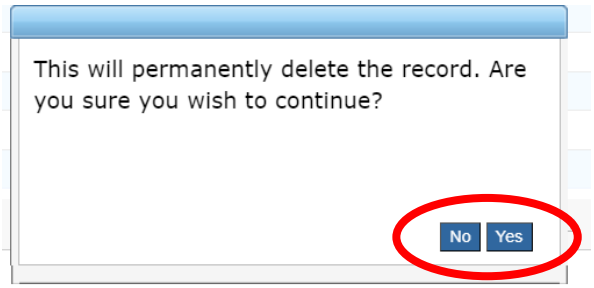
Specialty	Date of Entry	Period Start	Period End	User	Days	Hours	Average Bed Occupancy	Dependency 1 Patients	Dependency 2 Patients	Dependency 3 Patients	Dependency 4 Patients	Dependency 5 Patients	Occupancy Based rWte	Dependency Based rWte	
AAU	27/02/2026	16/02/2026	17/02/2026	murphyb1	7	24	0.0	1.0	0.0	0.0	0.0	0.0	0.00	1.15	Delete
AAU	27/02/2026	16/02/2026	17/02/2026	murphyb1	7	24	0.0	0.0	1.0	0.0	0.0	0.0	0.00	1.56	Delete
AAU	27/02/2026	18/02/2026	19/02/2026	murphyb1	7	24	0.0	0.0	0.0	1.0	0.0	0.0	0.00	2.52	Delete
AAU	27/02/2026	16/02/2026	17/02/2026	murphyb1	7	24	0.0	0.0	0.0	0.0	1.0	0.0	0.00	3.11	Delete
AAU	27/02/2026	18/02/2026	19/02/2026	murphyb1	7	24	0.0	0.0	0.0	0.0	0.0	1.0	6.19	6.19	Delete
Cardiology	27/02/2026	17/02/2026	18/02/2026	murphyb1	7	24	0.0	1.0	0.0	0.0	0.0	0.0	0.00	0.62	Delete
Cardiology	27/02/2026	19/02/2026	20/02/2026	murphyb1	7	24	0.0	0.0	1.0	0.0	0.0	0.0	0.00	1.20	Delete
Cardiology	27/02/2026	19/02/2026	20/02/2026	murphyb1	7	24	0.0	0.0	0.0	1.0	0.0	0.0	0.00	1.66	Delete
AAU	27/02/2026	17/02/2026	18/02/2026	murphyb1	7	24	0.0	0.0	0.0	0.0	1.0	0.0	0.00	3.11	Delete
AAU	27/02/2026	19/02/2026	20/02/2026	murphyb1	7	24	0.0	0.0	0.0	0.0	0.0	1.0	6.19	6.19	Delete

1 2 3 4 5 6 7 8 9 10

AAU Add

You will be asked to confirm if you wish to delete this record, select yes or no as appropriate. As shown in image 19.

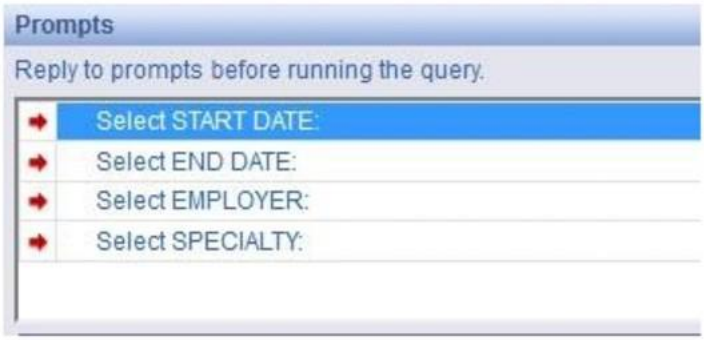
Image 19: Confirm deletion of record



4. Business Objects (BOXI) Reporting

After the AiT data entry and corresponding PJ Tool data entry into SSTS is complete, please use one of the AiT standard reports developed in Business Objects XI (BOXI) to view and extract information for a selected period of time.

Image 20: Example prompt on BOXI



Access to BOXI reports requires a login and password. Local processes for BOXI access can vary. Typically, access can be granted by your local SSTS manager, line manager or workforce team. Access is requested using the same access permission request form as the one for SSTS access.

A demonstration video of BOXI is available on the Quality Assurance and Reporting webpage. Your local SSTS team can support and facilitate your board's BOXI training requirements

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 staffing level tools named within legislation and a requirement to follow the CSM (Figure 1 below). The AiT SLT is one of a suite of national staffing level tools available for this purpose. The purpose of the staffing level tools is to provide information and a recommended whole-time equivalent based on workload.

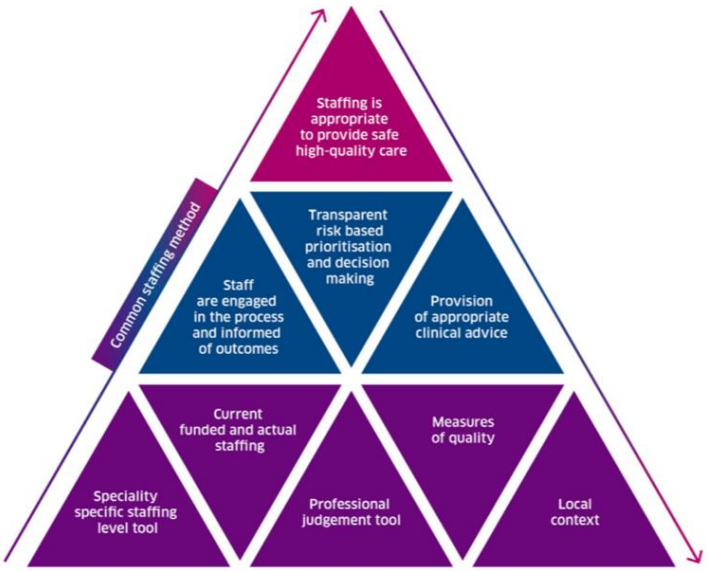
The outputs from the staffing level tools should not be used in isolation and the CSM sets out a process, including the use of the relevant staffing level tool and the PJ Tool and a range of other considerations, which must be applied rigorously and consistently to inform workforce planning.

The application of the CSM will support NHS Boards to ensure appropriate staffing, the health, well-being 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:

Healthcare Staffing Programme webpages

Figure 1 – The Common Staffing Method (CSM)



Appendix B

Acuity-Quality tool

Average number of patients per dependency

Enter the average number of patients per dependency, for the designated period, for each of the 5 dependencies. This should be the number of patients and not the % of patients.

For example:

Dependency	Average no. patients
Dependency 1	6.3
Dependency 2	9.1
Dependency 3	9.0
Dependency 4	4.4
Dependency 5	2.7

Dependency calculations on multiple shifts

If you decide to run the tool using patient dependency, a dependency score must be collected for each patient for each defined shift, during the agreed data collection period. This includes patients being discharged.

Dependencies should be recorded as a point in time towards the end of the shift using the Acuity Quality Tool which can be found below this text. This can be downloaded and printed.

Patients requiring 1:1 care, constant observations or are at risk of harm to themselves or others are not required to be scored and should automatically be scored as a level 5 dependency.

If you operate a 2-shift system, then the total number of dependencies in each of the levels should be added together and then divided by 2 to reflect the 24-hour period. If you operate a 3-shift system, then you divide the total dependencies in each level by 3 before entering into the tool for the 24-hour period. It is the senior charge nurses responsibility to ensure the dependency recorded is representative of that period and that all patients have been included.

The Acuity-Quality Tool

This tool can be applied to adults, children and young persons, hence the inclusion of parent within the criteria.

Nursing Attention (NA)	**Score**
a) Constant	4
b) Two hourly or more	3
c) Four hourly	2
d) Twice daily or less	1
Washing and Dressing (WaD)	
a) Daily bed bath or open bath needing two carers	4
b) Daily bath needing one carer	3
c) Assistance needed to wash and dress	2
d) Independent - parent/relative attends to needs	1
Using the Toilet (UtT)	
a) Incontinent or catheterised	4
b) Four hourly or more help needed to use the toilet/normal baby care if parent absent	3
c) Needs help to use the toilet	2
d) Independent - parent/relative present	1
Moving (M)	
a) Immobile	4
b) Two carers needed to help patient walk or move around	3
c) Needs help to walk or move around/toddler safety observation/normal baby care	2
d) Independent - parent/relative present	1

Eating and Drinking (EaD)	
a) Fed artificially (e.g., nasogastrically, intravenously)	4
b) Depends totally on carer to eat and drink/parent absent	3
c) Needs help to eat and drink	2
d) Independent once meal is served - parent/relative present	1
Pressure Area Care (PAC)	
a) Necrotic areas	4
b) High risk and needing two hourly or more care	3
c) Moderate risk needing four hourly care	2
d) Low risk needing twice-daily check or less	1
Parents or Relatives (PoR)	
a) Parent/Relative needs frequent help/support	3
b) Parent/Relative needs occasional help/support	2
c) Minimum help/support needed	1

Score	Rating	Definition
<8	1	Independent
8-13	2	Between dependence and independence
14-22	3	Dependent
>22	4	Highly dependent
	5	1:1 care Constant observation. Risk of harm to themselves or others. Must have risk assessment for special observations.

Appendix C

Specialties List

Ward specialties available within the Adult Inpatient Tool:

- Acute Assessment Unit
- Cardiology
- Elderly (Long stay/rehab)
- Elderly Medicine
- Gynaecology
- Hospice
- Infectious Diseases
- Medical
- Medical Gastroenterology
- Medical Vascular
- Neurology
- Oncology Haematology
- Orthopaedic Elective
- Orthopaedic Trauma
- Rehabilitation
- Respiratory
- Stroke
- Surgery
- Surgical/Vascular

Appendix D

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 AiT SLT and PJ Tool hosted on SSTS and have relevant access.

Your workforce/SSTS team or equivalent can support with relevant access permissions for your roster.

There are toolkits on the healthcare staffing programme webpages: Healthcare Staffing Programme webpages. These toolkits support staff to prepare for and complete a staffing level tool run.

Each toolkit contains the information needed to complete a successful tool run. This includes video guides and documentation relating to the individual tool. They provide detailed information from how to prepare for a tool run, to how to finalise and submit data.

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.

Please also refer to the Quality Assurance Checklist on the healthcare staffing programme webpage. This provides guidance on how to prepare for your tool run.

Q2 Why am I being asked to use two tools?

The statutory guidance for the Health and Care (Staffing) (Scotland) Act 2019 (HCSA) states that the CSM, which includes staffing level tools, should be run minimally once per financial year, alongside the PJ Tool, each shift for a 2-week period.

Background information can be found in (Appendix A).

Q3 Some adult in-patient wards are less than 17 beds. Is the AiT SLT suitable for use in wards of all sizes?

If the occupied beds are usually **17 or more**, you should use the **AiT SLT**.

For wards with **less than 17** beds you would complete the **Small Ward Staffing Level Tool.**

Q4 Does the tool consider mandatory training requirements?

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

Q5 How does the tool capture all aspects and complexity of my work?

The tool has been developed using independent observation studies of nursing workload in many hundreds of inpatient wards. The studies have been carried out in a wide variety of specialties as a basis for providing evidence and understanding of the range, variation and complexity in the workload of nurses.

Five patient dependency levels are built into the calculator, each of which recognises a different measure of complexity of the workload. Dependency 5 is new; this is for patients receiving 1:1 care.

Q6 Can this tool be used in a dementia ward?

The Adult Inpatient tool is intended for use in areas of 17 beds or more but not intended for use in mental health. There are multiple specialties in the AiT SLT, none of which are dementia.

Please consider that if it is solely a dementia ward, then the Mental Health and Learning Disability Inpatient Nurse Staffing Level Tool may be the most appropriate to use.

Q7 Who completes the dependency assessment for each patient and how often should this be done tool

The dependency assessment should be completed by nursing staff towards the end of each shift. The average dependency score for each 24-hour period is then calculated by adding the scores from each shift and dividing them by the number of shifts in 24 hours.

Q8 Where can I find the definitions for each level of dependency?

Please refer to Appendix B - Acuity-Quality tool

They can also be found within the information icon within SSTS

Q9 What if a patient's level of dependency changes during the shift?

Complete the assessment towards the end of the shift and select the score most reflective of that patient for that shift

Q10 How often should the information be entered onto SSTS?

Best practice would be to enter the data as daily records, but it can be entered weekly or as one entry for the duration of the tool run. The data is entered retrospectively and does not have to be entered on the date the data is based on e.g., you can enter all the data as daily records at the end of each week of the tool run.

Q11 What are the timescales for inputting data into the AIT SLT?

The only date restriction is that the period start date must be equal to or later than the date effective that was entered for that specialty in the roster configuration screen. This screen is usually completed by the SSTS manager.

Q12 What if the number of patients is higher than the average bed occupancy?

The number of patients can be higher than the average occupancy, but not higher than the number of registered beds for that service area. For example, in a 20-bed ward with an average occupancy of 15, there may be 18 actual beds occupied during the tool run.

Q13 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 E

Trouble Shooting

1. SSTS

Q1 I am getting an error message when trying to login to SSTS. What should I do?

SSTS can only be accessed using an **NHS board approved computer** or while connected to an **NHS board approved network**.

The staffing level tools can only be accessed on a board approved computer or device that allows access to the board network.

If you are experiencing login problems when using a board approved network, contact your local SSTS team for advice.

Q2 What should I do if I lose my login details?

Contact your local SSTS team.

Q3 What happens if the internet goes down whilst during data entry to SSTS?

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

Q4 What happens if I enter the wrong information by mistake e.g. wrong dates or patient activity?

You will be able to amend any unsaved data while still logged into SSTS.

If you have editor permissions, you should be able to amend the entry even after it has been saved using the edit function

Q5 The workload tool I need to access is greyed out. What do I do?

Double check that you are trying to access the correct tool.

Contact your local SSTS team to change your permissions if you are unable to access the correct tool.

Q6 The working location shown is incorrect – how do I change this?

If you have the appropriate permissions, refer to Changing Working Location.

Q7 My specialty isn't shown on the drop-down list. What do I do?

Contact your local SSTS team to ensure that you have the right permissions to access the tool for your specialty.

Q8 Why won't SSTS let me save the data I have entered and move on to the summary screen?

Double check the data you have entered.

This may be because you have tried to put a date in that is in the future. It may also be that you have entered patient numbers that exceed the bed numbers set on SSTS for your roster location

2. The Staffing Level Tool

Q1 The senior charge nurse is off sick. Who takes responsibility for the data collection and SSTS entry now?

The nurse in charge of the shift should always make sure the data is collected for their shift. A deputy for the senior charge nurse should be identified to enable continuation of data entry.

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 assuring the quality of the data to ensure that you have captured all the workload and have logged it in your staffing level tool rather than reflecting this in your professional judgement comments.

Q3 How do I find out the average bed occupancy?

From the previous year's financial information.

Q4 What happens if I only put in the average bed occupancy and no dependency data?

You will receive a rWTE based on occupancy alone, which may vary from the rWTE you would receive for the dependency of your specialty patient group.

Q5 On the summary screen, why is the rWTE dependency so different to occupancy rWTE?

The calculators within each specialty have different weightings for different dependencies. Therefore, you may find that your occupancy rWTE is less or more than dependency rWTE based on how many patients you have scored at each dependency level.

Q6 How do I work out the average number of patients per dependency?

1. Add together the dependency rating each patient has been given for each shift in that 24-hour period
2. Divide that by the number of shifts
   e.g., if a patient has been scored 2 by each shift, and there are 2 shifts in 24 hours: 2+2=4 (total score) then divides by 2 (shifts) giving an average dependency of 2
3. If the average number is not a whole number e.g., 2+3 = 5. 5/2 =2.5 then round up and give this patient a score of 3
4. Do this for each patient, then add together the number of patients with each dependency score? This gives the average patients per dependency.

This is also described on the data capture sheet in Appendix B.

Q7 I can't download the paper data capture template. What do I do?

1. You can try using a different web browser to download the template.
2. You can speak to the local IT team as permissions may be needed for accessing and downloading documents.
3. Speak to your workforce team or equivalent and they should be able to assist in providing paper copies of the template.

Q8 There are data capture sheets missing for some of the shifts – what should I do?

Double check with the teams working on the shifts where data is missing, as they may still have the sheets.

If you only have data for one shift from the 24-hour period, you should enter this onto SSTS as you will be unable to calculate an average.

You should enter the data you do have onto SSTS, and this will pull through to the BOXI report. Gaps will show in the charts for any dates you do not have any data for.

Appendix F

Data Capture Template

HSP-Adult-in-patient-tool-and-Small-Wards-data-capture-template-july-2026.pdf

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Need information in a different format? Contact our Equality, Inclusion and Human Rights Team to discuss your needs. Email his.equality@nhs.scot or call 0141 225 6999. We will consider your request and respond within 20 days.

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