

# Small Ward Staffing Level Tool

User Guide

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# 1. Introduction

The Small Wards tool 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. The national recommendation is that this tool is run at least once per year, for two weeks, with ward occupancy data and average dependency for each patient. It is run alongside the [Professional Judgement Tool](#). However, the tool can be run as frequently as Boards wish, to gather useful data over time. Background information on staffing level tools can be found in [Appendix A](#)).

This tool provides a consistent and systematic approach to gathering workload data in Small Ward areas with less than 16 registered beds.

To aid accurate data collection on the ward, a data capture template is available here: [Small Wards Data Capture Template](#) and in [Appendix B](#) of this Document. This tool uses the occupancy and dependency information entered on to SSTS by the practitioner to measure the workload, based on the intensity of work and time taken. There are four dependency levels built into the calculator, each of which recognises a different measure of complexity of workload. The measures cover all aspects of work and include:

- Direct and Indirect Care which is all patient related work including record keeping, liaison, communications, etc.
- Associated Work which includes general non-clinical workload such as clerical, administration, cleaning, stocking, errands, meetings etc.
- Personal time

The tool then collates this information into a report that can be used by the practitioner and managers to plan the allocation of resources to effectively meet the service or health board's priorities and to identify any risks that may exist in the service.

It is important to remember the report is only one element of the **Common Staffing Method** mandated by the Health and Care (Staffing) (Scotland) Act 2019 ([Appendix A](#)). The report should be considered in conjunction with:

- Funded establishment
- The findings from the Professional Judgement Tool<sup>1</sup>
- Quality indicators and local context

This document will provide detailed information, from how to log in, to how to finalise and submit data. It will not provide information about the methodologies used to develop the tool or how best to use the reports obtained from the tool. That information can be accessed via the learning resources available on the HSP (programme previously known as NMWWPP) webpages: [Healthcare Staffing Programme \(HSP\) webpages](#)

## 2. Logging in

### 2.1 Accessing the tools

To gain access to the staffing level planning tool you will require access to the local SSTS platform. Please speak to your Workforce Lead and/or line manager about local processes to obtain this. Some staff may already have a SSTS access but will require additional permissions to access the staffing level tools.

Once the local SSTS manager has confirmed that your additional permissions are in place, you should use the link they provide to go to the login page.

**! SSTS and the staffing level tools can only be accessed on a Board approved computer network or portable network.**

Enter your username and password as they were provided to you and select **‘Login’**:

Shared Authentication for eExpenses, ePayroll, SSTS and Workforce.

**NHS**  
SCOTLAND

Please enter a valid Username and Password

Username:

Password:

**Login** **Exit**

**NOTICE TO USERS**

This computer system is the property of NHSScotland. It is for authorised use only. Unauthorised or improper use of this system may result in disciplinary action.

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Server NHLVWSSTSUWB01

**! Passwords are case sensitive and you will be prompted to change your password the first time you log in.**

Click **'Confirm'** to proceed:

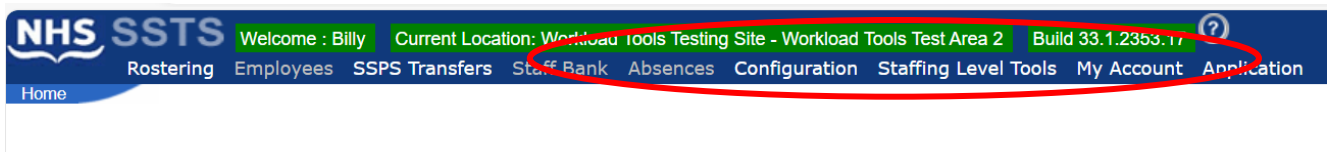


And then select **'SSTS'**:



## 2.2 Change Working Location

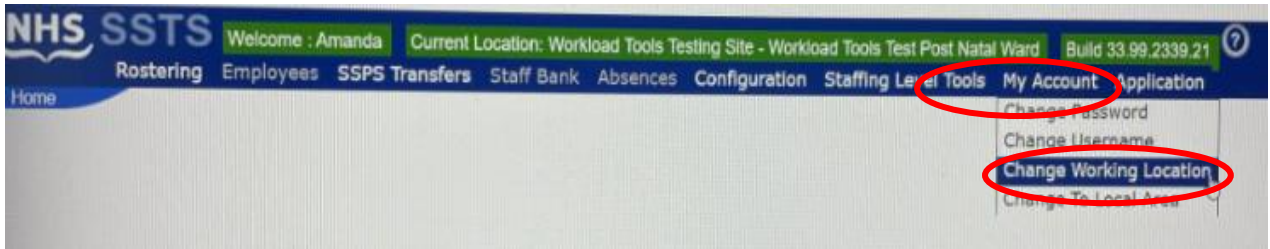
Once you have logged in you will be presented with the following screen:



Check the Current Location at the top of the screen. It is unlikely that you will need to change Working Location. However, if Working Location is incorrect, and you have the necessary permissions, select **'My Account'** and then **'Change Working Location'**, if you do not have these permissions please reach out to your local workforce lead or SSTS team.

See below:

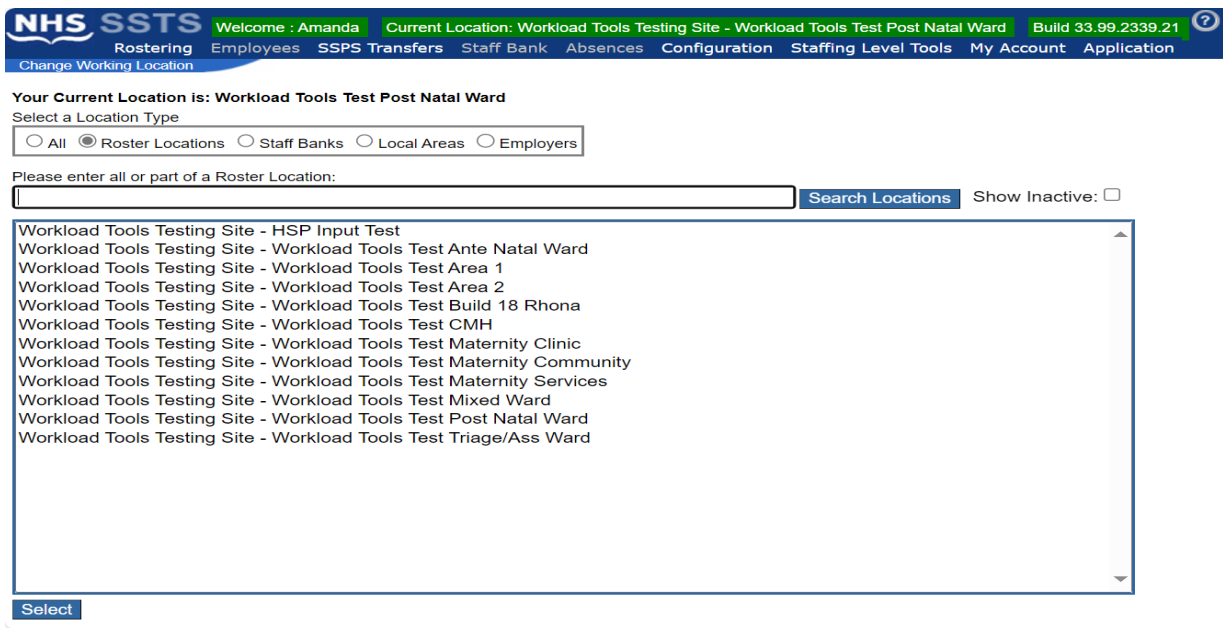
## Small Wards Staffing Level Tool - User Guide



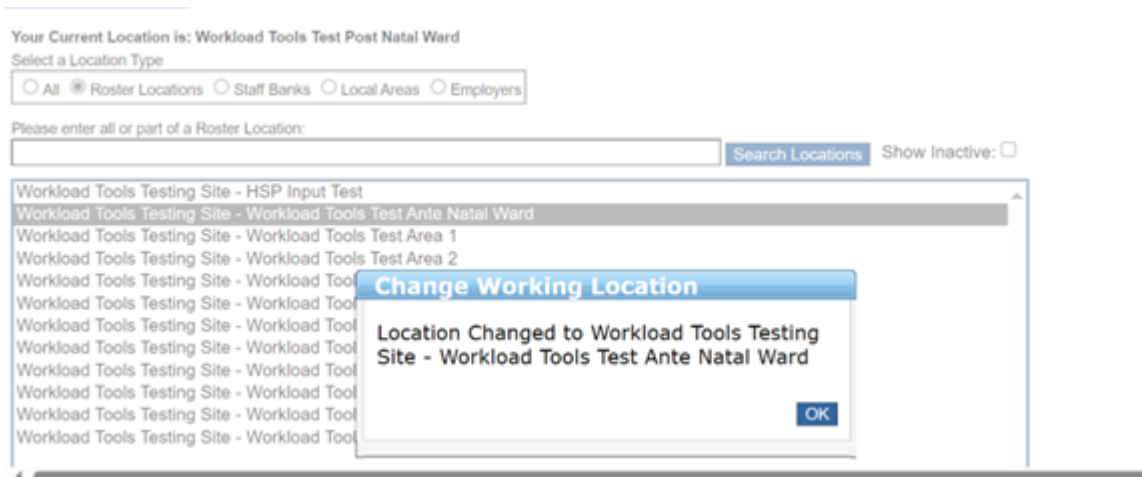
A screen will then appear containing the ward and clinical areas you have access to, The ward/area can be searched for by roster location, staff bank, local area, or employer.

To choose a ward/area of interest, select it from the available list and then click

**'Select':**

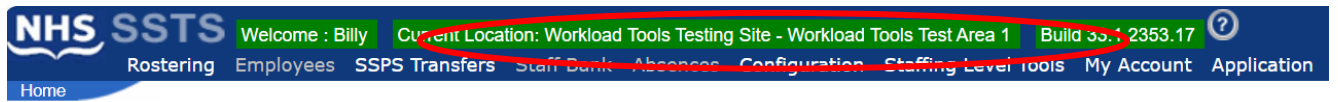


The below screen will then appear, select **'OK'** to proceed:



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The location will then update on the toolbar:

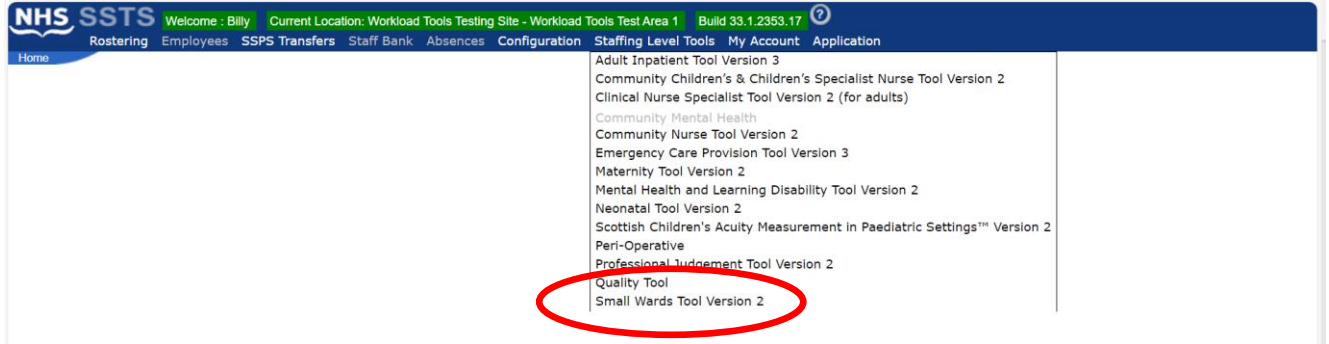




## 3. Creating/Editing Entries in Tool

### 3.1 Opening the tool.

To open the Small Ward Tool, select **'Staffing Level Tools'** and then **'Small Ward'**.



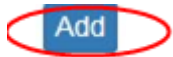
A screen like the one below will then appear:

The screenshot shows the 'Small Wards Staffing Level Tool Version 2' data entry screen. It features a table with columns for Period Start, Period End, Date of Entry, User, Days, Hours, Context Staffing, Dependency 1 Patients, Dependency 2 Patients, and Dependency 3 Patients. The table contains four rows of data.

Period Start	Period End	Date of Entry	User	Days	Hours	Context Staffing	Dependency 1 Patients	Dependency 2 Patients	Dependency 3 Patients
31/07/2023	06/08/2023	18/09/2023	trimblet1	7	24	6.0	4.0	6.0	2.0
04/09/2023	10/09/2023	18/09/2023	trimblet1	7	24	6.0	7.0	5.0	2.0
20/06/2023	21/06/2023	23/06/2023	murphyb1	7	24	7.0	2.0	6.0	6.0
17/04/2023	18/04/2023	09/05/2023	murphyb1	7	24	4.0	0.0	8.0	3.0

### 3.2 Entering Data

To add data, simply select add:



Then this screen will appear:


Days Open:

Hours Open:

**Period occupancy applies to**

Period Start:

Period End:



**Average number of patients per dependency** 


Dependency 1 patients:

Dependency 2 patients:

Dependency 3 patients:

Dependency 4 patients:

Local Context Staffing (nursing staff per shift headcount)   

Average Bed Occupancy:  

**!** SSTS will default the 'Days Open' to 7 and the 'Hours Open' to 24, both can be changed by clicking into the appropriate box and amending if the ward is not 24/7.

**Enter the 'Period Start' and 'Period End'.** This is the date range that the workload tool data is being entered for. It is **not** the date the user is inputting the data into the tool.

**Enter the 'Average number of patients per dependency':**


Enter the average number of patients per dependency, for the designated period, for each of the 4 dependencies.

This should be the number of patients and not the % of patients. For example:

- Dependency 1 = 6 patients
- Dependency 2 = 4 patients
- Dependency 3 = 2 patients
- Dependency 4 = No patients (just leave the box blank)

**!** The user can enter either occupancy or dependency data. Best practice is to enter both occupancy and dependency data.

**Enter 'Local context staffing':** you need to enter a figure in this box before the system will allow you to save.

**Enter the 'Average Bed Occupancy'.** You can click on the blue icon  for more information. The average bed occupancy should be based on the previous financial year.

This should be the **number** of occupied beds and **not the %** beds occupied. For example:

- If the ward has 15 beds and average occupied beds is 80%, i.e., average of 12 occupied beds, 12 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

Once all the data has been inputted click **'Save'**:



### 3.3 Viewing Data

A summary screen of the data will be available to users (permission permitting) including the recommended nursing WTE (rWTE) from the tool.



Only users with View Results permissions are able to view rWTE.

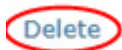
Small Ward Definition: A ward with 16 or less occupied beds

Period Start	Period End	Date of Entry	User	Days	Hours	Local Context Staffing
28/04/2020	29/04/2020	04/05/2020	murphyb1	7	24	3.0
28/04/2020	29/04/2020	04/05/2020	murphyb1	7	24	3.0
28/04/2020	29/04/2020	04/05/2020	murphyb1	7	24	3.0
28/04/2020	29/04/2020	04/05/2020	murphyb1	7	24	10.0
07/02/2020	08/02/2020	04/03/2020	murphyb1	7	24	3.0

Add

### 3.4 Deleting Data

To delete an entry (permission permitting) select the entry of interest on the Summary screen and then **'Delete'**:



## 4. Business Objects (BOXI)

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

These reports were created by the national team and have a series of built-in prompts to generate customised outputs locally, for example:



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



Please seek your line managers permission and authorisation before contacting your local SSTS manager.

## Appendix A - Background

Nursing & Midwifery staffing level tools are an essential part of the Health and Care (Staffing) (Scotland) Act 2019 aimed at ensuring health & social care staffing is at the level required to deliver safe, quality focused care to people using the services. The tools are designed to give staff the platform on which to record information about the actual work they do. This is to collate the activities in a manner that supports decisions about staffing, resource allocation and service design as part of a triangulated process of planning.

To find out more about this, please refer to the HSP website and learning resources:

[http://www.healthcareimprovementscotland.org/our\\_work/patient\\_safety/healthcare\\_staffing\\_programme.aspx](http://www.healthcareimprovementscotland.org/our_work/patient_safety/healthcare_staffing_programme.aspx)

The political commitment in Scotland is that, through application of a common staffing method (Figure 1) health services will be staffed to the level required to provide safe, high-quality care. To ensure this, each NHS Scotland Board and the services therein, are responsible for having effective planning processes, informed by the activities captured through the mandated use of staffing level tools. The Small Wards tool is one of national staffing level tools available for this purpose.

Figure 1 – The common staffing method



# Appendix B – Data Capture Template



## Healthcare Staffing Programme – Guidance for Adult Inpatient Tool & Small Ward Tool

Adult Inpatient Occupancy .....

Average Bed Occupancy = This should be the number of occupied beds and not the percentage

### Example 1 – Adult Inpatient Tool

If the ward has 30 beds and average bed occupancy is 80% = average of 24 patients 24 should be entered into bed occupancy

### Example 2 – Small Ward Tool

If the ward has 10 beds and average bed occupancy is 80% = average 8 patients 8 should be entered into bed occupancy



**Healthcare Staffing Programme – Guidance for Adult Inpatient Tool & Small Ward Tool**

**Adult In Patient - Dependency**

Guidance

- Each patient in the ward/unit during the designated period should be assessed using the acuity-quality patient dependency tool.
- A patient dependency score should be recorded for each shift period. Depending on the shift pattern in place, e.g. 3 shifts or 2 shift pattern the information requires to be captured towards the end of each shift in order to reflect the workload during that period.
- This tool can be applied to adults, children and young persons, hence the inclusion of parent in the criteria.
- Enter the average number of patients per dependency for the designated period, for each of the 4 dependency levels, this should be the number of patients and not the percentage of patients. If the average occupancy for the ward is 30 patients then the total number of dependencies should equal 30.
- Please ensure to use the same designated period for both occupancy and patient dependency data so that totals match.

<b>Score</b>	<b>Rating</b>	<b>Definition</b>
<8	1	Independent
8-13	2	Between dependence and independence
14-22	3	Dependent
>22	4	Highly Dependent

**Patient Dependency Workload Data Capture**

<b>Nursing Attention</b>	
Constant	4
Two hourly or more	3
Four Hourly	2
Twice Daily or Less	1
<b>Washing &amp; Dressing</b>	
Daily Bed Bath or Open Bath Needing 2 Carers	4
Daily Bath Needing 1 Carer	3
Assistance Needed to Wash & Dress	2
Independent – Parent/relative attends to needs	1
<b>Using the Toilet</b>	
Incontinent or Catheterised	4
Four Hourly or more help needed to use the toilet/normal baby care if parent absent	3
Needs Help to Use Toilet	2
Independent – Parent/relative present	1

<b>Eating &amp; Drinking</b>	
Fed Artificially (NG/IV)	4
Depends Totally on Carer to Eat & Drink/ Parent Absent	3
Needs Help to Eat & Drink	2
Independent once meal is served – Parent/Relative Present	1

<b>Pressure Ar ja Care</b>	
Necrotic Areas	4
High Risk or Needing Two Hourly or More Care	3
Moderate Risk or Needing Four Hourly Care	2
Low Risk Needing Twice Daily Check or Less	1
<b>Moving</b>	
Immobile	4
Two Carers Needed to Help Patient Walk or Move Around	3
Needs Help to Walk or Move Around/Toddler Safety Observation/Normal Baby Care	2
Independent – Parent/Relative Present	1
<b>Parents or Relatives</b>	
Parent/Relative Needs Frequent Help/Support	3
Parent/Relative Needs Occasional Help/Support	2
Minimal Help/Support Needed	1







**Healthcare Staffing Programme: Data Capture for Adult Inpatient Tool & Small Ward Tool**

**Average Patient Dependency Data Capture Template**

Date:	Ward Roster Location:
Speciality:	Average Bed Occupancy:

- Calculate the average dependency for 24 hours by adding the number of patients at each dependency level for each shift then dividing by the number of shifts.
- If the average is not a whole number, round up – see examples below. (Calculations included for illustration only)
- Enter the average score for each dependency level to SSTS for the 24 hour period

**Example:**

Dependency level	Shift			Average for 24 hours
	Shift 1	Shift 2	Shift 3 <i>(if applicable)</i>	
1	5	5		$5+5=10$ Ave = 5
2	10	10		$10+10=20$ Ave = 10
3	10	9	11	$10+9+11=30$ Ave = 10
4	5	6	6	$5+6+6=16$ Ave = 6

Dependency Level	Dependency Score			Average for 24 hours
	Shift 1	Shift 2	Shift 3 <i>(if applicable)</i>	
1				
2				
3				
4				

## Appendix C - Frequently Asked Questions?

The purpose of this section is to give some quick guidance about completing the Small Wards staffing level tool. This quick guide has adopted a question/answer format and should be used in conjunction with earlier parts of the user guide.

<b>Small Wards Staffing Level Tool</b>	
<b>Frequently Asked Questions and Answers</b>	
<b>Q1</b>	<b>What do I need to do before I start using the tool?</b>
	<p>You need to make sure you are familiar with the staffing level tool.</p> <p>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.</p> <p>Please also refer to the <a href="#">Quality Assurance Checklist</a>.</p>
<b>Q2</b>	<b>Why am I being asked to use two tools?</b>
	<p>You are being asked to use the Professional Judgement Tool (PJ) along with the staffing level tool. This forms part of the Common Staffing Method approach mentioned above. The staffing level tool provides WTE information on staffing needs that is considered alongside other local information, such as the PJ WTE staffing outcomes, which is based on your judgement of needs for the workload at that time, before decisions on staffing can be made.</p>
<b>Q3</b>	<b>Does the tool consider mandatory training requirements?</b>
	<p>A national Predicted Absence Allowance of 22.5% is included in the Small Wards Tool. 2% of this total is for study leave.</p>
<b>Q4</b>	<b>How does the tool capture all aspects and complexity of my work?</b>
	<p>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.</p> <p>Four Patient Dependency Levels are built into the calculator each of which recognises a different measure of complexity of the workload. Refer to the Introduction section <a href="#">here</a>.</p>
<b>Q5</b>	<b>How do I record care that requires more than one staff member?</b>
	<p>This was recognised in the Observation Studies and workload for each nurse included in the development of the workload calculator.</p>

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<b>Q6</b>	<b>How do I record 1:1 care?</b>
	<p>Current ongoing developments to this tool recognise the need for 1:1 care. It is anticipated that in future developments this workload would be an integral part of the tool.</p> <p>At this time you are asked to gather this information locally, including start and finish time of 1:1 care provided and number of staff (including Band) required. This information can be recorded as comments on the Professional Judgement Template.</p> <p>This workload will be classed as additional workload and will be added to the AIT WTE outcome required for the rest of the ward patients.</p>
<b>Q7</b>	<b>Can this tool be used in a Dementia Ward?</b>
	<p>The Small Wards tool is intended for use in areas with 16 or less beds, but is not intended for use in mental health. Please consider that if it is solely a dementia ward, then the Mental Health tool may be the most appropriate to use.</p>
<b>Q8</b>	<b>Who completes the Dependency Assessment for each patient and how often should this be done?</b>
	<p>The dependency assessment should be completed by nursing staff towards the end of each shift</p> <p>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</p>
<b>Q9</b>	<b>Can small wards be used in burns units and coronary care?</b>
	<p>The small ward tool is intended for use in areas of 16 beds or less but is not intended for use in areas such as High Dependency Units (HDU), Critical Care Units (CCU) or Mental Health. CCU and/or HDU areas should utilise the Professional Judgement tool and consider other clinical systems for use alongside this e.g. Wardwatcher.</p>
<b>Q10</b>	<b>What if a patient's level of dependency changes during the shift?</b>
	<p>Complete the assessment towards the end of the shift and select the score most reflective of that patient for that shift</p>
<b>Q11</b>	<b>How often should the information be entered onto SSTS?</b>
	<p>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.</p>
<b>Q12</b>	<b>What are the timescales for inputting data into the Small Wards tool?</b>
	<p>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.</p>
<b>Q13</b>	<b>What if the number of patients is higher than the average bed occupancy?</b>
	<p>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 16 bed ward with an average occupancy of 13, there may be 15 actual beds occupied during the tool run.</p>
<b>Q14</b>	<b>Who do I contact if I require help and support with this tool</b>
	<p>Please contact your local workforce lead in the first instance should you require support with any aspect of the tool or tool run</p>

# Appendix D

## Trouble shooting

<b>Small Wards Staffing Level Tool</b>	
<b>Troubleshooting guide</b>	
<b>1. SSTS</b>	
<b>Q1</b>	<b>I am getting an error message when trying to login to SSTS. What should I do?</b>
	<p>SSTS and the staffing level tools can only be accessed on a Board approved computer network or portable network.</p> <p>If you are experiencing login problems when using a board approved network, contact your local SSTS team for advice</p>
<b>Q2</b>	<b>What should I do if I lose my login details?</b>
	Contact your local SSTS Team.
<b>Q3</b>	<b>The staffing level tool I need to access is greyed out. What do I do?</b>
	<p>Double check that you are trying to access the correct tool</p> <p>Contact your local SSTS manager to change your permissions if you are unable to access the correct tool</p>
<b>Q4</b>	<b>The working location shown is incorrect – how do I change this?</b>
	See <a href="#">Section 2.1</a>
<b>Q5</b>	<b>My service area/ working location isn't shown on the list. What do I do?</b>
	Contact your local SSTS manager to ensure that you have the right permissions to access the tool for your specialty.
<b>Q6</b>	<b>What happens if the internet goes down whilst during data entry to SSTS?</b>
	You will have to re-enter any unsaved data once you are able to access SSTS again
<b>Q7</b>	<b>What happens if I enter the wrong information by mistake e.g. wrong dates or patients per dependency</b>
	<p>You will be able to amend any unsaved data while still logged into SSTS</p> <p>If you have Editor permissions, you should be able to amend the entry even after it has been saved using the edit function</p>
<b>Q8</b>	<b>Why won't SSTS let me save the data I have entered and move on to the summary screen?</b>
	<p>Double check the data you have entered.</p> <p>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.</p>

<b>2. The Staffing level Tool</b>	
<b>Q1</b>	<b>How do I find out the average bed occupancy?</b>
	From the previous year's financial information (available from the SSTS manager)
<b>Q2</b>	<b>What happens if I only put in the average bed occupancy and no dependency data?</b>
	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.
<b>Q3</b>	<b>On the summary screen, why is the rWTE for dependency so different to occupancy rWTE?</b>
	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
<b>Q4</b>	<b>How do I work out the average number of patients per dependency?</b>
	<ol style="list-style-type: none"> <li>1. Add together the dependency rating each patient has been given for each shift in that 24 hour period</li> <li>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 : <math>2+2=4</math> (total score) then divide by 2 (shifts) giving an average dependency of 2</li> <li>3. If the average number is not a whole number e.g. <math>2+3 = 5</math>. <math>5/2 = 2.5</math> then round up and give this patient a score of 3</li> <li>4. Do this for each patient, then add together the number of patients with each dependency score? This gives the average patients per dependency</li> </ol> <p>This is also described on the data capture sheet in <a href="#">Appendix B</a></p>
<b>Q5</b>	<b>I can't download the paper data capture template. What do I do?</b>
	<ol style="list-style-type: none"> <li>1. You can try using a different web browser to download the template</li> <li>2. You can print <a href="#">Appendix B</a> from this document</li> <li>3. You can speak to the local IT team as permissions may be needed for accessing and downloading documents</li> <li>4. Speak to your workforce lead and they should be able to assist in providing paper copies of the template</li> </ol>
<b>Q6</b>	<b>There are data capture sheets missing for some of the shifts – what should I do?</b>
	Double check with the teams working on the shifts where data is missing, as they may still have the sheets

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	<p>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.</p> <p>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.</p>
<b>Q7</b>	<b>The SCN is off sick. Who takes responsibility for the data collection and SSTS entry now?</b>
	<p>The Nurse in charge of the shift should always make sure the data is collected for their shift. The completed data capture templates should be filed securely in the agreed location for quality checking and SSTS upload. SSTS entry can be done after the tool run is complete</p> <p>The workforce lead will be able to provide support with completing the tool run</p>
<b>Q8</b>	<b>On the summary screen, why is the rWTE for dependency so different to occupancy rWTE?</b>
	<p>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.</p>
<b>Q9</b>	<b>The rWTE is much higher/ lower than our actual/FE. What should I do?</b>
	<p>This may simply be a reflection of your workload. However, it is worth quality assuring the data, in particular, that you have selected the correct specialty for the roster area, and that patient dependency has been accurately reflected.</p>

## Adult Inpatient Tool - User Guide & Frequently Asked Questions

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