

Community Nursing (CN) Staffing Level Tool

User Guide

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1. Introduction

The Community Nursing (CN) tool is designed to be used by District, Health Visiting, Public Health and School Nurses

It is set up to enable these Community Nursing staff to record information about all aspects of their work.

Each individual within a team enters their workload information into the tool on a daily basis for a specified time period. Collection periods can be chosen locally by boards; however, the national recommendation is that the tool is completed at least once a year for two consecutive weeks. It is run concurrently with two other tools, the [Professional Judgement](#) tool and the [Quality Tool](#). The more frequently the tool is used the more valuable the data becomes as it can be used to identify trends/patterns, variability in workload and staffing needs, etc.

The tool collects workload information on:

- Direct Interventions (face to face and non- face to face) which is all patient related work including record keeping, liaison, communications, etc.
- Clinics
- Associated Work which includes general non-clinical workload such as clerical, administration, cleaning, stocking, errands, meetings etc.
- Travel
- Exceptions

The CN tool uses the information entered by the practitioner to measure this workload, based on the intensity of work and time taken. It 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
- Quality indicators and local context

This document will provide detailed information, from how to log in, to how to finalise and enter 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: [HSP](#)

Background information on Staffing Level Tools can be found in [Appendix A](#)

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.

i SSTS and the staffing level tools can only be accessed on a board approved computer 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:

NOTICE TO USERS

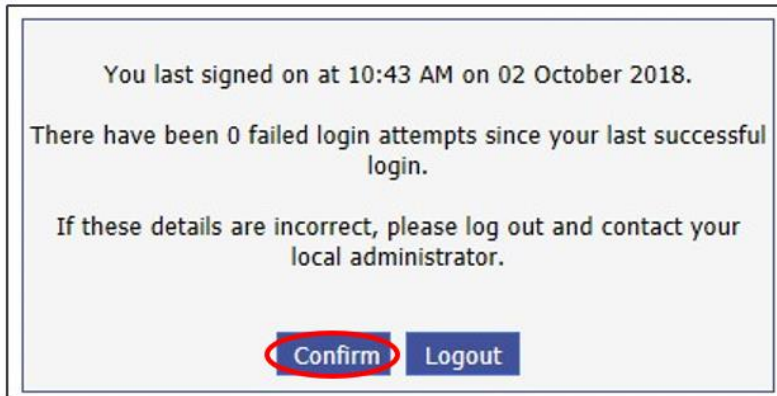
This computer system is the property of NHSScotland. It is for authorised use only. Unauthorised or improper use of this system may result in disciplinary action.

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Server NHLVWSSTSUWB01

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

Click “confirm” to proceed:

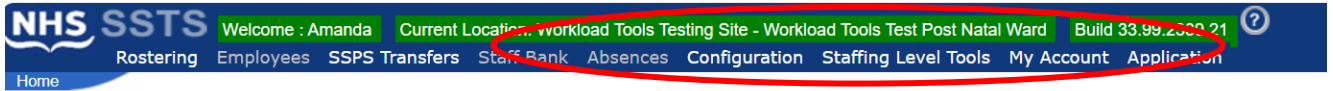


And then select “SSTS”



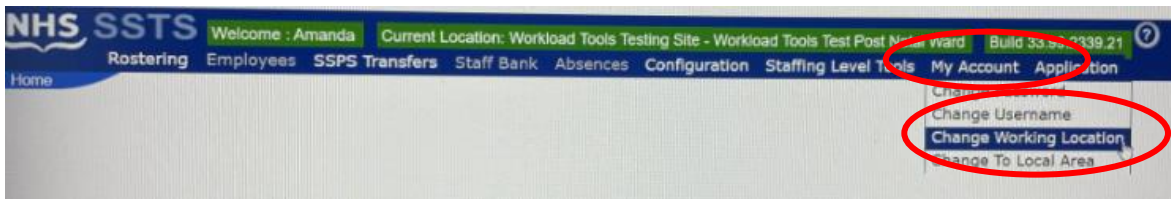
2.2 Changing Working Location

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

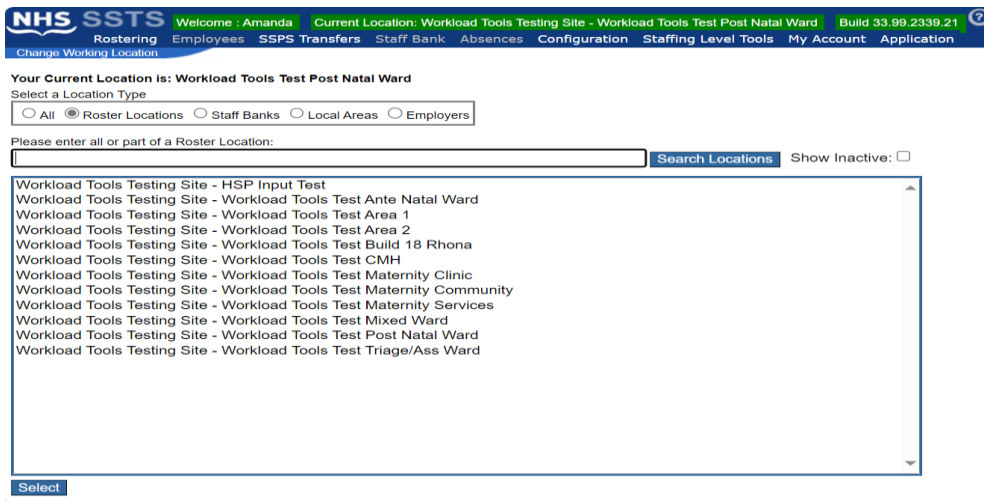


Check the Current Location at the top of the screen. It is unlikely that you will need to change Working Location. However, if Working Location is incorrect, and you have the necessary permissions, select **'My Account'** and then **'Change Working Location'**:
See below:

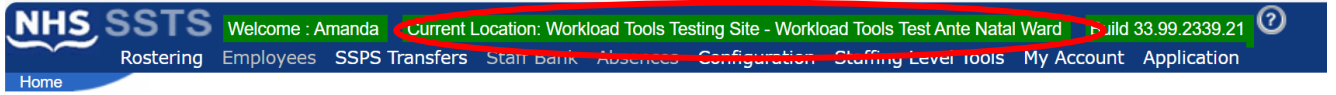
If you do not have the appropriate permissions, please reach out to your local workforce lead or SSTS team.



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 location will then update on the toolbar:



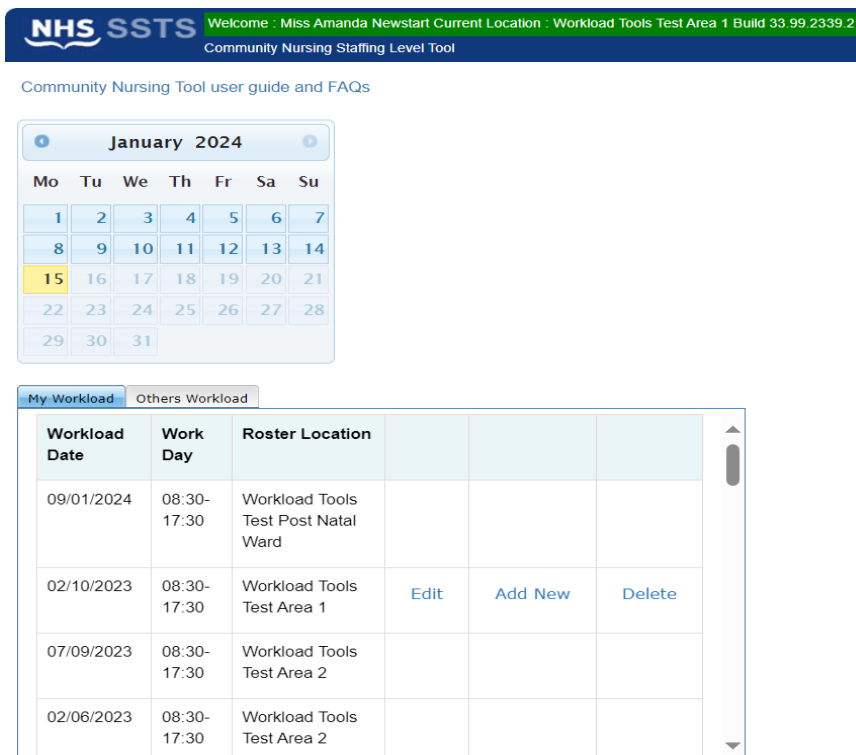
3. Creating/Editing Entries in Tool

3.1 Opening the tool

To open the Community Nurse (CN) Staffing Level tool, select ‘**Staffing Level Tools**’ and then ‘**Community Nursing**’

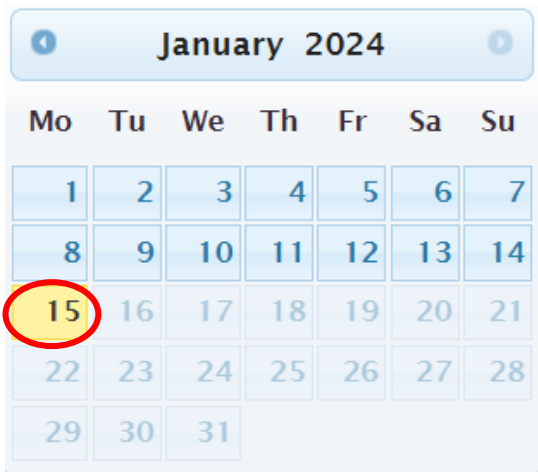


A screen like the one below will then appear:

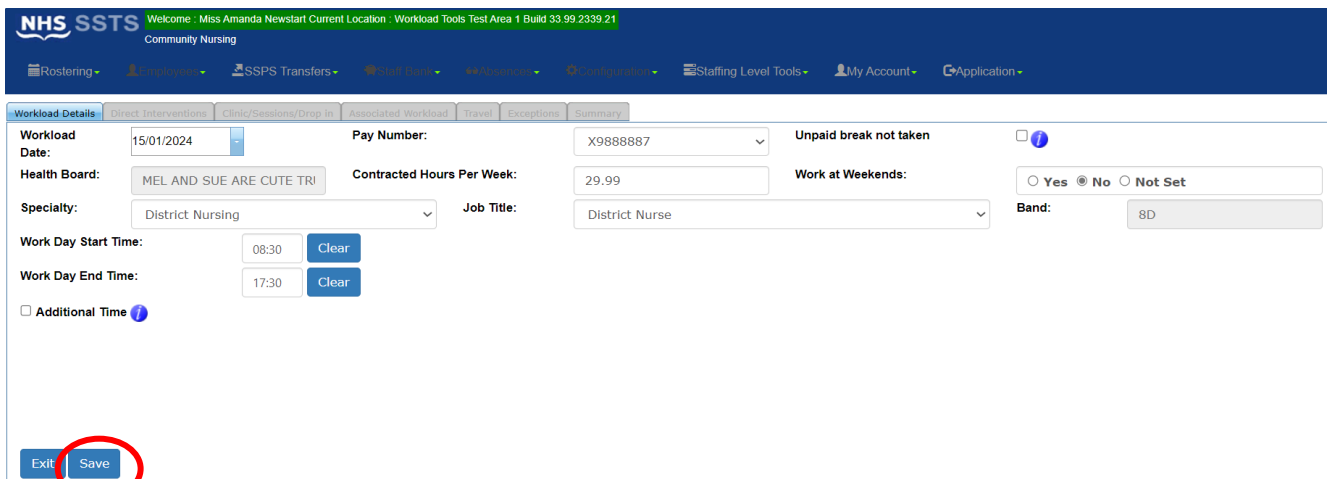


3.2 Entering Data

To add data, simply select the relevant date:



Then this screen will appear:



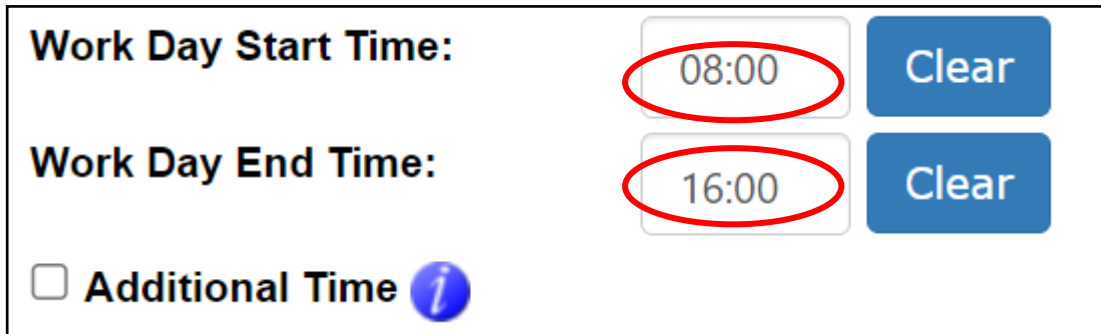
This screen will have some of the user details as contained within the SSTS system e.g., pay number, health board, and contracted hours. The user should check that these details are correct.

Users can update certain details within this section at any time but may have to contact the SSTS team to change other details.

The user should select the appropriate specialty and job title that applies to them for the date selected.


Once the details have been changed, the user should click on the “**save**” button. When the user visits this screen in future, the updated details will be shown.

The daily working start/ end time can be completed by entering the relevant times for the given shift.



Work Day Start Time: 08:00 Clear

Work Day End Time: 16:00 Clear

Additional Time 

To clear/ amend the times, click on the “**clear**” button.

The hours recorded in this section should be the **ACTUAL** start time and end time of work, rather than the rota shift times.

If a user worked more / less than their core hours e.g., normal working hours 08.30 to 16:30 but they worked 08:30 to 18:00, then end time of 18:00 should be entered to reflect this.

3.3 Additional Time

Workday start time and **end time** capture the actual hours worked (contracted hours are already recorded).

The **additional time** field should only be checked when the hours worked over and above the working day are planned and you have left work and have returned e.g. returned to work for an evening support group / called out / telephone calls.

If your telephone calls are planned and carried out at home, you would still check this box, filling in the time you started and ended your additional hours in the provided boxes.

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NHS SSTS Welcome - Miss Amanda Newstart Current Location - Workload Tools Test Area 1 Build 33 99 2339 21
Community Nursing

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Workload Details | Direct Interventions | Clinic/Sessions/Drop in | Associated Workload | Travel | Exceptions | Summary

Workload Date: 15/01/2024 Pay Number: X9888887 Unpaid break not taken *i*

Health Board: MEL AND SUE ARE CUTE TRI Contracted Hours Per Week: 29.99 Work at Weekends: Yes No Not Set

Specialty: District Nursing Job Title: District Nurse Band: 8D

Work Day Start Time: 08:30 Clear

Work Day End Time: 17:30 Clear

Additional Time *i*

Exit Save

In these circumstances the user can tick the additional time box and then enter the **'Additional Start Time'** and **'Additional End Time'**:

Work Day Start Time: 08:00 Clear

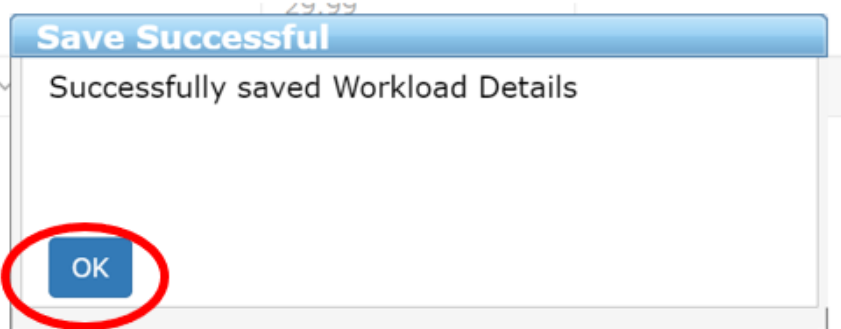
Work Day End Time: 16:00 Clear

Additional Time *i*

Additional Start Time: Clear

Additional End Time: Clear

Once the user has selected the **"Save"** Button a message will appear highlighting the save has been successful.



Click **"OK"** to move on.

Selecting **"Exit"** will take the user back to the initial screen where they can access dates previously entered OR select a new workload date.

Community Nurse Staffing Level Tool - User Guide

NHS SSTS Welcome : Miss Amanda Newstart Current Location : Workload Tools Test Area 1 Build 33.99.2339.21
Community Nursing

Community Nursing Tool user guide and FAQs

Workload Details | Direct Interventions | Clinic/Sessions/Drop in | Associated Workload | Travel | Exceptions | Summary

Workload Date: 15/01/2024 Pay Number: X9888887 Unpaid break not taken

Health Board: MEL AND SUE ARE CUTE TRI Contracted Hours Per Week: 29.99 Work at Weekends: Yes No Not Set

Specialty: District Nursing Job Title: District Nurse Band: 8D

Work Day Start Time: 08:30 Clear

Work Day End Time: 17:30 Clear

Additional Time ?

Exit Save

If the user clicks "Exit" without saving, a prompt will appear, asking the user if they wish to save changes.

Save Changes

Do you want to save changes for the Workload Details tab?

No Yes


4. Direct Interventions

4.1 Adding a Direct Intervention

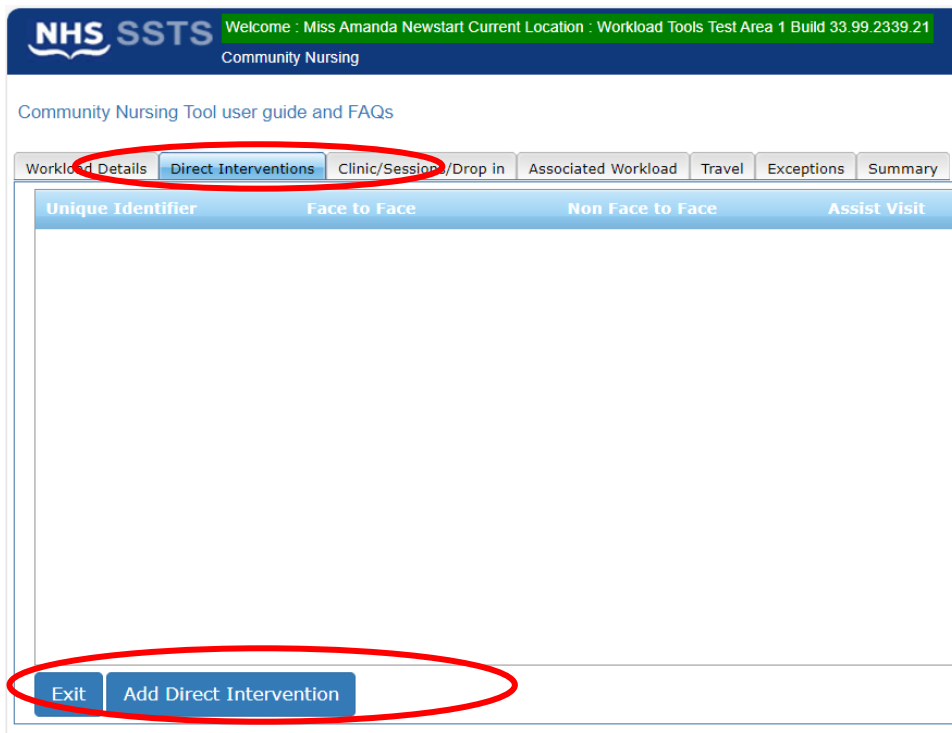
A Direct Intervention is any task or communication related to an individual patient. This can be face-to-face or non-face-to-face.

For ease, users should consider face-to-face contact as when they are directly communicating with a patient or carer in person, by telephone or via virtual platform (e.g. near me video call), or when completing a task relating to the patient in their presence such as record keeping.

Non-face-to-face direct interventions are when a patient or carer member is not present e.g. when record keeping in the office or communicating with another professional about the patients care etc.

Information about what is referred to as face-to-face and non-face to face activities can be located by clicking the information icon  on the tool on SSTS, and in the Guidance Notes in [Appendix C](#)

To add a Direct Intervention, select the “**Direct Interventions**” tab at the top of the screen.



The Direct Intervention screen, shown above, will initially contain no details when the user accesses this screen for the selected date for the first time.

Therefore, to add a direct intervention, the user should select 'Add Direct Intervention'. The below screen will then appear:

NHS SSTS Welcome : Miss Amanda Newstart Current Location : Workload Tools Test Area 1 Build 33.99.2339.21
Add Direct Intervention

Unique Identifier

Face to Face No Face to Face Contact

Assist Visit Telephone Call

Duration
Not Set Exact minutes if 90 mins or over

Level
Not Set

Location
Not Set Other:

Non Face to Face No Non Face to Face Contact


Assist Visit

Duration
Not Set Exact minutes if 90 mins or over

Level
Not Set

Location
Not Set Other:

Save Save and add another Cancel

The screen is set up ready to record both 'Face to Face' and 'Non-Face to Face' contact. Further guidance and examples on Face-to-Face and non-Face to Face Activity can be found in [Appendix C](#) or by clicking the information icon  on the tool on SSTS.

A **Unique Identifier Code** should be added to help identify the patient to the team. The format of the unique identifier should be agreed locally and meet GDPR requirements.

NHS SSTS Welcome : Miss Amanda Newstart Current Location : Workload Tools Test Area 1 Build 33.99.2339.21
Add Direct Intervention

Unique Identifier

Face to Face No Face to Face Contact

4.2 Telephone Calls

If a telephone call took place directly with the patient or carer, rather than a visit, this would be considered a face-to-face contact, and the telephone call box should be selected:

Face to Face No Face to Face Contact

Assist Visit Telephone Call

i When Telephone call is selected the location will default to Telephone Call and is unable to be changed.

If a telephone call took place discussing the patient with another practitioner, this is classed as a non-face-to-face intervention.

4.3 No Face to Face or Non-Face to Face Contact

If there has been no face-to-face contact with a patient that day, but there has been some non-face to face work done for that patient e.g. referral, then the **'No Face-to-Face Contact'** option should be selected. If the user clicks the **'No Face-to-Face Contact'** option, then all details in this section will be greyed out:

NHS SSTS Welcome : Miss Amanda Newstart Current Location : Workload Tools Test Area 1 Build 33.99.2339.21
Add Direct Intervention

Unique Identifier

Face to Face No Face to Face Contact


Assist Visit Telephone Call

Duration
Not Set Exact minutes if 90 mins or over

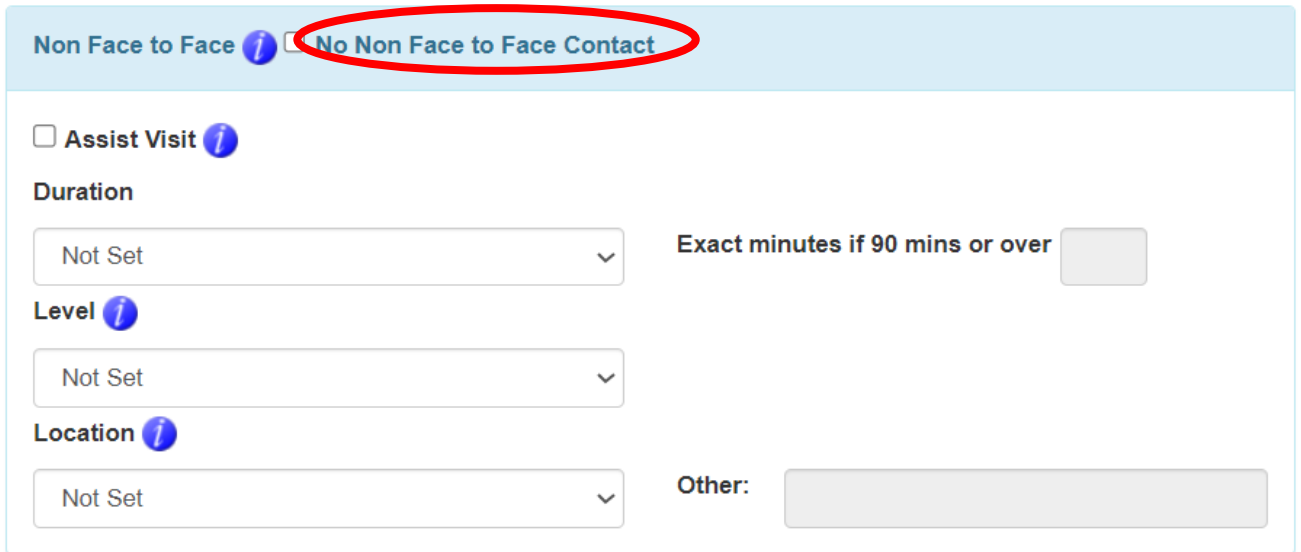
Level
Not Set


Location
Not Set Other:


Save Save and add another Cancel

 This option should be selected when **no** Face-to-face contact took place for that specific patient.


Similarly, if the user selects the 'No Non-Face to Face Contact' option then all details will be greyed out:





Non Face to Face  **No Non Face to Face Contact**


Assist Visit 


Duration

Not Set  **Exact minutes if 90 mins or over**

Level 

Not Set 

Location 

Not Set  **Other:**

 This option should be selected when **no** non-Face-to-face contact took place for that specific patient.


If both 'face to face' and 'non face to face' contact has taken place, no box should be ticked.

4.4 Assist Visit

If the intervention means you receive assistance from another staff member e.g., complex care, assessment or enhanced support then the “**Assist Visit**” box should be selected.


This should also be recorded by the by the other staff member on their SSTS data entry.

Unique Identifier

Face to Face  No Face to Face Contact

Assist Visit Telephone Call

Duration: Exact minutes if 90 mins or over

Level 

4.5 Duration

The '**Duration**' default will be shown as '**Not Set**':

Duration

From the drop down, please select the time band which reflects the time spent on the direct intervention.

If the intervention was over 90 minutes, the exact number of minutes should be entered.


Duration

Exact minutes if 90 mins or over

4.6 Level of Intervention

The **'Level'** default will be shown as **'Not Set'**:

There are four levels of intervention.

Please select the appropriate Level of Intervention from the drop-down menu. The Levels of Intervention Guidance and examples can be found in [Appendix C](#) or by clicking the information icon  on the tool on SSTS.

The Level of intervention relates to the complexity of the intervention not the complexity of the patient.



The screenshot shows a form with a light blue header containing the text "Face to Face" with an information icon and "No Face to Face Contact" with a checkbox. Below the header, there is a checkbox labeled "Assist Visit". Underneath, the "Duration" section has a dropdown menu set to "Not Set". The "Level" section has a dropdown menu set to "Not Set", which is circled in red. Below that, the "Location" section has a dropdown menu set to "Not Set".

4.7 Location

Location refers to the location of where the direct intervention took place. Within **'Location'** the following options are available: *Clinic, Community, Ward and Other*

Please choose the appropriate location for this intervention

If "other" is selected, then enter relevant details in the free text box to better define the location.



The screenshot shows a form with a light blue header containing the text "Location" with an information icon. Below the header, there is a dropdown menu set to "Other". To the right of the dropdown, there is a text box labeled "Other:" which is circled in red.

4.8 Saving Data

Once all Face to Face and Non-Face to Face data has been entered for the patient, click:

- **Save** to save the information and return to the Direct Intervention Summary Screen
- **Save and Add Another** to save the information and automatically bring up a new blank Direct Intervention Screen
- **Cancel** to delete all the information and return to the Direct Intervention Summary Screen

4.9 Direct Interventions Summary Screen

Once all the Direct Interventions have been entered, the screen will look similar to below:

The screenshot shows the NHS SSTS Community Nursing tool interface. At the top, there is a navigation bar with the NHS SSTS logo and a welcome message. Below the navigation bar, there are several tabs: Workload Details, Direct Interventions (selected), Clinic/Sessions/Drop in, Associated Workload, Travel, Exceptions, and Summary. The main content area displays a table of Direct Interventions. The table has the following columns: Unique Identifier, Face to Face, Non Face to Face, Assist Visit, Level, Duration, and Location. The table contains six rows of data. Each row has 'Edit' and 'Delete' buttons next to it. The 'Exit' and 'Add Dire Intervention' buttons are located at the bottom left of the screen.

Unique Identifier	Face to Face	Non Face to Face	Assist Visit	Level	Duration	Location	Edit	Delete
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 1	5-9 mins	Care Home	Edit	Delete
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 1	10-14 mins	Other	Edit	Delete
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 2	40-44 mins	Health Centre	Edit	Delete
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 4	55-59 mins	Residential Home	Edit	Delete
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 2	30-34 mins	Health Centre	Edit	Delete
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 2	30-34 mins	Health Centre	Edit	Delete

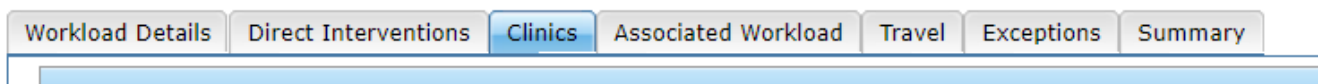
Within this screen, the user can access those patients that have already been entered on that date.

The user can select **“Edit”** to view and edit any data for a patient or **“Delete”** to delete a record.

If **delete** is selected, the user will be prompted to confirm this selection.

Selecting **“Exit”** will return the user to the Workload Details Tab.

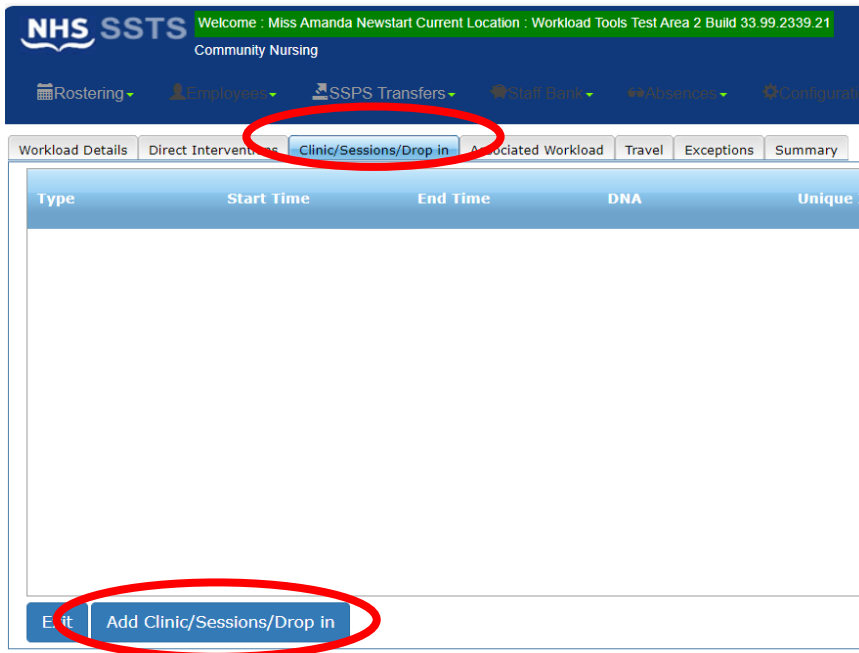
The user can continue to add data by selecting any of the other Tabs along the top of the screen.



5. Clinics

The **Clinic/ Session/ Drop-in** Tab should be used for times when there is no direct intervention of varying level undertaken. For example, a general education session regarding a specific condition.

To add a **Clinic**, select the “**Clinic/ Session/ Drop-in**” Tab and then “**Add Clinic/ Session/ Drop-in**”.



The screen below will appear:

The screenshot shows the "Add Clinic/Sessions/Drop in" form. At the top, there is a navigation bar with the NHS SSTS logo and a welcome message: "Welcome : Miss Amanda Newstart Current Location : Workload Tools Test Area 2 Build 33.99.2339.21". Below this, there is a sub-header: "Add Clinic/Sessions/Drop in (eg. Group)". The form has the following fields and buttons:

- Type:** A dropdown menu with the text "Please Select".
- Clinic Description:** A large text area for entering the description.
- Start Time:** A text input field with a "Clear" button next to it.
- End Time:** A text input field with a "Clear" button next to it.
- Number of Patients/clients/child/young person:** A text input field.
- Buttons:** "Save", "Save and add another", and "Cancel".

Within the “**Type**” drop down menu, select either “**Routine**”, “**Group**”, “**Mass**” or “**Health Promotion/ Education Session**”.



The screenshot shows the NHS SSTS interface. At the top, there is a navigation bar with the NHS SSTS logo and a welcome message: "Welcome : Miss Amanda Newstart Current Location : Workload Tools Test Area 2 Build 33.99.2339.21". Below the navigation bar, there is a form titled "Add Clinic/Sessions/Drop in (eg. Group)". The form has several fields: "Type:" with a dropdown menu, "Clinic Description:" with a text area, "Start Time:" and "End Time:" with time pickers and "Clear" buttons, and "Number of Patients/clients/child/young person:" with a text input. The "Type:" dropdown menu is open, showing the following options: "Please Select", "Routine", "Group", "Mass", and "Health Promotion/Education Sessions". The dropdown menu is circled in red.

Guidance and examples can be found in [Appendix C](#) or by clicking the information icon on SSTS.



Users should then add:

- **Clinic Description** box - add details of the clinic/ session that took place.
- **Start time** and **End Time** of the clinic/ session.
- The number of patients/ clients who attended the clinic/ session.

The data can be saved or cancelled as before by selecting one of the three options on screen.


The screenshot shows the NHS SSTS interface. At the top, there is a navigation bar with the NHS SSTS logo and a welcome message: "Welcome : Miss Amanda Newstart Current Location : Workload Tools Test Area 2 Build 33.99.2339.21". Below the navigation bar, there is a form titled "Add Clinic/Sessions/Drop in (eg. Group)". The form has several fields: "Clinic Description:" with a text area, "Start Time:" and "End Time:" with time pickers and "Clear" buttons, and "Number of Patients/clients/child/young person:" with a text input. At the bottom of the form, there are three buttons: "Save", "Save and add another", and "Cancel". These three buttons are circled in red.

Each staff member involved in the clinic should record their own individual workload within SSTS.

The user can edit records as documented in Direct Interventions.

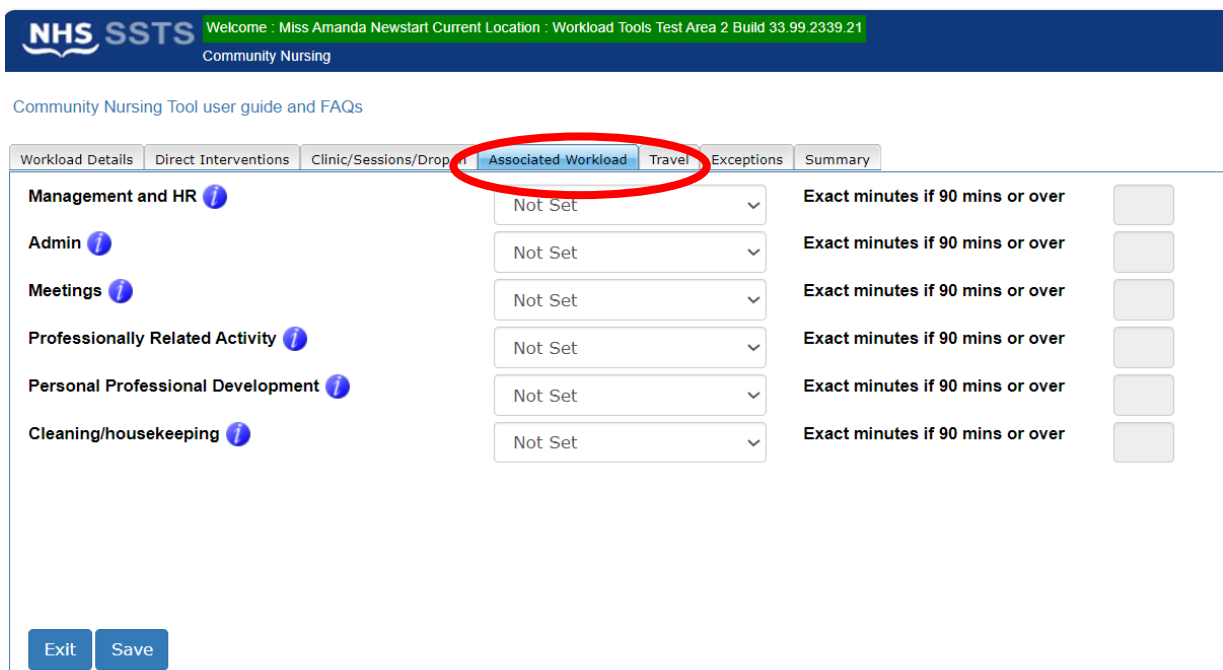
6. Associated Workload

Associated Workload should be entered to reflect any non-patient related work carried out.

Information about what is referred to as associated workload activities can be located by clicking the information icon  on the tool on SSTS, and in the Guidance Notes in [Appendix C](#).







To add associated workload, select the “**Associated Workload**” tab from the top of the screen.

This opens up the data entry screen below:



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Workload Details | Direct Interventions | Clinic/Sessions/Dropouts | **Associated Workload** | Travel | Exceptions | Summary

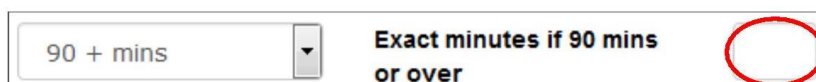
Activity Type	Time Window	Exact minutes if 90 mins or over
Management and HR 	Not Set	<input type="text"/>
Admin 	Not Set	<input type="text"/>
Meetings 	Not Set	<input type="text"/>
Professionally Related Activity 	Not Set	<input type="text"/>
Personal Professional Development 	Not Set	<input type="text"/>
Cleaning/housekeeping 	Not Set	<input type="text"/>

The user should select the appropriate time window for each relevant type of associated workload for the shift.



Associated Workload should be entered for the whole shift and not per patient.

If the time is over 90 minutes, the user should add the exact time to the corresponding text box on the right of the screen.



90 + mins Exact minutes if 90 mins or over

Once all the Associated Workload data has been entered for their shift, the user should the select “**Save**” to save the data entered.

Selecting “**Exit**” will return the user to the Workload Details Screen and the data entered will be lost if “**save**” hasn’t been selected first.



Please note that full study days are not counted as part of the associated workload for this staffing level tool.

7. Travel

Any work-related travel during the shift should be recorded.

To add Travel, select the “Travel” tab from the top of the screen.

The screenshot shows the NHS SSTS Community Nursing Tool interface. At the top, there is a dark blue header with the NHS SSTS logo and the text "Welcome : Miss Amanda Newstart Current Location : Workload Tools Test Area 2 Build 33.99 2339.21 Community Nursing". Below the header is a link for "Community Nursing Tool user guide and FAQs". The main interface has a navigation bar with tabs: "Workload Details", "Direct Interventions", "Clinic/Sessions/Drop in", "Associated Workload", "Travel", "Exceptions", and "Summary". The "Travel" tab is highlighted and circled in red. Below the navigation bar, there is an information icon (i) and two input fields: "Travel Time (minutes)" and "Travel Miles", both containing the number "0". Below these fields is a section titled "Mode" with a light blue background. Under "Mode", there is a list of transport options with checkboxes: "Foot", "Car", "Public Transport", "Boat", "Plane", and "Other". At the bottom of the form are two buttons: "Exit" and "Save".

Travel Time should be entered for the WHOLE shift, and not per patient.

Travel Miles should be rounded to the nearest mile.

Mode of Transport all relevant modes of transport should be selected. It is possible to select multiple options.

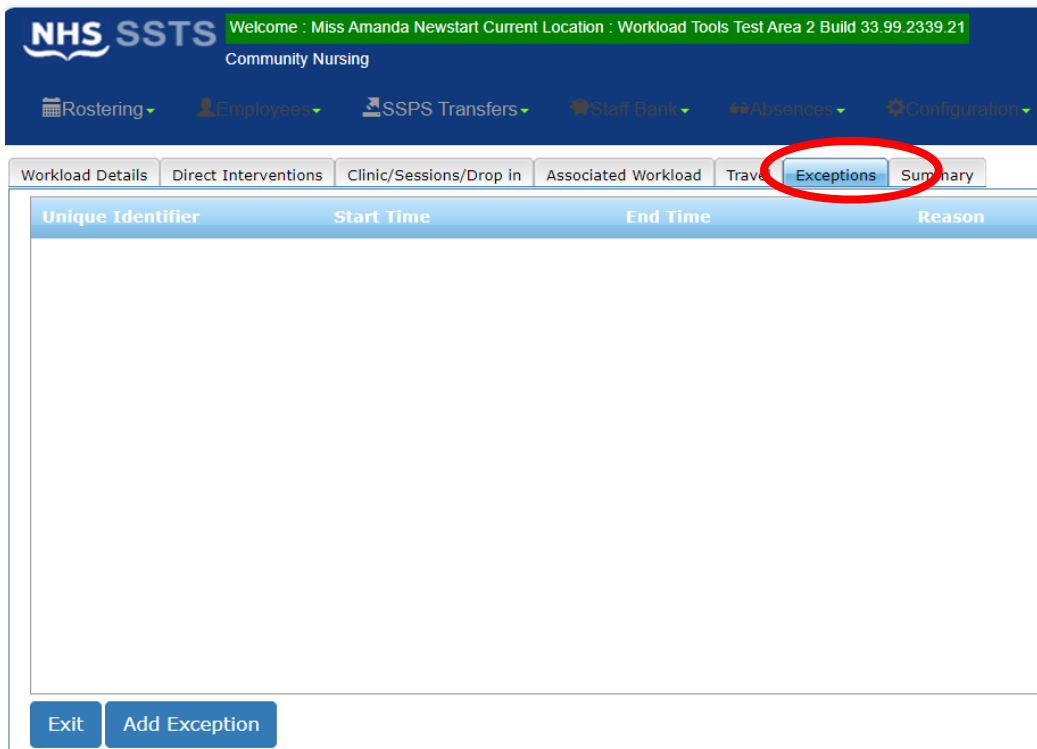
Once all the Travel data has been entered for their shift, the user should select “**Save**” to save the data entered.

Selecting “**Exit**” will return the user to the Workload Details Screen and the data entered will be lost if “**Save**” hasn’t been selected first.

8. Exceptions

The Exceptions Tab should be used to record any **rare, extraordinary events** that cannot reasonably be anticipated on a day today basis. This may not always be related to a patient.

It is acknowledged that Community Nursing roles require a significant level of flexibility, and that continual and sometimes rapid re-assessment and prioritisation of workload is central to the function which allows unexpected / unplanned care needs to be addressed. However, it is only an exception if it is unusual and rarely occurs. Exceptions may not always be related to a patient.



The screenshot shows the NHS SSTS Community Nursing interface. The top navigation bar includes the NHS SSTS logo, a welcome message for Miss Amanda Newstart, and a current location: Workload Tools Test Area 2 Build 33.99.2339.21. Below the navigation bar are several menu items: Rostering, Employees, SSPS Transfers, Staff Bank, Absences, and Configuration. The main content area has a tabbed interface with the following tabs: Workload Details, Direct Interventions, Clinic/Sessions/Drop in, Associated Workload, Travel, **Exceptions** (highlighted with a red circle), and Summary. Below the tabs is a table with the following columns: Unique Identifier, Start Time, End Time, and Reason. The table is currently empty. At the bottom of the interface are two buttons: Exit and Add Exception.

The Unique identifier box is a mandatory field and requires completion, when entering non patient related exceptions “**N/A**” should be entered into the Unique Identifier box.

A list of predefined reasons is already available within the “**Reasons**” drop down menu.

NHS SSTS Welcome: Miss Amanda Newstart Current Location: Workload Tools Test Area 2 Build 33.99 2339.21
Add Exception

Unique Identifier: n/a

Start Time: [] Clear

End Time: [] Clear

Reason: Please Select

Number of Staff: []

Save Save and add another Cancel

Please Select
Adverse weather
Car breakdown/accident (not car maintenance)
Evacuation of building due to fire alarm
Work incident req. your attendance A&E/Occ. Health

i Leave e.g., annual leave, sick leave, special leave and management issues are NOT recorded as exceptions.

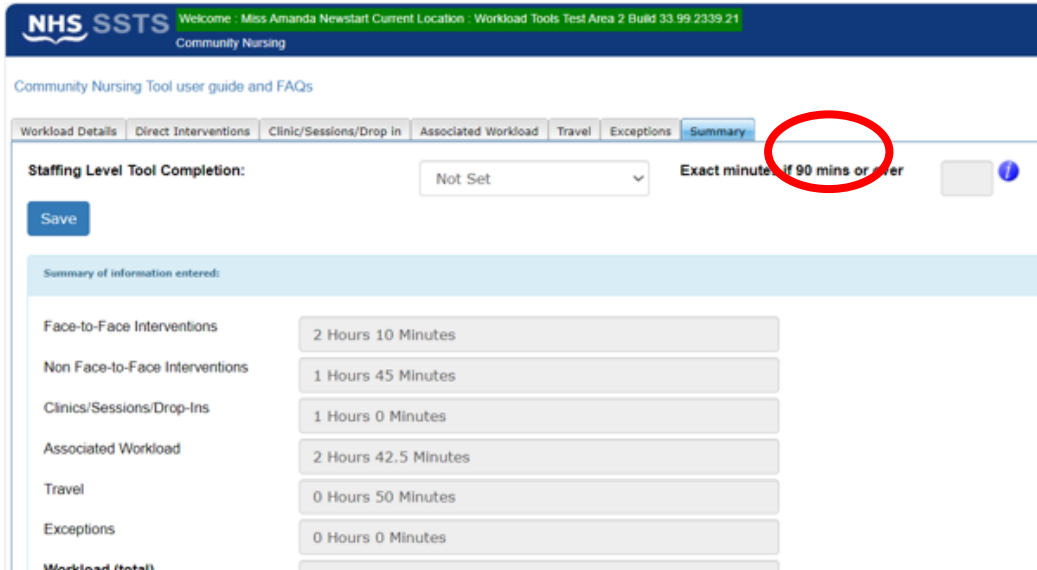
Once all the Exception data has been entered for their shift, the user should select **“Save”** to save the data entered.

Selecting **“Exit”** will return the user to the Workload Details Screen and the data entered will be lost if **“Save”** hasn't been selected first.

The data on the **Exceptions Summary Screen** can be edited as before with the [Direct Interventions Summary Screen](#).

9. Summary

The summary screen enables users to check the workload time of the data they entered, compare this against their actual working hours (recorded in the 'Workload Details' tab) and record how much time they spent completing the workload that day.



NHS SSTS Welcome: Miss Amanda Newstart Current Location: Workload Tools Test Area 2 Build 33.99.2339.21
Community Nursing

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Workload Details Direct Interventions Clinic/Sessions/Drop in Associated Workload Travel Exceptions **Summary**

Staffing Level Tool Completion: Not Set Exact minutes if 90 mins or over

Save

Summary of information entered:

Face-to-Face Interventions	2 Hours 10 Minutes
Non Face-to-Face Interventions	1 Hours 45 Minutes
Clinics/Sessions/Drop-Ins	1 Hours 0 Minutes
Associated Workload	2 Hours 42.5 Minutes
Travel	0 Hours 50 Minutes
Exceptions	0 Hours 0 Minutes
Workload (total)	8 Hours 27.5 Minutes

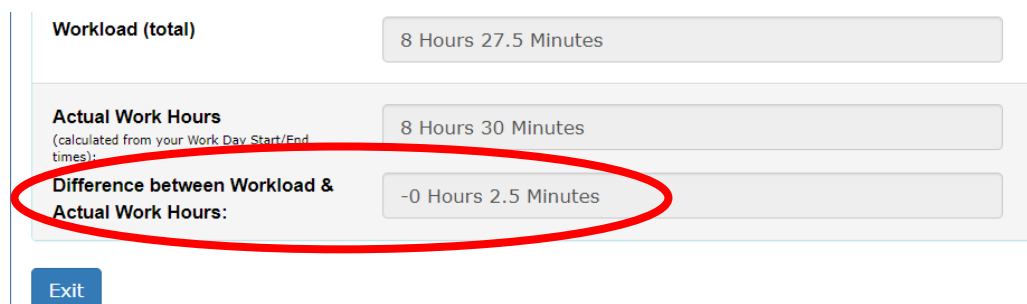


The time taken to complete the staffing level tool should be recorded here and not within any other part of the tool.

The Summary Screen show the difference in the total of hours and minutes of the workload and the actual hours worked.

Where this difference is significant (+/- 30 minutes or more), the user should review their workload data entry, or their actual hours worked to ensure everything has been captured correctly

A 30-minute meal break will have already been deducted.



Workload (total) 8 Hours 27.5 Minutes

Actual Work Hours (calculated from your Work Day Start/End times): 8 Hours 30 Minutes

Difference between Workload & Actual Work Hours: -0 Hours 2.5 Minutes

Exit

10. Editing and Deleting Existing Records

The Calendar Screen shows a list of previous records entered by the user.

Only the last 30 records will be shown.

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January 2024

Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

My Workload Others Workload

Workload Date	Work Day	Roster Location			
16/01/2024	08:30-17:30	Workload Tools Test Area 2	Edit	Add New	Delete
15/01/2024	08:30	Workload Tools			

The User can select **“Edit”** to view and edit a record or **“Delete”** to delete a record from SSTS.

The user will be asked to confirm before deleting a record.

Confirm Delete

Are you sure you want to delete this Form?

Yes No



Users can only edit and delete the last 30 records. It is not possible for users or managers to edit or delete older records.

11. Viewing Others Workload

Users with SSTS **Manager** Permissions for this roster location will see an “**Other Workload**” tab beside the “**My Workload**” tab on the Calendar Screen. Here managers can see the data entered by users in their roster.

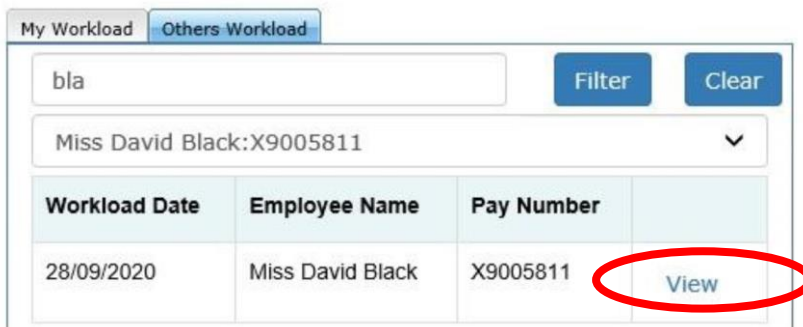
Entries are only displayed for two calendar months.



Click on the “**Please Select**” drop down to view and select from the list of users who have entered data within the last 2 months.



Once the user has been selected, a list of their entries from the previous 2 months will be shown. Click “**View**” to view the data entered for that date.





The workload can only be viewed by the manager, it cannot be edited. Only the user who entered the data can edit it.

Click “**Exit**” to return to the Calendar Screen, when finished viewing Others Workload.

12. Business Objects (BOXI)

After CN data entry and corresponding Professional Judgement tool and Quality Tool data entry into SSTS is complete, please use one of the Community Nursing 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:



Prompts	
Reply to prompts before running the query.	
→	Select START DATE:
→	Select END DATE:
→	Select EMPLOYER:
→	Select SPECIALTY:

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

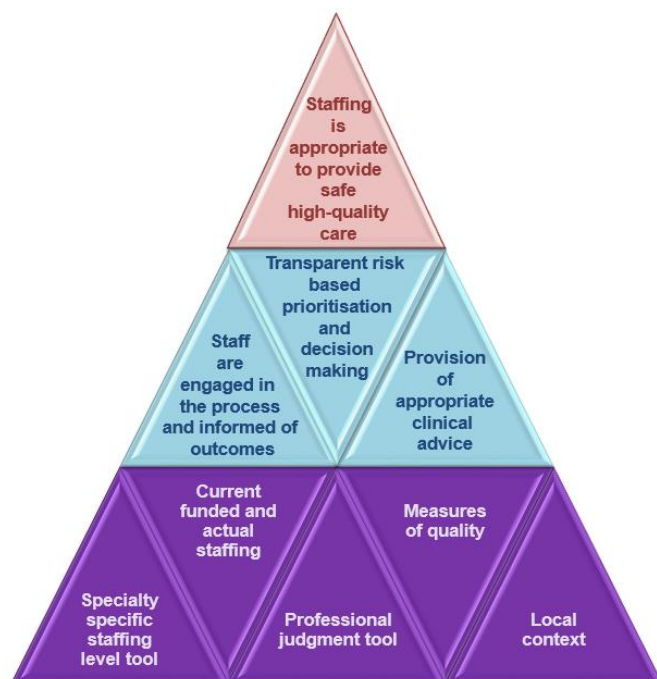
Nursing & Midwifery staffing level tools are an essential part of the Health and Care (Staffing) (Scotland) Act 2019 aimed at ensuring health & social care staffing is at the level required to deliver safe, quality focused care to people using the services. The tools are designed to give staff the platform 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

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 Community Nurse tool is one of a suite of national staffing level tools available for this purpose.

Figure 1 – The common staffing method



Appendix C

Guidance Notes and Levels of Care

Contact	Category	Guideline and examples
FACE TO FACE Face to face contact refers to any intervention that involves direct contact with a patient, parents or direct carer. This contact can be at the same location or via the telephone	Assessment	Assessment (analysis), planned intervention, evaluation of care. Examples: <ul style="list-style-type: none"> • Risk / Contenance / Falls / Health needs / Older persons / Family assessment • GIRFEC practice model assessment • EPDS • Care planning • Care Package Management (applications for funding) • Referral/facilitating access to other services. • Care Coordination • Crisis Intervention/ unplanned care • Key worker role
	INTERVENTIONS: DISTRICT NURSING	<ul style="list-style-type: none"> • Management of acute/ chronic/ long term conditions (e.g., asthma, oxygen, home ventilation diabetes, renal, cardiac, oncology) • Case management of 'Hospital at home' and/or care of the acutely ill adult • Continence Care e.g., stoma, bladder and bowel management • Pain assessment and management • Venepuncture • Administration of medicines • Medication management / Supplementary and independent prescribing and administration of Intravenous therapy (e.g., chemotherapy, antibiotics, TPN) • Nutritional support including enteral feeding. • Wound Management • Palliative and Bereavement care • Intravenous access devices (e.g., portacath, central lines) • Assist visit e.g., where 2 staff are specifically required to visit e.g. palliative care patient)
	INTERVENTIONS: HEALTH VISITOR, SCHOOL NURSE & PUBLIC HEALTH NURSE	<ul style="list-style-type: none"> • Provide face to face detailed information, support, advice and appropriate onward referral: Examples: <ul style="list-style-type: none"> • Assisting family/ child/ young person with documentation

		<ul style="list-style-type: none"> • Supporting child/ young person / parental with learning disabilities / mental health issues and / or additional needs • Supporting parents / families with child developmental and behavioural issues • Supporting parents / families with child physical health conditions • Supporting Parents with health issues e.g., Postnatal depression Smoking cessation support & advice • Dealing with / reporting of child protection issues as per the local Child Protection Guidelines • Supporting families with language barriers (ethnic origin) • Work with family with specific health and social needs; liaise with other agencies. • Plan, organise and run clinics and groups; provide advice and health education. <p>Examples</p> <ul style="list-style-type: none"> • Antenatal Classes / Parenting group / Breast feeding / Infant massage • Post natal depression. • Developmental review / child health immunisation / Triple P • Implement programme as per revised Hall 4 • Carry out immunisation programmes for school age children. • Undertakes health assessments, screening and any necessary follow-up action. <p>Examples:</p> <ul style="list-style-type: none"> • Enuresis/ Encopresis/ Head lice • Chaotic family / poor parenting/ Substance misuse / Domestic violence • Physical abuse suspected / confirmed / Sexual abuse indicators / Formal child protection on register.
	SUPPORTING/ ADVISING/ ENABLING SKILLS	<ul style="list-style-type: none"> • Knowledge of needs of patient and dynamics of family situation • Developing and establishing a relationship • Skilled listening • Enabling/empowering • Planning
	PALLIATIVE / END OF LIFE CARE	<ul style="list-style-type: none"> • Care coordination / Anticipatory care planning • Counselling skills • Bereavement support • Case Manager role
	CLINICAL DOCUMENTATION /	<ul style="list-style-type: none"> • Clinical case records / written communication (e.g., letters, reports)

	PATIENT HELD RECORDS	<ul style="list-style-type: none"> • Assistance with applications for benefits (e.g., Disability Living Allowance) • Risk assessment (e.g., home ventilation, moving & handling) • DNAR / Anticipatory care plans
	EDUCATION/AWARENESS RAISING	<ul style="list-style-type: none"> • Delivery of appropriate face to face education to under and post graduate students. • Delivery to children, young people, families and carers e.g. Insulin / eye drops/ EpiPen administration / Weaning / Breast feeding / Health promotion • Multidisciplinary and multi-agency training • Evaluation of patient care/understanding. (Patient involvement) • Delivery to children, young people, families and carers • Multidisciplinary and multi-agency training for carers to use hoists
<p>NON-FACE TO FACE</p> <p>Any Patient related intervention which does not involve direct contact with the patient or their carer.</p>	Professional Communication involving clinical advice utilising knowledge and skills.	<ul style="list-style-type: none"> • Receiving and making telephone calls, e-mails and faxes to MDT / other professionals, parents/carers, patients <ul style="list-style-type: none"> ▪ Referrals to other services ▪ Prescription writing / ordering ▪ Patient handover - updating colleagues when requiring cover for annual leave/ term time. ▪ Transfer from HV caseload to School nurse caseload ▪ Discussion/liaison with colleagues and partner agencies • Arranging for the patient to be seen by the GP, or other member of the MDT / Multi-agency Team • Arranging effective admission / discharge planning • Opportunistic discussions with other professionals (internal / external) regarding a patient <ul style="list-style-type: none"> ▪ Letters/reports and referrals ▪ reports for meetings (case conference) to whom it may concern letters. ▪ Education/ Training of staff / carers in relation to a specific patient • Training to a support worker, teacher, nursing assistant looking after a patient with i.e., gastrostomy, tracheotomy, diabetes or cystic fibrosis etc (if the patient was present then this would be a direct contact) <ul style="list-style-type: none"> ▪ Email/fax/text relating to a patient • Email and/or text to patient, parents or direct carer as well as health and social care professionals e.g., GP, education staff, consultant, social work and psychology <ul style="list-style-type: none"> ▪ Writing up notes following record keeping/phone calls and entering information onto computer ▪ Patients notes (written) ▪ Patients notes (electronic)

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		<ul style="list-style-type: none"> ▪ Preparing notes/results for clinics/consultation (clinic preparation) ▪ Record keeping including IT based. ▪ Prescription writing / ordering ▪ Lab results (filing) ▪ Tracking / filing records ▪ Ordering equipment ▪ Multi-agency team meetings/ case discussions and case conferences ▪ Childrens hearings and court appearances ▪ Acting as lead professional/ named person for a child. ▪ Attending critical incident meetings ▪ Risk assessment and management
	ADMISSION /DISCHARGE COORDINATION	<ul style="list-style-type: none"> • Coordination / participation in multidisciplinary admission / discharge planning meetings to arrange effective admission / discharge planning. • Ensuring that appropriate care packages are in place to support patients and carers within the community. • Coordination of supplies and equipment (patient specific)
	RESEARCH/AUDIT	<ul style="list-style-type: none"> • Clinical audit • Consultation with children and young people • Research governance / clinical effectiveness and evidence-based practice. • Service evaluation
	CLINICAL DOCUMENTATION / PATIENT HELD RECORDS	<ul style="list-style-type: none"> • Development of protocols/policies for individual health needs- • Literature review
CLINICS	ROUTINE	<p>Every patient attending sessions/clinics should be recorded individually using CHI or a unique identifier and a level of intervention score (applied to the workload during the individual session). Some examples may include:</p> <ul style="list-style-type: none"> • Well baby clinics / Child development clinic/ Vision screening. • Drop-in groups / Drop in for health information • Behaviour modification / treatment options and support e.g., Smoking Cessation / Enuresis and Continence

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		<ul style="list-style-type: none"> Treatment Room clinics / Leg Ulcer clinics
	GROUP	<p>Number of patients/ hours of clinic /sessions to be recorded. Some examples may include:</p> <ul style="list-style-type: none"> Therapeutic Group work e.g., post-natal depression / eating disorders First time mothers groups/ Breast feeding support group/ Parent education sessions ◆ante or post-natal e.g., weaning. Healthy Respect? / Mellow parenting / Incredible Years parenting Behaviour modification / treatment options and support e.g., Smoking Cessation / Enuresis and Continence
	MASS	<p>Number of patients/pupils and hours of clinic to be recorded. Some examples may include:</p> <ul style="list-style-type: none"> Immunisation clinics to administer vaccines e.g., flu / childhood /HPV/BCG DTP/MMR
	HEALTH PROMOTION/ EDUCATION	<p>Some examples may include:</p> <ul style="list-style-type: none"> Health Fair Health Education in Schools

Level of Care	Face to face examples	Non face to face examples
<p>LEVEL 1 Straight forward</p>	<ul style="list-style-type: none"> Provide face to face advice and/or information with no other input required at that point. Straightforward assessment of a situation that requires advice/information but no other input / assessment of a situation which results in advice/information given directly to parent/carer/client but no other input. Simple post-operative wound that requires removal of suture or a straightforward assessment requiring no further intervention Home / clinic contact with parent /carer/client following e.g. A/E attendance, hospital discharge, 	<ul style="list-style-type: none"> Provide advice and/or information with no other input required at that point. Simple assessment of a situation that requires advice/information but no other input. Community Nurse responding to telephone call from another Healthcare Professional seeking advice re patient care. Arranging venues, invitations to external agencies, minute taking, taking forward outcomes arising from meetings such as liaising with social work Accessible record and documentation of intervention

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	<p>DNA, follow up on a previous call.</p> <ul style="list-style-type: none"> • Accessible record and documentation of intervention 	<p>Straightforward input of information e.g., change of appointment.</p>
<p>LEVEL 2</p> <p>Minimal</p>	<ul style="list-style-type: none"> • Provide face to face advice and/or information but further support or wider explanation is required. • Provide face to face advice in a situation which requires recipient specific understanding i.e., where there is cognitive / sensory impairment. • Assessment of situation results in the need for uncomplicated direct clinical intervention in one or two aspects of care at that point but once completed no further intervention required. • Assessment of a situation which results in the need for minimal intervention e.g., discuss the management of constipation through dietary advice, fever, colic, advice to liaise with nursery/school. Assessment of the situation at this stage deems no further intervention required beyond discussion and advice to with parent/carer/client. • Direct face to face communication with parent, nursery, school, CMO, AHP, external agencies to gather information. • Direct Communication with carer / families / wider PCT, multi-agency colleagues • Unplanned meeting with parent/carer/client requiring minimal intervention/ advice/ discussion and client understanding assured. • Post-operative wound inflamed requiring observation but not intervention and information provided to carer/patient about signs to look for and how to access intervention should that be required. • Advice to family / carer re patient condition 	<ul style="list-style-type: none"> • Provide advice and/or information but further support or wider explanation is required. • Provide advice and/or information in a situation which requires recipient specific understanding i.e., where there is cognitive / sensory impairment. • Assessment of situation results in the need for uncomplicated direct intervention in one or two aspects of care at that point but once completed no further intervention required. • Assessment of a situation which results in the need for minimal intervention e.g. • Dietary advice re constipation • Advice to parent/carer re fever, colic, advice to / liaison with nursery/school. Assessment of the situation at this stage deems no further intervention required beyond advice/information. • Discussion between the Community Nurse & GP/ Pharmacist re medication management which involves the Community Nurse having to access and refer to patient's case notes. • Communication with parent, nursery, school, CMO, AHP, external agencies to gather information. • Communication with carer / families / wider PCT, multi-agency colleagues • Advice to family / carer re patient condition • Record not accessible, arrange access to record. • Documentation - Input of intervention information into client record e.g., telephone liaison advice/information
<p>LEVEL 3</p> <p>Moderate</p>	<ul style="list-style-type: none"> • Provide face to face detailed information and provide support 	<ul style="list-style-type: none"> • Provide detailed information and provide support and advice for a complicated situation.

	<p>and advice to parent/carer/client for a complicated situation.</p> <ul style="list-style-type: none"> • Direct face to face assessment of a complicated situation requiring moderate intervention on more than one or two aspects of care and will require further monitoring and intervention. e.g. • home visit to explain the importance of immunisation attendance following DNA♦s, to discuss possible child protection concerns, post-natal depression support - the omission of which would be detrimental to the health and wellbeing of the client/family/carer. • Post-operative wound, with, general concern of possibility of deterioration. Requires referral for appropriate assessment and treatment. Support and reassurance required. • Clinic visit ♦ enuresis, immunisation, developmental review • Assessment resulting in further monitoring / intervention. • First visit ♦ new baby • Communication face to face with Specialist Nurses to inform assessment and ongoing intervention. • Management of a diabetic patient where there is need for regular titration of dosage and or regular contact with secondary services due to instability of blood sugars. 	<ul style="list-style-type: none"> • Assessment of a complicated situation (case management) requiring intervention on more than one or two aspects of care and will require further monitoring and intervention e.g., the need for face-to-face contact, home visit, GP/clinic visit - the omission of which would be detrimental to the health and wellbeing of the client/family/carer. • Assessment resulting in further monitoring / intervention. • Complicated handover e.g., Midwife to Health Visitor • Condition and medication management & awareness presentation to nursery/school staff e.g., Epipen, Midazolam, Inhaler devices • Communication with Specialist Nurses to inform assessment and ongoing intervention. • Health Visitor / School Nurse contributing to GIRFEC i.e., report preparation and attendance at meeting. • DN contributing to ASP Protection/ Case Conferences and complex case discussion. • Community Nurse contributing to MDT meeting which involves preparation for the meeting, taking forward several outcomes arising from the meeting such as liaising with other agencies.
<p>LEVEL 4 Complex</p>	<ul style="list-style-type: none"> • Complex situation requiring the coordination/ case management of multiple avenues of advice and information. Demand for personal support to family/carer increasing. • Regular re-assessment of situation required with multiple interventions required. Long-term situation • Post-operative wound open, discharging, patient generally unwell parent/carer upset and anxious. May require re-admission. • Direct parent/carer/client/professional contact as lead professional for GIRFEC involving attendance at meeting taking forward outcomes arising from the meeting. 	<ul style="list-style-type: none"> • Complex situation requiring the coordination of multiple avenues of advice and information. And increasing demand for personal support to families and carers. Demand for personal support to family/carer increasing. • Regular re-assessment of complex situation required with multiple interventions required. • The case requires Case Management for patients with complex needs related to long term conditions, palliative care or end of life care. Examples - Advanced assessment, high levels of decision making, formulation and co-ordination of management plans in partnership other agencies adopting a patient centred approach.

	<ul style="list-style-type: none"> • Attendance at Child Protection case conference / discussion with contribution from Health Visitor / School Nurse • Assuming the role of Lead Professional in a given situation • Direct contact with a family in crisis requiring immediate and high-level intervention. • Deterioration of a client situation which involves direct contact and intervention e.g., referral to other NHS services, social services etc... • Attendance and preparation for MARAC • Complex situation requiring the coordination of multiple avenues of advice and information. Demand for personal support to family/carer increasing. • Regular re-assessment of a complex situation with multiple interventions required. • Intensive family support 	<ul style="list-style-type: none"> • Plan deliver and evaluate complex packages of care through continuous audit and monitoring of appropriate data. • Responding to a range of complex person-centred need as they move up and down the continuum for long term conditions from anticipatory care, supported self-management, complex care management, palliation and end of life care • Proactively managing and facilitating effective complex discharge planning • Providing clinical and professional expertise to patients, carers and members of the multi-disciplinary team as appropriate • Effective utilization of staff resource using appropriate tools • Lead professional / Chair for GIRFEC or ASP -taking forward outcomes arising from meetings such as liaising with Social Work • Attendance at Child Protection case conference / discussion with contribution from Health Visitor / School Nurse • Gathering information and preparing complex reports for CC/CD • Assuming the role of Lead Professional • Call from a family in crisis requiring immediate and high-level intervention. • Deterioration of a complex client situation • Attendance and preparation for MARAC • Preparation for locality planning groups e.g., negotiating resources at multi-agency groups for long term condition patients.
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Associated Workload	
Type of Associated Workload	Examples
Management & HR	<ul style="list-style-type: none"> • Off duty • Staff salary data / SSTS • Recruitment • Sickness/absence reporting and return to work meetings • Disciplinary/ performance management • Service planning/strategic planning • Caseload management (work allocation, handovers, etc.) • Management supervision • Project work
Administration	<ul style="list-style-type: none"> • Emails • General phone calls


Associated Workload	
Type of Associated Workload	Examples
	<ul style="list-style-type: none"> • Travel forms E-Expenses • Database (non-patient related) • Monthly reports/statistics • Supplies/ordering (general) • Co-ordination of equipment (general) • Mileage / timesheets paperwork • Undertaking KSF reviews / PDP including objective setting • Incident reporting • Inputting Case load Data on IT systems
Meetings – Non patient specific	<ul style="list-style-type: none"> • Senior Nurse meeting / Team meetings • Representing Team leader/line manager at meetings • Managed clinical networks • National forums • Attending steering group meeting • Team meetings • Professional meetings/forums
Professionally related activity	<p><u>Providing:</u></p> <ul style="list-style-type: none"> • Clinical supervision / clinical support • Developing education resources (e.g. Cleanliness champions, model policies) • Multi-agency teaching • Contributing to programme and curricula development • Drafting guidance for consultation • Student related activities • Mentorship pre/post registration <p><u>Delivering:</u></p> <ul style="list-style-type: none"> • Delivering education and training (lectures, workshops, etc) • Multi-agency teaching • Research and audit • Disseminating guidance and expert advice (web, e-mail, print etc)
Personal professional development	<ul style="list-style-type: none"> • Mandatory training • Continuing Professional Development, e.g. Conferences, study days, self-directed learning • Eksf/Personal Development Review/Personal Development Plan • Clinical supervision • Team development • Shadowing opportunities to enhance skills <p>NB Full study days are not recorded in the workload tool. Only partial online, face to face or self-directed study/learning time is recorded when it is being done during a rostered shift e.g. 2 hours away from person facing contact.</p>
Cleaning/ Housekeeping	<ul style="list-style-type: none"> • Cleaning equipment • Cleaning and tidying store cupboards • Light cleaning / Tidying up • Emptying bins, change bin bags and disposing of rubbish • Cleaning fridge • Carrying out equipment checks • Carrying out decontamination of equipment • Restock the department

Appendix D

Frequently Asked Questions and Answers

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

CN Staffing Level Tool	
Frequently Asked Questions and Answers	
Q1	What do I need to do before I start using the tool?
	<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 Quality Assurance Checklist:</p>
Q2	Why am I being asked to use three tools?
	<p>You are being asked to use the Professional Judgement Tool (PJ) and the Quality Tool (QT) along with the CN staffing level tool. This forms part of the Common Staffing Method approach mentioned above.</p> <p>The CN staffing level tool provides a workload profile 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> <p>The PJ and QT tool are normally completed by a team leader or designated person on behalf of the team.</p> <p>Local arrangements should be established so information from the whole team is collated to inform completion of both tools.</p>
Q3	Does the tool consider mandatory training requirements?
	<p>Training can be recorded via the section in the additional activities tab. This information will pull through to the BOXI reports to give a picture of how much time was allocated to training per individual and for the team.</p>
Q4	How does the tool capture all aspects and complexity of my work?

	<p>The tool is designed so Community Nurses can record the overall time they have worked; the time they have taken with work activities; and the level of complexity each activity is categorised as. Guidance about the level of complexity can be accessed by clicking on the information icon in the tool and also be found in Appendix C of this document</p> <p>The activities are recorded under several headings which include: direct interventions, clinics/sessions/drop-in, associated workload, travel and exceptions. The tool collates this data in a report for use to inform local planning processes. This report is accessed via Business Objects (BOXI)</p>
Q5	Who completes the Data Capture for each patient and how often should this be done?
	<p>The individual CN/HV/ PHN/ SN is responsible for capturing their own data to reflect their workload and uploading this onto SSTS. This should be done for every shift, including additional time, during the Tool Run.</p> <p>A paper data capture template can be found here. This can be printed off and completed in real time to aid accurate data collection before entering on SSTS</p> <p>A separate entry on SSTS should be completed by the practitioner for every shift</p>
Q6	Where can I find the definitions for each level of intervention?
	<p>See the coding can be found in Appendix C</p> <p>This information is also available on SSTS by clicking the  icon beside the level of intervention drop down</p>
Q7	What if the hours I have worked vary, how do I record this?
	<p>The top section of the tools front page is pre populated with each individual staff members contracted hours. When first using the tool, check that this information is correct.</p> <p>As detailed in Section 3.2 of this user guide, it is recognised that on occasion staff work varying hours on a daily bases. Therefore, there is a section lower on the tools front page that allows you to record your ACTUAL start and end time of a rostered shift.</p> <p>The normal default for the tool is that the core shift hours are 7.5 hours per day which excludes a 30 minute break.</p> <p>For the purpose of this example we will consider the core hours as 08.30 –16.30 hours = 8 hours.</p> <p>If you have managed to work your core hours, you would record these and the tool will take 30 minutes off for breaks automatically, recording 7.5 hours. The start and finish times in services will be different and can be changed to whatever you work.</p> <p>It is known that some services operate a shift pattern of 7.5 hours but the hours worked are 08.30 – 17.00 with a one hour break. As the break period is automatically set as 30 minutes, it is recommended that you adjust your actual work time by 30 minutes so the shift is still recorded as 7.5 hours. In this example you would adjust your hours to 08.30 – 16.30.</p> <p>If your work hours are under or over your core hours you would use the actual hours worked section to record the different shift pattern of the day. For example, if due to your workload you were required to work 9 hours (excluding breaks) from 08.30 – 18.00 hours then this is the hours you would record.</p>

	<p>Another example is if you had reduced hours one day due to annual leave or arranged time off in lieu. Here you would record the actual hours worked maybe as 08.30 – 12.30 hours to reflect this reduction in time.</p> <p>It is important that the actual time worked is changed on this front page so the activity times recorded on the tool are similar. If not changed, the final report will record that you have inserted either additional or less activity time than the recorded hours worked e.g. you recorded 9 hours of activity but only recorded a core 7.5 shift pattern on the front page.</p> <p>The report would highlight longer activity time than hours worked and the data may not appear accurate.</p> <p>Please note, changing the tool to record your actual hours worked WILL NOT change your contracted hours or notify HR/Payroll departments.</p> <p>Normal local processes should be followed to notify managers or payroll about any changes in work pattern.</p>
Q8	When would I use the Additional Time box on the front page?
	<p>See Section 3.3</p> <p>The additional time box on the front page is only ticked if you have left work and have returned to carry out planned work.</p> <p>An example of this would be if you left work at 16.30 and returned to carry out a scheduled health education session from 19.00 – 21.00 hours. Another example is if you had a scheduled telephone clinic in the evening from 18.00 – 19.00 hours. Even if this took place at home, this would be categorised as you leaving and returning to work for additional time to carry out a work activity.</p>
Q9	How do I record “On Call” responsibilities?
	<p>On-call should only be recorded using the Additional Time function if you have had to carry out any work during the on-call period</p> <p>If you are called out more than once out of hours, it is suggested that you aggregate the hours under one time block. The tool will still profile the total additional hours, so it doesn't matter if the hours are aggregated</p> <p>The corresponding activities should be recorded using the appropriate data entry tabs e.g Direct Interventions and Travel</p>
Q10	Should Students and bank/ agency staff record their work activities?
	<p>Ideally yes. If staff are working regularly in the team during the Tool run and have a caseload, then they should be issued with SSTS access and shown how to capture and enter data, this includes post reg students</p> <p>Local process will apply re: SSTS access</p> <p>Giving Tool access to all staff with caseload will enable the CN team to record the full team activity for planning and allocation purposes</p> <p>Some staff members may have dual roles within a Health Board. Please consult with the local</p>

	SSTS team for advice and support with this
Q11	When a student is with me on a visit, when do I tick the "Assist Visit" box?
	<p>The "assist visit" box should be ticked by both the student and the Nurse only if both are actually required to carry out the intervention.</p> <p>Both staff members should tick the "assist visit" box and should enter their workload data separately as a Direct Intervention.</p> <p>If the student is only there to observe, and does not provide significant intervention, then the "Assist Visit" box should not be ticked.</p> <p>Additional student support time spent by the supervising CN clinician after the visit can be logged under Additional Workload.</p>
Q12	Health Visitors are all Band 7. How do we identify which ones are Team Leaders?
	<p>New BOXI reports shows the distribution of band 7s by team leaders and health visitors (only for Health Visiting speciality)</p> <p>The Team Leader must select 'Health Visitor Team Leader' on the Community Nursing Tool.</p> <p>The PJ Tool identifies bands but not roles. Role differentiation will be identified in the local context</p>
Q13	Can Practice Nurses and Treatment Room Nurses use the CN tool?
	No, it is recommended that Practice Nurses and Treatment nurses only use the Professional Judgement tool. This is because these staff work very much like an Outpatient department, with clear appointment times/list, so they can see what their workload is. This is another area for future tool development.
Q15	How do I record direct interventions for multiple children/adults that take place within the same meeting, e.g. if more than 1 person is on my caseload and all are discussed at the same meeting?
	If carrying out interventions for different children/Adults during the same meeting (e.g. families with multiple children on your caseload), make a note of the time per child/adult and record each intervention separately under direct intervention
Q16	Who do I contact if I require help and support with this tool?
	Please contact your local workforce lead in the first instance should you require support with any aspect of the CN tool or tool run

Appendix E

Trouble shooting

<p>CN Staffing Level Tool</p> <p>Troubleshooting guide</p>
<p>1. SSTS</p>
<p>I am getting an error message when trying to login to SSTS. What should I do?</p>
<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>
<p>What should I do if I lose my login details?</p>
<p>Contact your local SSTS Team.</p>
<p>The workload tool I need to access is greyed out. What do I do?</p>
<p>Double check that you are trying to access the correct tool. Double check the working location is correct Contact your local SSTS manager to change your permissions if you are unable to access the correct tool</p>
<p>The working location shown is incorrect – how do I change this?</p>
<p>See Section 2.1</p>
<p>My service area/ working location isn't shown on the list. What do I do?</p>
<p>Contact your local SSTS manager to ensure that you have the right permissions to access the tool for your specialty.</p>
<p>What happens if the internet goes down whilst during data entry to SSTS?</p>
<p>You will have to re-enter any unsaved data once you are able to access SSTS again</p>
<p>What happens if I enter the wrong information by mistake e.g. wrong dates or level of care?</p>
<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>
<p>Why won't the Direct Intervention entry screen let me "save" or "save and add another"?</p>
<p>Make sure you have added data into all of the relevant data entry cells. This should then let you save your data and open the next screen</p>

2. The Staffing level Tool

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 print [Appendix B](#) from this document
3. You can speak to the local IT team as permissions may be needed for accessing and downloading documents
4. Speak to your workforce lead and they should be able to assist in providing paper copies of the template

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

Double check all areas where you store or carry paperwork. If you are unable to find them you may be able to complete the data retrospectively using your appointment diary for example

Inform your manager if you are unable to find the data capture sheets, and feel that you may not be able to fully recall all the activities for the dates in question

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.

The Team Leader is off sick. Who takes responsibility for the Tool Run now?

Each CN clinician is responsible for their own data collection and upload to SSTS

The workforce lead will be able to provide support with completing the tool run in the absence of Team Leader

A nominated person should lead with the Professional Judgement Tool and the Quality Tool in the absence of the Team Lead

The Workforce Lead can also assist with Quality Assuring the data in the absence of the Team leader, although there is up to 2 months to do this

Why is there such a difference in the actual workload and hours worked on the summary screen?

These totals do not have to match exactly.

If there is a significant difference between the totals – more than 30 minutes either way – please review the data entered as soon as possible to ensure everything has been captured accurately

Adult Inpatient Tool - User Guide & Frequently Asked Questions

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