

Community Children's and Childrens Specialist Nurse (CCSN) Staffing Level Tool

User Guide

January 2024

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1. Introduction

The Community Children's and Children's Specialist (CCSN) tool is set up to enable CCSN's 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 CCSN 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 workload 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 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.

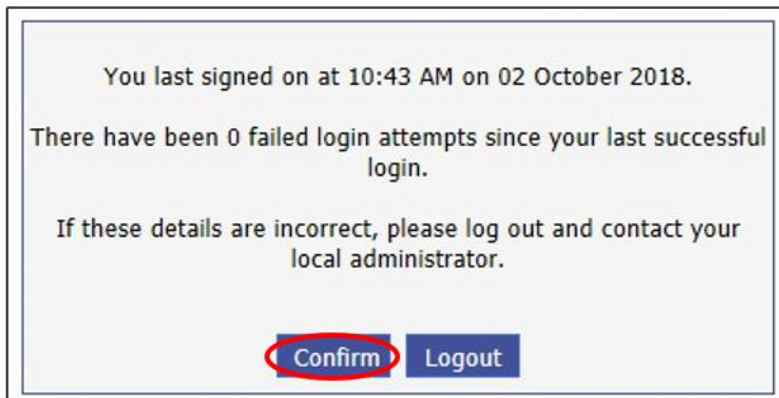
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Server NHLVWSSTSUWB01



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

Click “confirm” to proceed:

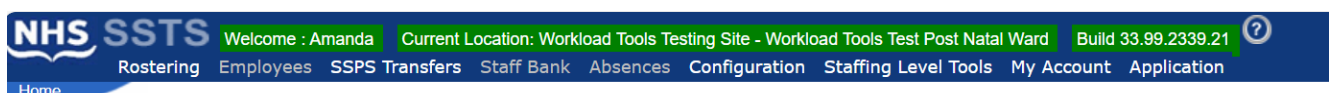


And then select “SSTS”



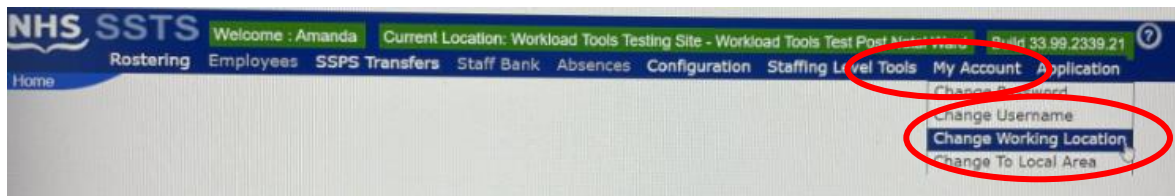
2.2 Changing Working Location

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

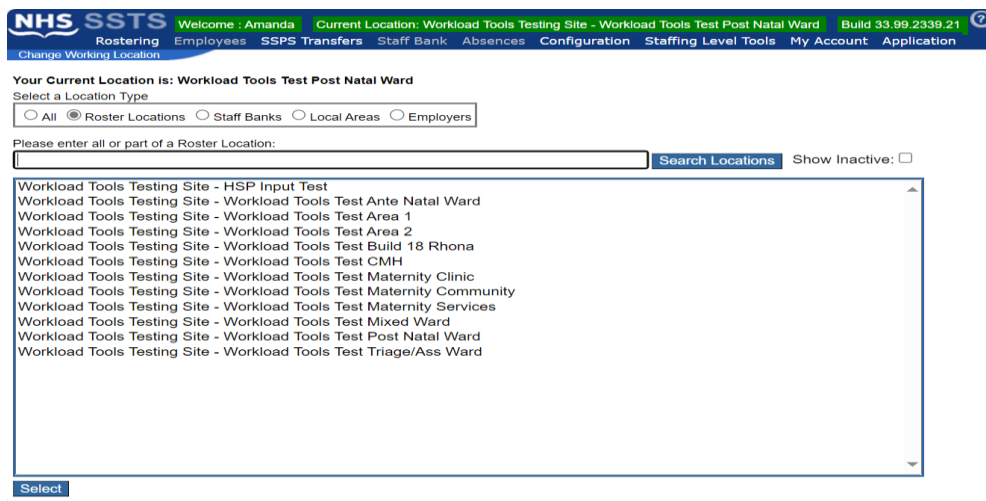


Check the Current Location at the top of the screen. It is unlikely that you will need to change Working Location. However, if Working Location is incorrect, and you have the necessary permissions, select **'My Account'** and then **'Change Working Location'**:
See below:

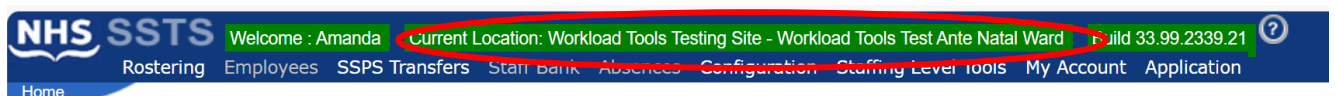
If you do not have the appropriate permissions, please reach out to your local workforce lead or SSTS team.



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'**:



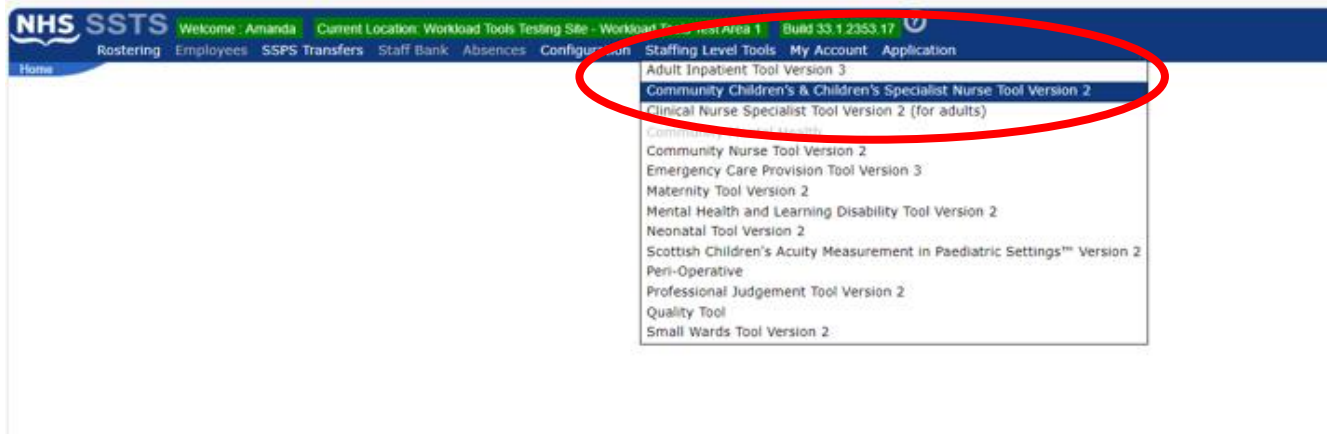
The location will then update on the toolbar:



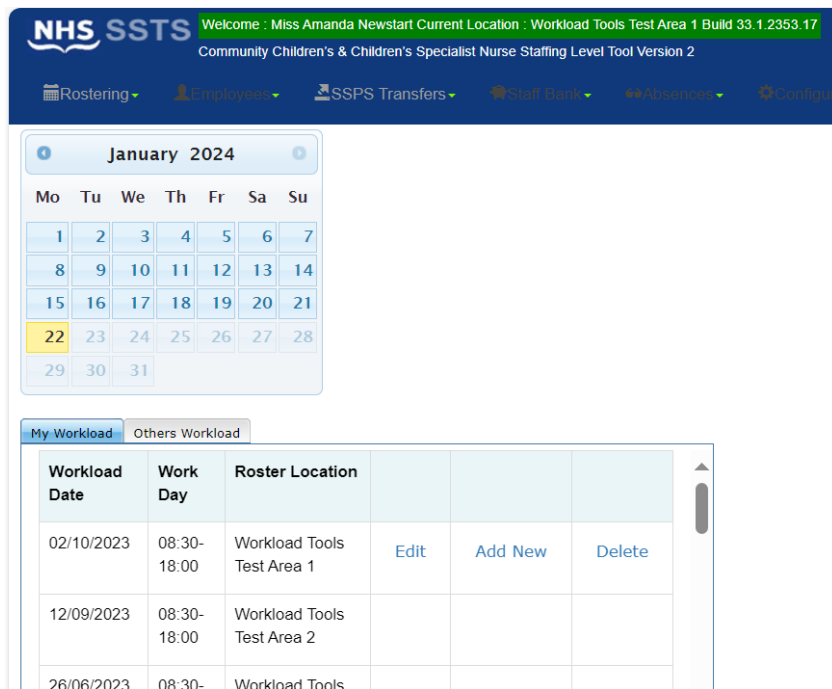
3. Creating/Editing Entries in Tool

3.1 Opening the tool

To open the CCSN tool, select '**Staffing Level Tools**' and then '**CCSN**'

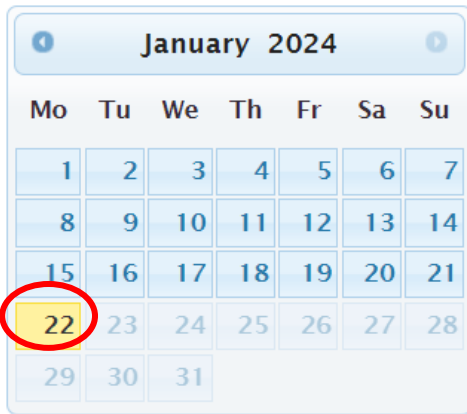


A screen like the one below will then appear:

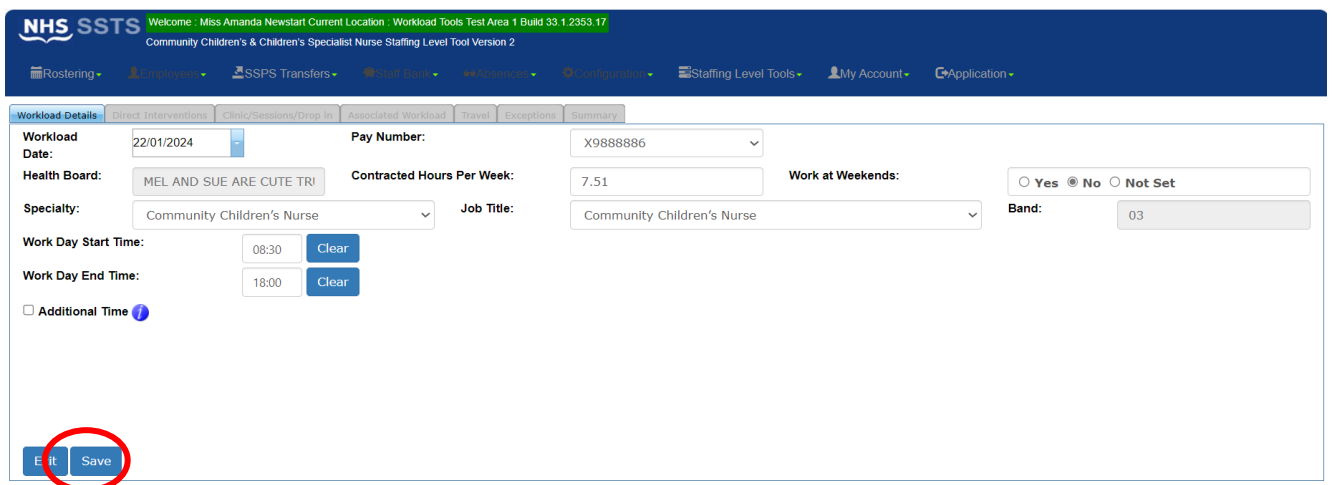


3.2 Entering Data

To add data, simply select the relevant date:



Then this screen will appear:



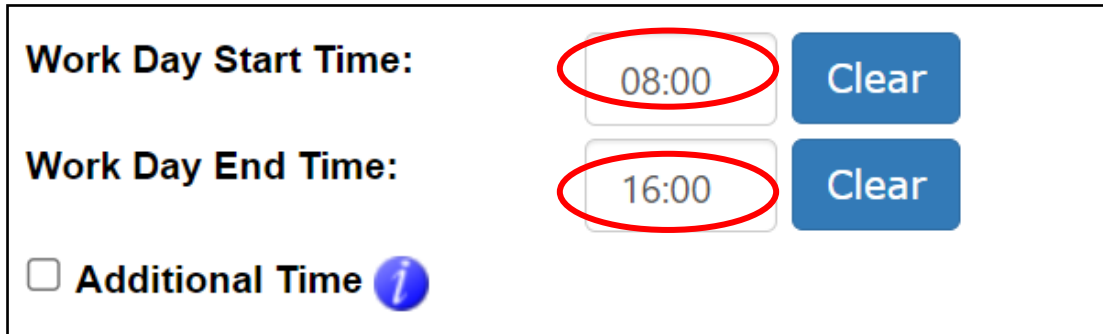
This screen will have some of the user details as contained within the SSTS system e.g., pay number, health board, and contracted hours. The user should check that these details are correct.

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.



The screenshot shows a form with three main sections. The first section is labeled "Work Day Start Time:" and contains a text input field with "08:00" and a blue "Clear" button. The second section is labeled "Work Day End Time:" and contains a text input field with "16:00" and a blue "Clear" button. The third section is labeled "Additional Time" with an unchecked checkbox and a blue information icon.

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.

The screenshot shows the 'Workload Details' form with the following fields:

- Workload Date:** 22/01/2024
- Pay Number:** X9888886
- Health Board:** MEL AND SUE ARE CUTE TRI
- Contracted Hours Per Week:** 7.51
- Work at Weekends:** Yes No Not Set
- Specialty:** Community Children's Nurse
- Job Title:** Community Children's Nurse
- Band:** 03
- Work Day Start Time:** 08:30 (with Clear button)
- Work Day End Time:** 18:00 (with Clear button)
- Additional Time:** (circled in red)

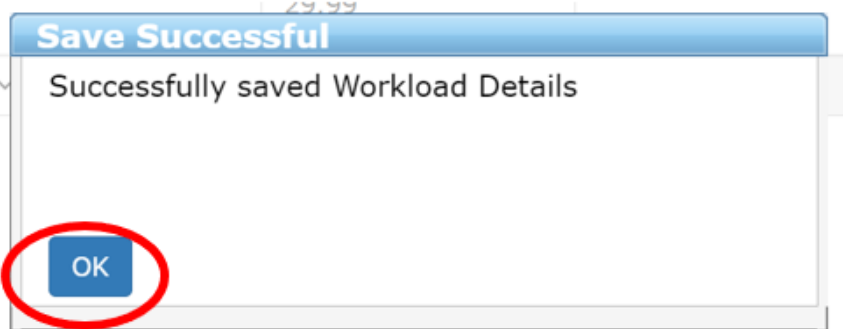
Buttons at the bottom: Exit, Save

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

The close-up shows the 'Additional Time' section with the following fields:

- Work Day Start Time:** 08:00 (with Clear button)
- Work Day End Time:** 16:00 (with Clear button)
- Additional Time:** (with info icon)
- Additional Start Time:** [Empty input field] (with Clear button, circled in red)
- Additional End Time:** [Empty input field] (with Clear button, circled in red)

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

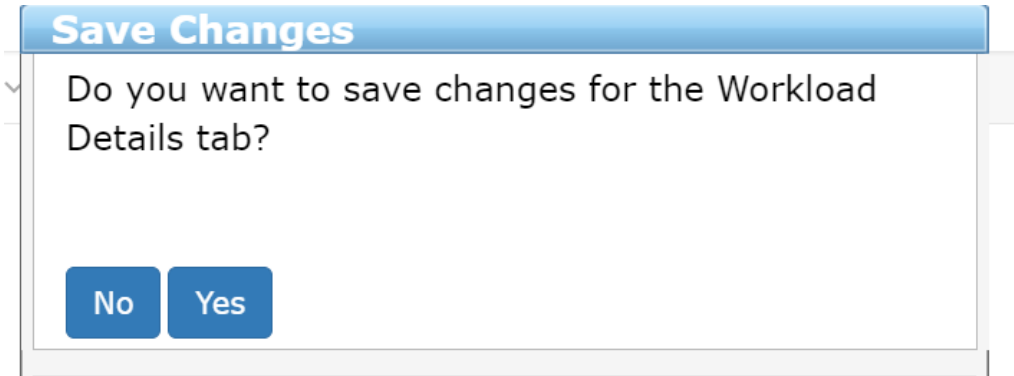


Click **"OK"** to move on.

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

The screenshot shows the 'Workload Details' tab of the CCSN Staffing Level Tool. The interface includes a header with the NHS SSTS logo and a navigation bar with tabs for 'Workload Details', 'Direct Interventions', 'Clinic/Sessions/Drop In', 'Associated Workload', 'Travel', 'Exceptions', and 'Summary'. The 'Workload Details' tab is active, displaying various input fields: 'Workload Date' (22/01/2024), 'Pay Number' (X9888886), 'Health Board' (MEL AND SUE ARE CUTE TRI), 'Contracted Hours Per Week' (7.51), 'Work at Weekends' (radio buttons for Yes, No, Not Set), 'Specialty' (Community Children's Nurse), 'Job Title' (Community Children's Nurse), 'Band' (03), 'Work Day Start Time' (08:30), and 'Work Day End Time' (18:00). There are 'Clear' buttons next to the time fields and an 'Additional Time' checkbox. At the bottom left, the 'Exit' and 'Save' buttons are visible, with the 'Exit' button circled in red.

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




4. Direct Interventions

4.1 Viewing Data

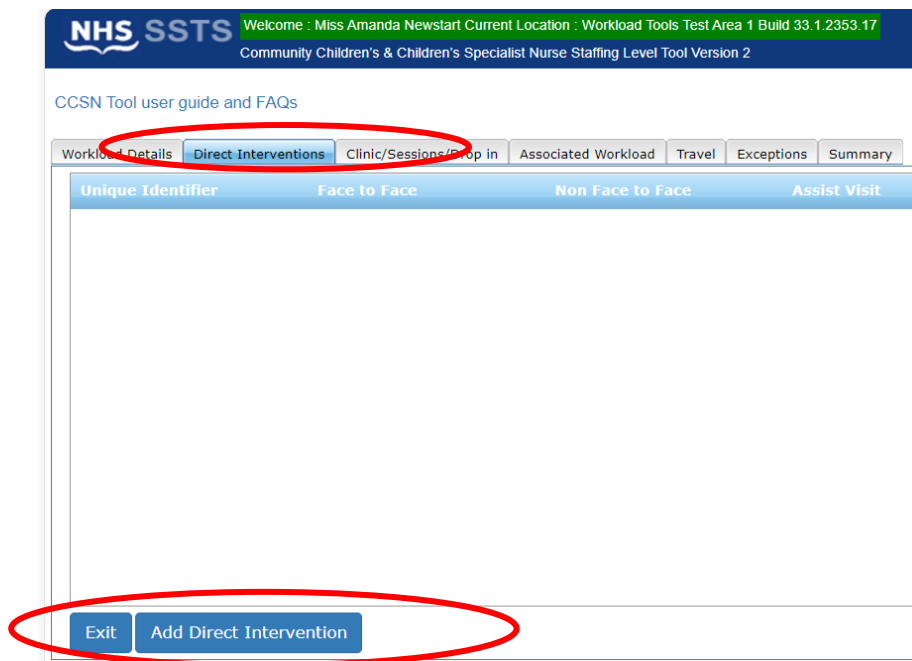
A Direct Intervention is any task or communication related to an individual patient. This can be face-to-face or non-face-to-face.

For ease, users should consider face-to-face contact as when they are directly communicating with a child, their parent 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 child, their parent 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:

The screenshot shows the 'Add Direct Intervention' form. At the top, there is a 'Unique Identifier' text box. Below it are two main sections: 'Face to Face' and 'Non Face to Face'. Each section has a radio button to select the contact type. Under 'Face to Face', there are options for 'Assist Visit' and 'Telephone Call'. Both sections have a 'Duration' dropdown menu and a checkbox for 'Exact minutes if 90 mins or over'. There are also 'Level' and 'Location' dropdown menus, with an 'Other:' text field for the location. At the bottom, there are three buttons: 'Save', 'Save and add another', and '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.

This is a close-up of the 'Add Direct Intervention' form. The 'Unique Identifier' text box is highlighted with a red circle. Below it is the 'Face to Face' radio button section, which includes an information icon and a 'No Face to Face Contact' radio button.

4.2 Telephone calls

If a telephone call took place directly with the child, parent 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

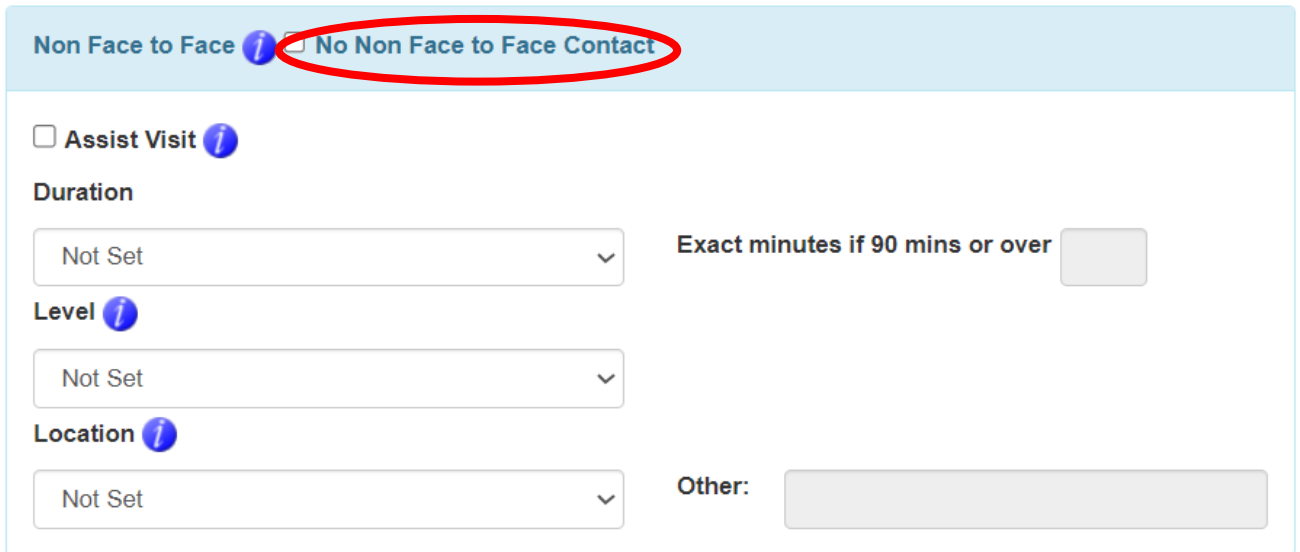
Level
Not Set

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:



The screenshot shows a form titled "Non Face to Face" with two radio button options: "Non Face to Face" and "No Non Face to Face Contact". The "No Non Face to Face Contact" option is selected and circled in red. Below the options, there is a checkbox for "Assist Visit". Underneath, there are several fields: "Duration" (a dropdown menu with "Not Set" selected), "Exact minutes if 90 mins or over" (a text input field), "Level" (a dropdown menu with "Not Set" selected), "Location" (a dropdown menu with "Not Set" selected), and "Other:" (a text input field). All these fields are greyed out, indicating they are inactive when the "No Non Face to Face Contact" option is selected.

 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

Not Set Exact minutes if 90 mins or over

Level

4.5 Duration

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

Duration

Not Set

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

90 + mins **Exact minutes if 90 mins or over**

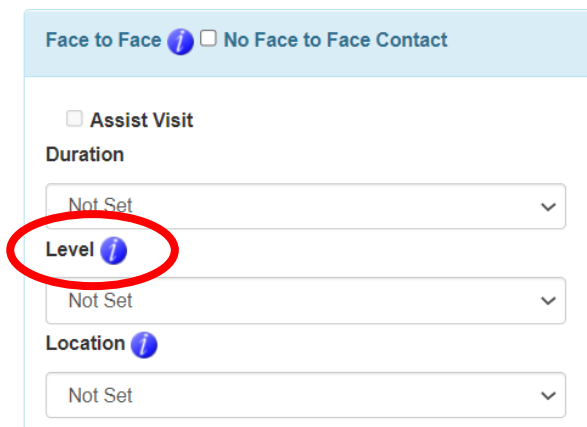
4.6 Level of Intervention

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 child.



The screenshot shows a form with a light blue header containing the text "Face to Face" with an information icon and a checkbox for "No Face to Face Contact". Below the header, there is a checkbox for "Assist Visit". Under the "Duration" section, there is a dropdown menu with "Not Set" selected. The "Level" dropdown menu is circled in red and also has "Not Set" selected. Below it, there is another dropdown menu with "Not Set" selected. Under the "Location" section, there is a dropdown menu with "Not Set" selected.

4.7 Location

Location refers to the location of where the direct intervention took place. Within **'Location'** the following options are available: *Clinic, Community, Home, Looked After Children, Nurse led Clinic, Nursery, Office, Other, School and Ward*

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 with "Other" selected. To the right of the dropdown menu, 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 Intervention Summary Screen

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

Unique Identifier	Face to Face	Non Face to Face	Assist Visit	Level	Duration	Location	Edit	Delete
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 2	35-39 mins	Clinic	Edit	Delete
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Level 3	55-59 mins	Home	Edit	Delete
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 2	25-29 mins	Clinic	Edit	Delete
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 4	80-84 mins	Home	Edit	Delete
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 1	15-19 mins	Clinic	Edit	Delete
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 1	10-14 mins	Clinic	Edit	Delete
12347	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 4	90 + mins	Home	Edit	Delete
12347	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 3	25-29 mins	Clinic	Edit	Delete

Exit Add Direct Intervention

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.

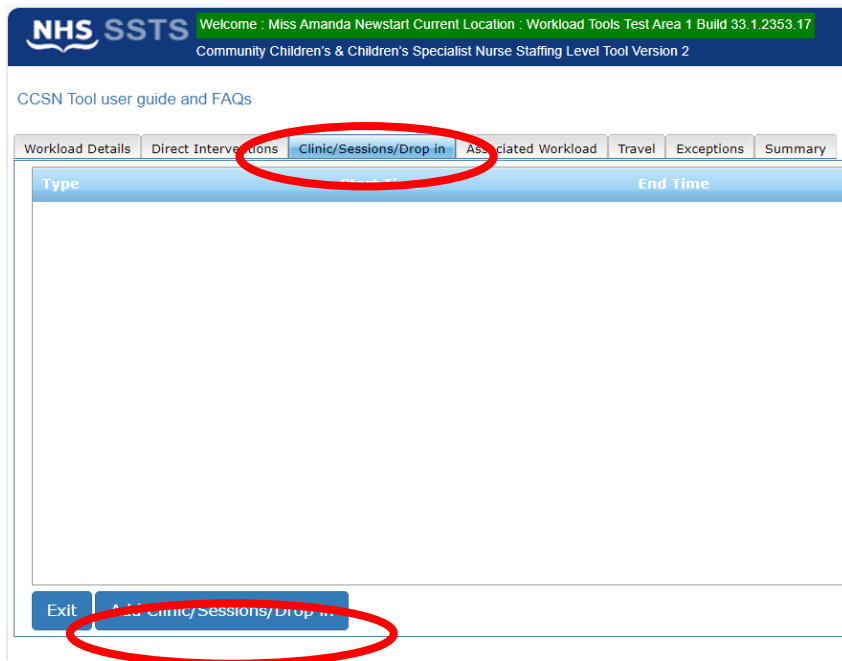
The user can continue to add data by selecting any of the other Tabs along the top of the screen.

Workload Details	Direct Interventions	Clinics	Associated Workload	Travel	Exceptions	Summary
------------------	----------------------	---------	---------------------	--------	------------	---------

5. Clinics

The **Clinic/ Sessions/ Drop-in** Tab should only be used for times when there is no direct intervention of varying level undertaken. For example, a group or 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 (eg. Group)" 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 1 Build 33.1.2353.17". Below this is the text "Add Clinic/Sessions/Drop in (eg. Group)". The form contains the following fields and controls:

- Type:** A dropdown menu with "Please Select" as the current selection.
- 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:** A text input field.

At the bottom of the form, there are three buttons: "Save", "Save and add another", and "Cancel".

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



The screenshot shows the NHS SSTS interface. At the top, there is a header with the NHS SSTS logo and a welcome message. Below the header, there is a navigation bar with several menu items. The main content area contains a form with the following fields: 'Type' (a dropdown menu with 'Please Select' and options 'Group' and 'Health Promotion/Education Sessions'), 'Clinic Description' (a text area), 'Start Time' (a time picker with a 'Clear' button), 'End Time' (a time picker with a 'Clear' button), and 'Number of Patients' (a text input). At the bottom of the form, there are three buttons: 'Save', 'Save and add another', and 'Cancel'. A red circle is drawn around the 'Type' dropdown menu.

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 header with the NHS SSTS logo and a welcome message. Below the header, there is a navigation bar with several menu items. The main content area contains a form with the following fields: 'Clinic Description' (a text area), 'Start Time' (a time picker with a 'Clear' button), 'End Time' (a time picker with a 'Clear' button), and 'Number of Patients/clients/child/young person' (a text input). At the bottom of the form, there are three buttons: 'Save', 'Save and add another', and 'Cancel'. A red circle is drawn around these three buttons.

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.

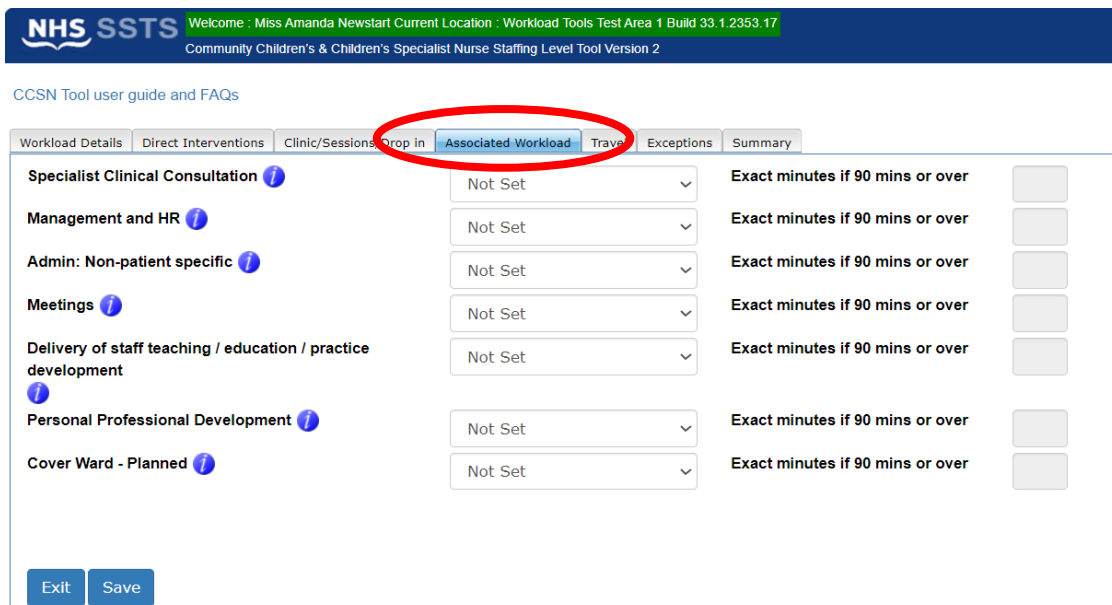
6. Associated Workload

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:



The screenshot shows the NHS SSTS interface. At the top, there is a navigation bar with the NHS SSTS logo and a welcome message. Below this is a breadcrumb trail: 'Welcome : Miss Amanda Newstart Current Location : Workload Tools Test Area 1 Build 33.1.2353.17 Community Children's & Children's Specialist Nurse Staffing Level Tool Version 2'. A link for 'CCSN Tool user guide and FAQs' is visible. The main content area has several tabs: 'Workload Details', 'Direct Interventions', 'Clinic/Sessions', 'Drop in', 'Associated Workload' (highlighted with a red circle), 'Travel', 'Exceptions', and 'Summary'. Under the 'Associated Workload' tab, there is a table with the following rows:

Category	Dropdown	Exact minutes if 90 mins or over	Checkbox
Specialist Clinical Consultation 	Not Set	Exact minutes if 90 mins or over	<input type="checkbox"/>
Management and HR 	Not Set	Exact minutes if 90 mins or over	<input type="checkbox"/>
Admin: Non-patient specific 	Not Set	Exact minutes if 90 mins or over	<input type="checkbox"/>
Meetings 	Not Set	Exact minutes if 90 mins or over	<input type="checkbox"/>
Delivery of staff teaching / education / practice development 	Not Set	Exact minutes if 90 mins or over	<input type="checkbox"/>
Personal Professional Development 	Not Set	Exact minutes if 90 mins or over	<input type="checkbox"/>
Cover Ward - Planned 	Not Set	Exact minutes if 90 mins or over	<input type="checkbox"/>

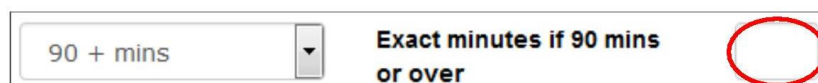
At the bottom left of the form, there are 'Exit' and 'Save' buttons.

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.



The image shows a close-up of the 'Exact minutes if 90 mins or over' section. On the left, there is a dropdown menu with '90 + mins' selected. To the right of the dropdown is the text 'Exact minutes if 90 mins or over'. Further to the right is an empty text input box, which is circled in red.

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 interface. At the top, a blue header contains the NHS SSTS logo and a green bar with the text: "Welcome : Miss Amanda Newstart Current Location : Workload Tools Test Area 1 Build 33.1.2353.17 Community Children's & Children's Specialist Nurse Staffing Level Tool Version 2". Below the header is a link for "CCSN Tool user guide and FAQs". The main interface has a top navigation bar with tabs: "Workload Details", "Direct Interventions", "Clinic/Sessions/Drop in", "Associated Workload", "Travel" (highlighted with a red circle), "Exceptions", and "Summary". The "Travel" tab is active, showing a form with an information icon (i) and two input fields: "Travel Time (minutes)" and "Travel Miles", both containing the number "0". Below these is a "Mode" section with a light blue header and a list of transport options, each with an unchecked checkbox: "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 CCSN 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 interface. The header includes the NHS logo and text: "Welcome : Miss Amanda Newstart Current Location : Workload Tools Test Area 1 Build 33.1.2353.17" and "Community Children's & Children's Specialist Nurse Staffing Level Tool Version 2". Below the header is a link for "CCSN Tool user guide and FAQs". The main navigation area has several 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 body is currently empty. At the bottom of the interface, there 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 1 Build 33 1 2353 17
Add Exception

Unique Identifier: n/a

Start Time: Clear

End Time: Clear

Reason: Please Select

Other Reason: Please Select
To cover ward - unplanned only
Other

Number of Staff: 1

Save Save and add another Cancel



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

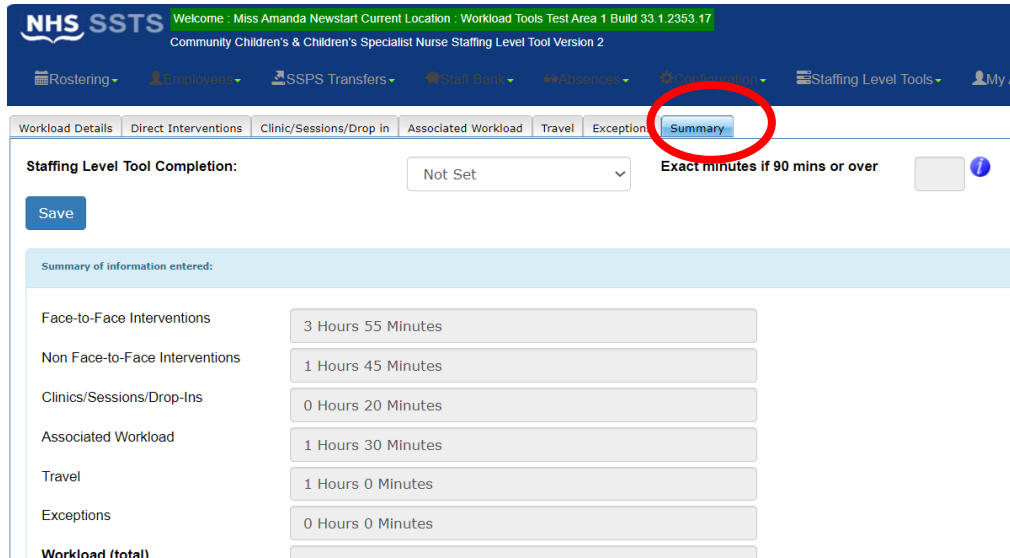
Once all the Exception data has been entered for their shift, the user should the select **“Save”** to save the data entered.

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.

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.



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.

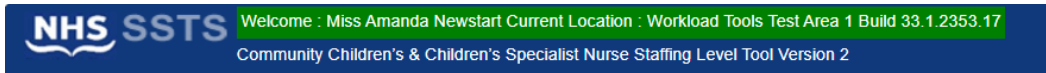
Where this difference is significant (+/- 30 minutes or more), the user should review their workload data entry, or their actual hours worked to ensure everything has been captured correctly.

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

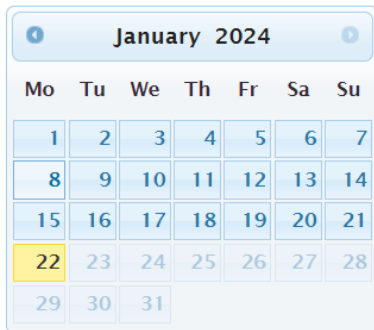
Workload (total)	8 Hours 30 Minutes
Actual Work Hours <small>(calculated from your Work Day Start/End times):</small>	9 Hours 0 Minutes
Difference between Workload & Actual Work Hours:	-0 Hours 30 Minutes

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.



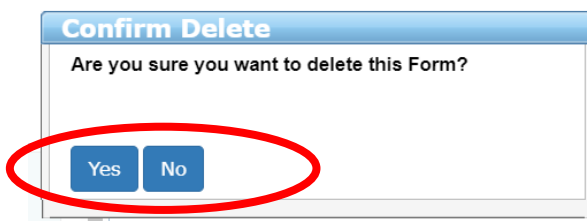
CCSN Tool user guide and FAQs



My Workload		Others Workload	
Workload Date	Work Day	Roster Location	
22/01/2024	08:30-18:00	Workload Tools Test Area 1	Edit Add New Delete
02/10/2023	08:30-18:00	Workload Tools Test Area 1	Edit Add New Delete

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.



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.

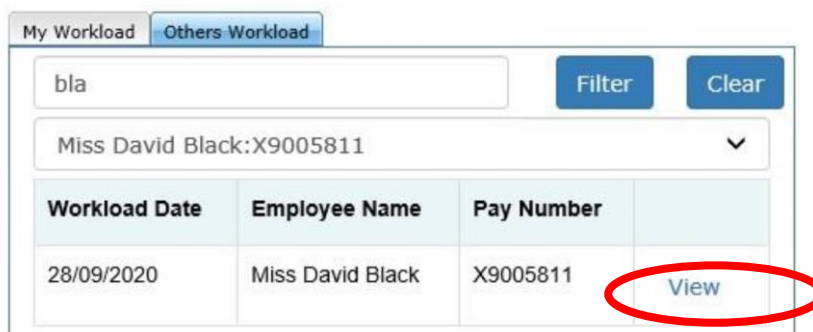
Entries are only displayed for two calendar months.



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.





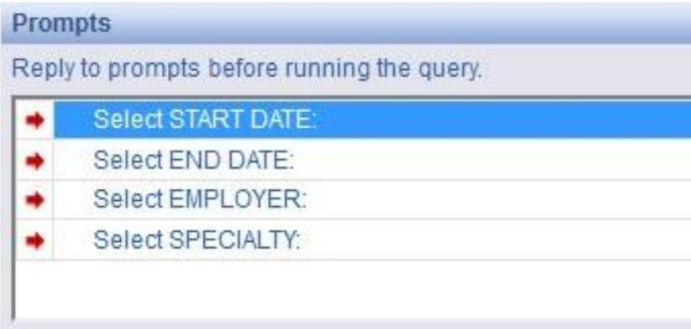
The workload can only be viewed by the manager, it cannot be edited. Only the user who entered the data can edit it.

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

12. Business Objects (BOXI)

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

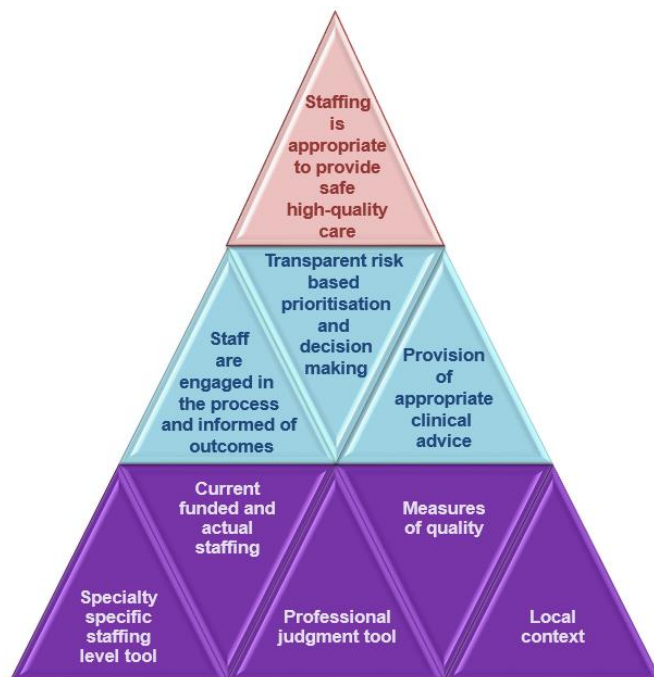
Nursing & Midwifery staffing level tools are an essential part of the Health and Care (Staffing) (Scotland) Act 2019 aimed at ensuring health & social care staffing is at the level required to deliver safe, quality focused care to people using the services. The tools are designed to give staff the platform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

Figure 1 – The common staffing method



Appendix B

Data Capture Sheet



HEALTHCARE STAFFING PROGRAMME (HSP)
Community Children's and Children's Specialist Nurse (CCSN)
Staffing Tool Data Collection Template

Date	Nurse Name		Start time	
	Day	Team	Finish time	
Unique Identifier	Patient Related Interventions			
	Face to Face		Non Face to Face	
	Duration In minutes	Assist Visit Yes No	Level Of Care 1-4	Location e.g. Health centre, Care home etc
	Duration In minutes	Assist Visit Yes No	Level Of Care 1-4	Location e.g. Health centre, Care home etc
	Duration In minutes	Assist Visit Yes No	Level Of Care 1-4	Location e.g. Health centre, Care home etc
	Duration In minutes	Assist Visit Yes No	Level Of Care 1-4	Location e.g. Health centre, Care home etc
	Duration In minutes	Assist Visit Yes No	Level Of Care 1-4	Location e.g. Health centre, Care home etc
	Duration In minutes	Assist Visit Yes No	Level Of Care 1-4	Location e.g. Health centre, Care home etc
	Duration In minutes	Assist Visit Yes No	Level Of Care 1-4	Location e.g. Health centre, Care home etc
	Duration In minutes	Assist Visit Yes No	Level Of Care 1-4	Location e.g. Health centre, Care home etc
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	Duration In minutes	Assist Visit Yes No	Level Of Care 1-4	Location e.g. Health centre, Care home etc
	Duration In minutes	Assist Visit Yes No	Level Of Care 1-4	Location e.g. Health centre, Care home etc
	Duration In minutes	Assist Visit Yes No	Level Of Care 1-4	Location e.g. Health centre, Care home etc
	Duration In minutes	Assist Visit Yes No	Level Of Care 1-4	Location e.g. Health centre, Care home etc
	Duration In minutes	Assist Visit Yes No	Level Of Care 1-4	Location e.g. Health centre, Care home etc
	Duration In minutes	Assist Visit Yes No	Level Of Care 1-4	Location e.g. Health centre, Care home etc

20221213 HSP RESOURCE CCSN Data Capture sheet V5.0



HEALTHCARE STAFFING PROGRAMME (HSP)

Community Childrens and Childrens Specialist Nurse (CCSN)

Staffing Tool Data Collection Template

Nurse Name			Team		Day and Date			
Clinic/ Session/ Drop-in			Associated Workload		Travel			
Type	Start Time	End Time	No. of People	Type	Duration Minutes	Mode Car, Foot etc	Duration Minutes	Miles
Exceptions								
Type	Start Time	End Time	No. of People					
							Total Duration and Miles	

Appendix C

Guidance Notes and Levels of Care

Contact	Category	Guideline and examples
<p>FACE TO FACE</p> <p>Face to face contact refers to any intervention that involves direct contact with a child, young person or family member/carer</p> <p>This contact can be at the same location or via the telephone</p>	<p>CHILD/FAMILY ASSESSMENT</p>	<ul style="list-style-type: none"> • Assessment (analysis) > planned intervention > evaluation of care • Care planning • Care Package Management (applications for funding) • Referral/facilitating access to other services. • Getting it right for every child (GIRFEC) assessment • Care Coordination • Risk Assessment • Crisis Intervention • Lead Professional / Key worker role.
	<p>Specific Clinical Interventions demonstrating specialist/ advanced skills</p>	<ul style="list-style-type: none"> • Wound management • Enteral feeding • Clinical investigations (e.g., venepuncture, monitoring and interpretation of results) • Intravenous access devices (e.g., portacath, central lines) • Intravenous therapy (e.g., chemotherapy, antibiotics, TPN) • Acute and chronic respiratory conditions (e.g., asthma, oxygen, cystic fibrosis, home ventilation) • Continence care (e.g., stoma, bowel, and bladder management) • Pre - post operative assessment and care (e.g., orthopaedic) • Pain assessment and management • Palliative and bereavement care • Neurological (e.g., epilepsy, complex health care needs, learning disability) • Supplementary and independent prescribing • 'Hospital at home' and/or care of the acutely ill child • Management of chronic conditions (e.g., diabetes, cystic fibrosis, renal, cardiac, oncology)
	<p>Clinical Consultation</p>	<ul style="list-style-type: none"> • Communication with MDT other professionals & families • Information sharing • Multidisciplinary and multiagency working • Assessment of capacity to consent

Contact	Category	Guideline and examples
<p>FACE TO FACE</p> <p>Face to face contact refers to any intervention that involves direct contact with a patient, parents or direct carer.</p> <p>This contact can be at the same location or via the telephone.</p>	<p>Discharge Co-ordination</p>	<ul style="list-style-type: none"> • Multidisciplinary discharge planning meetings • Ensuring pre discharge training for parents • Coordination of supplies and equipment (child specific)
	<p>Child Protection Activity</p>	<ul style="list-style-type: none"> • Referral • Meetings • Training • Reports/documentation • Reviewing
	<p>Emotional Support/ Advising/ counselling Skills</p>	<ul style="list-style-type: none"> • Knowledge of needs of child, young person, and dynamics of family situation • Developing and establishing a relationship • Skilled listening • Enabling/empowering • Planning
	<p>Palliative/ End of Life/ Breaking Bad News</p>	<ul style="list-style-type: none"> • Providing diagnosis (e.g., cystic fibrosis) • Counselling skills • Bereavement support • Care coordination • Lead Professional / key worker role.
	<p>Clinical Documentation</p>	<ul style="list-style-type: none"> • Clinical case records / written communication (e.g., letters, reports) • Assistance with applications for benefits (e.g., Disability Living Allowance) • Risk assessment (e.g., home ventilation, moving & handling) • Development of protocols/policies for individual health needs
	<p>Training and Education</p>	<ul style="list-style-type: none"> • Identification of best practice • Delivery to children, young people, families and carers • Multidisciplinary and multiagency training • Evaluation
<p>Research / Audit</p>	<ul style="list-style-type: none"> • Patient/family experience • Consultation with children and young people • Research governance • Service evaluation 	
<p>NON-FACE TO FACE</p> <p>Any Patient related intervention which does not involve direct contact with the child, young</p>	<p>Professional Communication involving specialised clinical advice utilising knowledge and skills</p>	<ul style="list-style-type: none"> • Receiving and making telephone calls to other professionals • Patient handover - updating colleagues when requiring cover for annual leave.

Contact	Category	Guideline and examples
person or their family member/ carer.		
	Discussion/Liaison with colleagues	<ul style="list-style-type: none"> • Arranging for the child to be seen on the ward or by the GP, consultant, dietician • Arranging for the child to attend A&E or for admission to the ward. • Opportunistic discussions with other professionals regarding a child • Ward liaison (discharges and admissions) •
	Letters/reports	<ul style="list-style-type: none"> • Minutes of Individual patient meetings, reports for meetings (case conference) to whom it may concern letters. •
	Staff training in relation to a specific child	<ul style="list-style-type: none"> • Training to a support worker, teacher, nursing assistant, brownie/ guide leaders looking after a child with i.e. gastronomy; tracheostomy; diabetes or cystic fibrosis. (if the child was present, then this would be classed as a direct intervention)
	Email/fax/text relating to a child	<ul style="list-style-type: none"> • Email/ fax/ text to a child, young person or family member/ carer as well as health and social care professionals e.g., GP, education staff, consultant, social work and psychology
	Patients notes (written and electronic)	<ul style="list-style-type: none"> • Writing up notes following record keeping/ phone calls and entering onto computer • Preparing notes/ results for clinics/ consultations (clinic prep)
Clinics	Group clinic (sessions): number of patients/hours of	<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.

Contact	Category	Guideline and examples
	clinic/sessions to be recorded	<ul style="list-style-type: none"> • Healthy Respect? / Mellow parenting / Incredible Years parenting • Behaviour modification / treatment options and support e.g., Smoking Cessation / Enuresis and Continence
	Health Promotion/ education sessions	<ul style="list-style-type: none"> • Health Fair • Health Education in Schools

Level of Care	Face to Face Examples	Non-Face to face Examples
Level 1	<ul style="list-style-type: none"> • Provide face to face 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. • Simple post-operative wound that requires removal of suture or a straightforward assessment requiring no further intervention 	<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.
Level 2	<ul style="list-style-type: none"> • Provide advice and/or information but additional support or wider explanation is required. • Assessment of situation results in the need for uncomplicated intervention in one or two aspects of care at that point but once completed no further intervention required. • 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. 	<ul style="list-style-type: none"> • Provide advice and/or information but additional support or wider explanation is required. • Assessment of situation results in the need for uncomplicated intervention in one or two aspects of care at that point but once completed no further intervention required.
Level 3	<ul style="list-style-type: none"> • Provide advice and/or information requiring intervention on more than one. • Assessment of a complicated situation requiring intervention on more than one or two aspects of care and will require further monitoring and intervention. • Post-operative wound, red and tender, general concern of possibility of deterioration. Requires referral for appropriate assessment and treatment. Support and reassurance required 	<ul style="list-style-type: none"> • Provide advice and/or information requiring detailed explanation and provide support and advice for a complicated situation. • Assessment of a complicated situation requiring intervention on more than one or two aspects of care and will require further monitoring and intervention
	<ul style="list-style-type: none"> • Complex situation requiring the coordination of multiple avenues of advice and information. Increasing 	<ul style="list-style-type: none"> • Complex situation requiring the coordination of multiple avenues of advice and information. Increasing

Level of Care	Face to Face Examples	Non-Face to face Examples
Level 4	<p>need for support required by the family/carer (i.e., physical and emotional care)</p> <ul style="list-style-type: none"> • 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. 	<p>need for support required by the family/carer (i.e., physical and emotional care)</p> <ul style="list-style-type: none"> • Regular re-assessment of situation required with multiple interventions required. Long term situation

Associated Workload	
Type of associated Workload	Examples
Specialist Clinical Consultation	<ul style="list-style-type: none"> • Advice to professionals (internal/ external) • Advice to external agencies • Communication with MDT other professionals & families • Information sharing, e.g., Ward rounds
Management & HR	<ul style="list-style-type: none"> • Off duty • Staff salary data • Recruitment • Sickness/ absence • Disciplinary • Service planning/ strategic planning
Admin: Non patient specific	<ul style="list-style-type: none"> • Emails • General phone calls • Travel forms • Database (non-patient related) • Monthly reports/ statistics • Supplies/ordering (general) • Co-ordination of equipment (general) • Lab results (filing)
Meetings	<ul style="list-style-type: none"> • Senior Nurse meeting • Managed clinical networks. • National forums
Delivery of staff teaching/ education/ practice development	<ul style="list-style-type: none"> • Mandatory training • Personal Development Review/Personal Development Plan • Clinical supervision • Delivering education and training (lectures, workshops, etc) • Multi-agency teaching


	<ul style="list-style-type: none"> • Research and audit
<p>Personal Professional Development</p>	<ul style="list-style-type: none"> • Continuing Professional Development e.g., study time, self-directed learning • Personal development review <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>
<p>Cover Ward - Planned</p>	<p>Some nurses are required to provide staff cover in the Childrens Ward as part of their usual workload – where this happens, the time should be captured within this section.</p>

Appendix D

Frequently Asked Questions and Answers

The purpose of this section is to give some quick guidance about completing the CCSN 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.

CCSN 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 CCSN staffing level tool. This forms part of the Common Staffing Method approach mentioned above.</p> <p>The CCSN 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>The recommended whole-time equivalent includes a Predicted Absence Allowance. The Allowance is to support time out such as Staff training, holiday, sickness, maternity and special leave.</p> <p>A national Predicted Absence Allowance of 22.5% for nursing staff is included in the CCSN Tool. 2% of this total is for study leave.</p>
Q4	How does the tool capture all aspects and complexity of my work?

	<p>The tool is designed so CCSNs 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. 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>
<p>Q5</p>	<p>Who completes the Data Capture for each patient and how often should this be done?</p>
	<p>The individual CCSN is responsible for capturing their own data to reflect their workload and uploading this onto SSTS.</p> <p>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>
<p>Q6</p>	<p>Where can I find the definitions for each level of intervention?</p>
	<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>
<p>Q7</p>	<p>What if the hours I have worked vary, how do I record this?</p>
	<p>The top section of the tools front page is prepopulated 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 basis. 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. 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 are 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 CCSN team to record the full team activity for planning and allocation purposes.</p>

	Some staff members may have dual roles within a Health Board. They may require two usernames and passwords in order to complete workload tools for each job. Please consult with the local 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 CCSN clinician after the visit can be logged under Additional Workload.</p>
Q12	Is the CCSN tool only for use in the community?
	<p>The CCSN tool is for all community and children's specialist nurses.</p> <p>Most children's specialist nurse roles have an element of community, clinics and inpatient working, particularly depending on their specialty. The CCSN would record this on his/her own data capture, we acknowledge this may also be captured inadvertently on the SCAMPS tool if in an inpatient service. The workload pertaining to the individual for the ward would still be captured correctly on the SCAMPS tool, but triangulation discussions and local context narrative should be considered when exploring the outputs to mitigate any risk of double counting.</p>
Q13	For the CCSN tool is the activity of all bands to be completed?
	Anyone who has responsibility to undertake workload/activities as part of the team should be given a username to record their data. This will mean that when you run the BOXI report for the roster location the full team and their workload will be displayed.
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.

Appendix E

Trouble shooting

<p>CCSN 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 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?
<ol style="list-style-type: none"> 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?
<p>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</p> <p>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.</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>
The Team Leader is off sick. Who takes responsibility for the Tool Run now?
<p>Each CCSN clinician is responsible for their own data collection and upload to SSTS.</p> <p>The workforce lead will be able to provide support with completing the tool run in the absence of Team Leader</p> <p>A nominated person should lead with the Professional Judgement Tool and the Quality Tool in the absence of the Team Lead</p> <p>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.</p>
Why is there such a difference in the actual workload and hours worked on the summary screen?
<p>These totals do not have to match exactly.</p> <p>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.</p>

Adult Inpatient Tool - User Guide & Frequently Asked Questions

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