Neonatal Staffing Level Tool

User Guide

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Contents

1. Introduction

The Neonatal Staffing Level Tool is set up to enable Nursing staff to record information to review workload and calculate a rWTE, using Occupied beds and patient dependency.

The tool uses the information inputted 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[1]
- 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 tool you will require access to the local SSTS platform. Please speak to your Workforce Lead and/or line manager about local processes to obtain this. Some staff may already have a SSTS access but will require additional permissions to access the staffing level tools.

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

> ⓘ SSTS and the staffing level tools can only be accessed on a board approved computer network or portable network.

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

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

Click **"confirm"** to proceed:
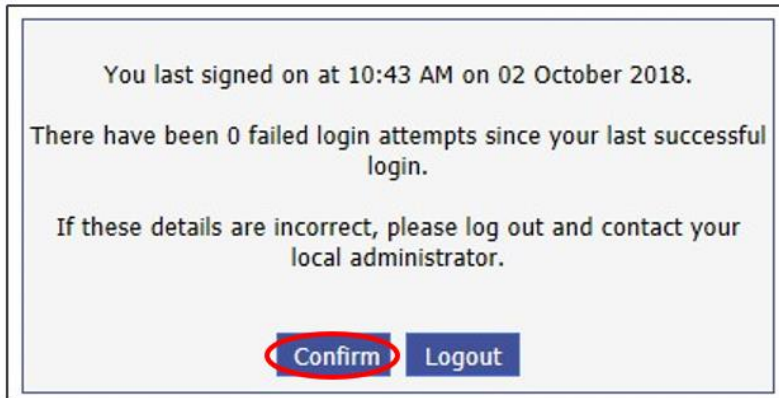
And then select "SSTS".

2.2 Changing Working Location

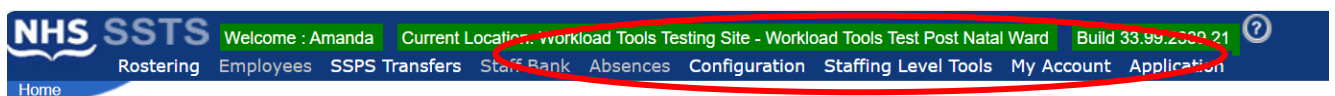Once you have logged in you will be presented with the following screen:

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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.
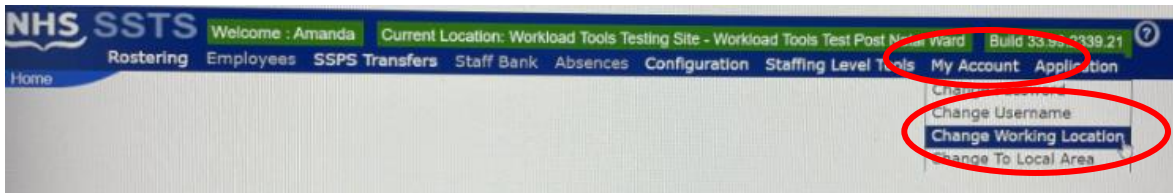
A screen will then appear containing the ward and clinical areas you have access to,

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'**:
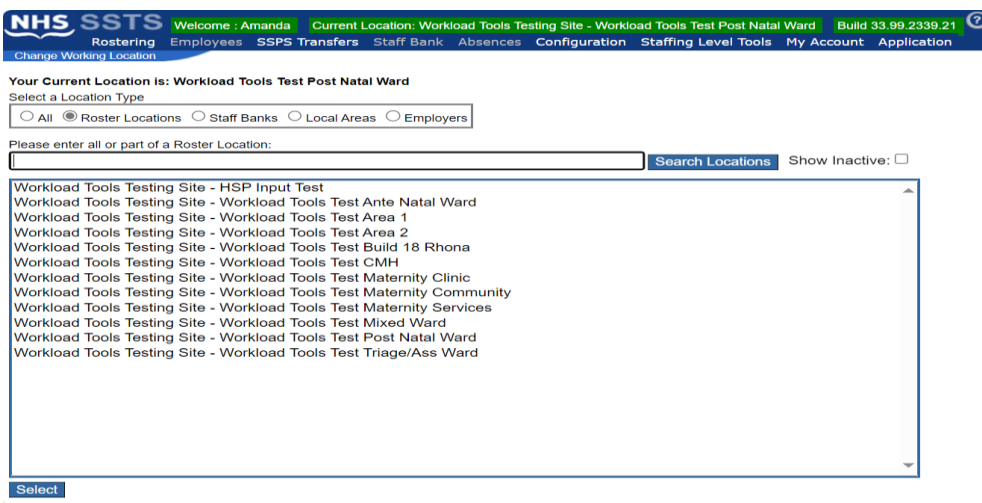
The location will then update on the toolbar:

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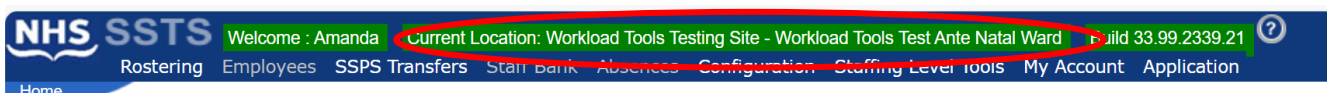
3. Creating/Editing Entries in Tool

3.1 Opening the tool

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

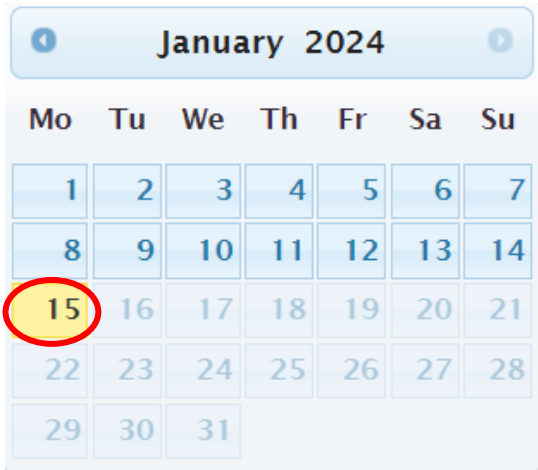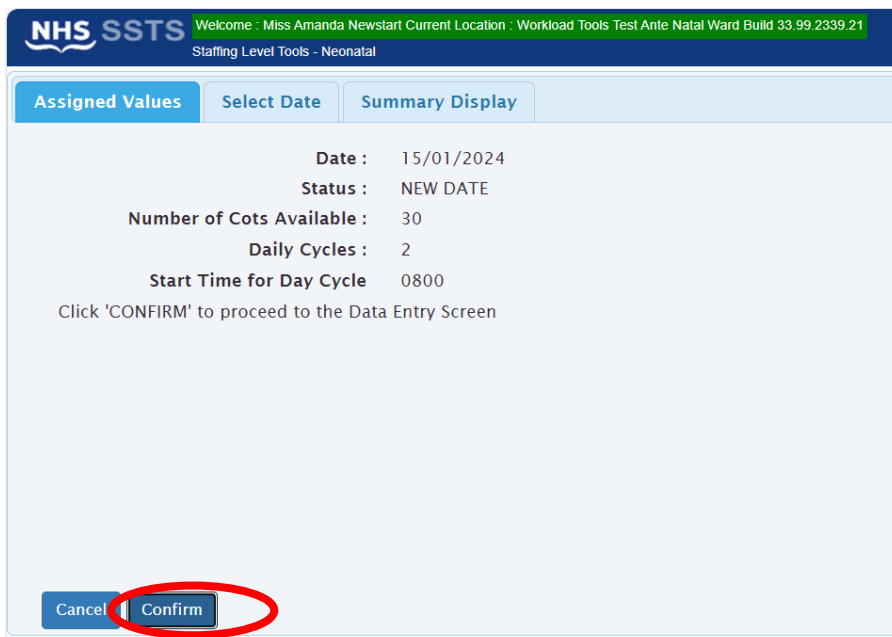

A screen like the one below will then appear:

3.2 Entering Data

To add data, simply select the relevant date:

Then this screen will appear: Assigned Values.

Use this screen to confirm that you have selected the correct date and cycle.

3.3 Data Entry Screen

After you select Confirm, above, you are taking to the Data Entry Screen:

Use this screen to enter the workload details of each baby in the unit during the specific cycle.

Please note:

- The **time in / time out** that you enter must fall within the selected cycle.
- The "**guidelines for use**" link provide information on categorising workload associated with the babies.
- **Unique Identifier** should be agreed locally and meets GDPR requirements.
- Click "**No babies present**" if applicable (tick box only available on the first cot).
- Click "**Cancel**" to return to the Assigned Values screen without saving changes.
- Click "**Save**" to save the cot/record you have just entered *before* moving to the next cot/record.
- The "**Cot Number**" hyperlinks near the bottom of the screen allow you to move between records.
- "**Increase available cots**" option allows you to add further records should the default number of cots be insufficient.

"**Complete Day/Night Cycle**" should be clicked when you have entered **all information** for the cycle (including any Additional Activity). This action will take you to the **"Summary Display"** screen.

ⓘ If you proceed to the next cot without saving you will lose the data you have just entered.

If the baby was present for the whole shift, you can choose to leave **Time in** and **Time Out blank**. The system will automatically assign the time in and time out as the start and end of the shift.

Similarly, if you enter a Time In but not a Time Out, the system assumes that the baby was still present at the end of the shift (i.e., 19:59 or 07:59).

If you enter a Time Out but not a Time In, it is assumed that the baby was present at the start of the shift (08:00 or 20:00).

ⓘ Within the staffing level tool, blue information icons offer further information and guidance.

3.4 Patient List Screen

This screen lists the babies whose workload details you have entered into the tool. It allows you to **edit** or **delete** the information as required.

Select Exit to return to the Data Entry screen.

3.5 Additional Activity

Use this screen to capture any additional clinical workload that requires input from staff who are rostered to deliver direct clinical care.

The screen can be accessed via the relevant tab:

Select "**Add New Activity**" to enter details or "**Exit**" to return to the previous screen.
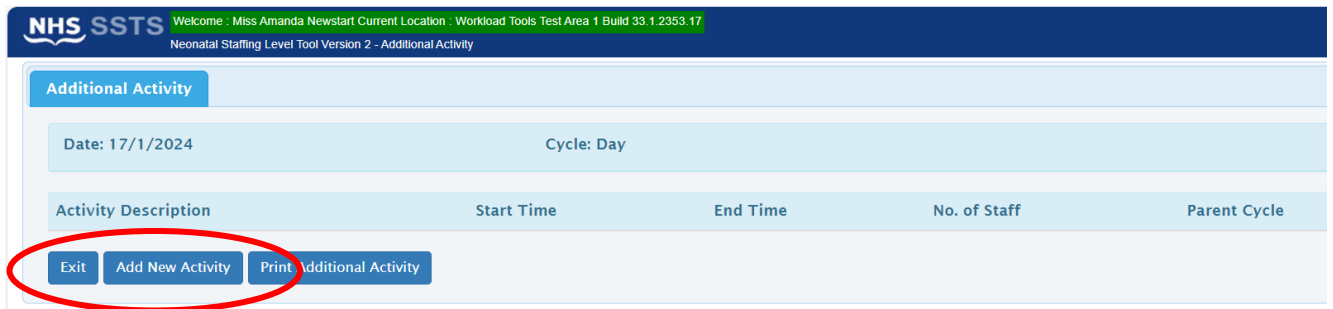
When adding details of any additional activity, there is an option to "**span cycle**" if the activity crosses from the day to night cycle (or from night to the day).

You will see the following options for Additional Activity:
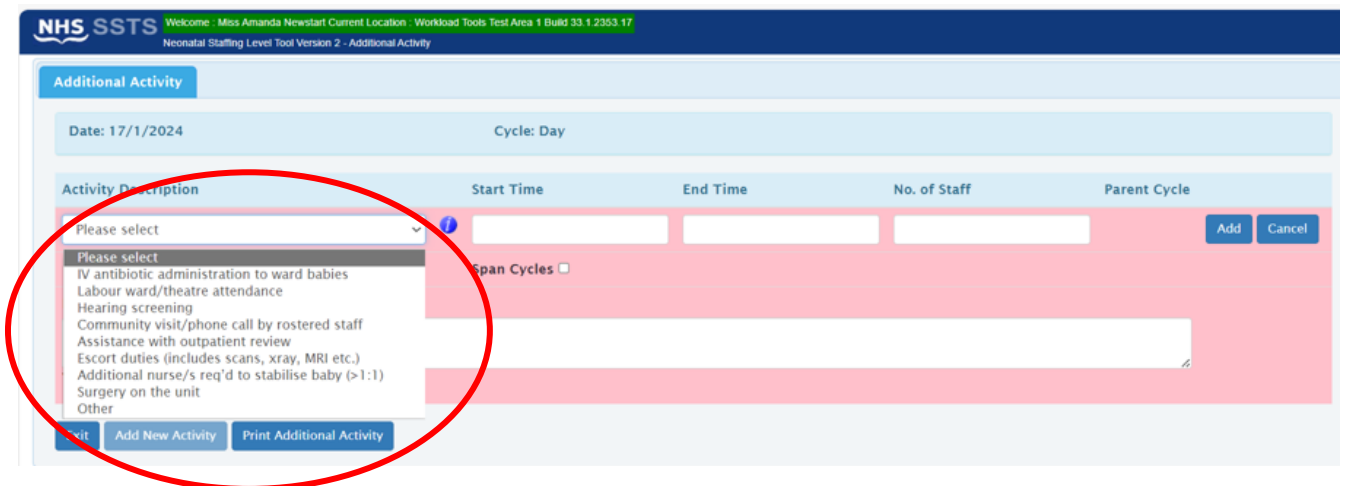
After adding additional activities, select "**Exit**" to return to the main Data Entry screen.

ⓘ Remember to click "Complete Cycle" on the Data Entry screen when you have entered all the information for the cycle (including any additional activities

Once you click "Complete Cycle" you are asked to confirm the data entered is for the correct number of cots, if correct select "Yes".
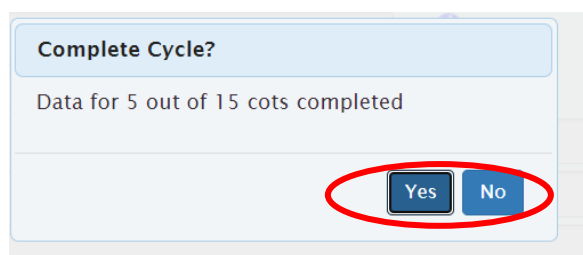
3.6 Summary Screen (accessed via Summary Display screen)

When you have completed cycle and confirmed Yes you will be taken to the screen below:

This screen shows (depending upon your role):

- The number of babies entered for each cycle (day/night) within the current date.
- The staffing (whole time equivalent) recommendations, as calculated by the neonatal workload tool, for each cycle, based upon information you entered.

From this screen, you can **print** out the summary information or **exit** to return to the Assigned Values screen (via the Data Entry screen), ready to enter information for the next cycle.

You can also **access/edit** the records entered by clicking on the relevant links within the top table.

ⓘ The screen will not be populated until you "Complete Cycle" on the Data Entry screen.

3.7 Display Incomplete Cycles screen (accessed via summary display screen)

This screen lists cycles that have not been completed within the data entry screen. If you have the appropriate permissions, you can identify these cycles and close them off via this screen.
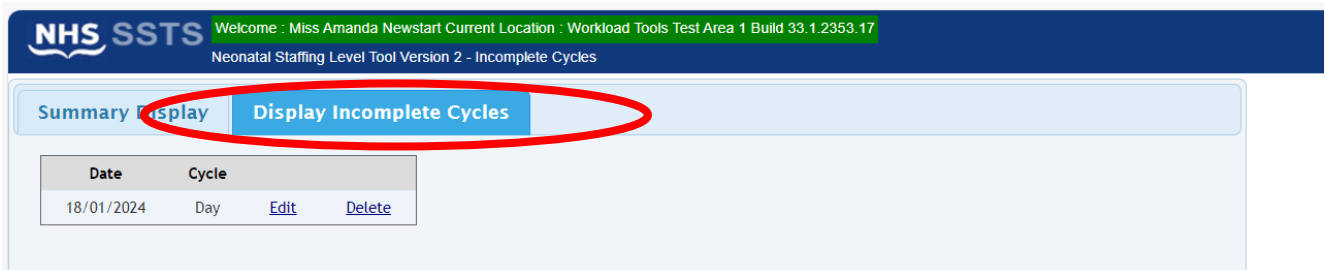
4. Business Objects

After Neonatal data entry into SSTS is complete and the professional judgement tool has been completed, please use one of the Neonatal 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, which can be granted by your local SSTS Manager

ⓘ You will require 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: Healthcare Staffing Programme (healthcareimprovementscotland.org)

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. This tool is one of national workload tools available for this purpose.

Figure 1 – The common staffing method
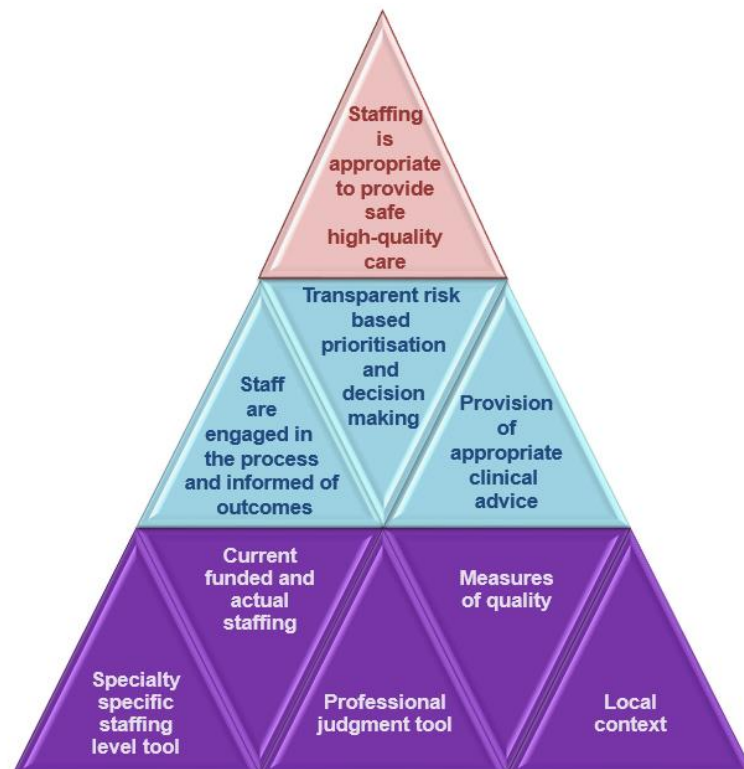
Appendix B

Frequently Asked Questions

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

Neonatal Staffing Level Tool	
Frequently Asked Questions and Answers	
Q1	**What do I need to do before I start using the tool?**
	You need to make sure you are familiar with the Staffing level tool.

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.

Please also refer to the Quality Assurance Checklist: |
Q2	**Why am I being asked to use two tools?**
	You are being asked to use the Professional Judgement Tool (PJ) along with the Staffing level tool. This forms part of the Common Staffing Method approach mentioned above. The Staffing level tool provides WTE information on staffing needs that is considered alongside other local information, such as the PJ WTE staffing outcomes, which is based on your judgement of needs for the workload at that time, before decisions on staffing can be made.
Q3	**Does the tool consider mandatory training requirements?**
	A national Predicted Absence Allowance of 22.5% is included in the Neonatal Tool. 2% of this total is for study leave.
Q4	**How does the tool capture all aspects and complexity of my work?**
	The tool has been developed to enable Nursing staff to record information to review workload, neonates are scored over 10 categories to score them as low, medium or high dependency. You can also document any additional activities carried out to highlight all aspects of your work.

Q5	**How do I record care that requires more than one staff member?**
	This was recognised in the Observation Studies and workload for each nurse included in the development of the workload calculator.
Q6	**Where can I find the definitions for each level of dependency?**

	This information is also available on SSTS.
Q7	**What if a patient's level of dependency changes during the shift?**
	Complete the assessment towards the end of the shift and select the score most reflective of that patient for that shift
Q8	**How often should the information be entered onto SSTS?**
	Best practice would be to enter the data twice daily records.
Q9	**What are the timescales for inputting data into the Neonatal tool?**
	The only date restriction is that the period start date must be equal to or later than the Date Effective that was entered for that specialty in the Roster Configuration screen. This screen is usually completed by the SSTS Manager.
Q10	**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 tool or tool run

Appendix C

Trouble shooting

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

	Double check the data you have entered. This may be because you have tried to put a date in that is in the future. It may also be that you have entered patient numbers that exceed the bed numbers set on SSTS for your roster location.
2.	**The Staffing Level Tool**
Q1	**The SCN is off sick. Who takes responsibility for the data collection and SSTS entry now?**
	The Nurse in charge of the shift should always make sure the data is collected for their shift. The completed data capture templates should be filed securely in the agreed location for quality checking and SSTS upload. SSTS entry can be done after the tool run is complete, however this should be completed in as near real time as possible. The workforce lead will be able to provide support with completing the tool run.

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email contactpublicinvolvement.his@nhs.net