Quality Tool

User Guide

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1.0	August 2019	Initial release	Healthcare Staffing Programme
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Contents

1. Introduction

The Quality Tool has been designed by the Healthcare Staffing Programme (HSP), with key stakeholders including clinical managers, clinicians from service and partnership.

The Quality Tool should be applied with either the Community Tool (CN), the Community Children's and Children's Specialist Nurse (CCSN) Tool, or The Clinical Nurse Specialist (CNS) Tool.

The capacity to deliver safe and effective care to the patient in the daily working environment is important to those involved in that care. The tool comprises a questionnaire that is designed to reflect the level of quality of care being achieved taking account of staffing, workload and the environment during the designated period.

The questionnaire should be completed concurrently with the staffing level tool and Professional Judgement tool for the designated period by each Team Leader.

A Data Capture template with all the questions can be found in Appendix A

This information is collated with results and 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 B). The report should be considered in conjunction with:

- Funded establishment
- The findings from specific staffing level tool for service area and corresponding professional Judgement Tool
- Quality indicators
- Local context

This guidance will provide all of the information required to complete the Quality Tool.

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

2. Logging in

2.1 Accessing the tools

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

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

> ⓘ SSTS and the staffing level tools can only be accessed on a board approved computer 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:
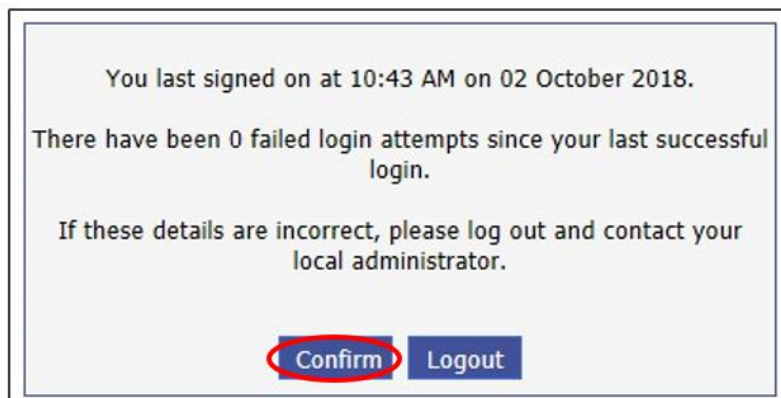
And then select "SSTS".

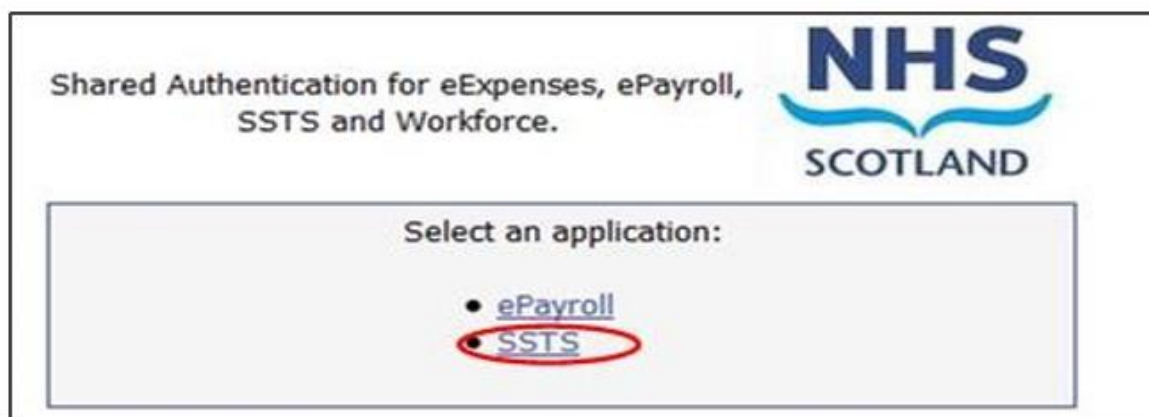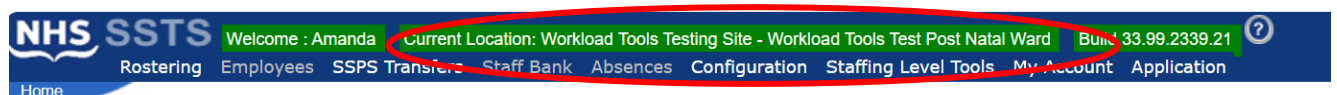## 2.2 Changing Working Location

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

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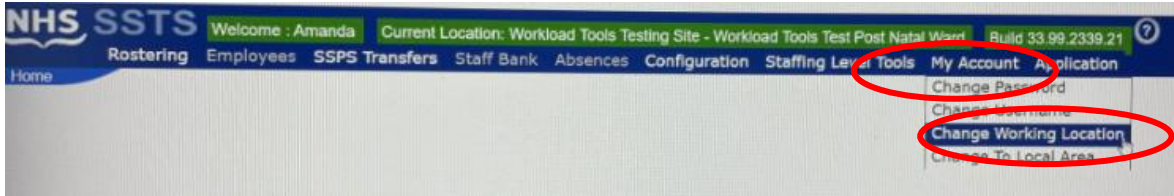
A screen will then appear containing the ward and clinical areas you have access to,

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'**:
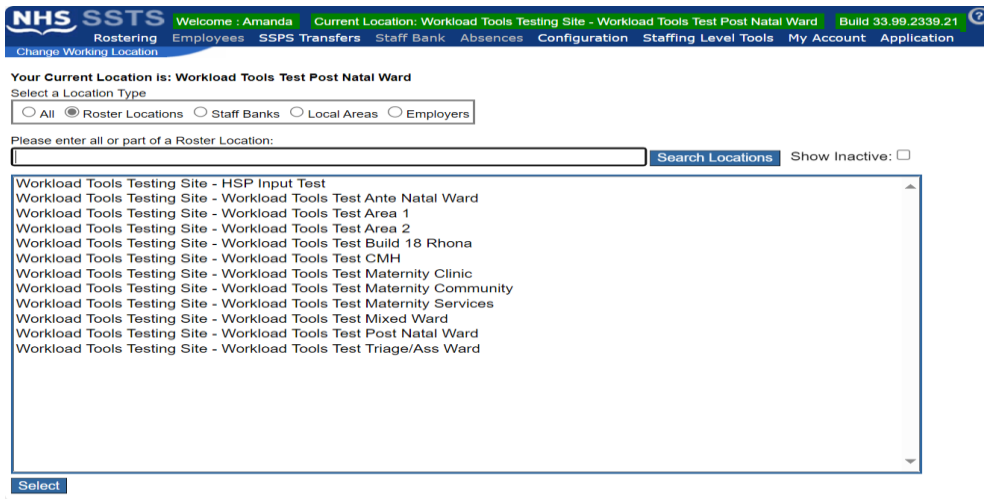
The location will then update on the toolbar:
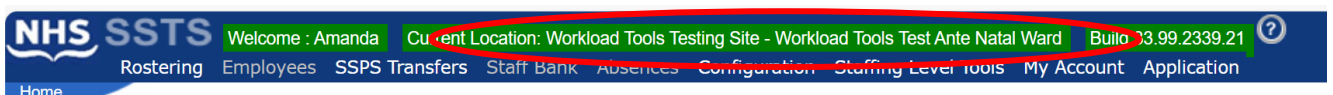
3. Creating/Editing Entries in Tool

3.1 Opening the tool

(i) Data entry into this tool is open for 30 calendar days only. As such the tool cannot be used out with this time period

To open the Quality Tool, select 'Workload Tools' and then 'Quality Tool':
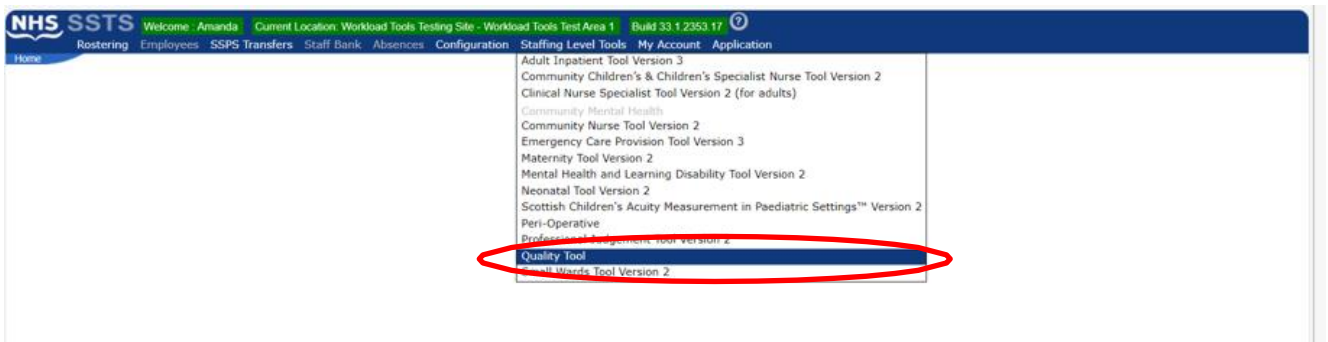
A screen like the one below will then appear:
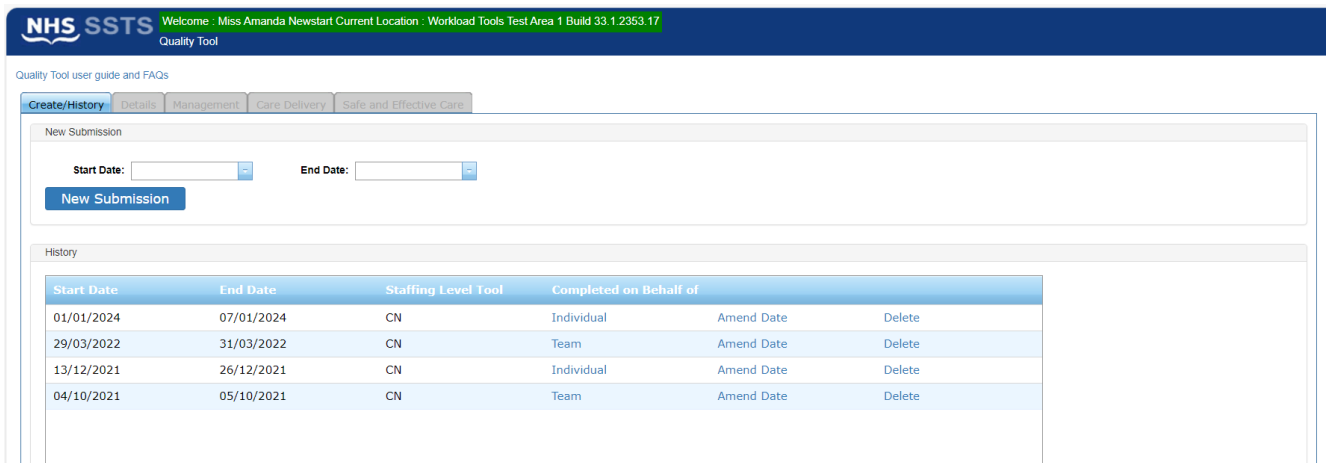
3.2 Entering Data

To add data simply select the Start and End Dates and then 'New Submission':

And the below screen will appear:

This screen will have all the details as contained within the SSTS system.

ⓘ Your SSTS Manager/team will have helped to set this up.

If you are completing the tool on behalf of your team, you should select the below box:
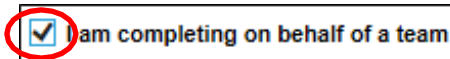
The Staffing Level Tool drop down box gives three options: Community Nursing (CN), Clinical Nurse Specialist (CNS) and Community Childrens and specialist Nurses (CC&SN)

Select and click on the appropriate option:
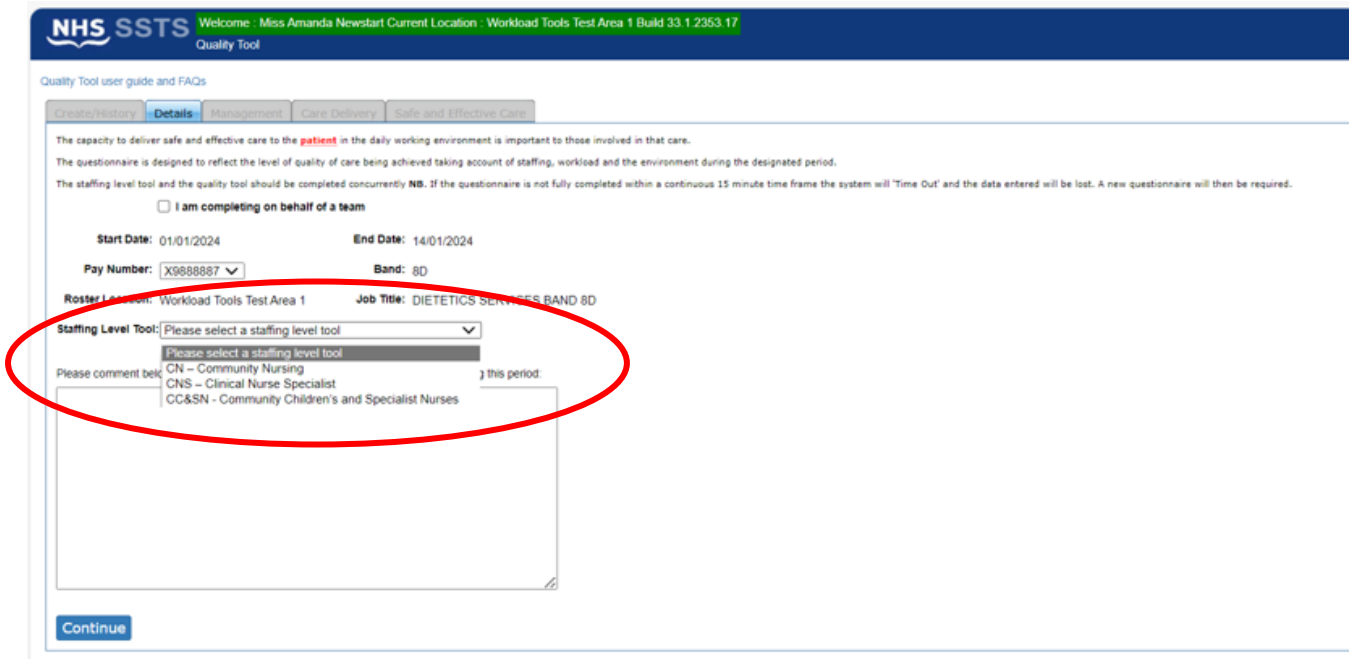
If you wish to record a comment, insert this in the comments box. This can be used to provide an explanation as to local context.

Once the page is complete select Continue – the bottom left of the page as seen above.

ⓘ The questionnaire must be completed fully within a 15-minute timeframe or the system will time out and the data will be lost meaning that you must start again.

Most of the details page is unable to be altered after selecting 'Continue', so make sure, all details are correct before proceeding.

There are 3 sections within the tool:

- Management
- Care Delivery
- Safe and Effective Care
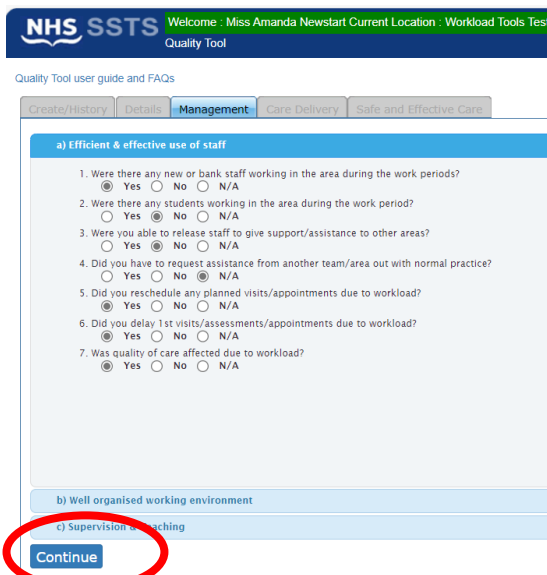
(i) You cannot move between sections until all questions have been answered within that section. All other sections will remain greyed out until the relevant data has been entered.

There are 3 possible answers to each question:

- Yes
- No
- Not Applicable (N/A)

Please note yes may not always be the appropriate answer.

(i) There are a series of linked questions, so depending on your responses some corresponding questions may be greyed out.

Once a section has been completed select continue to proceed.

Once you have completed the final section the following message will appear:
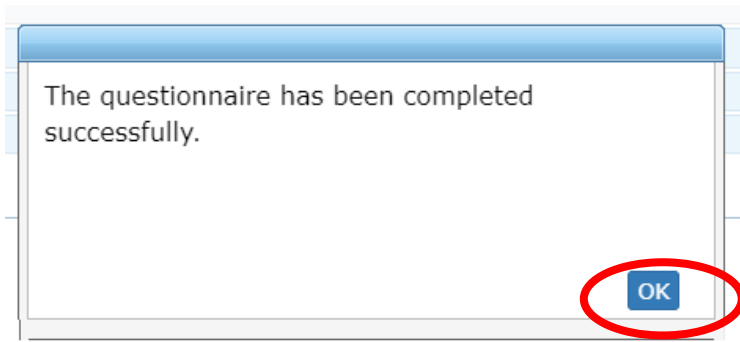
Select OK to proceed.

3.3 Editing Data

Only the last 30 Quality Tool forms entered by users are shown on the screen.
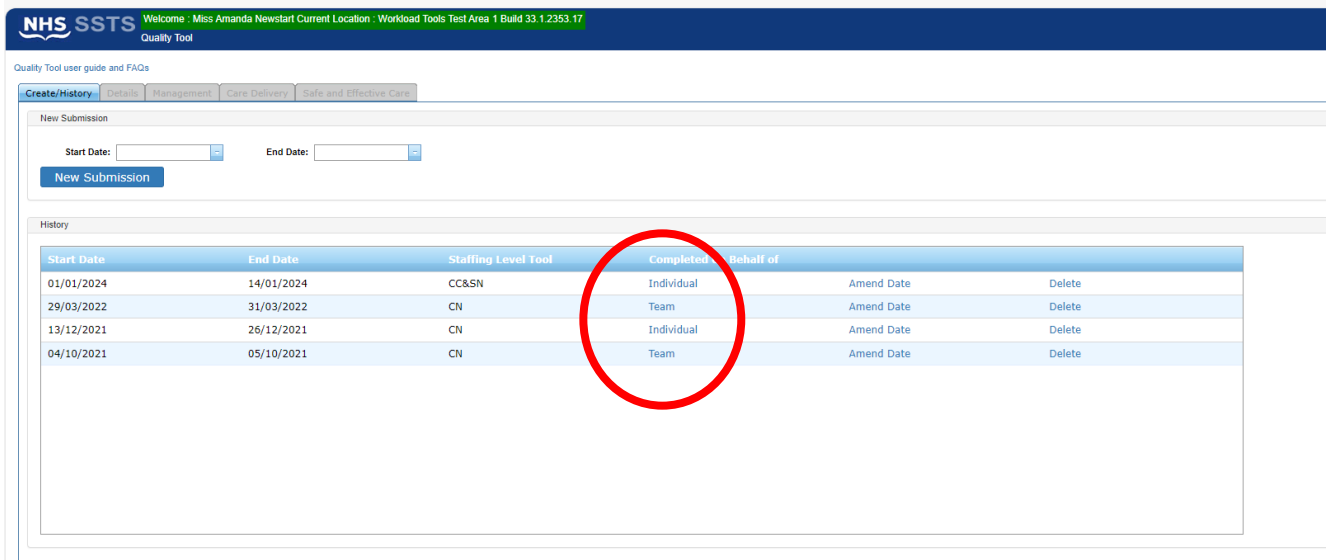
The **completed-on behalf of** column shows whether the form was completed on behalf of the team or individually.

To edit this, select the episode you want to change.

You will be asked to confirm if you want to change this:

Completed on Behalf of

Are you sure you want to change the
completed on behalf of for this entry?

Yes   No
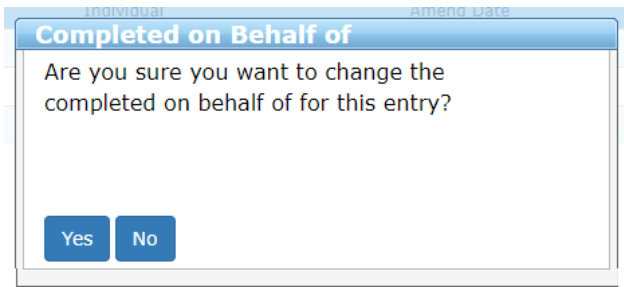
Select Yes or No as appropriate.

To amend the date, select the episode you wish to change, again you will be asked if you want to change this:

Amend Record

Are you sure you want to change the date for
all data on this date?

Yes   No
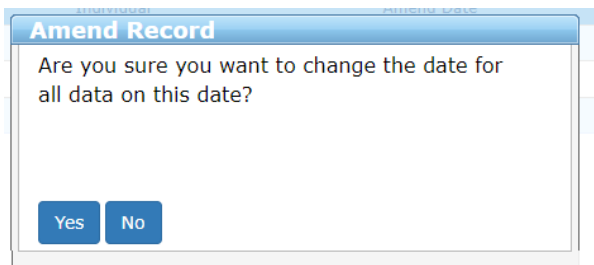
Again, select Yes or No as appropriate.

To delete a record, select the episode you wish to delete, again you will be askedif you want to delete this record:

Delete Record

Are you sure you want to delete all data for
this date?

Yes   No
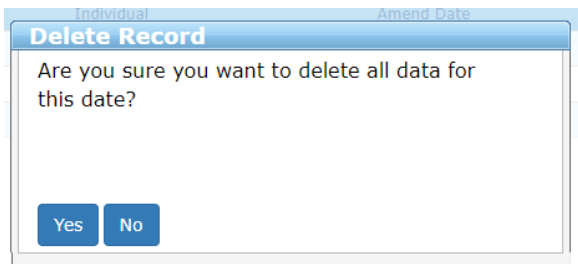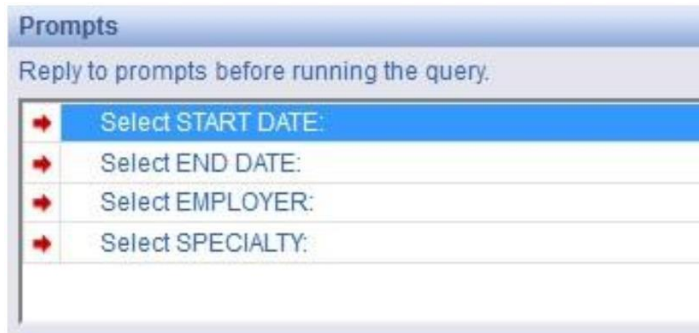
Again, select Yes or No as appropriate.

4. Business Objects (BOXI)

After quality tool data entry and corresponding staffing level tool (CN, CNS or CCSN) and Professional Judgement tool entry into SSTS is complete, please use one of the Quality Tool standard reports developed in Business Objects (BOXI) to view and extract information for a selected period of time.

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

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

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

Appendix A

Data Capture template

HSP Quality Tool Data Capture Template

Healthcare Improvement Scotland

Tab: MANAGEMENT

a) Efficient and effective use of staff

		Yes	No	N/A
Ba1	Were there any new or bank staff working in the area during the work periods?			
Ba2	Were there any students working in the area during the work period?			
Ba3	Were you able to release staff to give support/assistance to other areas?			
Ba4	Did you have to request assistance from another team/area out with normal practice?			
Ba5	Did you reschedule any planned visits/appointments due to workload?			
Ba6	Did you delay 1st visits/assessments/appointments due to workload?			
Ba7	Was quality of care affected due to workload?			

b) Well organised working environment

		Yes	No	N/A
Bb1	Were you able to check/order clinical and non-clinical supplies and/or equipment?			
Bb2	Were you able to ensure general administrative duties were carried out?			
Bb3	Was the environment well organised and accessible?			
Bb4	Was your workstation (area) left in an organised, user friendly state at the end of your shift?			
Bb5	Would someone entering your team be able to navigate your environment and what they need?			

c) Supervision & Teaching

		Yes	No	N/A
Bc1	Were clinical supervision opportunities available during this period?			
Bc2	Did planned support/supervision sessions have to be cancelled or deferred due to workload?			

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HSP Quality Tool Data Capture Template

Bc3	Were staff able to plan and deliver health promotion events?			
Bc4	Did you miss, cancel or defer any teaching sessions due to workload?			
Bc5	Were you able to orientate new/bank staff to the area appropriately? (Skip If you answered No or N/A to Ba1)			
Bc6	Did new staff receive adequate time for supervision/support to achieve their objectives? (Skip If you answered No or N/A to Ba1)			
Bc7	Were you able to orientate students to the area appropriately? (Skip If you answered No or N/A to Ba2)			
Bc8	Did students receive adequate time for supervision/support to achieve their objectives? (Skip If you answered No or N/A to Ba2)			
Bc9	Did you have to cancel mandatory training due to workload?			
Bc10	Did you have to cancel non-mandatory training due to workload?			

Tab: CARE DELIVERY

a) Assessment and Plan of Care

		Yes	No	N/A
Ca1	Were all new referrals contacted within locally agreed timescales?			
Ca2	Is care delivered timeously within locally agreed timescales?			
Ca3	Where care is delivered in the patient's home is the patient offered a time band for a visit as per local protocols?			
Ca4	Were patients assessed using a locally agreed assessment tool?			
Ca5	Was a plan of care initiated?			
Ca6	Were patients involved in agreeing the plan of care?			
Ca7	Was the preparation of a care plan deferred to the next visit for any new patient due to workload?			
Ca8	Did you defer the assessment of any existing patient and/or the updating of care plans to the next contact due to workload?			
Ca9	Did you manage to carry out visits as planned? (Skip If you answered Yes to Ba5)			
Ca10	Did you manage to carry out all care as planned?			

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HSP Quality Tool Data Capture Template

		Yes	No	N/A
Ca11	Did you manage to complete all essential paperwork for this period?			

b) Documentation (either written or IT based)

		Yes	No	N/A
Cb1	Was there a delay in dealing with essential documentation during this period due to workload?			
Cb2	Was there a delay in dealing with any patient related documentation which should have been completed before the end of the period due to workload?			
Cb3	Was there a delay in dealing with all documentation/paperwork/recordkeeping which should have been completed before the end of the period due to workload?			

c) Communications (team communications/support)

		Yes	No	N/A
Cc1	Was there sufficient time to share and/or communicate essential information with members of the team within working hours?			
Cc2	Did you miss, cancel or defer any meetings due to workload?			
Cc3	Did you have any difficulties in accessing members of the Multi-Disciplinary Team or outside agencies resulting in delay in communication due to workload?			
Cc4	Were you able to respond appropriately to phone calls/texts/emails?			
Cc5	Have there been opportunities for the team to have a shared set of objectives?			
Cc6	Do the team meet regularly to discuss the team's effectiveness?			

c) Communications (team communications/support)

		Yes	No	N/A
Cc7	Were there occasions where joint working with Multi-Disciplinary Team/partner agencies was delayed due to workload?			
Cc8	Were there occasions where staff were unavailable for a joint visit due to workload?			
Cc9	Were there any occasions where staff were unable to attend and contribute to the working of the Multi-Disciplinary Team due to workload?			
Cc10	Do staff feel supported by their peers?			

d) Patient communications/support

		Yes	No	N/A

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Cd1	Were any patients wishing to discuss their care/condition delayed/deferred attention due to pressure of workload?			
Cd2	Were discussions with relatives deferred due to workload?			
Cd3	Was there enough time to meet the care and support needs of family/friends/carers?			
Cd4	Was there enough time to meet the care and support needs of family/friends/carers who are dealing with a difficult experience, e.g. bad news?			

Tab: SAFE AND EFFECTIVE CARE

a) About the team

		Yes	No	N/A
Da1	Do staff have clear, planned goals and objectives for their jobs?			
Da2	Does the team communicate closely with each other to achieve the team's objectives?			
Da3	Do staff often have difficulty working out whether they are doing well or poorly in their job?			
Da4	Is communication within the team effective to ensure continuity of care?			
Da5	Do staff feel confident in supporting people who are dealing with a difficult experience, e.g. bad news?			

b) About Capacity and Care Delivery

		Yes	No	N/A
Db1	Is capacity such that there is enough staff in this locality for me to do my job properly?			
Db2	Was capacity such that the provision of holistic care was ensured?			
Db3	Was capacity such that the care delivered was safe, effective and person centred?			
Db4	Was capacity such that staff are satisfied with the quality of the interventions of care given to patients?			
Db5	Was capacity such that staff were able to deliver individual health promotion interventions?			

c) About the Organisational Culture

	Yes	No	N/A

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HSP Quality Tool Data Capture Template

Dc1	Are staff involved in deciding on changes introduced that affect the work area/team/department?			
Dc2	Is there a culture of openness and shared learning from significant events?			
Dc3	Are staff given feedback about changes made in response to reported errors, near misses and incidents?			

d) Perceived Patient Satisfaction				
		Yes	No	N/A
Dd1	Do patients report a high level of satisfaction with their care?			
Dd2	Do patients feel there is enough time to provide care to family/friends/carers?			

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Appendix B

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/healt

hcare_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 Quality tool is one of national staffing level tools available for this purpose.

Figure 1 – The common staffing method
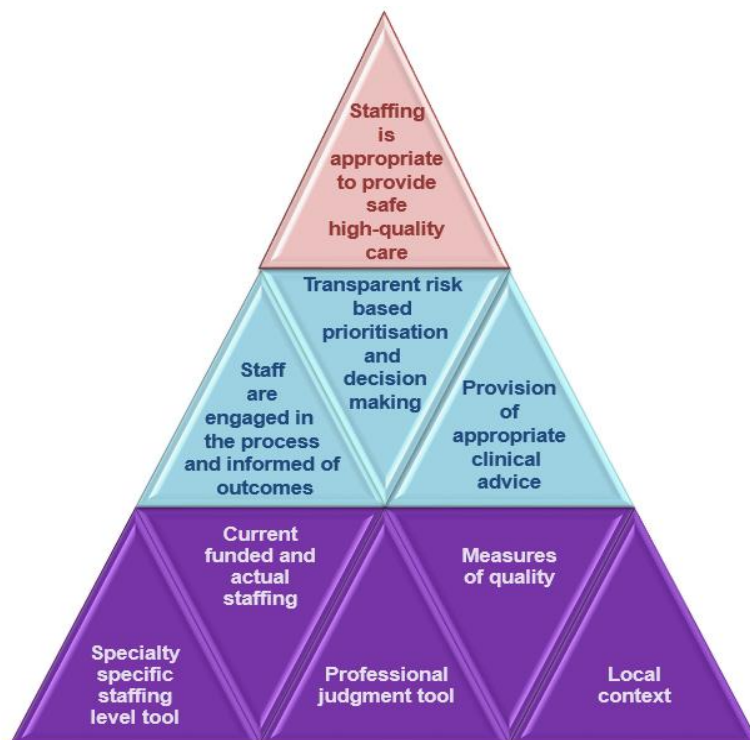
Appendix C

Frequently Asked Questions

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

	Quality 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 Quality 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 three tools?**
	You are being asked to use Quality tool alongside CN, CNS or CCSN staffing level tool and the Professional Judgement Tool (PJ). This forms part of the Common Staffing Method approach mentioned above. The Quality tool is used with CN, CNS and CCSN staffing level tools to reflect the level of quality of care being achieved taking account of staffing, workload and the environment during the designated period. This is in the absence of observation studies being carried out for these specialties
Q3	**How often should the Quality tool be completed?**
	The tool should be completed alongside the CN, CNS and CCSN tools There is a national recommendation for the running of these tools at least once per year for a minimum of two consecutive weeks, but they can be run more frequently should this be agreed locally The national team would recommend checking with your local workforce team for details about when the tool has been scheduled for the local area.
Q4	**How many days/weeks should the tool run for?**
	The Quality tool should be run at the end of each week the CN/ CNS/ CCSN tools are completed. If the tools are run for two weeks or more then there should be a quality tool entry for each week. The Quality tool is run concurrently with the CN, CNS and CCSN tools, in other words the team leader is looking back over that week and is basing the answers on that period.

Q5	**How can I edit a tool entry?**
	See Section 3.3 Editing Data
Q6	**How does the tool work?**
	The tool aims to highlight problems that affect staffing and workload during the data collection period, and to indicate problems in systems and the environment that may inadvertently impact on the standard of care delivered.
	It is split into 3 main sections:
	• Management organisation of the working environment, and supervision/teaching.- asking questions around efficient and effective use of staff, • Care Delivery documentation, and - questions about assessment of patients, care planning, communication with the team and patients. • Safe & Effective Care organisational culture, and patient satisfaction.- questions about team working, staffing levels The tool gives a maximum score of 100, based upon staff responses (Y/N/NA), with the scoring method devised by Keith Hurst.
Q7	**How is the score calculated?**
	The quality tool uses a Donabedian scoring approach, in which each question is categorised as either:
	• Structural: questions relating to staffing and equipment • Process: questions relating to how teams work Outcome: questions relating to staff and patient satisfaction
Q8	**How are the scores used?**
	Scores can be used by teams locally to inform the "quality" section of the "triangulation" process.
	Scores are also used in the development of the Calculators
	Only those teams deemed to be exhibiting "best practice" (i.e. scoring 70+ in the QT) are used in the databases underlying the calculators
Q9	**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 D

Trouble Shooting

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 and the correct roster 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 answer to a question**
	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	**What happens if I am unable to complete the SSTS form within 15 minutes?**
	If the questionnaire is not fully completed within a continuous 15 minute time frame the system will 'Time Out' and the data entered will be lost. A new questionnaire will then be required'. To reduce the risk of Time out and to aid timely completion of the tool on SSTS, please complete the paper Data Capture Template when discussing the questions with the team. This should ensure you have all the answers to hand when entering onto SSTS

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We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999 or
email contactpublicinvolvement.his@nhs.net

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