

Clinical Nurse Specialist (CNS) Staffing Level Tool

User Guide

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1. Introduction

The Clinical Nurse Specialist (CNS) tool is designed to be used by registered nurses who practice at an advanced level. The tool covers a variety of specialties. A full list of the current specialties can be found in [Appendix A](#)

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

Each individual CNS enters their workload information into the tool daily 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 non-clinical workload e.g., Specialist Clinical consultation, Management and HR, Admin, Meetings, Delivery of staff training, professional development.
- Travel
- Exceptions

The CNS 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 BOXI 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.

A Data Capture Template is available in [here](#) This can be printed off and completed in real time to make data collection easier and more accurate. This can be quality checked before uploading the data onto SSTS

Guidance on the type of activity and Levels of Intervention can be found in [Appendix C](#)

2. Logging in

2.1 Accessing the tools

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

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

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

Enter your username and password as they were provided to you and select **“Login”**

Shared Authentication for eExpenses,
ePayroll, SSTS and Workforce.

NHS
SCOTLAND

Please enter a valid Username and Password

Username:

Password:

Login **Exit**

NOTICE TO USERS

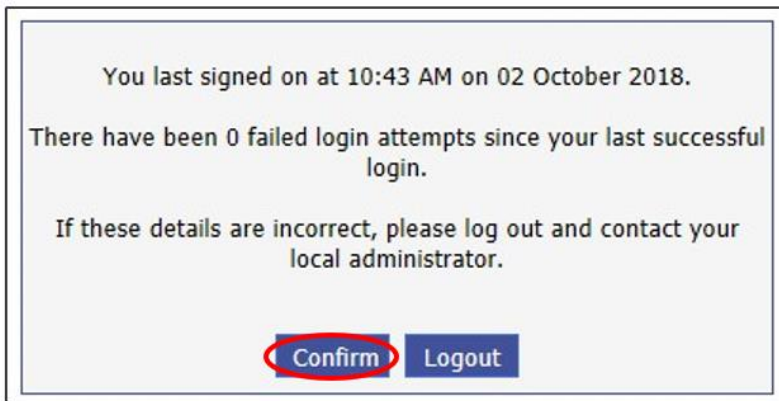
This computer system is the property of NHSScotland. It is for authorised use only. Unauthorised or improper use of this system may result in disciplinary action.

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Server NHLVWSSTSUWB01

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

Click “confirm” to proceed:

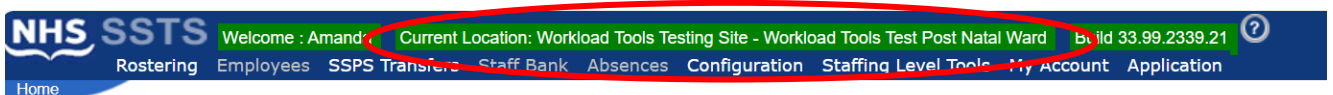


And then select “SSTS”:



2.2 Changing Working Location

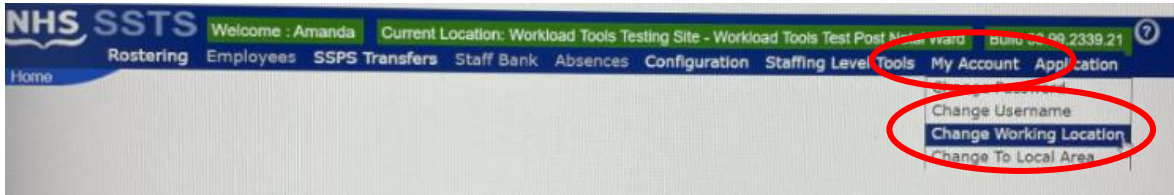
Once you have logged in you will be presented with the following screen:



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:

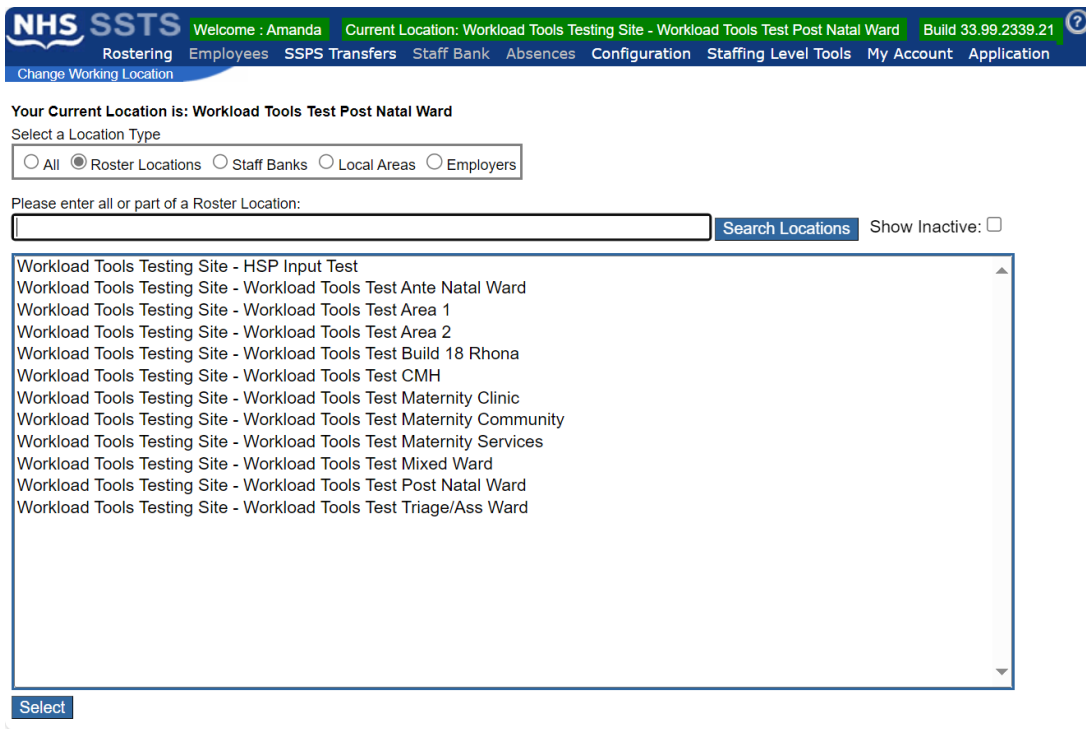
If you do not have the appropriate permissions please reach out to your local workforce lead or SSTS team.

CNS Staffing Level Tool - User Guide



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

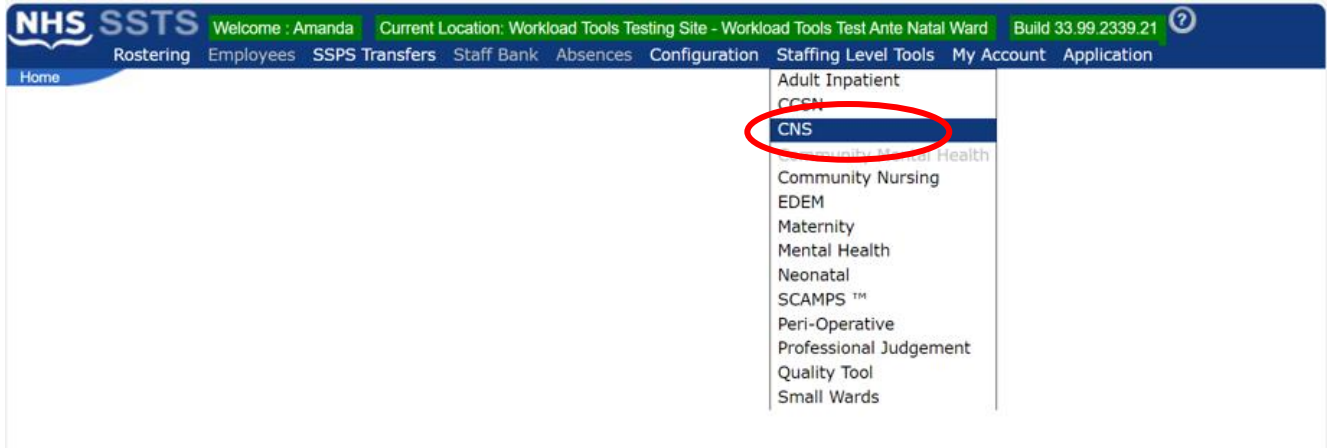
To choose a ward/area of interest, select it from the available list and then click
'Select':



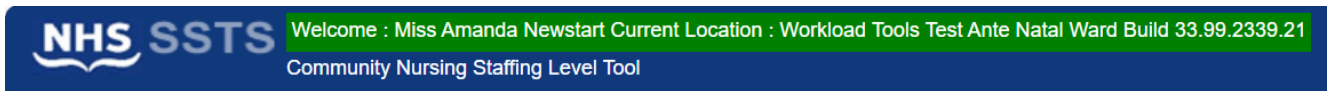
3. Creating/Editing Entries in Tool

3.1 Opening the tool

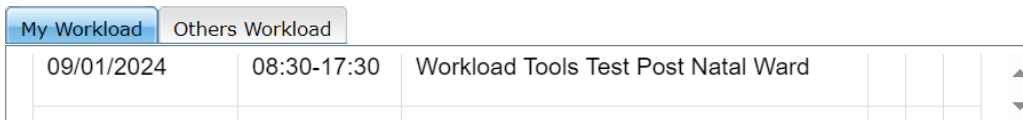
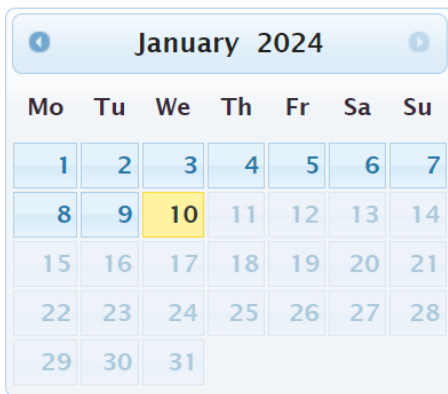
To open the Clinical Nurse Specialist tool, select '**Staffing Level Tools**' and then '**CNS**'



A screen like the one below will then appear:

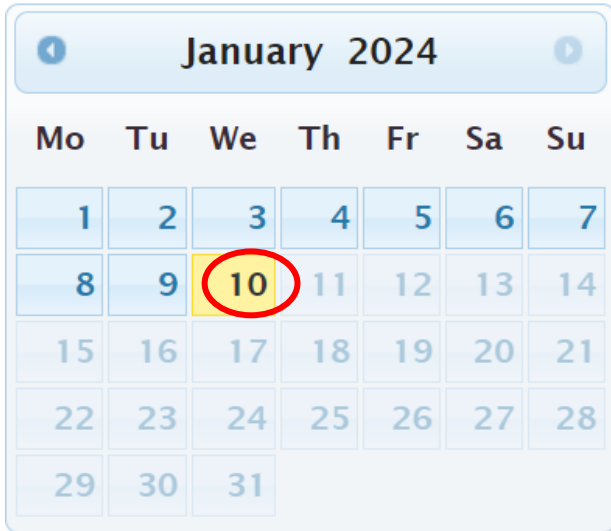


[Community Nursing Tool user guide and FAQs](#)

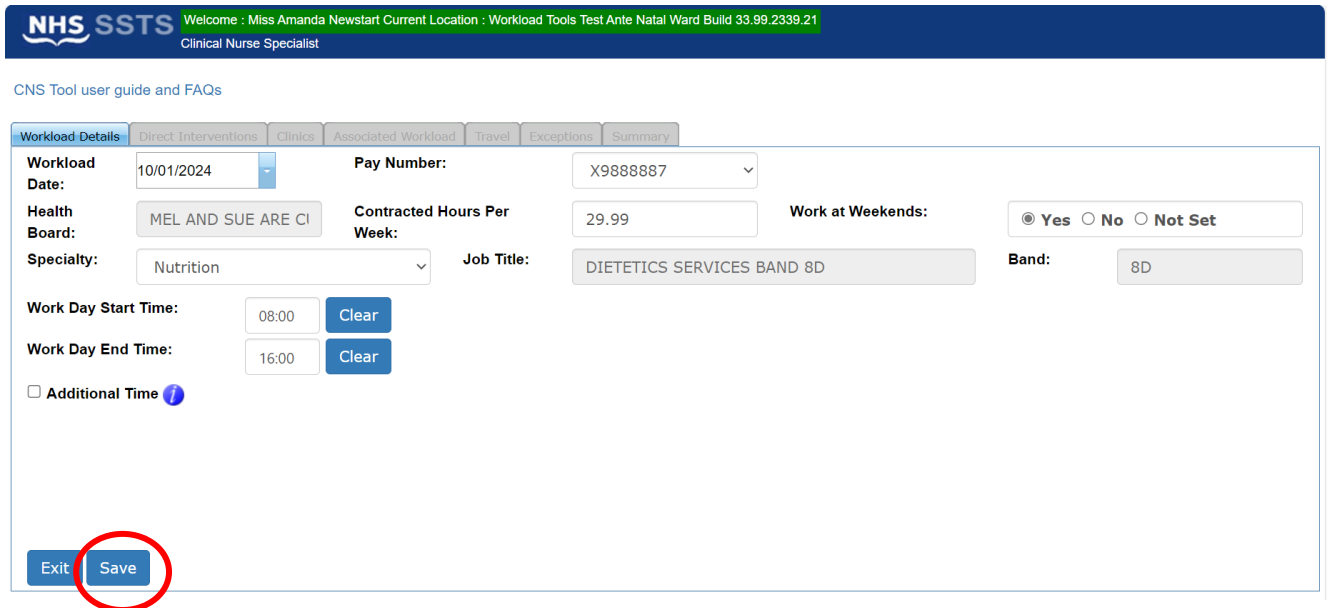


3.2 Entering Data

To add data, simply select the relevant date:



Then this screen will appear:




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

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

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

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

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

Work Day Start Time:	<input type="text" value="08:00"/>	<input type="button" value="Clear"/>
Work Day End Time:	<input type="text" value="16:00"/>	<input type="button" value="Clear"/>
<input type="checkbox"/> Additional Time		

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

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

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

3.3 Additional Time

Workday Start Time and **End Time** capture the actual hours worked (contracted hours are already recorded).

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

The screenshot shows the 'Workload Details' form in the NHS SSTS system. The form includes fields for Workload Date (10/01/2024), Pay Number (X988887), Health Board (MEL AND SUE ARE CI), Contracted Hours Per Week (29.99), Work at Weekends (Yes), Specialty (Nutrition), Job Title (DIETETICS SERVICES BAND 8D), and Band (8D). Time fields are set to 08:00 for start and 16:00 for end. The 'Additional Time' checkbox is circled in red.

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

This close-up shows the 'Additional Time' section where the checkbox is checked. The 'Additional Start Time' and 'Additional End Time' input fields are circled in red, indicating where the user should enter their respective times.

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

The screenshot shows a 'Save Successful' message box with the text 'Successfully saved Workload Details'. The 'OK' button at the bottom left is circled in red.

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' form in the NHS SSTS system. The form includes fields for Workload Date (10/01/2024), Pay Number (X9888887), Health Board (MEL AND SUE ARE CI), Contracted Hours Per Week (29.99), Work at Weekends (Yes), Specialty (Nutrition), Job Title (DIETETICS SERVICES BAND 8D), and Band (8D). There are also fields for Work Day Start Time (08:00) and Work Day End Time (16:00), each with a 'Clear' button. An 'Additional Time' checkbox is present. At the bottom left, the 'Exit' button is circled in red, and the 'Save' button is next to it.

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

The screenshot shows a 'Save Changes' dialog box with the title 'Save Changes' in a blue header. The main text asks, 'Do you want to save changes for the Workload Details tab?'. At the bottom, there are two buttons: 'No' and 'Yes'.


4. Direct Interventions

4.1 Adding a Direct Intervention

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

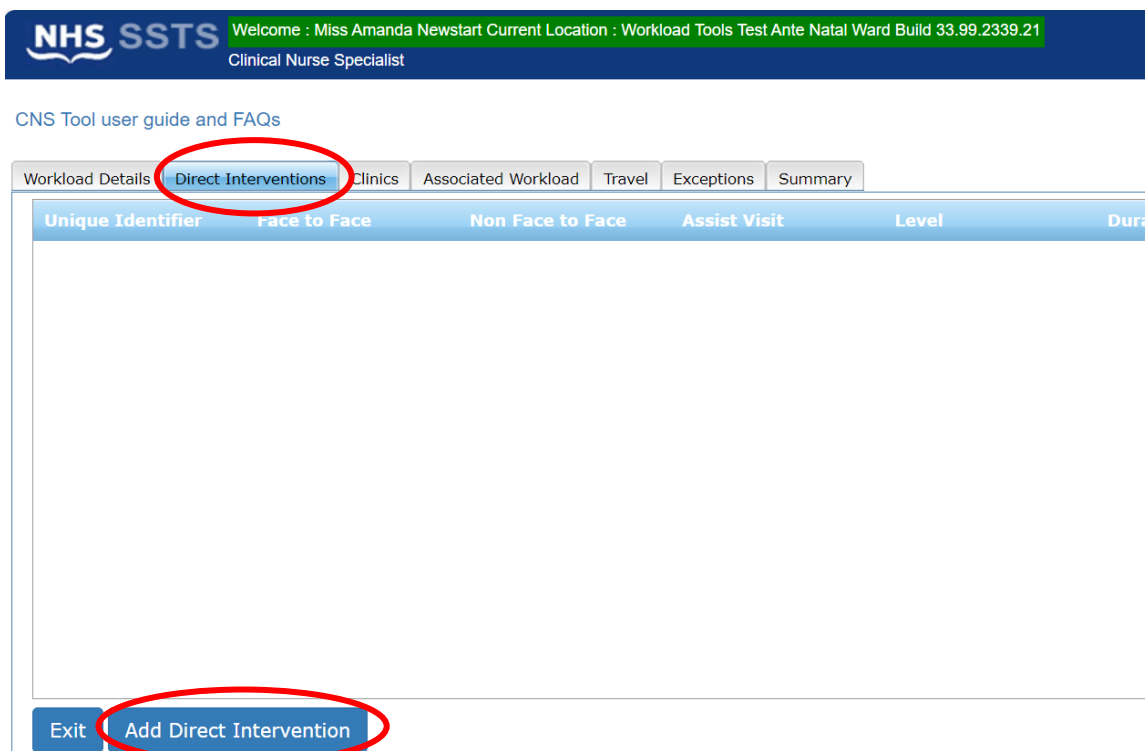
Face to face contact is considered as interventions such as clinical care, directly communicating with a patient or carer to completing a task relating to the patient in their presence such as record keeping.

Non face to face direct interventions are when a patient or carer member is not present e.g., when the Clinical Nurse Specialist is record keeping 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.

Once selected the Direct Intervention screen will appear:




The screenshot shows the NHS SSTS interface. At the top, there is a dark blue header with the NHS SSTS logo and a welcome message: "Welcome : Miss Amanda Newstart Current Location : Workload Tools Test Ante Natal Ward Build 33.99.2339.21 Clinical Nurse Specialist". Below the header, there is a link for "CNS Tool user guide and FAQs". The main interface has a tabbed menu with the following tabs: "Workload Details", "Direct Interventions" (highlighted with a red circle), "Clinics", "Associated Workload", "Travel", "Exceptions", and "Summary". Below the tabs is a table with columns: "Unique Identifier", "Face to Face", "Non Face to Face", "Assist Visit", "Level", and "Dura". At the bottom of the interface, there are two buttons: "Exit" and "Add Direct Intervention" (highlighted with a red circle).

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:

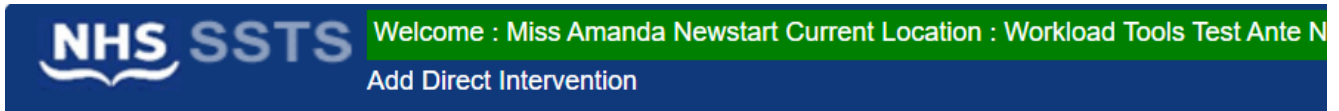
The screen is set up ready to record both ‘**Face to Face**’ and ‘**Non-Face to Face**’ contact.

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 for the purpose of this tool. The unique identifier should be agreed locally and meet GDPR requirements.

4.2 Telephone Calls

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



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
 Telephone Call Other:

 When Telephone Call is selected the location will default to Telephone Call and be 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 the user clicks the **'No Face-to-Face Contact'** option, then all details in this section will be "locked".


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 

Telephone Call  **Other:**



This option should be selected when NO Face-to-Face contact for the relevant patient took place.

Similarly, if the user clicks the NO Non-Face to Face option, then all the details in this section will be “Locked”.

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

Assist Visit

Duration

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

Level

Not Set

Location

Not Set **Other:**

This option should only be selected when No Non- face to face contact for the relvant patient took place

If both “Face to Face” and “Non-Face to face” contact has taken place, no box should be ticked.

4.4 Assisted Visit

The Assist visit function is currently disabled in the CNS workload tool.

If, however, more than one person is required for the intervention, both staff carrying out the intervention should record this on SSTS.

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

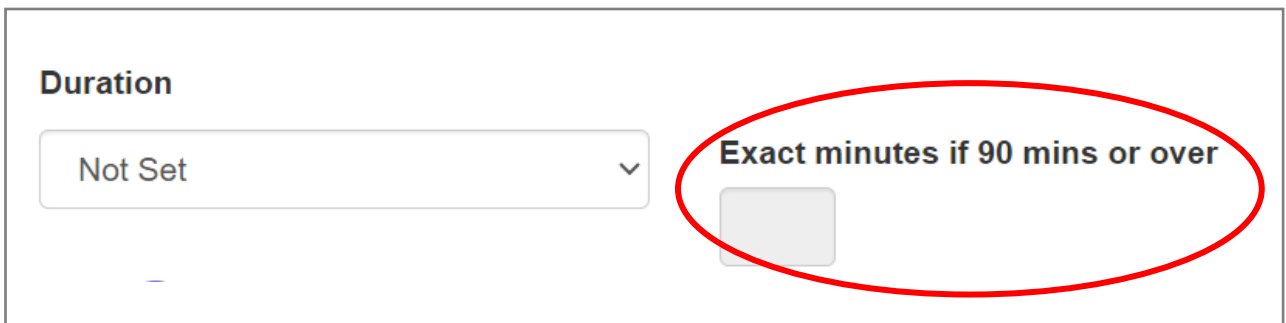
The **'Duration'** default will be shown as **'Not Set'**:



A screenshot of a web form showing a dropdown menu labeled "Duration". The dropdown menu is open, and the text "Not Set" is displayed inside the selection box. A red oval highlights the "Not Set" text.

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.




A screenshot of a web form showing a dropdown menu labeled "Duration" with "Not Set" selected. To the right of the dropdown is a text input field with a red oval around it. The text "Exact minutes if 90 mins or over" is displayed in the input field, and a small grey square is visible below it.

4.6 Level of Intervention

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

There are four levels of intervention.

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



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

Face to Face ⓘ No Face to Face Con

Assist Visit

Duration

Not Set ▼

Level ⓘ

Not Set ▼

4.7 Location

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

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.

Location ⓘ

Other ▼

Other:

4.8 Saving Data

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

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

4.9 Direct Interventions Summary Page

Once all the Direct Interventions have been entered, the screen should look similar to this:

The screenshot shows the NHS SSTS interface. At the top, there is a header with the NHS SSTS logo and a welcome message: "Welcome : Miss Amanda Newstart Current Location : Workload Tools Test Ante Natal Ward Build 33.99.2339.21 Clinical Nurse Specialist". Below the header, there is a navigation bar with tabs: "Workload Details", "Direct Interventions", "Clinics", "Associated Workload", "Travel", "Exceptions", and "Summary". The "Direct Interventions" tab is selected.

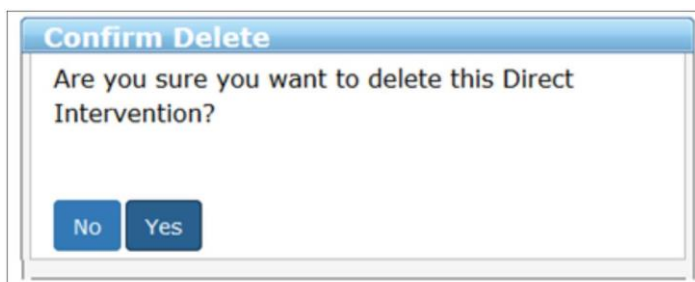
The main content is a table with the following columns: Unique Identifier, Face to Face, Non Face to Face, Assist Visit, Level, Duration, and Location. The table contains 14 rows of data. Each row has "Edit" and "Delete" buttons at the end. The "Edit" and "Delete" buttons for the first row are circled in red. At the bottom left of the table, there are two buttons: "Exit" and "Add Direct Intervention", both of which are also circled in red.

Unique Identifier	Face to Face	Non Face to Face	Assist Visit	Level	Duration	Location	Edit	Delete
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 1	20-24 mins	Telephone Call	Edit	Delete
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 1	10-14 mins	Clinic	Edit	Delete
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 2	30-34 mins	Clinic	Edit	Delete
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 2	60-64 mins	Other	Edit	Delete
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 1	60-64 mins	Community	Edit	Delete
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 1	20-24 mins	Clinic	Edit	Delete
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 1	20-24 mins	Clinic	Edit	Delete
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 1	10-14 mins	Clinic	Edit	Delete
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 1	10-14 mins	Clinic	Edit	Delete
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 1	5-9 mins	Clinic	Edit	Delete
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 3	60-64 mins	Ward	Edit	Delete
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 2	40-44 mins	Clinic	Edit	Delete

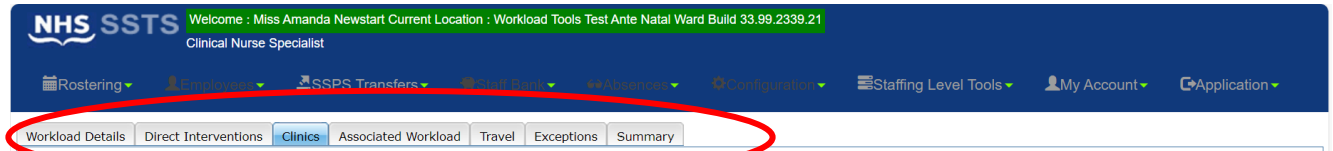
Within this screen, the user can access those patients that have already been entered on that date.

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

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



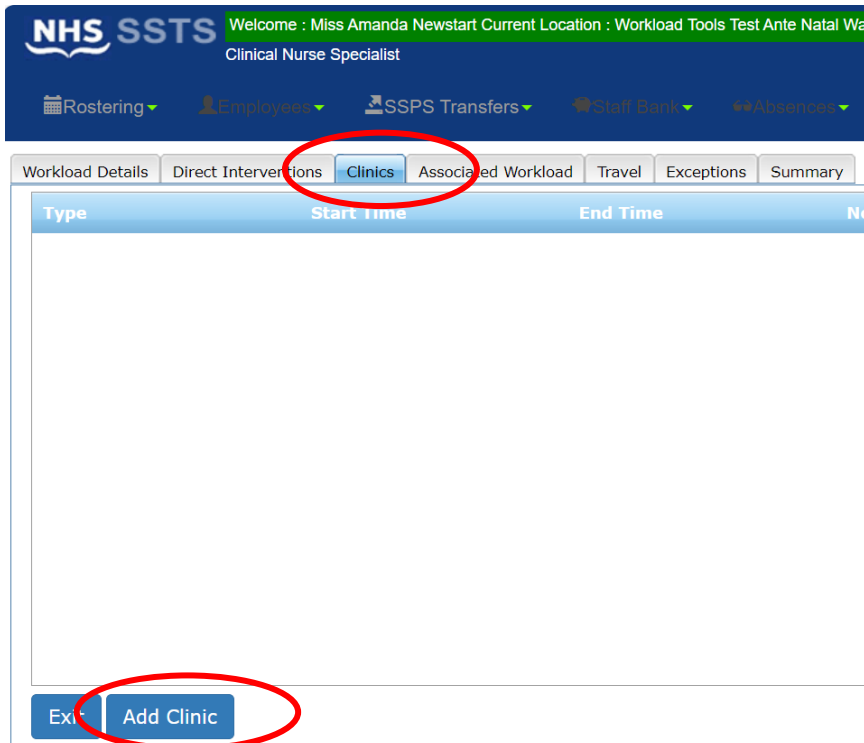
The user can continue to add data by selecting any of the other Tabs along the top of the screen.



5. Clinics

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

To add a **Clinic**, select the “**Clinic**” Tab and then “**Add Clinic**”.



The screen below should then appear:

The screenshot shows the "Add Clinic" form in the NHS SSTS interface. The header includes the NHS SSTS logo and the text "Add Clinic (eg. Group)". The form contains the following fields and controls:

- Type:** A dropdown menu with "Please Select" as the current selection and a blue information icon to the right.
- Clinic Description:** A large text area for entering the description of the clinic.
- 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.
- Buttons:** "Save", "Save and add another", and "Cancel" buttons at the bottom.

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

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



Users should then add:

- Within the “**Clinic Description**” box, users can 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. (if a parent and child are in attendance this is counted as one)


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

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

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

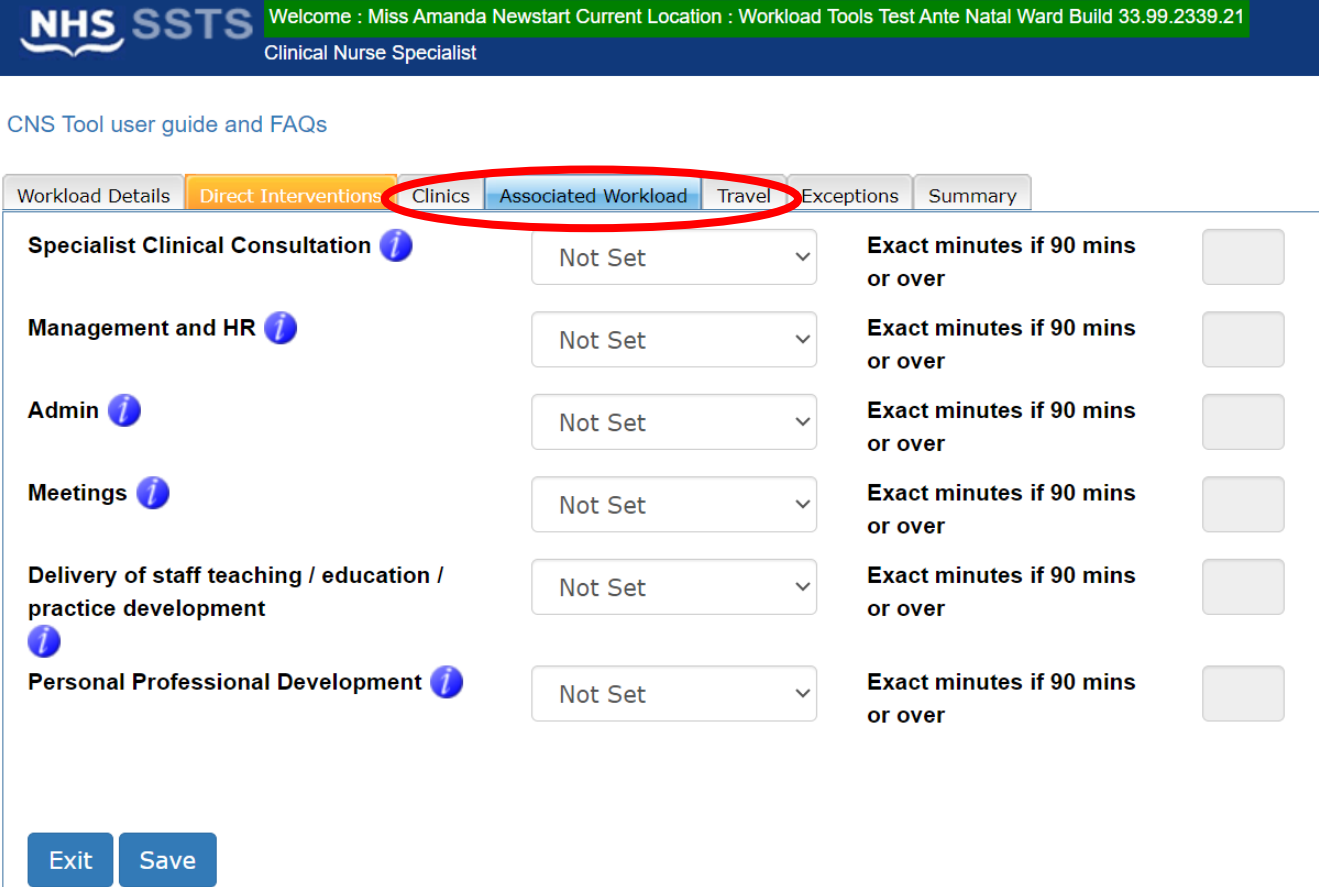
6. Associated Workload

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:




NHS SSTS Welcome : Miss Amanda Newstart Current Location : Workload Tools Test Ante Natal Ward Build 33.99.2339.21
Clinical Nurse Specialist

[CNS Tool user guide and FAQs](#)



Workload Details | **Direct Interventions** | **Clinics** | **Associated Workload** | Travel | Exceptions | Summary

Specialist Clinical Consultation 	Not Set	Exact minutes if 90 mins or over	<input type="text"/>
Management and HR 	Not Set	Exact minutes if 90 mins or over	<input type="text"/>
Admin 	Not Set	Exact minutes if 90 mins or over	<input type="text"/>
Meetings 	Not Set	Exact minutes if 90 mins or over	<input type="text"/>
Delivery of staff teaching / education / practice development 	Not Set	Exact minutes if 90 mins or over	<input type="text"/>
Personal Professional Development 	Not Set	Exact minutes if 90 mins or over	<input type="text"/>

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

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

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

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

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



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

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.

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. The top navigation bar includes 'Rostering', 'Employees', 'SSPS Transfers', 'Staff Bank', and 'Absences'. The main navigation tabs are 'Workload Details', 'Direct Interventions', 'Clinics', 'Associated Workload', 'Travel' (highlighted with a red circle), 'Exceptions', and 'Summary'. The 'Travel' tab content includes an information icon, two input fields for 'Travel Time (minutes)' and 'Travel Miles' (both containing '0'), a 'Mode' section with checkboxes for 'Foot', 'Car', 'Public Transport', 'Boat', 'Plane', and 'Other', and 'Exit' and 'Save' buttons at the bottom.

- **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.

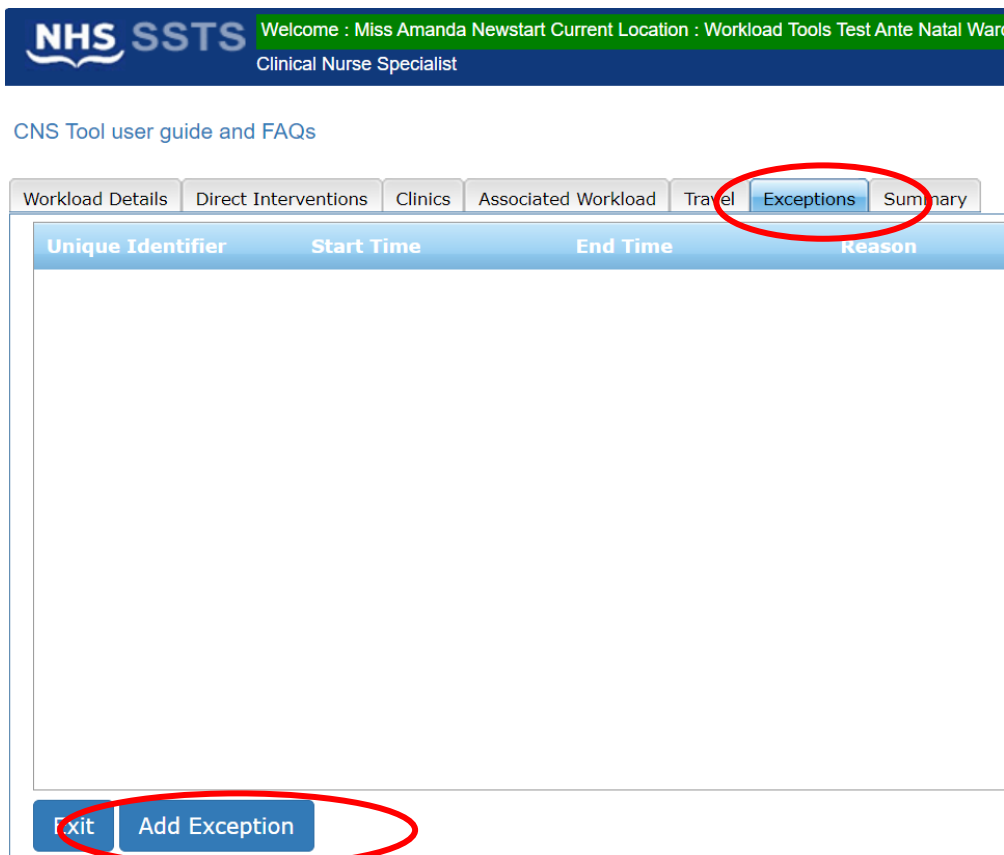
Once all the Travel data has been entered for their shift, the user should the select “**Save**” to save the data entered.

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.

8. Exceptions

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

It is acknowledged that the CNS 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. 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 Ante Natal Ward Clinical Nurse Specialist". Below this, there is a link for "CNS Tool user guide and FAQs". The main interface features a series of tabs: "Workload Details", "Direct Interventions", "Clinics", "Associated Workload", "Travel", "Exceptions", and "Summary". The "Exceptions" tab is highlighted with a red circle. Below the tabs is a table with the following headers: "Unique Identifier", "Start Time", "End Time", and "Reason". The table is currently empty. At the bottom of the interface, there are two buttons: "Exit" and "Add Exception", both of which are circled in red.

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. Remember a unique identifier is agreed locally and should meet GDPR requirements.

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

If other is selected, please complete the free text box to define the reason for the exception.

 Leave, e.g., annual leave, sick leave, special leave are management issues and are **not** recorded as Exceptions.

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

Selecting “Exit” will return the user to the Workload Details Screen and the data entered will be lost if “Save” has not 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 screenshot shows the NHS SSTS interface. At the top, the user is identified as Miss Amanda Newstart, a Clinical Nurse Specialist. The 'Summary' tab is selected and circled in red. Below the tabs, the 'Staffing Level Tool Completion:' field is circled in red, with a dropdown menu set to 'Not Set'. To the right, there is a checkbox for 'Exact minutes if 90 mins or over' and an information icon. A 'Save' button is located below the completion field. The main content area is titled 'Summary of information entered:' and contains a table of workload categories and their times.

Category	Time
Face-to-Face Interventions	4 Hours 5 Minutes
Non Face-to-Face Interventions	1 Hours 27.5 Minutes
Clinics	1 Hours 0 Minutes
Associated Workload	1 Hours 0 Minutes
Travel	1 Hours 0 Minutes
Exceptions	0 Hours 0 Minutes
Workload (total)	

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 will 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 is NOT included within the CSN tool.

CNS Staffing Level Tool - User Guide

NHS SSTS Welcome : Miss Amanda Newstart Current Location : Workload Tools Test Antle Natal Ward Build 33.99.2339.21
Clinical Nurse Specialist

Rostering ▾ Employees ▾ SSPS Transfers ▾ Staff Bank ▾ Absences ▾ Configuration ▾ Sta

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

Non Face-to-Face Interventions	1 Hours 27.5 Minutes
Clinics	1 Hours 0 Minutes
Associated Workload	1 Hours 0 Minutes
Travel	1 Hours 0 Minutes
Exceptions	0 Hours 0 Minutes
Workload (total)	8 Hours 32.5 Minutes
Actual Work Hours <small>(calculated from your Work Day Start/End times):</small>	7 Hours 30 Minutes
Difference between Workload & Actual Work Hours:	1 Hours 2.5 Minutes i

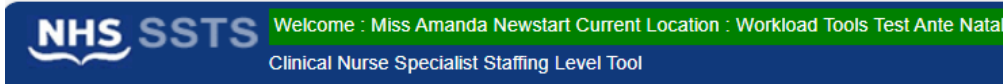
Exit

10. Editing and Deleting Existing Records

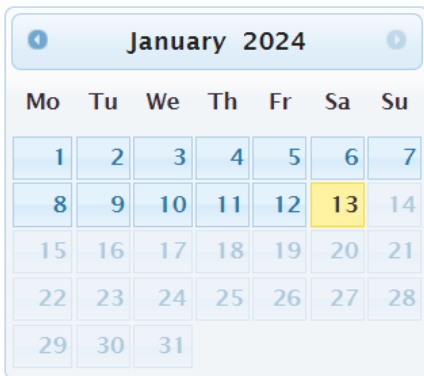
The Calendar Screen shows a list of previous records entered by the user.

Only the last 30 records will be shown.

These are the only records that can be amended and viewed.



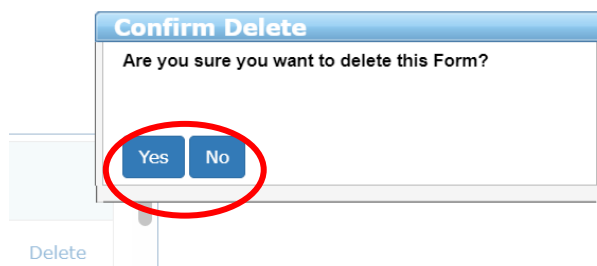
[CNS Tool user guide and FAQs](#)



My Workload		Others Workload	
Workload Date	Work Day	Roster Location	
10/01/2024	08:00-16:00	Workload Tools Test Ante Natal Ward	Edit Add New Delete
20/11/2023	08:00-	Workload Tools	

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

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



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.

[CNS Tool user guide and FAQs](#)

January 2024						
Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

My Workload **Others Workload**

Filter Clear

Please Select ▼

No entries found.

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.

My Workload **Others Workload**

Filter Clear

Please Select

Miss David Black:X9005811

Mr David Granger:X9017941

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 screenshot shows the 'Others Workload' interface. At the top, there are two tabs: 'My Workload' and 'Others Workload'. Below the tabs is a search bar containing the text 'bla', with 'Filter' and 'Clear' buttons to its right. Underneath the search bar is a dropdown menu displaying 'Miss David Black:X9005811'. Below the dropdown is a table with the following data:

Workload Date	Employee Name	Pay Number	
28/09/2020	Miss David Black	X9005811	View

The 'View' button in the table is circled in red.

The workload can only be viewed by the manager, it cannot be edited.

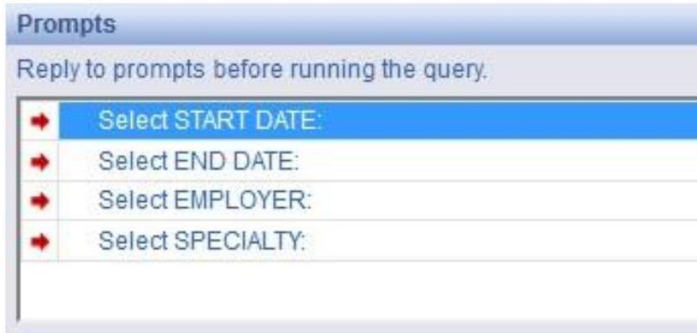
Only the user who entered the data can edit it.

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

12. Business Objects

After CNS and corresponding Professional Judgement data entry into SSTS is complete, please use one of the Professional Judgement 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 Manager's permission and authorisation before contacting your local SSTS Manager

Appendix A

CNS Specialties List

- Addictions
- Alcohol
- Anti-coagulant
- Blood Transfusion
- Breast Care Nursing
- Breast Feeding Co-ordinator
- Burns
- Cancer:
 - Breast
 - Chemotherapy
 - Colorectal
 - Gynaecology
 - Oncology
 - Haematology
 - Head and Neck
 - Lung
 - Neuro-oncology
 - Oncology
 - Ophthalmic
 - Other
 - Radiotherapy and oncology
 - Sarcoma
 - Skin
 - Upper GI
 - Urology
- Cardiac Rehabilitation
- Cardiac Surgery
- Cardiology
- Challenging Behaviour
- Child and Adolescent Mental Health
- Child Protection
- Cognitive Behaviour therapy
- Continence
- Cystic Fibrosis
- Deliberate Self-Harm
- Dermatology
- Diabetes
- Drugs
- Ear, Nose and Throat
- Emergency Medicine
- Endocrinology
- Epilepsy
- Forensics
- Gastro-intestinal
- Genetic
- Genitourinary Medicine
- Gynaecology
- Haematology
- HIV
- Infection control
- Mental Illness
- Midwifery
- Midwifery
- Foetal Medicine
- Special Needs in Medicine
- Minor Injuries
- Multiple Sclerosis
- Neonatology
- Neuroscience/ Neurology
- Nutrition
- Occupational Health & Safety
- Older Peoples Care/ Gerontology
- Ophthalmic
- Orthopaedics
- Paediatric
- Pain
- Palliative
- Parkinsons Disease
- Perinatal Mental Health
- Renal
- Respiratory
- Resuscitation
- Rheumatology
- Severe and Enduring Illness
- Sexual Health/ Family Planning
- Smoking Cessation
- Stoma
- Stroke
- Substance Misuse
- Tissue Viability
- Urology
- Vascular

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 patient, parents or direct carer. This contact can be at the same location or via the telephone.</p>	<p>Assessment:</p> <p>a. Assessment</p>	<ul style="list-style-type: none"> • Assessment (analysis) > planned intervention > evaluation of care Examples: <ul style="list-style-type: none"> ○ Risk / Contingence / Falls / Health needs / Older persons / Family assessment • Care planning • Care Package Management (applications for funding) • Referral/facilitating access to other services. • Care Coordination • Crisis Intervention/ unplanned care • Key worker role
	<p>Interventions:</p> <p>b. Specific clinical interventions demonstrating specialist/ advanced skills</p>	<ul style="list-style-type: none"> • Management of acute/ chronic/ long term conditions (e.g., asthma, oxygen, cystic fibrosis, home ventilation diabetes, renal, cardiac, oncology) • 'Hospital at home' and/or care of the acutely ill adult • Contingence Care e.g., stoma, bladder and bowel management • Pain assessment and management • Clinical investigations (e.g., venepuncture, monitoring and interpretation of results) • Administration of medicines • Medication management / Supplementary and independent prescribing and administration of Intravenous therapy (e.g., chemotherapy, antibiotics, TPN) • Nutritional support including enteral feeding. • Wound Management • Palliative and Bereavement care • Intravenous access devices (e.g., portacath, central lines) • Pre – post operative assessment and care (e.g., orthopaedic) • Neurological (e.g., epilepsy, complex health care needs, learning disability)
	<p>c. Clinical Consultation</p>	<ul style="list-style-type: none"> • Communication with MDT, other professional and families • Information sharing • Multidisciplinary and multiagency working • Assessment of capacity to consent
	<p>d. Discharge co-ordination</p>	<ul style="list-style-type: none"> • Multidisciplinary discharge planning meetings • Co-ordination of supplies and equipment (patient specific)

Contact	Category	Guideline and examples
	e. Child protection activity	<ul style="list-style-type: none"> • Referral • Meetings • Training • Reports/documentation • Reviewing
	f. Supporting/ advising/ counselling skills	<ul style="list-style-type: none"> • Knowledge of needs of a patient and dynamics of family situation • Developing and establishing a relationship • Skilled listening • Enabling/ empowering • Planning
	g. Palliative/ End of Life Care/ breaking bad news	<ul style="list-style-type: none"> • Providing diagnosis • Counselling skills • Bereavement support • Care co-ordination • Key worker role
	h. Clinical Documentation/ Patient Held Records	<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) • DNAR / Anticipatory care plans • Development of protocols/policies for individual health needs
	i. Training and Education	<ul style="list-style-type: none"> • Identification of best practice • Delivery to children, young people, families and carers • Evaluation of patient care/understanding. (Patient involvement) • Multidisciplinary and multiagency training • Delivery of appropriate face to face education to under and post graduate student
	j. Research/ audit	<ul style="list-style-type: none"> • Patient/family audit • Consultation with children and young people • Research governance • Service evaluation • Supporting clinical trials
<p>NON-FACE TO FACE</p> <p>Any Patient related intervention which does not involve direct contact with the patient or their carer</p>	<p>Professional Communication involving clinical advice utilising knowledge and skills.</p>	<ul style="list-style-type: none"> • Receiving and making telephone calls to other professionals • Receiving and making telephone calls to other professionals, parents/carers, patients. • Referrals to other services • Prescription writing / ordering • Patient handover – updating colleagues when requiring cover for annual leave. • Discussion/liaison with colleagues and partner agencies:

Contact	Category	Guideline and examples
		<ul style="list-style-type: none"> ○ Non-Face to Face Guidance Relating to arranging or discussing care or management of a patient. ○ Arranging for the patient to attend A&E or for admission to the ward. ○ Opportunistic discussions with other professionals (internal / external) regarding a patient ○ Ward liaison (discharges and admissions) ● Letters/reports/dictation: <ul style="list-style-type: none"> ○ Minutes of individual patients' meetings, reports for meetings (case conference) to whom it may concern letters. ● Education/ Training of staff / carers in relation to a specific patient: <ul style="list-style-type: none"> ○ Training to a support worker, nursing assistant looking after a patient with i.e., gastrostomy, tracheotomy, diabetes or cystic fibrosis etc (if the patient was present then this would be a direct contact) ● Email/fax/text relating to a patient. <ul style="list-style-type: none"> ○ Email and/or text to patient, parents or direct carer as well as health and social care professionals e.g., GP, education staff, consultant, social work and psychology ● Writing up notes following record keeping/phone calls and entering information onto computer: <ul style="list-style-type: none"> ○ Patients notes (written) ○ Patients notes (electronic) ● Preparing notes/results for clinics/consultation (clinic preparation) <ul style="list-style-type: none"> ○ Record keeping including IT based. ○ Prescription writing / ordering ○ Lab results (filing) ○ Tracking / filing records ○ Ordering equipment ○ Multi-agency team meetings/ case discussions and case conferences ● Attending critical incident meeting ● Risk assessment and management ●
CLINICS	Group clinic or session	(i.e., with a number of patients at one time), e.g., Cardiac Rehabilitation / Bereavement Support Group:

Contact	Category	Guideline and examples
		<ul style="list-style-type: none"> record start and finish type of clinic number of people seen. <p>Any additional workload over and above the group purpose should be reported under the Direct Intervention screen including level of intervention e.g., Breast Awareness / Talks to Public Groups</p>
	Health Promotion/ education sessions	<ul style="list-style-type: none"> record start and finish type of session number of people seen. <p>Any additional workload over and above the session purpose should be reported under the Direct Intervention screen including level of intervention</p>

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. Straightforward assessment of a situation that requires advice/information but no other input / assessment of a situation which results in advice/information given directly to parent/carer/client but no other input. Simple post-operative wound that requires removal of suture or a straightforward assessment requiring no further intervention Home / clinic contact with parent /carer/client following e.g. A/E attendance, hospital discharge, DNA, follow up on a previous call. Accessible record and documentation of 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. Cancer CNS responding to telephone call from District Nurse, about a patient with cancer, seeking advice about appropriateness of vaccination whilst on treatment. CNS responding to telephone call from another Healthcare Professional seeking advice re patient care Arranging venues, invitations to external agencies, minute taking, taking forward outcomes arising from meetings such as liaising with social work Accessible record and documentation of intervention. Straightforward input of information e.g., change of appointment
Level 2	<ul style="list-style-type: none"> Provide face to face advice and/or information but further support or wider explanation is required. Provide face to face advice in a situation which requires 	<ul style="list-style-type: none"> Provide advice and/or information but further support or wider explanation is required. Provide advice and/or information in a situation which requires recipient

	<p>recipient specific understanding i.e. where there are cognitive / sensory impairment</p> <ul style="list-style-type: none"> • Assessment of situation results in the need for uncomplicated direct clinical intervention in one or two aspects of care at that point but once completed no further intervention required • Assessment of a situation which results in the need for minimal intervention e.g., discuss the management of constipation through dietary advice. Assessment of the situation at this stage deems no further intervention required beyond discussion and advice to with parent/carer/client. • Direct Communication with carer / families / wider PCT, multi-agency colleagues • Unplanned meeting with parent/carer/client requiring minimal intervention/ advice/ discussion and client understanding assured. • Post-operative wound inflamed requiring observation but not intervention and information provided to carer/patient about signs to look for and how to access intervention should that be required. • Advice to family / carer re patient condition 	<p>specific understanding i.e. where there are cognitive / sensory impairment</p> <ul style="list-style-type: none"> • 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. • Assessment of a situation which results in the need for minimal intervention e.g., Dietary advice re constipation. Assessment of the situation at this stage deems no further intervention required beyond advice/information. • Discussion between GP & CNS re medication management which involves CNS having to access and refer to patient's case notes. • Communication with carer / families / wider PCT, multi-agency colleagues • Advice to family / carer re patient condition • Record not accessible, arrange access to record Documentation - Input of intervention information into client record e.g., telephone liaison advice/information.
<p>Level 3</p>	<ul style="list-style-type: none"> • Provide face to face detailed information and provide support and advice to parent/carer/client for a complicated situation. • Direct face to face assessment of a complicated situation requiring moderate intervention on more than one or two aspects of care and will require further monitoring and intervention. e.g. 	<ul style="list-style-type: none"> • Provide detailed information and provide support and advice for a complicated situation. • Assessment of a complicated situation (case management) requiring intervention on more than one or two aspects of care and will require further monitoring and intervention e.g. the need for face-to-face contact, home visit, GP/clinic visit - the omission of which would be detrimental to the

	<p>a) Post-operative wound, with, general concern of possibility of deterioration. Requires referral for appropriate assessment and treatment. Support and reassurance required.</p> <p>b) Assessment resulting in further monitoring / intervention</p> <p>c) Communication face to face with Ward / Community Nurses to inform assessment and ongoing intervention</p> <p>d) Management of a diabetic patient where there is need for regular titration of dosage and or regular contact with secondary services due to instability of blood sugars.</p>	<p>health and wellbeing of the client/family/carer.</p> <ul style="list-style-type: none"> • Assessment resulting in further monitoring / intervention. • CNS contributing to Case Conferences and complex case discussion. • CNS contributing to MDT meeting which involves preparation for the meeting, taking forward several outcomes arising from the meeting such as liaising with other agencies
<p>Level 4</p>	<ul style="list-style-type: none"> • Complex situation requiring the coordination/ case management of multiple avenues of advice and information. Demand for personal support to family/carer increasing. • Regular re-assessment of situation required with multiple interventions required. Long-term situation • Post-operative wound open, discharging, patient generally unwell parent/carer upset and anxious. May require re-admission. • Assuming the role of Lead Professional in a given situation • Direct contact with a family in crisis requiring immediate and high-level intervention. • Deterioration of a client situation which involves direct contact and intervention e.g., referral to other NHS services, social services etc... • Intensive family support 	<ul style="list-style-type: none"> • Complex situation requiring the coordination of multiple avenues of advice and information. And increasing demand for personal support to families and carers. Demand for personal support to family/carer increasing. • Regular re-assessment of complex situation required with multiple interventions required. Long-term situation • Diabetes CNS liaising with staff nurse in ward to support the nurse in monitoring the patient's blood sugar level, providing dietary advice and providing support for the family. • The case requires Case Management for patients with complex needs related to long term conditions, palliative care or end of life care. Examples – Advanced assessment, high levels of decision making, formulation and co-ordination of management plans in partnership other agencies adopting a patient centred approach. • Plan deliver and evaluate complex packages of care through continuous audit and monitoring of appropriate data.

		<ul style="list-style-type: none"> • Proactively managing and facilitating effective complex discharge planning • Providing clinical and professional expertise to patients, carers and members of the multi-disciplinary team as appropriate • Assuming the role of Lead Professional • Call from a family in crisis requiring immediate and high-level intervention. • Gathering information and preparing complex reports • Deterioration of a complex client 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 / case discussion • Attending incident meetings • Adverse event management (e.g. clinical incidents in blood transfusion settings) • Compiling reports • Co-ordinating programmed activity in the Boards, hospitals, primary care (e.g. vaccination services) •
Management & HR	<ul style="list-style-type: none"> • Off duty • Staff salary data / SSTS • Recruitment • Sickness/absence reporting and return to work meetings • Disciplinary/ performance management • Project work
Administration Guidance	<ul style="list-style-type: none"> • Emails • General phone calls • Travel forms E Expenses • Database (non patient related) • Monthly reports/statistics • Supplies/ordering (general) • Co-ordination of equipment (general) • Lab results (filing) • Mileage / timesheets paperwork • Incident reporting

Associated Workload	
Type of Associated Workload	Examples
	<ul style="list-style-type: none"> •
Meetings (non-patient specific) guidance	<ul style="list-style-type: none"> • Senior Nurse meeting / Team meetings • Representing Team leader/line manager at meetings • Managed clinical networks • National forums • Attending steering group meetings • Professional meetings/forums
Delivery of staff teaching/ education/ practice development	<p><u>Providing</u></p> <ul style="list-style-type: none"> • Clinical supervision / clinical support • Personal Development Review/Personal Development Plan • Developing education resources (e.g. Cleanliness champions, model policies safer blood s,) • Multi-agency teaching • Contributing to programme and curricula development • Drafting guidance for consultation • Student related activities • Mentorship pre/post registration <p><u>Delivering</u></p> <ul style="list-style-type: none"> • Delivering education and training (lectures, workshops, etc) • Multi-agency teaching • Research and audit / Lead researcher role • Disseminating guidance and expert advice (web, e-mail, print etc)
Personal/ professional development	<ul style="list-style-type: none"> • Mandatory training • Continuing Professional Development, e.g., Conferences, study days, self-directed learning • eKSF/Personal Development Review/Personal Development Plan • Clinical supervision • Team development • Shadowing opportunities to enhance skills <p>NB Full study days are not recorded in the workload tool. Only partial online, face to face or self-directed study/learning time is recorded when it is being done during a rostered shift e.g. 2 hours away from person facing contact.</p>
Travel Tab	
Travel Time	<p>Please note that travel miles should be rounded to the nearest mile e.g. 16.6 should be entered as 17.</p> <p>The option of choosing more than one mode of transport per journey is available e.g.:</p> <ul style="list-style-type: none"> • Walking from your work base to collect your car; the car journey; and walking to the location. • Walking from one end of the Hospital / Health Centre / building to the other

Associated Workload	
Type of Associated Workload	Examples
Exceptions Tab	
Exceptions	<p>Exception reporting is only for rare, extraordinary events that cannot reasonably be anticipated on a day today basis.</p> <p>This may not always be related to a patient.</p> <p>It is acknowledged that the CNS 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.</p> <p>However, it is only an exception if it is unusual and rarely occurs. Exceptions may not always be related to a patient. 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.</p> <p>NB Leave, e.g., annual leave, sick leave, special leave are management issues and are not recorded as Exceptions.</p>

Appendix D

Background

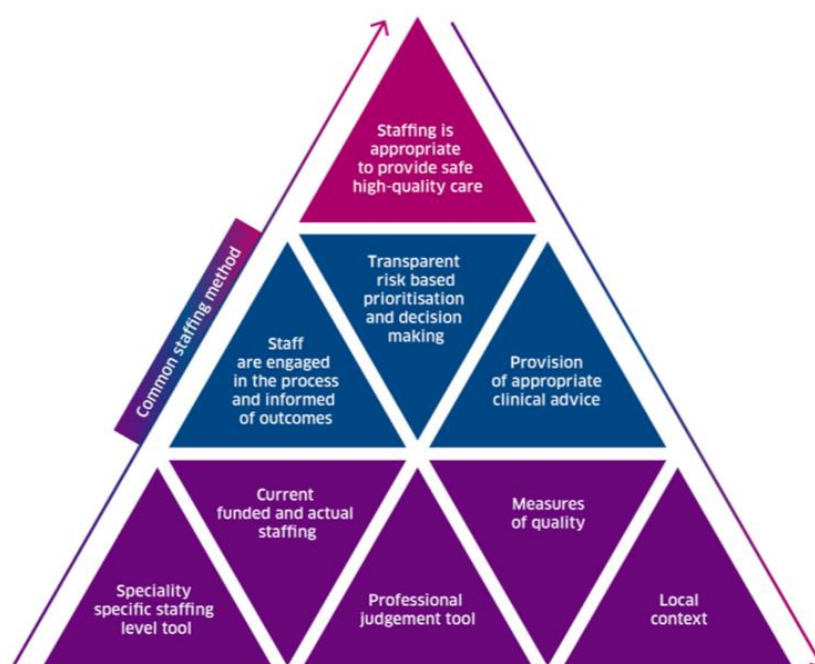
Nursing & Midwifery staffing level tools are an essential part of the Health and Care (Staffing) (Scotland) Act 2019 aimed at ensuring health & social care staffing is at the level required to deliver safe, quality focused care to people using the services. The tools are designed to give staff the platform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

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

Figure 1 – The common staffing method




Appendix E

Frequently Asked Questions.

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

CNS 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. Ensure 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 two tools?
	<p>You are being asked to use the Professional Judgement Tool (PJ) along with the CNS staffing level tool. This forms part of the Common Staffing Method approach mentioned <u>above</u>.</p> <p>The staffing level tool provides workload analysis which can inform staffing needs that is considered alongside other local information, such as the PJ WTE staffing outcomes, which is based on your judgement of needs for the workload at that time, before decisions on staffing can be made.</p> <p>One tool is 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 the Professional Judgement tool.</p>
Q3	Does the tool consider mandatory training requirements?
	<p>Training can be recorded via the section in the additional activities tab. This information will pull through to the BOXI reports to give a picture of how much time was allocated to training per individual and for the team.</p>
Q4	How does the tool capture all aspects and complexity of my work?
	<p>The tool is designed so clinical nurse specialists can record the overall time they have worked; the time they have taken with work activities; and the level of complexity each activity is categorised as.</p> <p>Guidance about the level of complexity can be accessed by clicking on the information icon in the tool.</p> <p>The activities are recorded under several headings which include direct interventions, clinics/</p>

	<p>sessions/drop-in, associated workload, travel, and exceptions. The tool collates this data in a report for use to inform local planning processes. This report is accessed via Business Objects (BOXI).</p>
Q5	Who completes the Data Capture for each patient and how often should this be done?
	<p>The individual CNS 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 CNS for every shift</p>
Q6	Where can I find the definitions for each level of intervention?
	<p>See the coding can be found in Appendix C</p> <p>This information is also available on SSTS by clicking the  icon beside the level of intervention drop down</p>
Q7	What if the hours I have worked vary, how do I record this?
	<p>The top section of the tools front page is 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 3.0 of this user guide, it is recognised that on occasion staff work varying hours on a daily bases. Therefore, there is a section lower on the tools front page that allows you to record your ACTUAL start and end time of a rostered shift.</p> <p>The normal default for the tool is that the core shift hours are 7.5 hours per day which excludes a 30-minute break.</p> <p>In 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</p>

	<p>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 leave work and return 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>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 CNS team to record the full team activity for planning and allocation purposes.</p> <p>Some staff members may have dual roles within a Health Board. They may require two usernames and passwords in order to complete staffing level tools for each job. Please consult with the local SSTS team for advice and support with this</p>
Q11	When a student is with me on a visit, when do I tick the "Assist Visit" box?
	<p>The "assist visit" box is currently disabled on the CNS tool, as it was very rarely used.</p> <p>In the rare occasion that you may need to record an Assist visit, both practitioners should record the visit on SSTS, and a comment added into the corresponding time block on the PJ tool</p>

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	<p>This only applies if both the student and the Nurse are actually required to carry out the intervention. 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 CNS clinician after the visit can be logged under Additional Workload.</p>
Q12	Can the tool be used by ANPs?
	<p>No. ANPs were not involved in the development of the CNS tool and as such did not participate in setting the levels of care within the tool. We would need to explore the activities within the ANP role with the ANP's to better understand what would be a suitable tool for them.</p> <p>Going forward all ANPs, specialist nurse/midwives will be involved with this tool refresh and development.</p>
Q13	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?
	<p>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</p>

Trouble shooting

<p>CNS 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 staffing level 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 the data entry cells. This should then let you save your data and open the next screen</p>
<p>2. The Staffing Level Tool</p>
<p>I can't download the paper data capture template. What do I do?</p>

1. You can try using a different web browser to download the template
2. You can print [Data Capture template here](#) or from Appendix B in this document
3. You can speak to the local IT team as permissions may be needed for accessing and downloading documents
4. Speak to your workforce lead and they should be able to assist in providing paper copies of the template

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

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

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

You should enter the data you do have onto SSTS and this will pull through to the BOXI report. Gaps will show in the charts for any dates you do not have any data for.

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

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

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

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

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

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

These totals do not have to match exactly.

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

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Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

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