

Maternity Staffing Level Tool

User Guide

March 2024

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1. Introduction

The Maternity Staffing Level Tool was developed to specifically measure the time and complexity of midwifery related care. It is based on an extensive observation study of midwifery activities across Scotland, that covered both hospital and community services. The classification of workload associated with women and babies in the tool is based on vulnerability, social, obstetric and medical / anaesthetic risk. The calculations within the tool are maternity team specific and determined by different level of care and support required by each patient.

The calculation includes an allowance for predicted absence of 22.5% for nursing and midwifery staff. This is then available in a report that can be used by the practitioner and managers to plan the allocation of resources to effectively meet the service or health board's priorities and to identify any risks that may exist in the service.

The national recommendation is that the staffing level tool is run for a minimum of 2 consecutive weeks once per year. It should be run concurrently with the [Professional Judgement](#) Tool.

It is important to remember the Staffing level tool and the corresponding BOXI report is only one element of the **Common Staffing Method** mandated by the Health and Care (Staffing) (Scotland) Act 2019 ([Appendix A](#)).

The report should be considered in conjunction with:

- Funded establishment
- The findings from the Professional Judgement Tool
- Quality indicators and local context

To aid accurate data collection during the tool run, data capture templates are available here [Maternity Data Capture Templates](#) and in [Appendix B](#) of this Document.

Levels of Care Descriptors are available in [Appendix C](#)

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: [Healthcare Staffing Programme \(HSP\) webpages](#)

2. Logging in

2.1 Accessing the tools

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

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


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

Shared Authentication for eExpenses,
ePayroll, SSTS and Workforce.



Please enter a valid Username and Password

Username:

Password:

NOTICE TO USERS

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

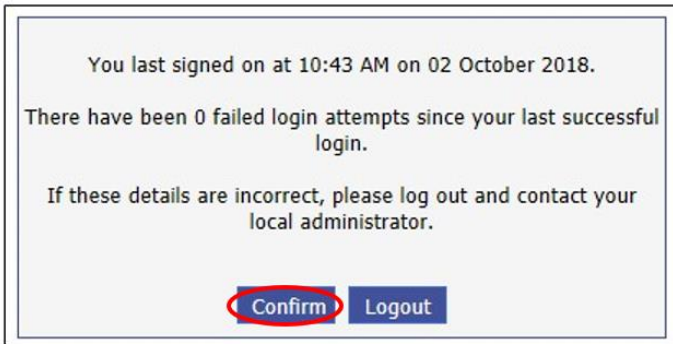
© Crown Copyright 2003

Server NHLVWSSTSUWB01



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

Click “confirm” to proceed:

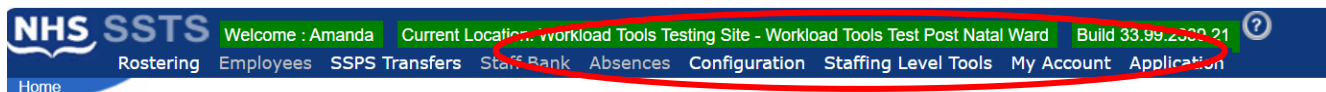


And then select “SSTS”.



2.2 Changing working location

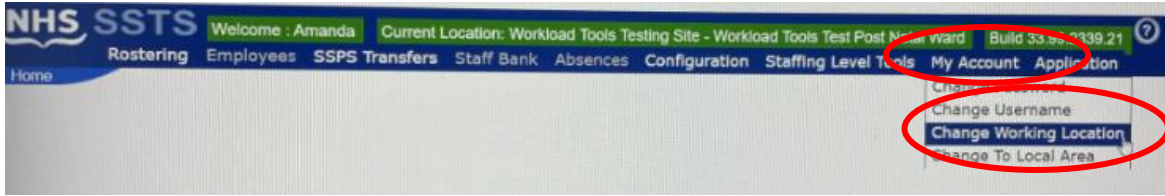
Once you have logged in you will be presented with the following screen:



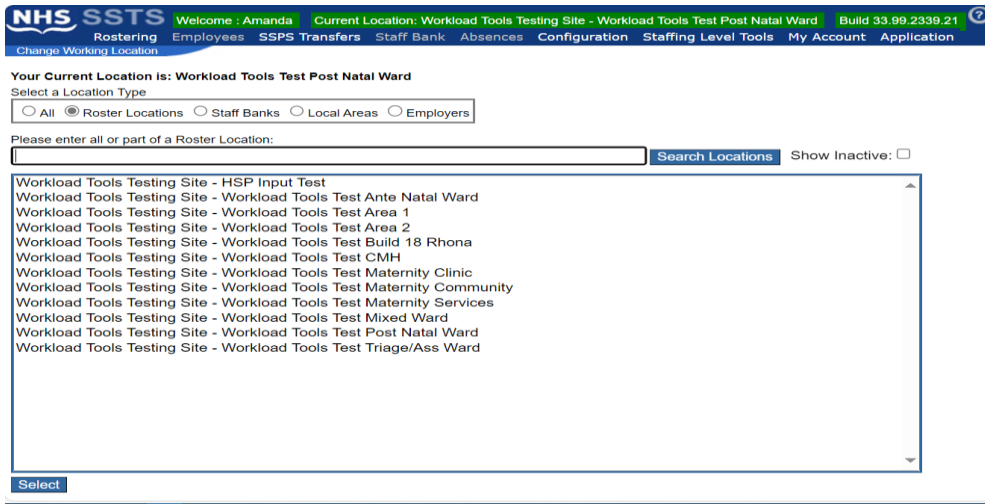
Check the Current Location at the top of the screen. It is unlikely that you will need to change Working Location. However, if Working Location is incorrect, and you have the necessary permissions, select ‘**My Account**’ and then ‘**Change Working Location**’:

See below:

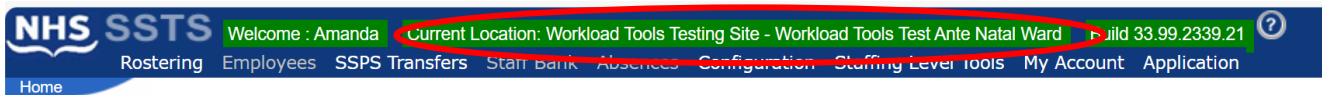
If you do not have the appropriate permissions, please reach out to your local workforce lead or SSTS team.



A screen will then appear containing the ward and clinical areas you have access to,
The ward/area can be searched for by roster location, staff bank, local area, or employer.
To choose a ward/area of interest, select it from the available list and then click **'Select'**:



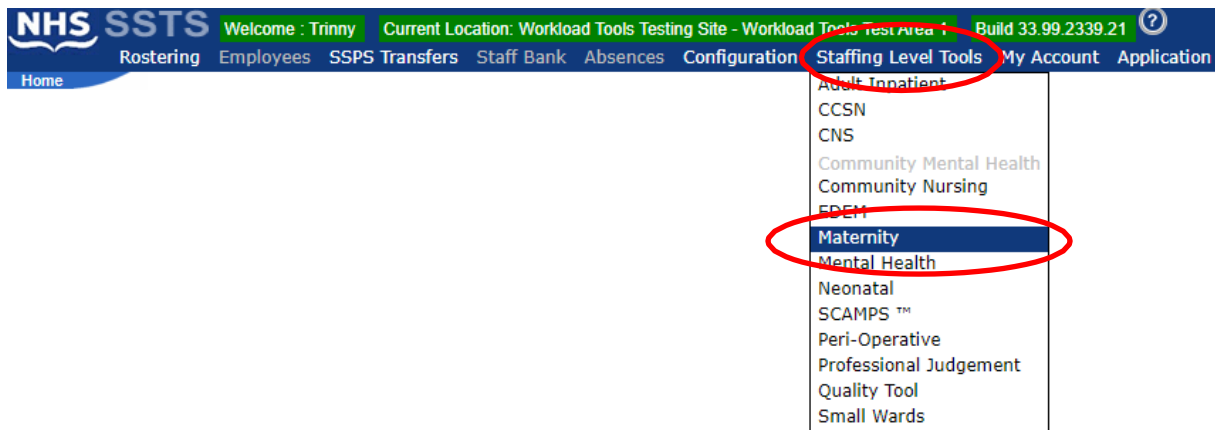
The location will then update on the toolbar:



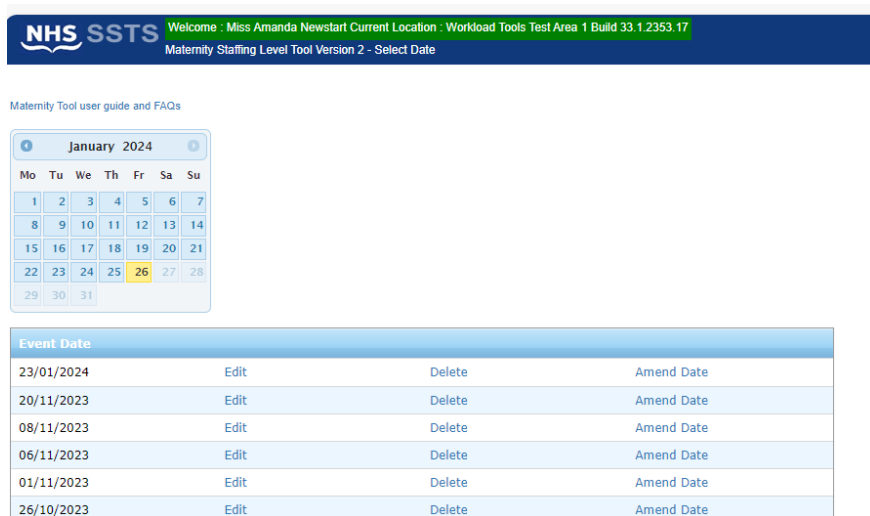
3. Creating/Editing Entries in the Tool

3.1 Opening the tool

To open the Maternity Tool, select “**staffing level tools**”, and then “**Maternity**”.



A screen like the one below will then appear. (This will only show the data for your ward/specialty.)



From this screen, you can:

- Select a date for which you want to enter new information.
- Edit / delete / amend the date of a previous entry
- Access the user guide &FAQ for the Maternity Tool

3.2 Assigned Values

When you select a date, you will be taken to the Assigned values Tab.

NHS SSTS Welcome - Miss Amanda Newstart Current Location - Workload Tools Test Area 1 Build 33.1.2353.17
Maternity Staffing Level Tool Version 2


Date: 22/01/2024 Times: 08:00 (22/01/2024) - 07:59 (23/01/2024) Location Type: Maternity Services

Assigned Values Patients Additional Activity Incomplete Dates Summary Display

Date: 22/01/2024
Status: NEW DATE
Number of Beds Available: 20
Start Time: 08:00 (22/01/2024)
End Time: 07:59 (23/01/2024)
Click 'Confirm' to proceed to the data entry screen.

Exit Confirm

If all the information is correct, please select the confirm option on the bottom left of the screen.



Number of beds available' will be displayed also for community and clinic only rosters.

3.3 Patients Tab


When you confirm the first screen you will be taken to the Patients tab.

If no mothers are present, please select the No mothers present box.

NHS SSTS Welcome - Miss Amanda Newstart Current Location - Workload Tools Test Area 1 Build 33.1.2353.17
Maternity Staffing Level Tool Version 2

Date: 22/01/2024 Times: 08:00 (22/01/2024) - 07:59 (23/01/2024) Location Type: Maternity Services

Assigned Values Patients Additional Activity Incomplete Dates Summary Display

No mothers present for this date: 

Filter

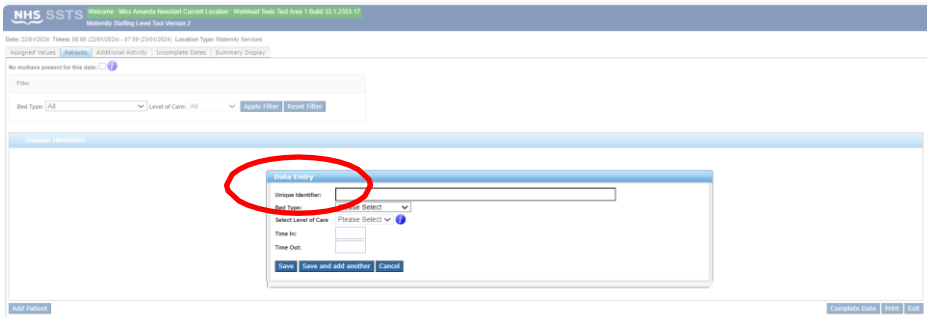
Bed Type: All Level of Care: All Apply Filter Reset Filter

Unique Identifier

Add Patient

To enter data, click on **'Add Patient'** to open following screen:

Enter the patients Unique Identifier. This should be locally agreed and meet GDPR requirements.



Then select appropriate Bed Type from the drop-down list:



Bed type should represent the ward (or part of the ward) that was responsible for the [patient, not the clinical category of the mother, for example, if an antenatal mother was seen in a hospital clinic this would be recorded under "clinic".

Then select Level of Care (dependency) from the dropdown list:





Use the blue information icons to get a detailed description of each level of care.

Record a **time in** and **time out**.

The screenshot shows a 'Data Entry' modal window. At the top, there are two dropdown menus: 'Level of Care: All' and 'Apply'. Below these is a 'Unique Identifier' field. The 'Bed Type' dropdown is set to 'Post Natal'. The 'Select Level of Care' dropdown is set to 'Please Select' and has a blue information icon to its right. Below this are two input fields for 'Time In' and 'Time Out', which are circled in red. At the bottom of the modal are three buttons: 'Save', 'Save and add another', and 'Cancel'.

If these fields are left blank, then the tool will assume that the mother was present for the whole 24-hour period (i.e. the patient will be listed as present from 8:00 until 7:59 for that 24hr cycle).

If a “time in” is entered, but not a “time out”, then the tool will assume that that the mother was still present at the end of the date i.e., at 07:59.

If a “time out” is entered but not a “time in” then it will be assumed that the mother was present at the start of the shift i.e. at 08:00



If “community”, “clinic” or triage” bed type is selected it is always necessary to record a time in and a time out per patient. Leaving these fields blank would record the patient as present for 24 hours which is incorrect.

3.4 Patients Dependency and/or bed type has changed.

If your patient dependency has changed from example level 1b to 3, and/ or the bed type has changed this should be recorded on the tool.

Select the “+” sign to the left of your patients unique identifier, you will see you now have an option of “**add another level**” .



This will only show if there is a time out recorded for your patient.

Maternity Staffing Level Tool - User Guide

NHS SSTS Welcome Miss Amanda Newstart Current Location Workload Tools Test Area 1 Build 33.1.2353.17
Maternity Staffing Level Tool Version 2

Date: 22/01/2024 Times: 08:00 (22/01/2024) - 07:59 (23/01/2024) Location Type: Maternity Services

Assigned Values Patients Additional Activity Incomplete Dates Summary Display

No mothers present for this date:

Filter

Bed Type: All Level of Care: All

Unique Identifier

+ 66666 Delete

Unique Identifier				
66666	Delete			
Bed Type	Time In	Time Out	Level Of Care	Add another Level of Care
Ante Natal	10:00	12:00	Level 1a	Add another Level Edit Delete

You are then taken to the following screen:

Data Entry

Unique Identifier: 66666

Bed Type: Please Select

Select Level of Care: Please Select

Time In: 12:01

Time Out:

The time in will be added automatically, following on from the time out recorded previously. You will need to record the bed type, level of care and time out.

Click **save** or **save and add another** when done.

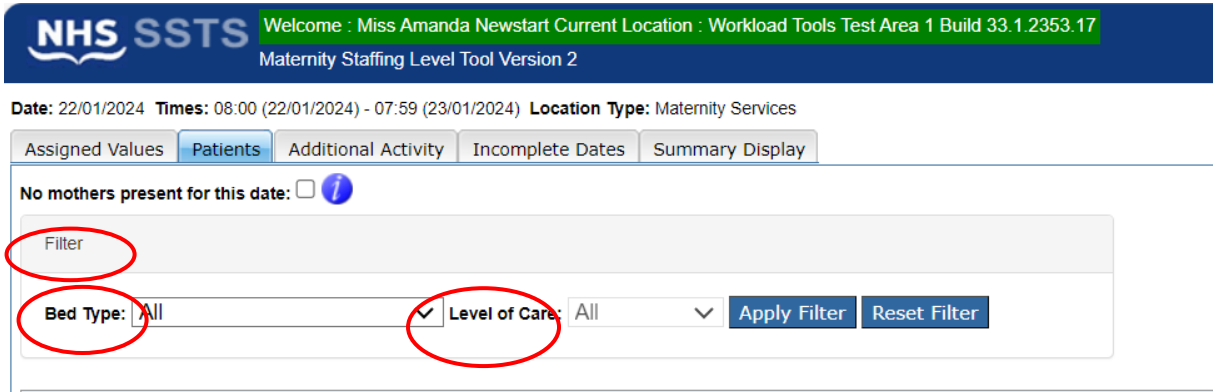


Recording the same patient against more than one level of care within the same 12 hr cycle and the same bed type will increase tool's understanding of the workload for that bed type and result in incorrect whole time equivalent recommendation.

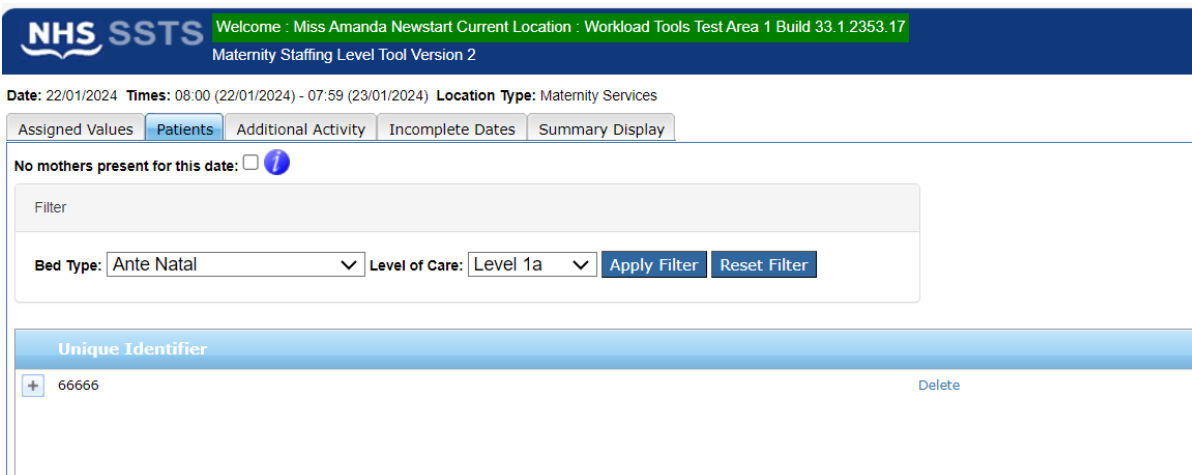
3.5 Filter Patient Details

The Maternity tool offers the functionality to filter entered patients' records.

For rosters defined as 'Maternity Services', you can filter list of patients by bed type and/or level of care.



Any records within your parameters will show in the box below:

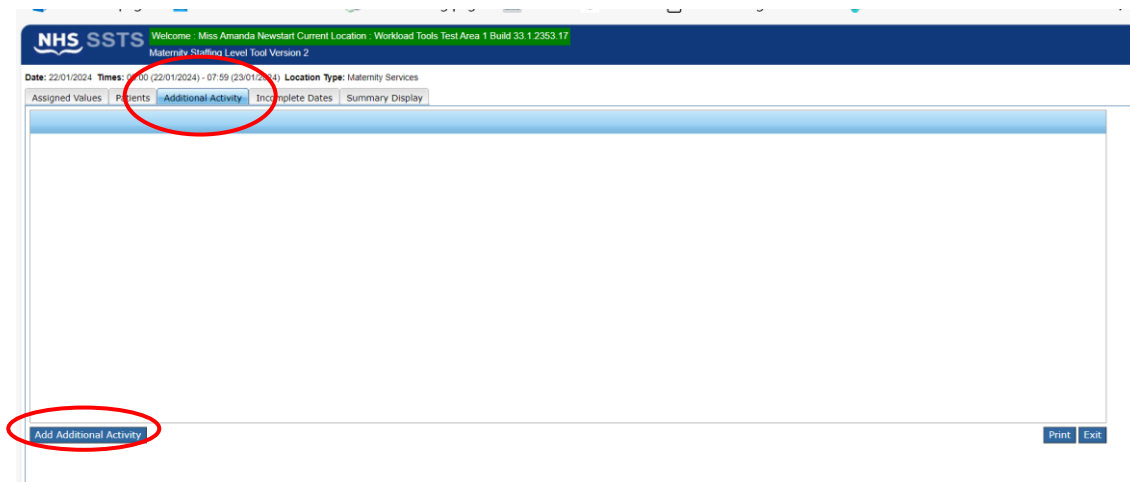


4. Additional Activity

4.1 General Additional Activities

Additional Activity section should only be used if a **rare event occurs, that has a significant adverse effect** on the ward/roster resource. Such an event can be related to adverse weather, vehicle breakdown (note this does not include planned maintenance), inter-hospital transfer or fire evacuation. This section allows you to record type of event, number of staff involved and length of time it lasted.

From October 2023 there is an exception to this, and you will be asked to capture Travel and Triage Phone calls.



To add an additional activity please select Add additional activity, on the bottom left of your screen.

You will be presented with the following screen:

Please select from the options under description:

Once you have selected your additional activity complete start and end time, number of staff involved, and any relevant notes required. All other options are locked.

You can edit or delete these activities, by selecting either edit or delete:

NHS SSTS Welcome : Miss Amanda Newstart Current Location : Workload Tools Test Area 1 Build 33.1.2353.17
Maternity Staffing Level Tool Version 2

Date: 22/01/2024 Times: 08:00 (22/01/2024) - 07:59 (23/01/2024) Location Type: Maternity Services

Assigned Values Patients **Additional Activity** Incomplete Dates Summary Display

Description	Start Time	End Time	No. Of Staff	Total Time (mins)	Note	Edit	Delete
Adverse Weather	10:00	12:00	1	0	stuck in a snow drift	Edit	Delete

If you select Delete, you will get a pop-up box asking you to confirm you wish to delete this entry:

4.2 Travel activity

To add travel, you select additional activity, there is an option for Travel in the drop-down list:

Once you select Travel you will see the screen below:

The screenshot shows a form titled 'Additional Activity' with the following fields:

- Description: Travel (selected in a dropdown)
- Start Time: [empty]
- End Time: [empty]
- Cycle Type: Day (selected in a dropdown)
- Total Time (mins): 60
- No. of Staff: 1
- Note: relevant notes

 At the bottom are buttons for 'Save', 'Save and add another', and 'Cancel'.

Please complete:

- Cycle type** Day or night
- Total Time** Total travel time to the nearest minute for that day
- Number of staff** number of staff included.
- Note** Any relevant notes you wish to document.

4.3 Triage phone calls

To add triage phone calls, you select additional activity, there is an option for this in the drop-down list:

The screenshot shows the 'Additional Activity' form with a dropdown menu open over the 'Description' field. The menu items are:

- Please Select
- Adverse Weather
- Vehicle Breakdown
- Inter-hospital transfer
- Fire evacuation
- Travel
- Triage phonecalls (circled in red)

 The other fields in the form are empty.

Once you select Triage phone calls you will see the screen below:

The screenshot shows a window titled "Additional Activity" with the following fields and values:

- Description: Triage phonecalls (dropdown menu)
- Start Time: (empty text box)
- End Time: (empty text box)
- Cycle Type: Day (dropdown menu)
- Total Time (mins): 75 (text box)
- No. of Staff: 2 (text box)
- Note: very busy today with triage phone calls (text area)

Buttons at the bottom: Save, Save and add another, Cancel.

Please complete:

Cycle type Day or night

Total Time Total travel taken with triage phone calls to the nearest minute for that day

Number of staff number of staff included.

Note Any relevant notes you wish to document.

5. Completing Data Entry

5.1 Completion of data entry for a specific date.

Please ensure that all the information for the day is entered before selecting “**Complete Date**”.
Do not press complete date until all data has been entered for the date.

If several people in a team are entering data (e.g., in community), do not press ‘**Complete date,**’ until each individual entering data for that time period has entered their data, otherwise you will ‘lock’ others out.

When all the data is entered, under the **Patients tab**, select **Complete Date** (bottom right of the screen).

The screenshot shows the NHS SSTS Maternity Staffing Level Tool Version 2 interface. The top navigation bar includes the NHS SSTS logo and a welcome message: "Welcome Miss Amanda Newstart Current Location : Workload Tools Test Area 1 Build 33.1.2353.17". Below this, the current date and time are displayed: "Date: 22/01/2024 Times: 08:00 (22/01/2024) - 07:59 (23/01/2024) Location Type: Maternity Services". The main interface has several tabs: "Assigned Values", "Patients", "Additional Activity", "Incomplete Dates", and "Summary Display". The "Patients" tab is selected. Below the tabs, there is a filter section with "Bed Type" and "Level of Care" dropdown menus, and "Apply Filter" and "Reset Filter" buttons. A table titled "Unique Identifier" contains one entry with the ID "66666" and a "Delete" button. At the bottom right of the interface, there are three buttons: "Add Patient", "Complete Date", and "Print & Exit". The "Complete Date" button is circled in red.

When you select Complete day, you will be presented with the following screen:

The dialog box has a blue header with the text "Complete Date?". Below the header, the question "Are you sure you want to complete this date?" is displayed. At the bottom of the dialog, there are two buttons: "Yes" and "No".

If all your data is entered, then select **Yes**.

If further data is yet to be entered, select “**no**”

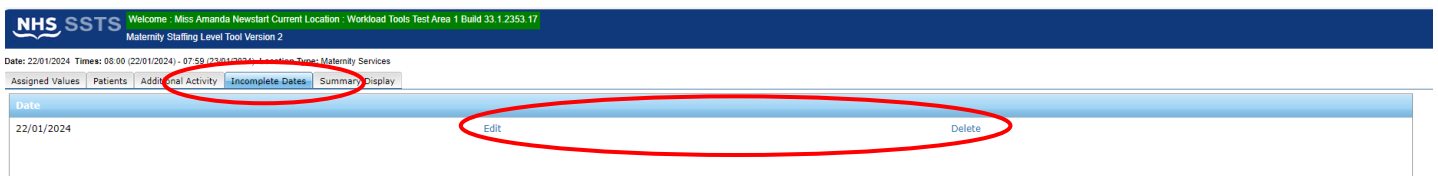


If you need to unlock a date to add more data, then press the “**Unlock Date**” button available at the bottom of “**Summary Display**” tab.

The ‘Unlock Date’ function on the summary screen will allow editors to go back and amend/ edit the data from the previous 3 months.

5.2 Incomplete dates

Incomplete Dates tab lists dates which are not confirmed as ‘complete’ for that roster.



Dates can be left incomplete for legitimate reasons, e.g. all the records have not yet been recorded, therefore please ensure that all information for the day is entered before ‘completing’ the date.

From this screen you can proceed to “Edit” the data or “Delete” if appropriate.

If you have permission for the **Editor** role, you will be able to see a list of ‘incomplete’ dates when you login to SSTS. A ‘**Warnings**’ screen like the one below will appear:

Warnings			
Warnings exist for this user:			
Type	Description	Date	Action
Maternity	Maternity Incomplete Date	22/01/2019	Action Item
Maternity	Maternity Incomplete Date	17/01/2019	Action Item

Click ‘**Action Item**’ to open data and view for that date. You can view, edit or if applicable complete the date.

6. Summary Display

The Summary display screen shows the recommended whole time equivalent (rWTE) based on the maternity workload that has been recorded for this particular date.

For '**Maternity Services**' the screen shows the number of recorded patients against each available bed type.

For '**Clinic**' or '**Community**' the screen shows the number of recorded patients against Clinic or community service.

For '**Additional Activity**' the screen shows the rWTE for all additional activity by cycle within Ward Total.

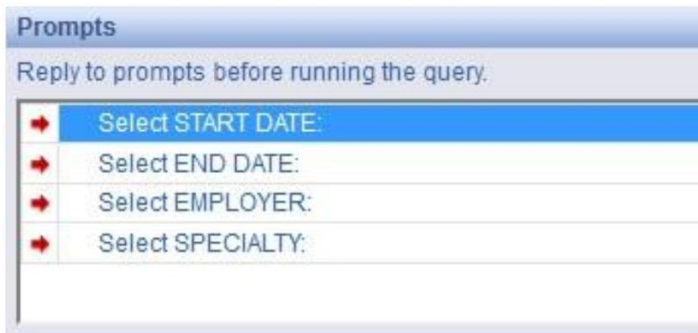


If you want to obtain rWTE information based on period longer than just one date, please use one of the standard reports for maternity tool available from BOXI.

7. Business Objects (BOXI)

After Maternity and corresponding Professional Judgement data entry into SSTS is complete, please use one of maternity standard reports developed in Business Objects (BOXI) to view and extract information for selected period of time.

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



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

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



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

8. Appendix A: Background

Nursing & Midwifery staffing level tools are an essential part of the Health and Care (Staffing) (Scotland) Act 2019 aimed at ensuring health & social care staffing is at the level required to deliver safe, quality focused care to people using the services. The tools are designed to give staff the platform on which to record information about the actual work they do. This is to collate the activities in a manner that supports decisions about staffing, resource allocation and service design as part of a triangulated process of planning.

To find out more about this, please refer to the HSP website and learning resources:

[Healthcare Staffing Programme \(HSP\) webpages](#)

The political commitment in Scotland is that, through application of a common staffing method (Figure 1) health services will be staffed to the level required to provide safe, high quality care. To ensure this, each NHS Scotland Board and the services therein, are responsible for having effective planning processes, informed by the activities captured through the mandated use of staffing level tools. This tool is one of the suite of national staffing level tools available for this purpose.

Figure 1 – The common staffing method



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Healthcare Staffing Programme Maternity Staffing Level Tool - Data Capture Sheet



TRAVEL

Ward..... Date.....

Cycle: Day 0800-1959 / Night 2000-0759 (Please circle)

Midwife in Charge:

Number of Staff submitting Travel Time.....

(This is the number of Midwives submitting their Travel Time)

Table with 6 columns: Unique Identifier, Start Time, End Time, Miles, Travel Time in Minutes, Comments. Includes a TOTAL Minutes row at the bottom.

10. Appendix C: Guidance notes and levels of care

Level 0 – routine midwifery care

Level 0 Description	Inclusion criteria	Examples of care required
<p>Women who do not require increased midwifery care:</p> <p>Healthy term baby who requires only routine midwifery care when woman is able to care for baby independently:</p> <p>No risk factors identified</p>	<ul style="list-style-type: none"> • A healthy woman at low risk • Age 16 – 40 years inclusive • Parity less than a para 5 • BMI 18 – 35 inclusive • Singleton pregnancy • SVD 	<ul style="list-style-type: none"> • Woman requires routine midwifery care as per KCND green pathway • Routine parenthood education • General supervision and assessment • General assistance with feeding and baby care

Level 1a – minimal increase in midwifery care

Level 1a Description	Inclusion criteria	Examples of care required
<p>Women who require minimal increase in midwifery care;</p> <ul style="list-style-type: none"> • Potential obstetric/neonatal medical/anaesthetic risks which require further assessment and/or referral to other healthcare professionals by the midwife. 	<p><u>Obstetric / neonatal risk factors</u> Obstetric / Neonatal risk factors</p> <ul style="list-style-type: none"> • Reduced fetal movement • Urinary Tract Infection • Minor Ante partum haemorrhage • Previous pregnancy loss needing assessment and counselling in EPAS* • Any woman who requires counselling from midwives during her pregnancy from midwives with regards to screening in pregnancy and post birth which goes further to diagnostic testing • Women who need support with BMI <18 and > 35 with nutrition, exercise • RH Negative with counselling re prophylactic anti D • Mild jaundice in neonate • Increased observation of neonate • Potential pregnancy induced hypertension • Poor past obstetric history • Potential intra uterine growth retardation • Initial low neonatal temperature • Neonate who is slow to feed <p><u>Medical/anaesthetic risk factors</u></p> <ul style="list-style-type: none"> • BMI high over 35 • Woman who has diabetes • Woman with thyroid disease • Woman requiring thrombo-prophylaxis • Woman who is HIV positive 	<p><u>Additional midwifery care:</u></p> <ul style="list-style-type: none"> • Increased blood pressure checks • Organisation of additional growth scans • Organisation and follow up of additional investigations where results are normal e.g. GTT, PIH bloods, ultrasound scans, CTG for reduced fetal movement • Requires abdominal or perineal wound care • Requires catheter care • Requiring assistance due to limited mobility • 4 hourly maternal or neonatal observations • IV fluids • IV access for potential risk • Regular medication • Enhanced discussion relating to screening programmes, rhesus factor • Enhanced midwifery intervention relating to diet, exercise etc. • Monitoring of suspected neonatal jaundice • Monitoring of neonatal temperature for up to one hour • Increased assistance with feeding for up to three hours in a 12 hour period • One off SBR where result is normal

Level 1a Description	Inclusion criteria	Examples of care required
	<ul style="list-style-type: none"> • Needle phobia • Any woman with previous anaesthetic drug reaction • Any other significant medical history • Previous failed epidural • Spinal headache 	<p><u>Medical/anaesthetic care:</u></p> <ul style="list-style-type: none"> • Referral to anaesthetic team / physicians • Enhanced discussion relating to medical condition in pregnancy • Advice re managing condition during pregnancy • Enhanced counselling re lifestyle • Fact finding re impact of condition on pregnancy • Increased ante natal clinic visits

Level 1b – increased but minimal increase in midwifery care

Level 1b Description	Inclusion criteria	Examples of care required
<p>Women who require minimal increase in midwifery care;</p> <ul style="list-style-type: none"> • Potential vulnerability social risk factors identified 	<p>Social/vulnerability risk factors;</p> <ul style="list-style-type: none"> • History of Gender based violence • Involvement with the sex trade • Women who conceived in difficult circumstances and/or as a result of rape • Woman leaving 'looked after' services (16 or over) or working with leaving care services (e.g. Blue Triangle Housing) • Disclosure of female genital mutilation (FGM) • Failed or destitute asylum seekers or illegal entrants • Women who have been trafficked into UK • Women who have been victims of torture/imprisonment • Woman who smokes • Criminal justice activity not related to child protection 	<p>Social/vulnerability care;</p> <ul style="list-style-type: none"> • Increased number of ante natal appointments with midwife present • Enhanced discussion with women relating to benefits, housing, health promotion and parenting • Enhanced monitoring of social and vulnerability risks of individual and family • Discussion with other health or social care workers to gain information relating to the family

Level 2 – moderate increase in midwifery care

Level 2 Description	Inclusion criteria	Examples of care required
<p>Women or baby who require moderate increase in midwifery care;</p> <ul style="list-style-type: none"> • Obstetric / neonatal / medical/ anaesthetic / social / vulnerability risks factors identified which require further midwifery intervention and / or liaison with other agencies by the midwife. 	<p>Obstetric risk factors:</p> <ul style="list-style-type: none"> • Any pregnancy requiring frequent fetal/maternal assessment e.g. twin pregnancy, pre term SROM • Minor Ante partum haemorrhage • Women with significant limitation to mobility • Unstable BP/Pre-eclampsia • Induction of labour using prostaglandins for priming • Suspected pre term labour • Any woman who requires significant wound care i.e. regular wound dressing or input from tissue viability team • Women in prolonged latent / hesitant phase of labour • Unstable diabetic women • Women mobilising in early labour • Any woman requiring ante natal admission • Post caesarean section day 1 and 2 • Low birth weight baby less than 2.5kg • Neonatal abstinence syndrome with symptoms • Cold neonate • Neonate with significant feeding problems • Neonate requiring treatment for jaundice • Neonate of diabetic woman <p>Medical/anaesthetic risk factors</p> <ul style="list-style-type: none"> • Unstable diabetic • Women made immobile due to spinal tap <p>Social/vulnerability risk factors;</p> <ul style="list-style-type: none"> • Woman who has or whose partner have current and/or past involvement with the criminal justice system involving child protection issues (eg Schedule 1 offender) • Adult with learning disability • Significant mental health issues impacting a woman's ability to parent a child • Late booker (over 20 weeks) with additional concerns +/- concealed pregnancy • Complex under 16's • Unaccompanied asylum seeking children • Woman in care (under 16) • Homeless families • Woman with unsupported home circumstances • Woman with alcohol addiction • Women with drug addiction • Child protection involvement either current or previously identified issues (including children 	<p>Additional midwifery care:</p> <ul style="list-style-type: none"> • Blood pressure profile • Further action from abnormal growth scan results e.g increased ante natal clinic visits, regular CTG monitoring, liaison / referral to obstetrician • Organisation and follow-up of additional investigations where results are outwith normal limits and require additional clinic visits, regular additional intervention, liaison / referral to obstetrician elgl Requires abdominal or perineal wound care • Requiring 2-4hrly hly assessment of TPR, fetal wellbeing, fluid balance, urinalysis, PV loss checks, CTG interpretation, fundal height checks • Neonate having phototherapy in ward • Incubator / care in ward area • 1hrly BM, temperature, observation check of neonate • Increased assistance with feeding for three to 6 hours in a 12 hour period • Complex, prolonged, intensive discussion with women child or adult support and protection with women and their families and other health and social care workers

Level 2 Description	Inclusion criteria	Examples of care required
	<p>previously in care or on child protection register</p> <ul style="list-style-type: none"> • Women disengaged from mainstream maternity services (such as recurrent defaulter, or women with difficulties registering with GP) 	

Level 3 – intensive and/or continuous 1:1 midwifery care.

Level 3 Description	Inclusion criteria	Examples of care required
<p>Women who require one to one midwifery care.</p>	<ul style="list-style-type: none"> • All women in established labour, at delivery and 2 hours following delivery • Significant ante partum or post partum haemorrhage • Eclamptic woman • Bereaved families • Baby in ward when woman not present • Puerperal psychosis 	<ul style="list-style-type: none"> • Continual midwifery assessment • At least hourly observation of TPR, BP, PV loss, uterine activity • Continuous infusion of magnesium sulphate, lobetalol, atosobian • Emotional / psychological and physical care and support for bereaved parents • One to one observations of women with puerperal psychosis

11. Appendix D: Frequently Asked Questions

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

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 tool.</p> <p>Training and support will be provided via your local Workforce Lead. Please make sure you understand all the information provided, the responsibilities and expectations for you and your team.</p> <p>Please also refer to the Quality Assurance Checklist:</p>
Q2	Why am I being asked to use two tools?
	<p>You are being asked to use the Professional Judgement Tool (PJ) along with the staffing level tool. This forms part of the Common Staffing Method approach mentioned above. The staffing level tool provides WTE information on staffing needs that is considered alongside other local information, such as the PJ WTE staffing outcomes, which is based on your judgement of needs for the workload at that time, before decisions on staffing can be made.</p>
Q3	Does the tool consider mandatory training requirements?
	<p>A national Predicted Absence Allowance of 22.5% is included in the AI Tool. 2% of this total is for study leave.</p>
Q4	How does the tool capture all aspects and complexity of my work?
	<p>The tool has been based on intensive observation studies and developed by midwives across Scotland who have agreed that it broadly represents what they do.</p> <p>In addition, see section 4 Additional activity tab</p>
Q5	How frequently should the tool be run?
	<p>The current national recommendations are that the tool should be run at least once annually for two consecutive weeks alongside the professional judgement tool</p> <p>This tool can be run as often as is deemed appropriate and is agreed locally</p>
Q6	What is the unique identifier required to complete the tool?
	<p>Please see section dedicated to recording Unique Identifier for guidance.</p>
Q7	Do we need to enter the 'Time out' if the mum is still in the ward at the time of data collection on the data collection form?

	Please see section dedicated to 'Time in' and 'Time out' recording for detailed explanation.
Q8	What happens if the patient is in the ward for e.g. 48hrs, does this mean that the patient has to be entered into the tool AGAIN for each day they are in the ward?
	The tool operates on 24 hour cycles, so if a patient is in the ward for 48 hours, she will have to be entered separately for every 24hr period
Q9	What level of dependency has to be recorded for each mum? Is it the highest dependency at the time of recording (real time) or the highest level of care in the previous 12hrs?
	Please see the section relating to changes in Patient dependency/ level of care
Q10	If a 20 bedded ward has a significant throughput and the number of beds is increased to record this (e.g. 32) does the ward then appear to be a 32 bedded ward?
	No. The tool calculators recognise that this is increased throughput.
Q11	How are telephone calls captured?
	These do not need to be recorded separately as telephone calls have been captured in all areas during the observation studies and included in the calculator. For Triage: Telephone calls require a series of questions for completion of a telehealth record. These calls will be captured within additional activity.
Q12	Once the complete date button is pressed is it possible to edit the maternity tool data?
	Yes. Please see sub section 5: Complete date for detailed explanation.
Q13	If a labour ward team also have an incorporated function of triage and assessment in their workload, can they add this work in against the mum as one of their patients by 'increasing the beds' or will this impact the calculators?
	All wards should be assigned to the Maternity Services tab and the appropriate bed type selected from the drop down list which includes triage.
Q14	Should maternity theatre teams be included? Working hours 5 core 8-4 weekdays and 2 overnight and at weekends.
	No. Maternity tool doesn't apply to theatres.
Q15	Should babies who attend ward based clinics for hearing screening be included in the additional activity area?
	No. This activity has been captured in the observation studies and is included in calculations.
Q16	If a baby requires more input does the mother take on the babies dependency score?
	Yes. This work is incorporated in the dependency scores e.g. level 1a includes mild jaundice in a neonate, or a neonate who is slow to feed; level 2 includes neonate with significant feeding problems, a cold neonate, and neonate of a diabetic woman. So score accordingly to that category. We are not scoring babies separately we consider mum and baby as a unit
Q17	Should I record postnatal readmissions?
	Yes. These patients should be entered on to the system as per normal, with time in/out and dependency.
Q18	When we have a CMU that has all the staff on the same roster location for both the inpatient and community based care, where will the delivery room data be entered and where will the community data be entered as it is all one off duty?
	Your SSTS Manager should set you up to use the Maternity Services tab. This gives you all the options e.g. community, labour, clinic, antenatal, postnatal and triage. Enter each patient in the appropriate category with their level of care.

	Antenatal and postnatal refer to inpatients only
Q19	As a part of GIRFEC, midwifery teams spend a high percentage of their working day communicating referrals and writing the required reports for multiagencies. How to best record this workload or is this calculated within the tool?
	<p>This workload has been captured within the observation study and included within the calculator. However, this workload should also be considered when completing the Professional Judgement Tool.</p> <p>Any excessive workload for a patient that impacts on a midwife's planned work in a day being realigned should therefore be captured in the Professional Judgement.</p>
Q20	How should community staff record attendance at a case conference or social work meeting?
	Please record 'time in' and 'time out' of the case conference or social work meeting. Use Patient's unique identifier. Level of care / patient's dependency should be L1b (see Appendix C –Levels of Care)
Q21	Our infant team work 6 days per week and regular hours, we had thought about collecting their data under the community tab and my question relates to the weekend calculators as they only work one day. These are a team of 3 WTE.
	Capture your workload using community bed type. Use 'Maternity Community Roster Report' to view your results. This report shows WTE recommendation based only on Mon-Fri day activity. Any weekend activity is provided separately in the appendix at the end of the report.
Q22	What information needs to be collected by Community Midwives (roster defined as COMMUNITY)?
	Details of all patients they see whether in clinic or home visit. 'Time in Time out' and dependency is required.
Q23	How should community staff record: Waste visits and clinic DNAs; travel time; handover to the Health Visitor?
	Everything in the above list has been captured as part of the observation studies and is included in the calculator. The sample included both remote/rural and urban areas You are also able to capture this within the Professional Judgment tool.
Q24	How should community staff record parentcraft /groupwork / education classes?
	Do not record all participants of the session separately. Instead, please create one record, with 'time in' & 'time out' matching the length the session. Use appropriate description e.g. "parentcraft" or "group session" as Unique Identifier. Level of care / patient's dependency should be set at L0 (i.e. routine midwifery care).
Q25	If a woman visited 3-4 days out of 10 does all the data have to be inputted for every visit if they are not seen on consecutive days? If the same entry is used is there capacity to change the criteria of a visit say from 2 to 1b from day to day?
	The tool captures data on a 24hr cycle. Therefore if the same patient attended numerous days, all those visits will have to be captured separately for each day.
Q26	How are joint community visits recorded?
	During the observation study midwives recorded their own individual workload but did not specifically highlight visits as assisted or joint. In order to capture that workload, both midwives should record the patient in the tool. However, one of them should enter in brackets "(assist visit)" This way of recording will allow the team leader to identify how many assist visits took place and what impact it had on staffing levels
Q27	Some Maternity Care Assistants within community are involved in lots of admin duties (non patient related) how is this recorded?
	General administration was captured within the observation studies and is therefore included in the calculator; no need to record is separately in the tool. If increased staffing required because of that work, then this should be captured in the Professional Judgment tool .

Q28	Is there capacity to document vehicle breakdown?
	Yes. You can document this using the “additional activity” tab. See Additional activity section for more details.
Q29	What maternity location type should be used for Best Start teams?
	From May 2015 all mixed maternity rosters should be defined in SSTS as ‘Maternity Services’ (location type) (see Chapter 3 Maternity location types). This allows Best Start/integrated midwives to capture activity under labour, clinic, community, triage, antenatal and postnatal. Antenatal and postnatal refer to inpatients only
Q30	What locations should we use for early pregnancy units, maternity assessment units and sonography departments etc.?
	These are hospital clinics, therefore use clinic location. If you are unsure discuss with your local Workforce Lead or ask the national team for advice.
Q31	Who do I contact if I can’t find an answer to my question(s)?
	In first instance, please contact your local Workforce Lead.
Q31	Where do I capture Travel
	Capture Travel within the additional activity tab, collated as a team.

12. Appendix E: Troubleshooting

Maternity Tool	
Troubleshooting guide	
1. SSTS	
Q1	I am getting an error message when trying to login to SSTS. What should I do?
	<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>
Q2	What should I do if I lose my login details?
	Contact your local SSTS Team.
Q3	The staffing level tool I need to access is greyed out. What do I do?
	<p>Double check that you are trying to access the correct tool</p> <p>Contact your local SSTS manager to change your permissions if you are unable to access the correct tool</p>
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 level of care
	<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>
Q9	Why won't SSTS let me save the data I have entered and move on to the summary screen?
	<p>Double check the data you have entered.</p> <p>This may be because you have tried to put a date in that is in the future.</p> <p>It may also be that you have not confirmed that the cycle is complete</p>

2. The Staffing Level Tool	
Q1	How do I change the levels of care for a patient?
	See section
	<ol style="list-style-type: none"> 1. Add together the dependency rating each patient has been given for each shift in that 24 hour period 2. Divide that by the number of shifts e.g. if a patient has been scored 2 by each shift, and there are 2 shifts in 24 hours : $2+2=4$ (total score) then divide by 2 (shifts) giving an average dependency of 2 3. If the average number is not a whole number e.g. $2+3 = 5$. $5/2 = 2.5$ then round up and give this patient a score of 3 3. Do this for each patient, then add together the number of patients with each dependency score? This gives the average patients per dependency <p>This is also described on the data capture sheet in Appendix B</p>
Q5	I can't download the paper data capture template. What do I do?
	<ol style="list-style-type: none"> 1. You can try using a different web browser to download the template 2. You can print Appendix B from this document 3. You can speak to the local IT team as permissions may be needed for accessing and downloading documents 4. Speak to your workforce lead and they should be able to assist in providing paper copies of the template
Q6	There are data capture sheets missing for some of the shifts – what should I do?
	<p>Double check with the teams working on the shifts where data is missing, as they may still have the sheets</p> <p>If you only have data for one shift from the 24 hour period you should enter this onto SSTS as you will be unable to calculate an average.</p> <p>You should enter the data you do have onto SSTS and this will pull through to the BOXI report. Gaps will show in the charts for any dates you do not have any data for.</p>
Q7	The SCN is off sick. Who takes responsibility for the data collection and SSTS entry now?
	<p>The Nurse in charge of the shift should always make sure the data is collected for their shift. The completed data capture templates should be filed securely in the agreed location for quality checking and SSTS upload. SSTS entry can be done after the tool run is complete</p> <p>The workforce lead will be able to provide support with completing the tool run</p>
Q9	The rWTE is much higher/ lower than our actual/FE. What should I do?
	<p>This may simply be a reflection of your workload. However, it is worth quality assuring the data, in particular, that you have selected the correct specialty for the roster area, and that patient dependency has been accurately reflected.</p>

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