Professional Judgement Staffing Level Tool

User Guide

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Contents

1.   Introduction

The Professional Judgement (PJ) tool is part of the national triangulation process for nursing and midwifery workload planning. Although the PJ tool can be used on its own, it is not designed to be a standalone tool, and should be used in conjunction with other tools, i.e. if the ward/community team (roster) is doing a run of the relevant specialty specific staffing level tool, the PJ tool should be completed together with it.

The PJ Tool is based on users' professional opinion on how many staff, registered and unregistered, are needed to carry out the workload required in a defined time, normally over a period of two consecutive weeks. The PJ tool always starts on a Monday.

The PJ Tool is set up to allow nurses and midwives to record information about the number of staff required in order to undertake the workload activities at a particular point in time. These time periods are broken down into 4 hourly blocks. It is important that where a block incorporates a handover period that requires an increased staffing presence these are accounted for. Further consideration should be given to staffing requirements associated with other aspects of workload e.g. training, breaks and meetings. To assist with the recording of partial hours within a 4-hour block e.g. handover periods, please refer to the table below.

Number of staff required	Portion of 4-hour time block and head count			
	30 min (1/8)	**1 hour (1/4)**	**2 hours (1/2)**	**3 hours (3/4)**
1	0.12	0.25	0.50	0.75
2	0.25	0.50	1.00	1.50
3	0.37	0.75	1.50	2.25
4	0.50	1.00	2.00	3.00
5	0.62	1.25	2.50	3.75
6	0.75	1.50	3.00	4.50
7	0.87	1.75	3.50	5.25
8	1.00	2.00	4.00	6.00
9	1.12	2.25	4.50	6.75
10	1.25	2.50	5.00	7.50

Each relevant block should be completed to reflect the number of registered and non-registered staff required to undertake the workload in the specific operational area.

The PJ tool allows the user to record a brief explanation or justification for recorded staff requirements, for example if the number recorded differs from the usual staffing level.
There is a data capture template available to aid data collection before upload to SSTS (Appendix B)

This information is collated, with a standard predicted absence allowance (PAA) of 22.5% for nursing and midwifery staff and 25% for medical staff where applicable.

This information 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. It is important to remember the report is only one element of the **Common Staffing Method** mandated by the Health and Care (Staffing) (Scotland) Act 2019 (Appendix A).

The report should be considered in conjunction with:

• Funded establishment

• The findings from the Specialty Specific Tool

• Quality indicators and local context

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 webpages:
[Healthcare Staffing Programme (healthcareimprovementscotland.org)](#)
Background information on Staffing Level Tools can be found in [Appendix A](#)

2. Logging in

2.1 Accessing the tools

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

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

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

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

> **!** Passwords are case sensitive, and you will be prompted to change your password the first time you log in
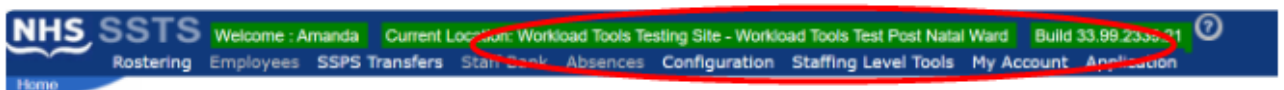
Click **"Confirm"** to proceed:
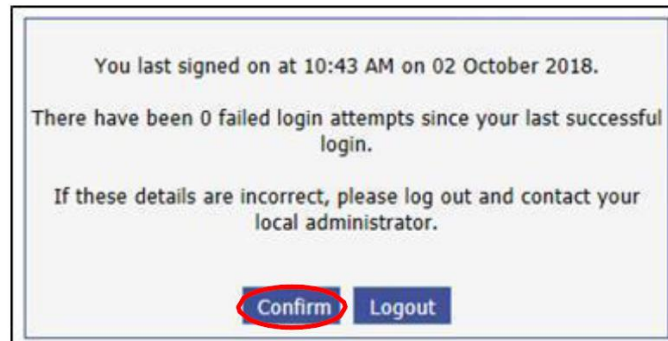
And then select **"SSTS":**

2.2 Changing Working Location

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


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

If you do not have the appropriate permissions, please reach out to your local workforce lead or SSTS team.
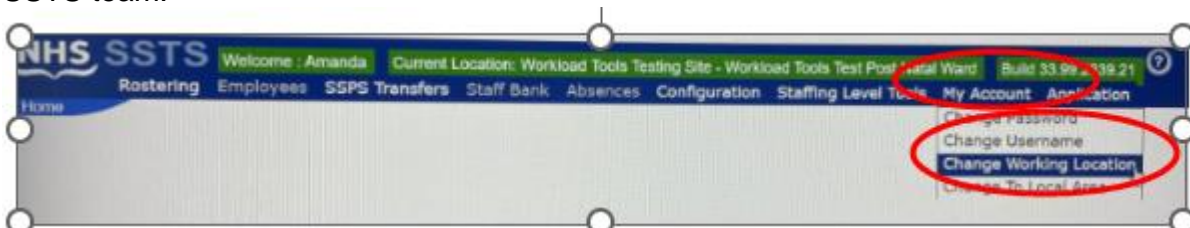
A screen will then appear containing the ward and clinical areas you have access to,

The ward/area can be searched for by roster location, staff bank, local area, or employer. To choose a ward/area of interest, select it from the available list and then click **'Select'**:
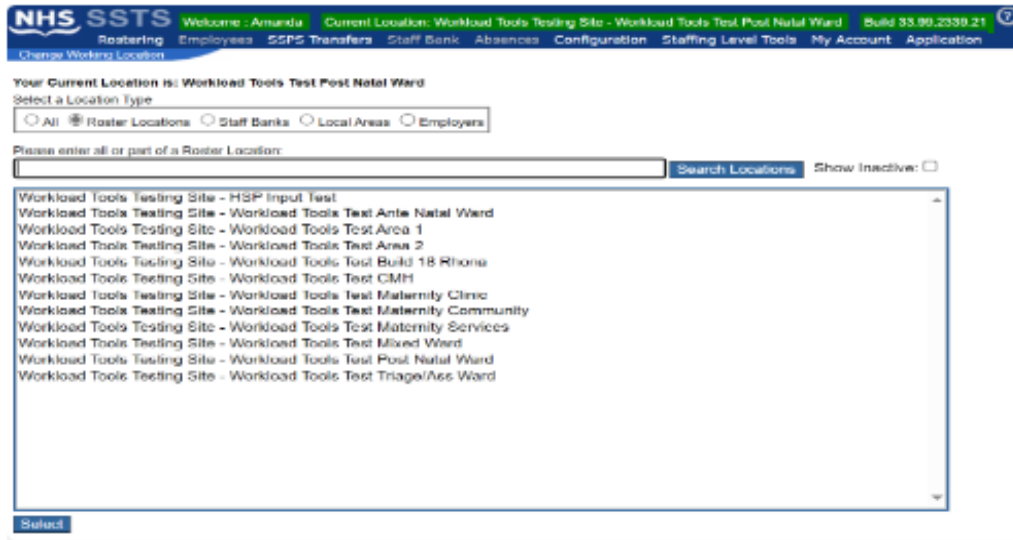
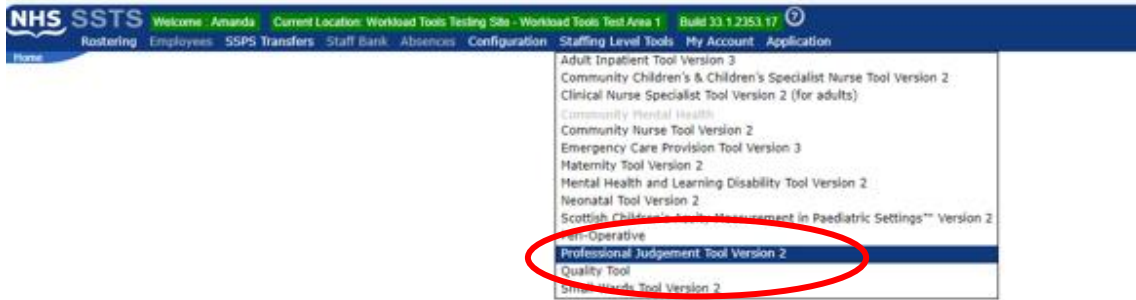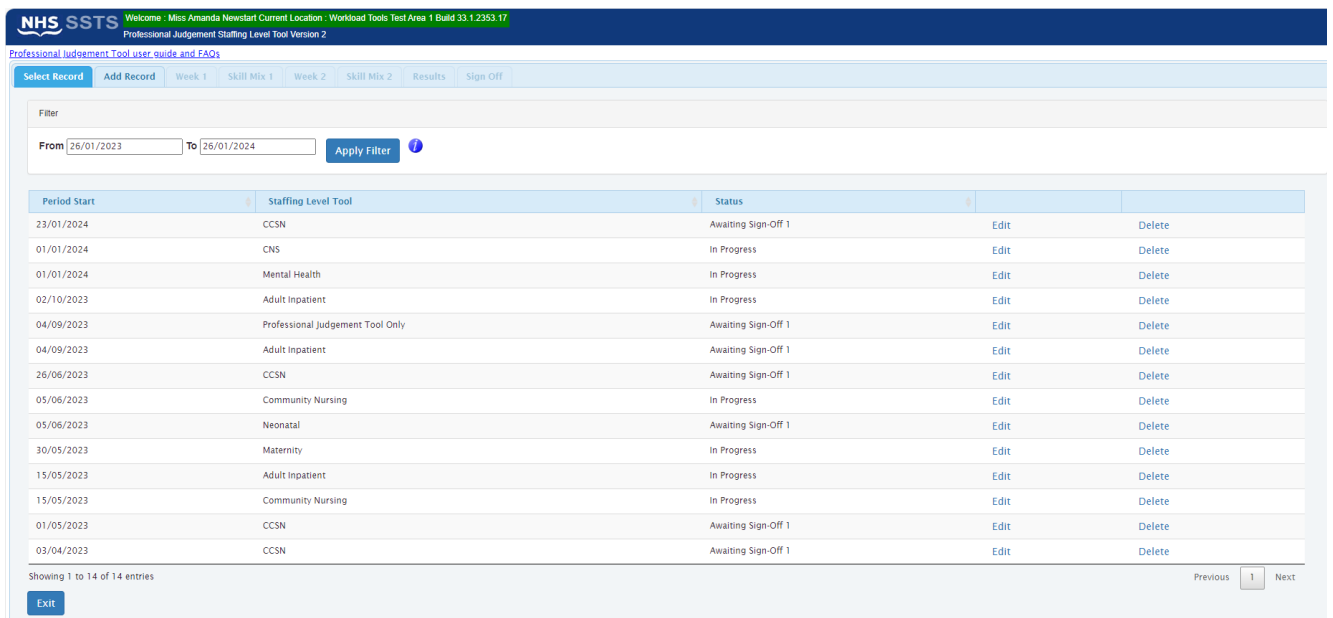The location will then update on the toolbar:

3. Creating/Editing Entries in Tool

3.1 Opening the tool

To open the Professional Judgement Tool select '**Workload Tools**' and then '**Professional Judgement**':

A screen like the one below will then appear:

3.2 User Roles

There are two types of user role for the Professional Judgement tool:

• Editor permissions allow users to create, enter, edit/delete records, including skill mix and to view tool results

•Data Entry permissions allow users to create records and enter data on the Week 1 and Week 2 tabs, but not to enter Skill Mix, view results or delete records.

3.3 Entering Data

After opening the Professional Judgement tool, a screen similar to the below will appear:

Period Start	Staffing Level Tool	Status		
23/01/2024	CCSN	Awaiting Sign-Off 1	Edit	Delete
01/01/2024	CNS	In Progress	Edit	Delete
01/01/2024	Mental Health	In Progress	Edit	Delete
02/10/2023	Adult Inpatient	In Progress	Edit	Delete
04/09/2023	Professional Judgement Tool Only	Awaiting Sign-Off 1	Edit	Delete
04/09/2023	Adult Inpatient	Awaiting Sign-Off 1	Edit	Delete
26/06/2023	CCSN	Awaiting Sign-Off 1	Edit	Delete
05/06/2023	Community Nursing	In Progress	Edit	Delete
05/06/2023	Neonatal	Awaiting Sign-Off 1	Edit	Delete
30/05/2023	Maternity	In Progress	Edit	Delete
15/05/2023	Adult Inpatient	In Progress	Edit	Delete
15/05/2023	Community Nursing	In Progress	Edit	Delete
01/05/2023	CCSN	Awaiting Sign-Off 1	Edit	Delete
03/04/2023	CCSN	Awaiting Sign-Off 1	Edit	Delete

> ⚠ Any data entered into the tool before the evening of the January 2023 will not be visible on this screen. Instead, it can be viewed in BOXI reports (see section 4)

> ⚠ To navigate through the tool, please use the buttons at the bottom of the page (e.g. Save & Proceed, Previous). Clicking directly between tabs may result in entered data being lost.

The **Status** column shows records which have been completed or are still In Progress.

Editor users will have the option to Edit or Delete records.
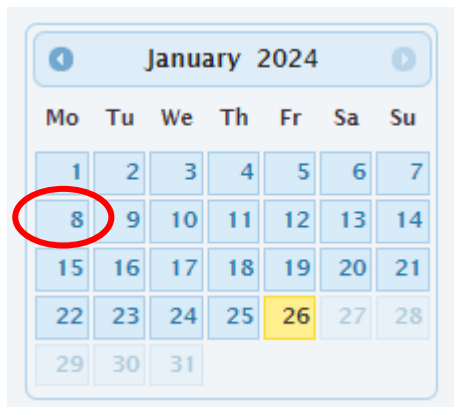
Data entry users will only be able to delete records.

More information on editing and deleting records can be found in the next 2 sections (3.4 and 3.5)
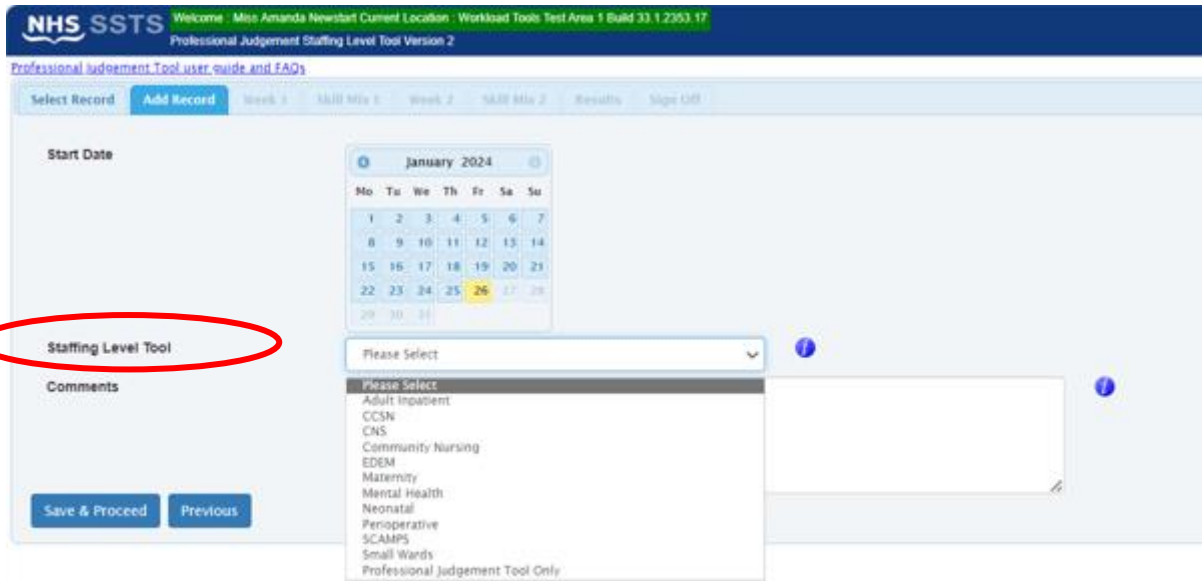
If you wish to create a new record, click on the **'Add Record'** tab. You will see the following screen:
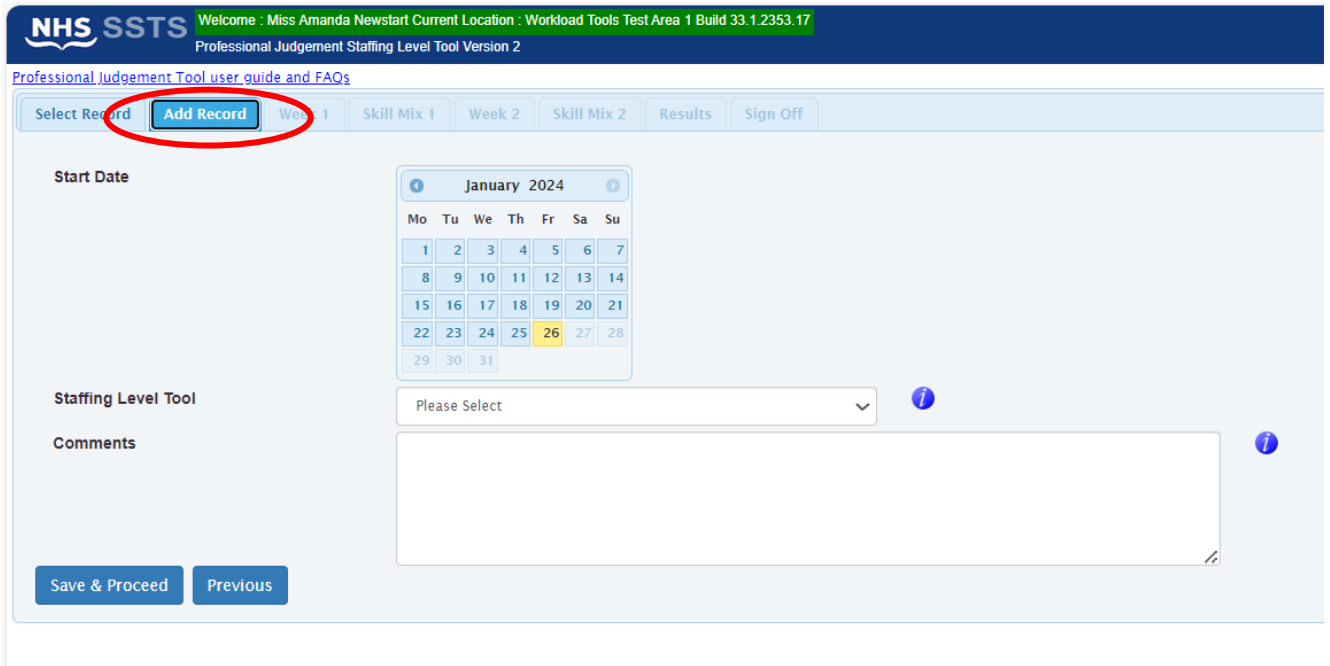

Select the **date** you wish your two-week data collection to begin. This cannot be a date in the future:

Then, select the Staffing Level Tool which you are running in conjunction with the Professional Judgement Tool:

If you choose Professional Judgement Tool Only, a text box appears asking you to specify the service area. This should only be used where no specialty specific staffing level tool is available:
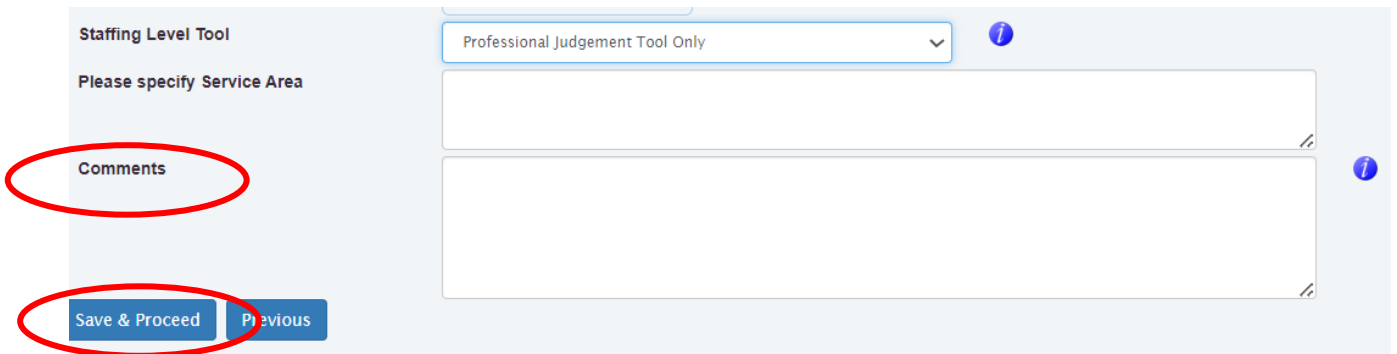
This must be completed before clicking 'Save & Proceed'.

> **!** For specific guidance on completing the Professional Judgement Tool for the Emergency care provision Staffing Level Tool go to section 3.6

If you wish to record a **comment**, insert this in the Comments box (as seen above).

> **!** The comments box should be used to provide explanation and justification of staff requirements. Please see the FAQ section for more details on how the comments box should be used.

> **!** The Professional Judgement Tool and workload information should be used together to explain staffing needs for the actual workload carried out during the designated period.

Once the comments have been updated, click on **'Save & Proceed'** and you will see the following screen:

> **!** At the top of the screen, there is information about the record, Start Date & End Date.
>
> Start and end date refer to the start and end of the period of the Professional Judgement Tool run.
>
> Date created and created by, refer to when the record was started.
>
> Date completed and completed by, refer to when the tool was completed and saved (after input of the second weeks skill mix).

The Professional Judgement tool is developed in 4 hourly time blocks. To enter data for a time block, click the checkbox below Activate. This will allow data to be entered into the Registered and Unregistered rows for that time block:

To activate all 6-time blocks, click the Activate All checkbox at the top of the page:

- Unchecking an Activate box will deactivate this block.
- Unchecking the Activate All box will remove data from all the completed boxes, rendering them de-active.
- When you deselect the Activate All option you will receive a warning message, this is not the case when you untick a single time block.

- If you select Clear Data at the end of the row this will clear all the data in that row.

Pressing the Return key at any point will save the data and move you onto the next screen.

Activate the blocks required and add the number of staff required (Registered & Unregistered) against each block.

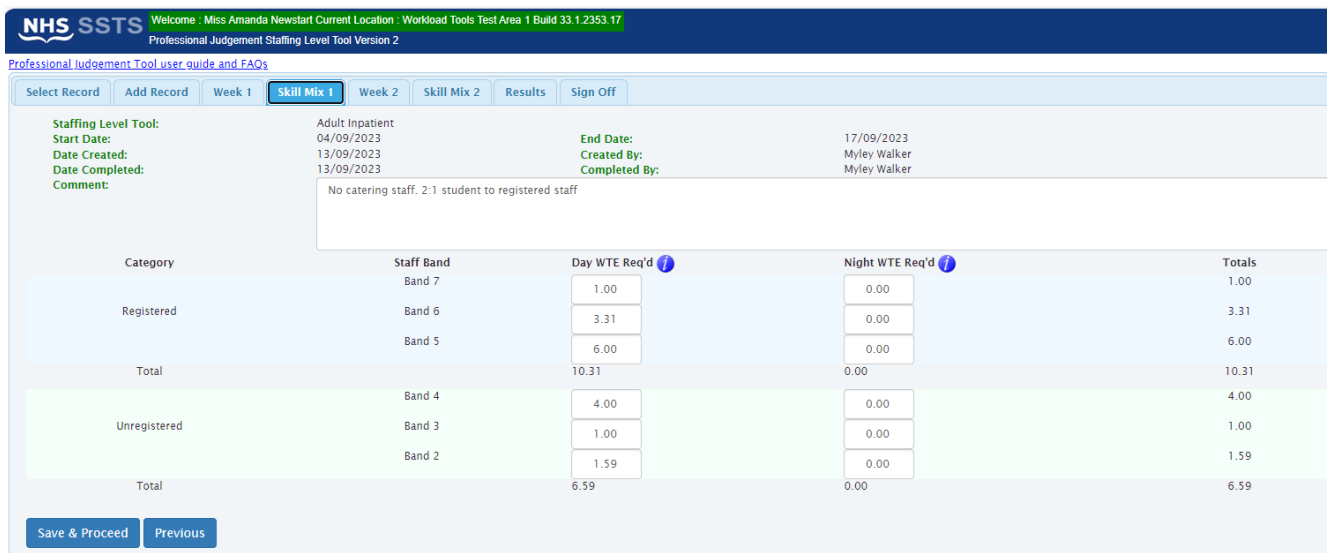Staff numbers must be lower than 100 and have no more than two decimal places.

If not, there will be a red asterix next to the relevant box: and you will not be able to save the record.

> **!** You cannot leave any boxes, within an activated time block, blank. If staff were not needed in this time block, please enter 0.

> **!** You can update Comments on the Week 1, Skill Mix 1, Week 2 and Skill mix 2 screens.
>
> Any updates will be saved when you click "Save & Proceed".

Once data entry is complete, click 'Save & Proceed'. If you have **Editor** Permissions, you will then be taken to the Skill Mix tab:

> **!** The **Night WTE Req'd** column will be displayed even if only daytime blocks have been activated. If no night activity this can be left as 0.

If you have not completed **Week 1** data input at this point, you should select **'Previous'** (bottom left of the page – see above).

Once you have completed **Week 1** data, you are then required to allocate staff to the relevant Agenda for Change Bands, ensuring that these add up to the total WTE calculated by the tool. The allocation of staff should be undertaken using your professional judgement and not directly aligned to current funding or skill mix.

> **!** If you amend the data on the week 1 screen, any data entered into the Skill mix 1 tab will be cleared.

Click on 'Save & Proceed' to save the data.

> **!** If you have Data Entry permission only, you will be taken straight from the Week 1 to Week 2 screen. You cannot view or enter Skill Mix.

You will then be taken to the **Week 2** screen:
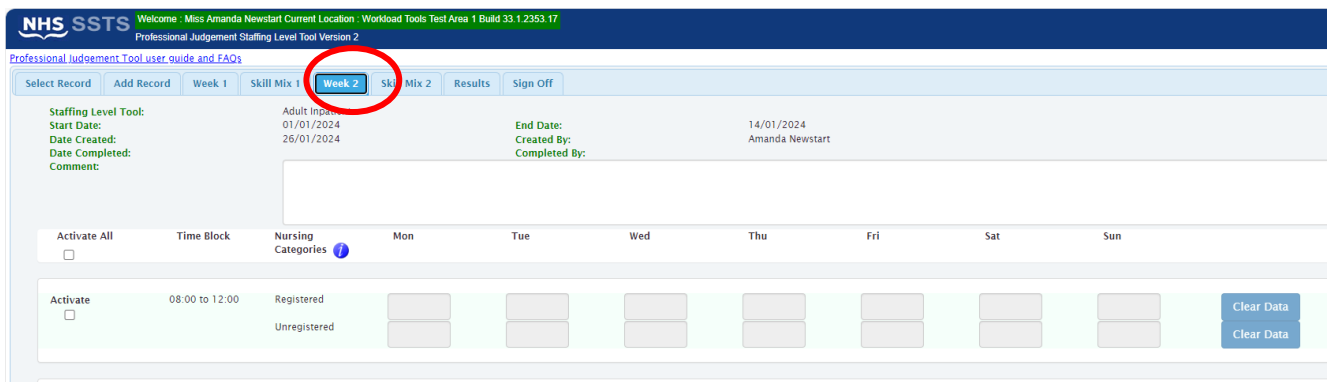
Follow the same process as for Week 1 and Skill Mix 1.

A 'Clone Week 1' option is available **if the** staffing requirements for Week 2 **exactly match** those of Week 1.

To use this option, click on the 'Clone Week 1' button:

Once completed, click '**Save & Proceed'**.

If you have **Data Entry** permissions, you will receive a message confirming that the data has been saved.

If you have **Editor** Permissions, you will then be required to complete Skill Mix 2.

A **Clone Skill Mix 1** option is also available on the Skill Mix 2 tab (again only **if** the staffing requirements **exactly match** those of week 1)

!	Active blocks in weeks 1 and 2 must match before skill mix can be cloned.

!	The cloning function should only be used where there is minimal, or no, variation on workload between the two weeks.

Once complete click on 'Save & Proceed':

The Results tab will then appear:

You can amend the Comments box in this screen if required - click **'Update'** to cascade any change to the previous screens.
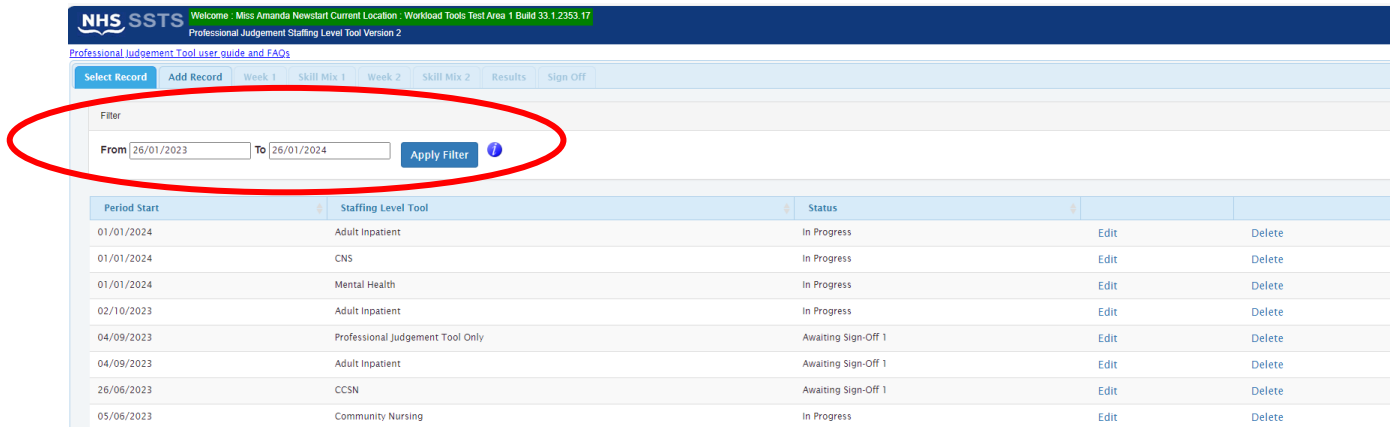
If you wish to print a copy, click on the **'Print'** button. Click **'Exit'** to return to the Select Record screen.

> **!** The Results tab is only available to those with Editor Permissions.

3.4 Editing Data

If you wish to select an existing record, the record can be searched for using the filter option on the Select Record screen:

> ! The filter can be applied for up to a one-year period.

You can also click on the table headings to sort the data.

Once the record has been found, click **'Edit'**:

This can either be a completed record or the record you are currently working on.

> ! If you click "Edit" on a complete record, this will change to "In Progress". You will need to click "Save & Proceed" on the skill mix 2 tab to mark this record as "Complete".

You will need to select the start date every time you wish to add data to the current data set. You can review the data by clicking on the tabs at the top of the screen:

3.5 Deleting Data

> ! ONLY users with Editor Permissions can delete records.

To delete an entry select the entry of interest on the Summary screen and then **'Delete'**:

Period Start	Workload Tool	Status		
30/09/2019	Adult Inpatient	Completed	Edit	Delete
30/09/2019	CCSN	In Progress	Edit	Delete

You will be asked to confirm that you wish to delete the record.

Warning

Delete the selected Date and Staffing Level Tool?
Do you wish to Delete?

[Yes] [No]

3.6 Professional Judgement for the Emergency Care Provision Staffing Level Tool

If Emergency Care Provision tool (EDEM in drop down box) is selected as the staffing level tool on the Add Record screen, additional tabs to enter medical staff data appear:

Data can also be entered for ENPs in the nursing tabs:
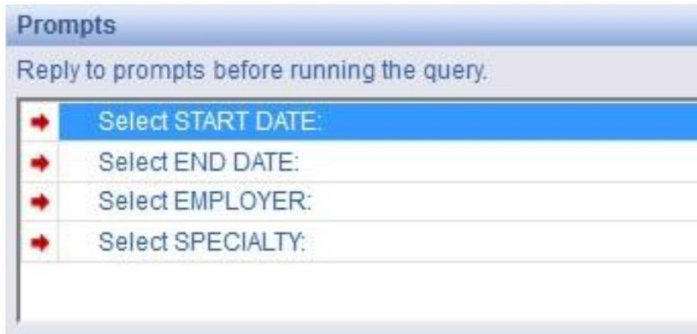
Data should be entered as described for other tools above.

In the Skill Mix 1 and Skill Mix 2 tabs, skill mix for doctors is automatically calculated based on information entered in the Medical Week 1 and Medical Week 2 tabs:

4. Business Objects

After 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.

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

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

Appendix A

Background

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

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

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 Professional Judgement tool is run alongside one of national staffing level tools, or independently.

Figure 1 – The common staffing method
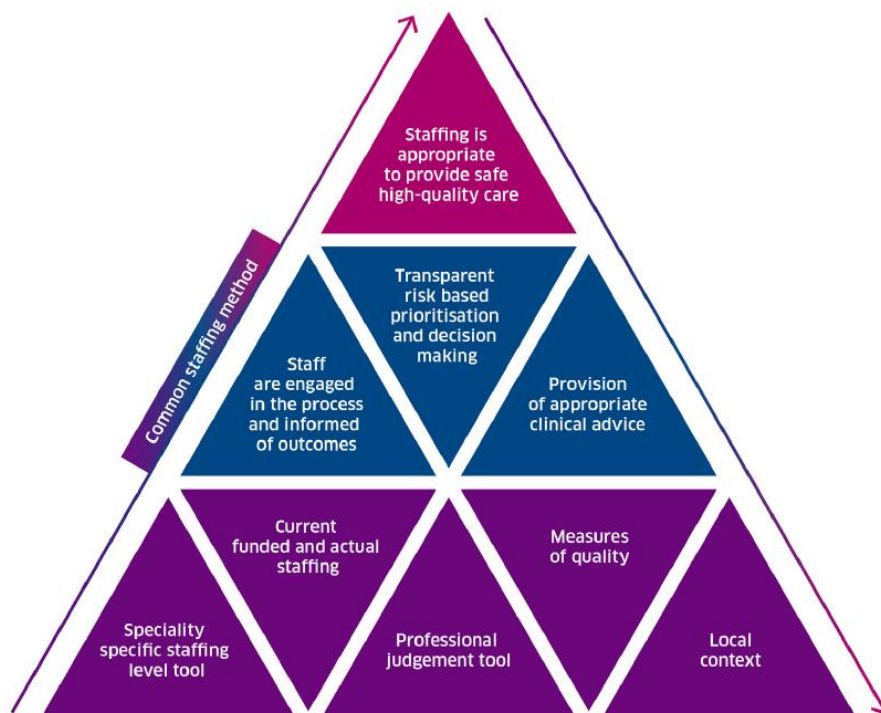
Appendix B Data Capture Sheets

Professional Judgement Data Capture Template

Ward / area / location				Day:	Date:
Time period	Staffing	Nurse or Midwife	Insert what number of staff was needed for activity		Comments – in this column: General & Variation -e.g. Transfers/ escorts/ emergency situations/ complexity social and or physical / specific demands/ theatre lists /one-one care
Morning 0800-1200	Staffing requirement to meet workload	Registered			
		Non-registered			
Afternoon 1200-1600	Staffing requirement to meet workload	Registered			
		Non-registered			
Evening 1600-2000-	Staffing requirement to meet workload	Registered			
		Non-registered			
Late Evening Night 2000-0000	Staffing requirement to meet workload	Registered			
		Non-registered			
Night 0000-0400	Staffing requirement to meet workload	Registered			
		Non-registered			
Night 0400-0800	Staffing requirement to meet workload	Registered			
		Non-registered			

20230907 HSP Data Capture Template V3.0

Professional Judgement Data Capture Template

Professional Judgement Tool Guidance

- This tool runs for 2 concurrent weeks, commencing on a Monday and completed daily.

- To be completed by Senior Charge Nurse / Midwife or recognised leader of each time period / shift.

- The sheet to be completed as 'live' as possible retrospectively at the end of each 4 hourly segment.

- Discuss how the time went with staff and record in the comment section; record any additional workload pressures such as complex social cases, non-English speaking patients, physical issues/ transfers, complex 1-2-1 patients that may not be in labour, bereavement etc. These are the times when in your professional judgement more staff were required.

- Document the actual amount of staff that you required to meet the workload, registered and non-registered in each of the sections, and this can vary over the day due to peaks and troughs in workload i.e. emergencies etc.

- If the available rostered staff in your team exceeds the workload activity please record to indicate this accordingly.

- Queries about what information should be recorded in the tool or the proforma please contact your line manager or workforce planning co-ordinator.

- Data should be input into SSTS timeously once the data is discussed and quality assured in partnership with senior clinical staff and colleagues.

- Ensure the SSTS configuration reflects either 8, 12 or 24 hour services

Data Capture Sheet – Professional Judgement: Nursing Emergency Care Provision Staffing Level Tool

Professional Judgement Data Capture Template: NURSING Emergency Care Provision Staffing Level Tool

Ward / area / location | **Day:** | **Date:**

Time period	Staffing requirement to meet workload	Nurse or Midwife	Insert what number of staff was needed for activity	Comments – in this column: General & Variation -e.g. Transfers/ escorts/ emergency situations/ complexity social and or physical / specific demands/ theatre lists /one-one care
Morning 0800-1200	Staffing requirement to meet workload	Registered		
		Non Registered		
		ENP		
Afternoon 1200-1600	Staffing requirement to meet workload	Registered		
		Non Registered		
		ENP		
Evening 1600-2000	Staffing requirement to meet workload	Registered		
		Non Registered		
		ENP		
Late Evening Night 2000-0000	Staffing requirement to meet workload	Registered		
		Non Registered		
		ENP		
Night 0000-0400	Staffing requirement to meet workload	Registered		
		Non Registered		
		ENP		
Night 0400-0800	Staffing requirement to meet workload	Registered		
		Non Registered		
		ENP		

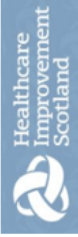20240124 HSP Data Capture Template NURSING Emergency Care Provision Staffing Level Tool V4.0

Professional Judgement Tool Guidance

- This tool runs for 2 concurrent weeks, commencing on a Monday and completed daily.

- To be completed by Senior Charge Nurse / Midwife or recognised leader of each time period / shift.

- The sheet to be completed as 'live' as possible retrospectively at the end of each 4 hourly segment.

- Discuss how the time went with staff and record in the comment section; record any additional workload pressures such as complex social cases, non-English speaking patients, physical issues/ transfers, complex 1-2-1 patients that may not be in labour, bereavement etc. These are the times when in your professional judgement more staff were required.

- Document the actual amount of staff that you required to meet the workload, registered and non-registered in each of the sections, and this can vary over the day due to peaks and troughs in workload i.e. emergencies etc.

- If the available rostered staff in your team exceeds the workload activity please record to indicate this accordingly.

- Queries about what information should be recorded in the tool or the proforma please contact your line manager or workforce planning co-ordinator.

- Data should be input into SSTS timeously once the data is discussed and quality assured in partnership with senior clinical staff and colleagues.

- Ensure the SSTS configuration reflects either 8, 12 or 24 hour services

Data Capture Sheet – Professional Judgement: Medical Staffing Emergency Care Provision Staffing Level Tool
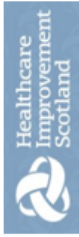
Professional Judgement Data Capture Template: MEDICAL STAFFING: Emergency Care Provision Staffing Level Tool

Area / location				Day:	Date:
Time period		Medical Category	Head count	Comments – in this column.General & Variation -e.g. Emergency situations/ complexity social and or physical / specific demands /care of the dying.	
8am – 12md	Staffing requirement to meet workload	Senior Doctor			
		Middle Doctor			
		Junior Doctor			
12md – 4pm	Staffing requirement to meet workload	Senior Doctor			
		Middle Doctor			
		Junior Doctor			
4pm – 8pm	Staffing requirement to meet workload	Senior Doctor			
		Middle Doctor			
		Junior Doctor			
8pm – 12am	Staffing requirement to meet workload	Senior Doctor			
		Middle Doctor			
		Junior Doctor			

Continues overleaf.....

20240124 HSP Data Capture Template MEDICAL STAFFING: Emergency Care Provision Staffing Level Tool v4.0

Professional Judgement Data Capture Template: MEDICAL STAFFING: Emergency Care Provision Staffing Level Tool
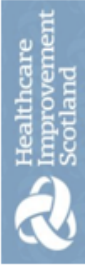
12am – 4am	Staffing requirement to meet workload	Senior Doctor
		Middle Doctor
		Junior Doctor
4am – 8am	Staffing requirement to meet workload	Senior Doctor
		Middle Doctor
		Junior Doctor

- To be completed by Medical Staff, Team leader/ Manager or designated individual for a 2 week period.
- Professional judgement sheet to be completed as 'live' as possible retrospectively for each time block i.e. morning / afternoon etc
- Discuss the workload in the time period with staff.
- State how many **Senior/Middle/Junior grade** staff in the section of the table that you would **require** on duty to cover the **workload** using your own professional judgement. This is **not** what you had rostered but what staff were needed to undertake the workload.
- Staff should make a note of their shift on the Professional judgement sheet on each day of the 2 week data collection to facilitate team discussion and judgement with Medical Staff, Team Leader / Manager completing the Professional Judgement tool on SSTS.
- Comments should record any additional workload pressures such as complex social cases, non English speaking patients, physical issues/ transfers/ care of the dying. This is times when in your professional judgement more staff were required in the clinical area.
- If the number of staff required is different from your actual staffing write reasons in the comments box.
- Queries about what information should be recorded in the tool or the proforma please contact your line manager or workforce planning co-ordinator.

Appendix C

Frequently Asked questions

Below are the most frequently asked questions and answers raised during the use and application of the Professional Judgement 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?
	You need to make sure you are familiar with the PJ tool. Training and support will be provided via your local Workforce Lead. Please make sure you understand all the information provided, the responsibilities and expectations for you and your team. Please also refer to the Quality Assurance Checklist
Q2	How do I access the tool?
	Please see Section 2.1 Accessing the tools for details.
Q3	How often should the Professional Judgement tool be completed?
	The Professional Judgement tool is run concurrently with the staffing level tool for the particular specialty. Usually, both the staffing level tool and Professional Judgement tool are run concurrently for a designated 2-week period for local runs. Some tools may run for a longer or shorter period. This is dependent on local and national decisions and should be clarified prior commencing your run.
Q4	How many days/weeks should the tool run for?
	The Professional Judgement tool is run for two weeks, fourteen consecutive days. It is advisable the run commences on a Monday and includes weekends. If your service area does not have a specialty tool the PJ tool can still be run for a 2 week period but decide locally the regularity of these runs. If the service is unavailable during these times please reflect this with entering '0' for requirements. Boxes left empty will register as incomplete records. The Professional Judgement tool should be completed once by a team leader or designated person on behalf of the team. Local arrangements should be established so information from the whole team is collated to inform completion of the tool. You should check with your local workforce team for detail about when the tool has been scheduled for the local area
Q5	Should other tools be completed at the same time as the Professional Judgement?
	Yes. **Staffing Level Tool**: Speciality specific staffing level tools are available for 98% of nursing and midwifery areas and should be completed alongside the Professional Judgement tool. Like the Professional Judgement tool, all of these tools can be accessed via the SSTS platform. User guides on how to input data are available for each tool. Please refer to this during the run. **Quality Tool:** The Quality Tool is designed specifically for use in conjunction with the Community Staffing Level Tool and Community Children's' & Specialist Nurse staffing level Tool. It is essential the Quality Tool is completed alongside these staffing level tools to provide data for evidencing best practice. Where no specific staffing level tool is available the Professional Judgement Tool can still be used by those service areas.

Q6	**How does the tool work?**
	While the staffing level tools are developed to take an evidence-based objective approach, the professional judgement approach is subjective, seeking professional opinion on how many staff are needed to carry out the workload required in a defined period of time. The Professional Judgement tool is a single 24 hour tool. This is broken down into 4-hourly blocks over a 7 day cycle. The designated local lead for the Professional Judgement Tool after consulting the wider team would populate in each 4 hourly block the number of staff required to undertake the workload as a headcount for that period. If there is no workload then 0 can be entered. If the service doesn't usually operate in this 4 hourly section by leaving this column unticked it will remain 'greyed out' and therefore not affect the calculation for Whole Time Equivalent (WTE). The calculator of the Professional Judgement tool will then use the information inserted for both registered and un-registered staff to calculate a WTE. The Professional Judgement tool WTE automatically includes a 22.5% Predicted Absence Allowance for nursing and midwifery staff and a 25% Predicted Absence Allowance for doctors. There is also a deduction for unpaid breaks. If only 8 hours of data is entered, the deduction for unpaid break is 15 minutes per 4- hourly block. If more than 8 hours is entered, the deduction for unpaid break is 20 minutes per 4hourly block. It is important that the judgement is based on the number of staff required to carry out the workload during the period. This may be more, less or the same as the staff rostered on duty. Please enter the reason behind the decision in the comments box provided which will be used to inform discussions locally as part of the Common Staffing Method.
Q7	**What constitutes 'workload' for completion of the Professional Judgement Tool?**
	Workload is defined as comprising: • **Direct care**: workload that is carried out to or with a patient. • I**ndirect Care**: the additional work directly related to the patient, e.g. record keeping, telephone calls, liaising with other about the patient • **Associated Workload:** All of the other work not directly related to a patient e.g. general communication, repairs, off duty, appraisal and training • **Personal time:** General breaks
Q8	**Should the SCN / SCM be included in the workforce required?**
	The SCN / SCM should be included in the required headcount figures if they are on duty and contributing to the workload of the area to ensure safe and effective care. If the SCN is rostered for managerial duties out with the ward / department then this would not be captured to prevent 'double counting'. i.e. If a SCN /SCM is 1.0 WTE for a ward environment but is only contributing 0.4 WTE to workload on the ward then this should be reflected in the skill mix on page 2.
Q9	**The 4 hourly blocks do not capture the shift pattern. How do I record this?**
	The Professional Judgement tool records the professional opinion of the user on the required staffing for the service area, during a particular timeframe. This is the number of staff needed to carry out the workload safely and effectively.

The time periods within the Professional Judgement Tool do not correlate to any particular shift pattern. Instead, they are a guide on what is considered morning, afternoon, evening and night time hours.

If the staff work for a portion of the 4 hourly block, then enter the number of staff required but be mindful this will be pro rata. i.e.

If for 2 hours of the 4 hourly period you require 4 staff to undertake the workload, the headcount would be captured as 2 for that 4 hourly block.

It is possible to input decimal points up to a maximum of two decimal places if necessary, e.g. if for 2 hours of the 4 hourly period you required 3 staff to undertake the workload, the headcount could be captured as 1.5

Table 1.

Number of staff required	Portion of 4-hour time block and head count			
	30 min (1/8)	1 hour (1/4)	2 hours (1/2)	3 hours (3/4)
1	0.12	0.25	0.50	0.75
2	0.25	0.50	1.00	1.50
3	0.37	0.75	1.50	2.25
4	0.50	1.00	2.00	3.00
5	0.62	1.25	2.50	3.75
6	0.75	1.50	3.00	4.50
7	0.87	1.75	3.50	5.25
8	1.00	2.00	4.00	6.00
9	1.12	2.25	4.50	6.75
10	1.25	2.50	5.00	7.50

Q10	Why does it ask for skill mix on page 2 weekly data entry?

The skill mix is a local decision whereby the senior professional completing the Professional Judgement tool would utilise the WTE to break down their requirements for registered and unregistered staffing.

The skill mix figures entered have to add up to the total for registered and unregistered in both Day and Night columns.

Q11	Our service has an overlap of shifts. Is this calculated into the WTE?

The Professional Judgement Tool is developed on 4-hourly time periods. The workload that is carried out during each of these periods determines the staffing need. Therefore if there are more staff on during certain periods and the workload identifies that more staff are needed for that corresponding period then the numbers of staff recorded would reflect this.

Q12	When should the comments box be used?

The comments box is useful as an aide memoire and as rationale for the figures entered and the decisions taken as some time may pass before you have your local discussion on the outcomes of running the staffing level tools.
Examples of what may arise include:

- You have an emergency requiring more staff for a period of time.
- Preceptorship of staff within an area has increased the number of staff required to undertake the workload.
- Member of staff was off sick at the last minute, but the workload was still manageable therefore they would not be captured in the figures.
- Staff missed breaks due to increased workload.

These real time issues can have an impact on your capacity to maintain the quality of patient care and additional staff may be needed for identified time periods to undertake the workload. The information in the comments box would help you explain the rationale for your decisions at the time.

Appendix D

Trouble Shooting

1. SSTS
I am getting an error message when trying to login to SSTS. What should I do?
SSTS and the staffing level tools can only be accessed on a Board approved computer network or portable network. If you are experiencing login problems when using a board approved network, contact your local SSTS team for advice
What should I do if I lose my login details?
Contact your local SSTS Team.
The staffing level tool I need to access is greyed out. What do I do?
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
The working location shown is incorrect – how do I change this?
See section 2.1
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
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
What happens if I enter the wrong information by mistake e.g. wrong dates or staff numbers?
You will be able to amend any unsaved data while still logged into SSTS If you have Editor permissions, you should be able to amend the entry even after it has been saved using the edit function
Why can't I move onto the "skill mix" tab
You will only have access to the "skill mix" and "results" tabs of you have editor permissions If you have editor permissions, please make sure you have added data into all of the relevant data entry cells and clicked on "save and proceed" to progress to the skill mix tab. This should then let you open the next screen
2. The Staffing Level Tool

I am unable to download the paper data capture template. What do I do?

1. You can try using a different web browser to download the template

2. You can print Appendix B from this document

3. You can speak to the local IT team as permissions may be needed for accessing and downloading documents

4. Speak to your workforce lead and they should be able to assist in providing paper copies of the template

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

Best practice would be to enter the data on to SSTS as near to real-time as possible e.g. at the end of your shift. This should reduce the risk of misplacing data capture sheets

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 CCSN, CNS and CN (including non-registered CN) clinicians are 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 and the Quality 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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