Healthcare
Improvement
Scotland

Scottish Children's Acuity Measurement in Paediatric Settings (SCAMPS) Staffing level Tool

User Guide

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Contents

1. Introduction

The Scottish Children's Acuity Measurement in Paediatric Settings (SCAMPS^{TM}) staffing level tool was developed to explore and record the variety and range of complexity of nursing workload within children's inpatient wards across NHS Scotland.

The tool is designed to be used on a daily basis, with data recorded separately for the day and night cycle, for each child or young person present on the ward. The tool requires that the workload associated with care for each patient is scored with the appropriate level of care. Those predefined levels of care in the tool range from child or young person who requires minimal nursing assistance or intervention, to one who requires the most intensive nursing and medical interventions. Further information on the 7 levels of care can be found in Appendix C

The SCAMPS tool also allows users to record additional activity, designed to capture clinical workload that requires input from nursing staff, but is not in their general day-to-day job description.

There is a SCAMPS data capture template, which can assist the practitioner to gather data prior to upload onto SSTS. This can be found in Appendix B

The tool collates the information entered by the practitioner into a report that can be used by the practitioner and managers to plan the allocation of resources to effectively meet the service or health board's priorities and to identify any risks that may exist in the service.

It is important to remember the report is only one element of the **Common Staffing Method** mandated by the Health and Care (Staffing) (Scotland) Act 2019 (Appendix A).   The report should be considered in conjunction with:

• Funded establishment

• The findings from the professional judgement (PJ) 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 HSP (programme previously known as NMWWPP) webpages:
Healthcare Staffing Programme (HSP) webpages

2. Logging in

2.1 Accessing the tools

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

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

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

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

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

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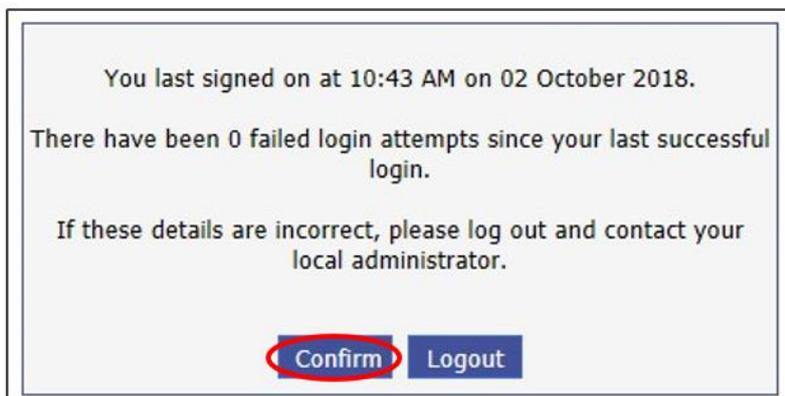
And then select "SSTS".

2.2 Changing Working Location

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

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

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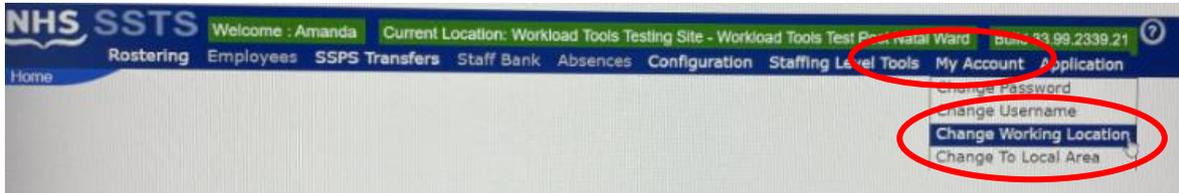
A screen will then appear containing the ward and clinical areas you have access to,

The ward/area can be searched for by roster location, staff bank, local area, or employer.

To choose a ward/area of interest, select it from the available list and then click **'Select'**:
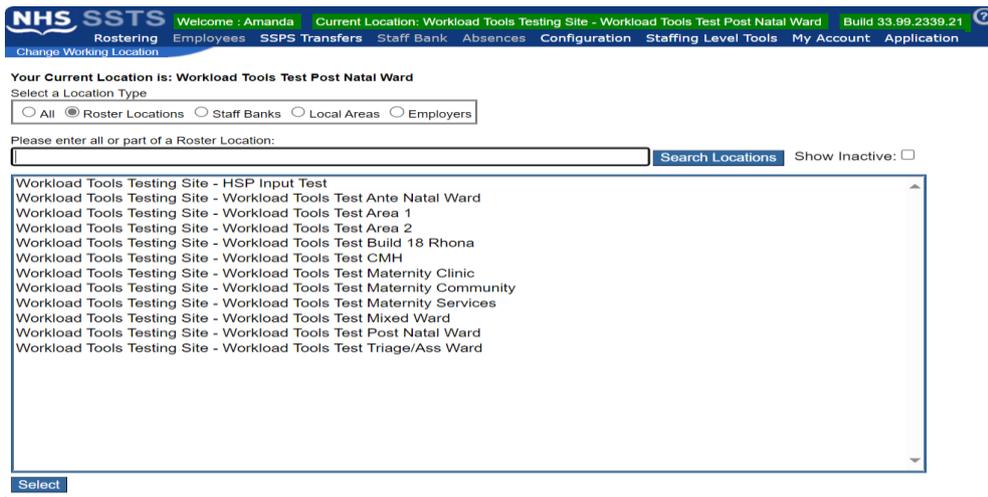
The location will then update on the toolbar:
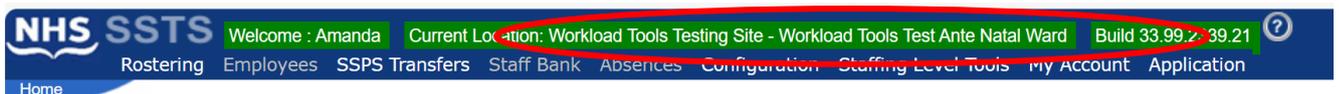
3. Creating/Editing Entries in Tool

3.1 Opening the tool

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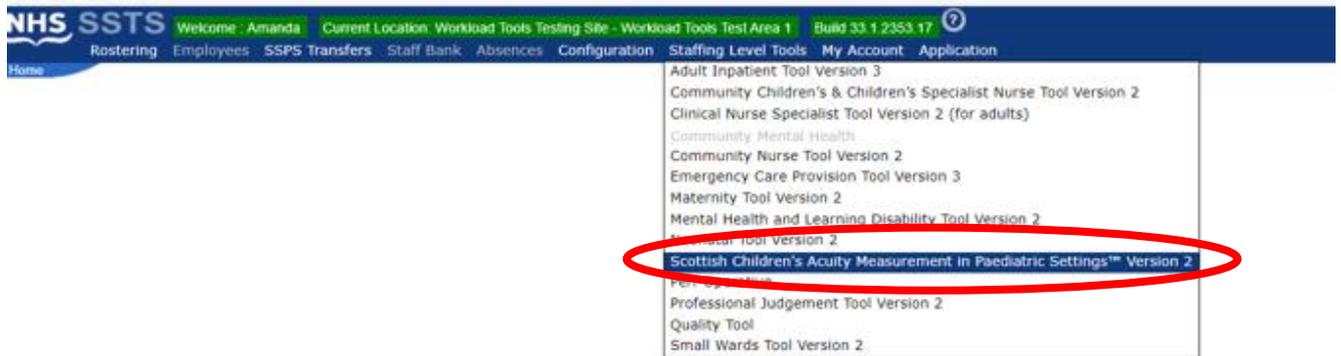
A screen like the one below will then appear:
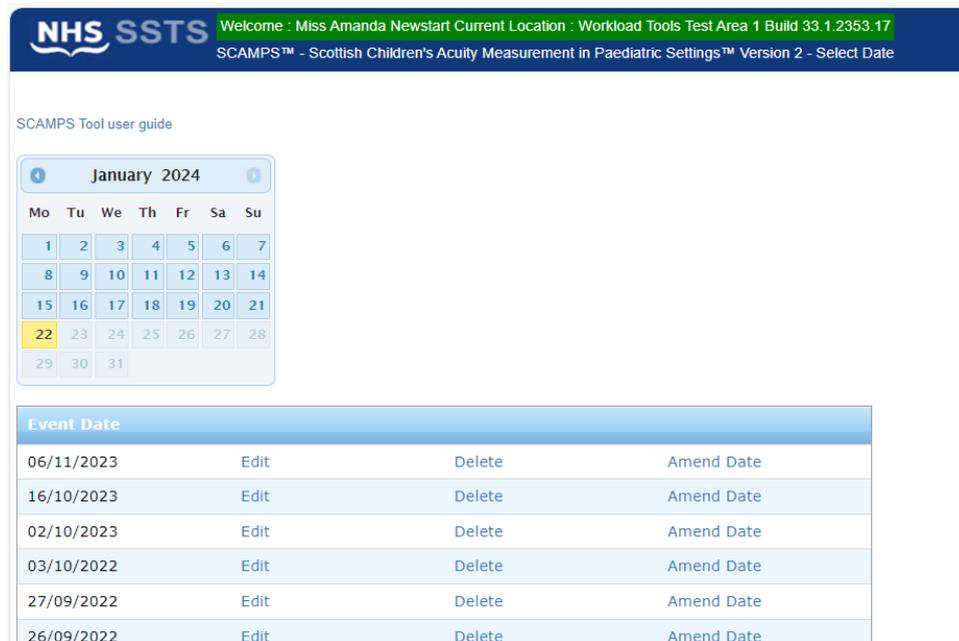
3.2 Entering Data

To add data, simply select the relevant date:
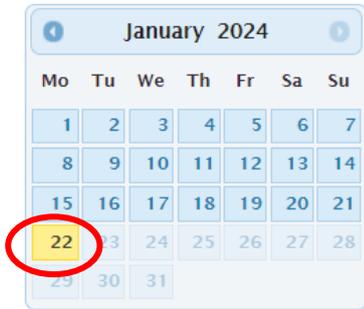
You will then be taken to the assigned values screen – described below in section 4.0

4. Assigned Values Screen

Upon selecting a new date, you will be taken to the **"Assigned Values"** screen.

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

4.1 Confirm and clone.

The **"Confirm & Clone"** option is available in addition to the "**Exit**" or **"Confirm"** options. This option is relevant where a patient is assumed to be in the ward at the end of the previous cycle.

By selecting the **"Confirm & Clone"** option, all such patients should be replicated within the current cycle.

You CANNOT clone a previous cycle if you have already started on the current one.

For example:

Patient 2 on the 22.01.2024 entered the ward at 08:40, within the day cycle. NO time out has been entered as the patient remains in the ward and the end of the day cycle (19:59)

After selecting "Complete Cycle" at the end of my shift, the next shift selects the 22.1.24 and are taken to the below screen:

When the night shift select "Confirm and Clone" Patient 2 will automatically appear in the night cycle:

5. Data Entry Screen

Please enter a Unique Identifier – this is agreed locally and should meet GDPR requirements.

Time in – time the patient entered the ward.

Time out – time the patient left the ward.

If either of these (time in or time out) are left blank it is presumed the patient was present at this time, if both are blank it is presumed the patient was present for the full shift/cycle.

Times must fall within the selected cycle.

- Day: 08:00-19:59
- Night: 20:00-07:59

Select the patient's highest level of care during that cycle – Levels of care can be found in Appendix C

Select respite care if the patient is admitted for respite care – again refer to Appendix C

Patient number: select the patient/bed number for the patient. A red number indicates an empty bed and a green number indicates a bed with populated data on the system.

In the event of no children being present please tick the box stating – no children present.

To enter a patient's details, select the appropriate patient number:

Select the next bed number to clear the data fields and begin entering data for the next patient.

Select **"Increase Patients"** if you need to open up more patient numbers for data entry.

Select **"Complete Cycle"** to move on to the next cycle once all data has been entered and saved for current cycle.

"Exit" will return you to the Calendar screen without saving.

"Clear Data" will clear the selected patients' information – this can't be undone.

6. Patient List Screen

Use the **"Patient List"** screen to review the patient details you have entered and saved.

"Exit" will return you to the Calendar screen.

"Edit" will allow to edit information you have already entered for a patient.

"Delete" will delete a patient record.

ⓘ Selecting "Delete" will delete the record immediately. You will not be ask to confirm this choice.

7. Additional Activity Screen

This option is used to capture rare and extraordinary events that remove rostered staff from the clinical setting for a period of time.

The nationally agreed Additional Activities that meet the criteria can be found in the **"Description"** drop-down box on the Additional Activities screen.

If you select **"Other"** from the drop-down box, you should provide a description of the additional activity in the **"Notes/ Others"** box.

You can also use this box to record any other relevant notes relating to the other additional activity logged.

"Clear" allows you to clear the information that you are currently entering.

"Edit" allows you to amend additional activities that you have already entered.

"Delete" allows you to delete additional activity that you have already entered.
You will be asked to confirm that you definitely want to delete the activity.

7.1 Span cycle

If selecting "**Span Cycle",** the end time will automatically default to the end of the current cycle/shift time.

Please remember to complete logging this additional activity in the next cycle.

By selecting **"Confirm & Clone"** on the **"Assigned Values"** screen when commencing data entry for the next cycle, any current "**span cycle**" information will automatically carry through and you can select **"Edit"** to confirm the actual end time.

If you have not used the **"Confirm & Clone"** function, you will need to log the activity manually as starting at the new cycle start time and add the actual finish time.

You will not be able to **"Complete Cycle"** until the end time has been entered.

8. Incomplete Cycles Screen

This Screen lists cycles where users have not clicked **"Complete Cycle"** within the **"Data Entry"** screen.

9. Summary Display Screen

The **"Summary Screen"** shows:

- The number of each patient entered for each level of care for each cycle (day and night) for the current date.
- The rWTE for each cycle based upon the data entered.
- The average rWTE for the 24-hour period

The **Summary Screen** will remain blank until the **"Complete Cycle"** has been selected in the **Data Entry screen** and any "**Additional Activity"** data has been saved.

10. Business Objects (BOXI)

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

These reports were created by a national team and have a series of built-in prompts to generate customised local outputs, for example:
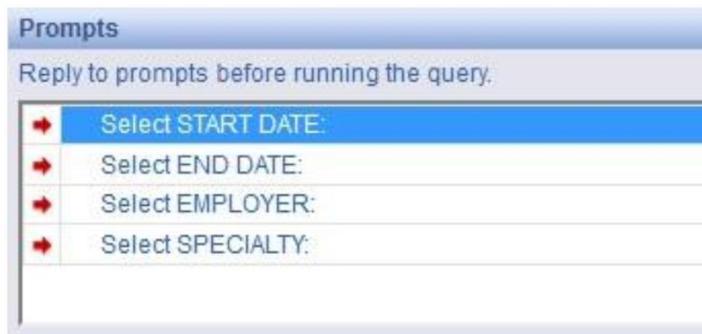
Access to BOXI reports requires a login and password. Local processes for BOXI access can vary. Typically, BOXI access can be granted by your local SSTS Manager, line manager or Workforce Lead. Access is requested using the same access permission request form as the one for SSTS access.

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

Appendix A

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

Figure 1 – The common staffing method
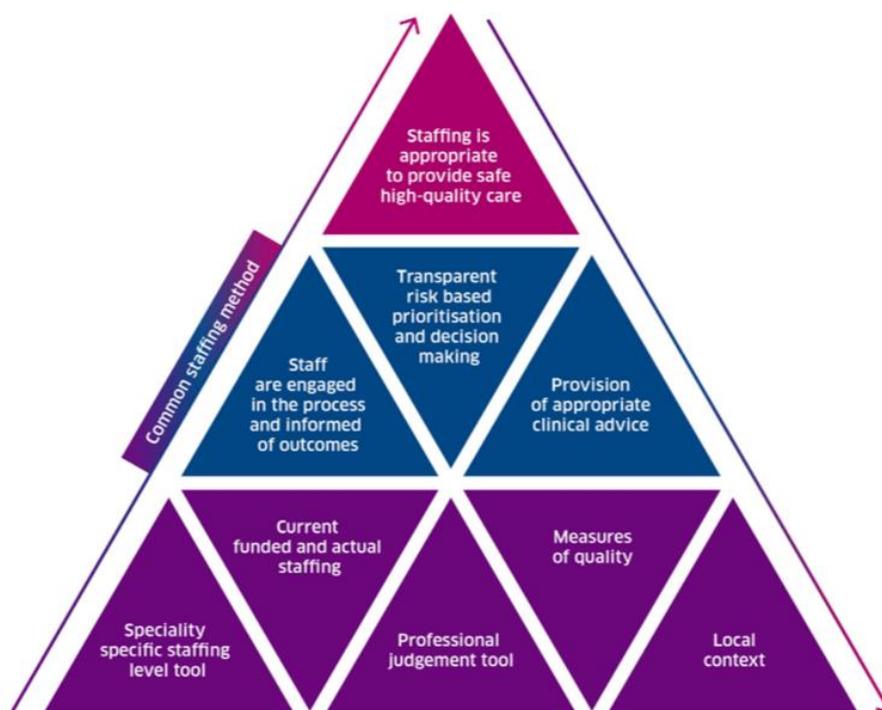
Appendix B

Data Capture Sheet

SCAMPS Staffing Level Tool Data Capture Template

Day and Date......................

Ward..........................

Patient Number	Admission Time	Discharge Time	Unique Identifier	Level Of Care Score		Ward Attender	Input signature
				Day Cycle 0800-1959	Night Cycle 2000-0759		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

20230905 HSP SCAMPS Data Capture Template V5.0

SCAMPS Staffing Level Tool Data Capture Template

SCAMPS Additional Activity

Day and Date... Ward...

Description • Out of hospital transfer • Resus Call • Other	Start Time	End Time	Number of Staff	ECMO Y/N	Span Cycle Y/N	Notes • Describe if "other" is selected as description option

20230905 HSP SCAMPS Data Capture Template V5.0

Appendix C

Levels Of Care

Level	Levels of care	Inclusion criteria	Examples of care required
0	Child or Young Person who require minimal nursing assistance or intervention. • Requires hospitalisation. • Needs met through normal care.	• Emergency or elective admission for any specialty who is stable. • Pre / Post Surgery care • Stable medical admission	• Minimal nursing assistance (Put into first column as identified) • Immediate Post Op Care – No more than 4 hours • Regular observations 2-4 hourly • Oral re-hydration • Oral/IV bolus medication • General supervision and assessment • Resident carer (patients under 5 years) present to attend to basic needs and supervision.
1a	Child or Young Person who require increasing frequency of nursing intervention / assistance, however, are stable and do not require 1 to 1 care • Is in stable condition but with increased acuity or potential to deteriorate. • Can be managed on the wards. • Requires parent/carer support.	• Exacerbation of existing condition • Fluctuating Vital Signs or Level of Consciousness • Increasing parental/carer reassurance and emotional support	• Continual/frequent observations of Vital Signs ½-2 hourly • Oxygen therapy up to 6 litres • O2 Saturation monitoring • May require: Cardiac monitoring, Fluid management. • Infusions of Potassium/Magnesium • Vulnerable family requiring support. • Require assistance to arrange parent / carer resident accommodation. • May require social work intervention.
1b	Child or Young Person who as a consequence of their diagnosis or underlying condition require increased nursing intervention / assistance, which results in increased dependency and nursing time needed to deliver care. • Requires intensive therapy or	• Observation and therapeutic intervention • Complex infection / sepsis • Counselling or psychological support • Continual supervision • Children and young people with learning disabilities • Parental and Staff support required due	• Instability requiring continual observation / invasive monitoring. • Frequent observation of vital signs ½ - 4 hourly • Full isolation measures • Complex drug regimes • Pain management requiring IV analgesia or psychological support. • Challenging behaviour / potential for self-harm

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	increased nursing input. - Has complex care needs – requiring less than 6 hours of nursing time per 12-hour shift. - Requires complex emotional and/or social family/carer support, eg ill child or young person, child protection issues, learning difficulties, requiring less than 6 hours' care input in previous 12 hours	to increased anxieties / behaviours of parents / carers.	- Children or young people requiring invasive procedures. - Mainly unaccompanied child below school age - Dependent on full assistance for all activities of daily living - No resident carer (patients under 5 years) present to attend to basic needs and supervision. - Parents or carer's increased anxiety causing concern within clinical area. - Parent or carer's behaviours causing concern within clinical area. - May require assistance to arrange parent / carer resident accommodation. Acute admission from a distance - May require social work intervention.
2	Child or Young Person who require 1 to 1 supervision or constant care at ward level. - Is unstable and at risk of deteriorating, requiring constant monitoring. - Has complex care needs requiring more than one person to attend and/or 6 hours or more of nursing time in 12 hours shift - Requires complex emotional and/or social family/carer support, eg ill child or young person, child protection issues, learning difficulties, requiring more than 6 hours' care input in previous 12 hours	- Deteriorating / compromised single organ system. - Complex post operative management following major surgery. - Major Physiological Abnormalities - Challenging complex concerns requiring facilitation within the clinical area - Challenging complex concerns requiring multi-disciplinary and specialist team facilitation within the clinical area - Challenging complex child protection concerns requiring facilitation within the clinical area	- Increasing O2 requirements via re-breathe mask/ headbox / nasal CPAP - Immediate post op tracheostomy cannulation / extubation - Airway obstruction / intervention / neb adrenaline / prolonged apnoeas /severe asthma IV meds and hrly nebs - ECG / non invasive monitoring, haemodynamic instability, hypovalaemia, complex IV fluid regimes – hrly replacement volumes /TPN - Complex pain management therapy – epidural /PCA / infusions - Febrile / Neutropenic / Septic - CNS Depression, GCS 8-12 - Neuro Monitoring – ICP drainage/ monitoring systems/ infected shunts - Ketoacidosis, complex fluid and electrolyte imbalance - Fluid resuscitation 10-30mls/kg - Prolonged seizures >1hr, complex drug regimes - Meningitis / acute renal failure

			• End-of-life palliative care • Dealing with highly anxious family members • Emotional and palliative care support • Preparations for potential transfer to specialist units
3a	Child or Young Person who would be transferred to an intensive care unit OR ESTABLISHED IN/ELECTIVE ADMISSIONS only OR who requires increased emotional support at the time of pending death. • Is unstable and needing advanced respiratory support and monitoring and therapeutic intervention of two or more organ systems OR and invasively ventilated child with single organ failure requiring Level 3a care • Bereavement support provided to the child and family on day of death • Requires 1:1 nursing care • Is at risk of >1 Organ failure developing • The dependency of a child or young person in this category will increase to Level 3b in nursed in a cubicle • Is cardiovascularly unstable requiring invasive monitoring and therapeutic intervention • Is neurologically unstable requiring (invasive) monitoring and therapeutic intervention	The emphasis at this level is on the multifaceted nature and complexity of care required. The majority of children and young people at this level will require high intensity nursing and medical care for short and/or long periods. • Monitoring and Supportive Therapy for compromise or collapse/failure of any organ systems • Extensive parental and staff support and reassurance required during this period to manage increased anxieties and concerns • Needing advanced management of respiratory support • Invasive cardiovascular monitoring • Management and frequent measurement of challenging physiological abnormalities • Complex neurological needs		• Respiratory or Central Nervous System depression/compromise requires mechanical/invasive ventilation • GCS • Instability requiring continual observation / invasive monitoring • Challenging behaviour / potential for self-harm • Invasive monitoring, vasoactive drugs, treatment of hypovolaemia/haemorrhage/ sepsis or neurological protection. Examples include: ▪ Major scald/burn ▪ Major sepsis ▪ Acute obstruction ▪ Haemodynamically unstable ▪ Continual ECG monitoring ▪ Invasive Cardiovascular monitoring ▪ CFAM Monitoring ▪ Complex drug regimes (oral and/or IV) ▪ Continual output monitoring ▪ Complex fluid monitoring and replacement therapy ▪ Patients who may be non-invasively ventilated but showing signs of deterioration ▪ Febrile / Neutropenic / Septic in isolation • Bereavement support

<td style="background:green"></td>	• Has deteriorating respiratory failure		
3b	Child or Young Person who requires ADMISSION to critical care and requires intensive supervision at all times who needs additional complex therapeutic procedures and nursing care. • More than one organ failure • Potential to develop Multi Organ Failure • Unstable ventilated on vasoactive drugs and inotropic support • Neurologically unstable • Patients requiring inter/intra hospital transport/retrieval • The dependency of a 3 patient at this level increases to Level 4 if nursed in cubicle • Extensive parental involvement with external agencies eg. Police/social work/child protection/religious support would increase level 3(a) patient dependency to 3(b) • Requires more than 1 nurse but less than 2 nurses for >6 hours in a 12 hour period (this can be continuously for 6 hours or a total of intermittent periods of additional nurse requirements during the shift	• Monitoring and supporting therapy/treatments for organ systems failure • Increasing advanced management of respiratory support, ie. Failing conventional invasive management of resp. failure • Increasing/ >1 vasocative and inotropic drugs required • All emergent admissions to PICU • All post op cardiac admissions to PICU • Management of severely immunocompromised patients • Challenging management of severe physiological abnormality • Challenging Fluid management • Extensive and constant parental and staff support and reassurance required during this period to manage the complex nature of the situation	The emphasis on this level of care is on the multifaceted nature and complexity of care required while recognising the instability of the child/young person and their increasing needs despite the supportive measures already in place to meet the care and management requirements of the child/young person. Conventional methods of management may be failing/have failed at this point. • Invasive respiratory support which is maximised conventionally • Invasive respiratory support non-conventional (HFOV) • Invasive delivery of Nitric Oxide Gas • Invasive Vasoactive Drug therapy (>1 infusion) with cardiovascular instability • Invasive Cardiovascular monitoring • Complex cardiac post intervention/post operatively • Renal Transplant with complex fluid management needs • Major sepsis with cardiovascular instability • Major sepsis with plastic surgical intervention • Complex and continuous post operative management, including blood product
4	Child or young person who require the most intensive nursing and medical interventions.	• Management of severe Renal Failure • Increasing cardiovascular	• Continuous renal replacement therapy • VAD (ventricular assist device)

	support (maximised inotropy)	• ECMO
• Particularly unstable	• Persistent cardiovascular instability (despite optimising inotropy/ persistent rhythmn instability, worsening LV and / or RV function)	• Major haemorrhage
• ECMO		• Major cardiovascular instability
• VAD (ventricular assist device)		• Resuscitation
• Renal replacement therapy		• Post op cardiac requiring emergency, i.e., chest re-opening
• Level 3b patients managed in a cubicle	• Increasing respiratory support (conventional methods failing//failed)	
• Severe Cardiovascular instability (rhythm abnormalities eg. frequent defibrillation required)	• Major Haemorrhage	
	• Extensive, continuous and demanding parental and staff support and reassurance required during this period to manage the complex nature and severity of the situation	

Respite care is the provision of short-term care in a facility outside the home in which a child may be placed. This provides temporary relief to those who are caring for them, who might otherwise require permanent placement in a facility outside the home. The length and timing of the arrangements will vary according to the specific needs of the child and their family.

Appendix D

Frequently Asked Questions and Answers

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

SCAMPS Staffing Level Tool	
Frequently Asked Questions and Answers	
Q1	**What do I need to do before I start using the tool?**
	You need to make sure you are familiar with the staffing level tool. Training and support will be provided via your Senior Charge Nurse or local Workforce Lead. Please make sure you understand all the information provided, the responsibilities and expectations for you and your team. The SCAMPS tool was designed to be run daily, rather than annually or at planned intervals throughout the year. However new legislation guidance states each tool should be run at a minimum once per year for a two-week period Please also refer to the Quality Assurance Checklist: This provides guidance on how to set up for a full tool run, including Professional Judgement
Q2	**Why am I being asked to use two tools?**
	You are being asked to use the Professional Judgement Tool (PJ) along with the SCAMPS staffing level tool for at least two consecutive weeks in the year. This forms part of the Common Staffing Method approach mentioned above. The SCAMPS staffing level tool provides rWTE 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. The PJ tool is normally completed 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 PJ tool.
Q3	**How often should SCAMPS wards be doing the PJ Tool?**
	Best practice would be to run the PJ tool concurrently with the speciality tool in all applications to provide workload data that is fully reflective of the time period. As a minimum acceptable standard, the PJ tool requires to be applied for a 2 week period concurrent with the speciality specific tool at least once per year.

	You would decide locally how often you would apply PJ to reflect the seasonal variation	
Q4	**Does the tool consider mandatory training requirements?**	
	The recommended whole time equivalent includes a Predicted Absence Allowance. The Allowance is to support time out such as Staff training, holiday, sickness, maternity and special leave.	
	A national Predicted Absence Allowance of 22.5% for nursing staff is included in the SCAMPS Tool. 2% of this total is for study leave.	
Q5	**How does the tool capture all aspects and complexity of my work?**	
	The tool has been developed by Paediatric clinicians, across Scotland, who have agreed this tool represents the range, variation and complexity of nursing workload in Paediatric inpatient wards.	
	Seven Patient Dependency Levels are built into the calculator each of which recognises a different measure of complexity of the workload. See Appendix C	
Q6	**How do I record care that requires more than one staff member?**	
	This was recognised in the Observation Studies and workload for each nurse included in the development of the staffing level calculator.	
Q7	**How do I record 1:1 care?**	
	Current ongoing developments to this tool recognise the need for 1:1 care. It is anticipated that in future developments this workload would be an integral part of the tool.	
	At this time you are asked to gather this information locally, including start and finish time of 1:1 care provided and number of staff (including Band) required. This information can be recorded as comments on the Professional Judgement Template.	
	This workload will be classed as additional workload and will be added to the SCAMPS WTE outcome required for the rest of the ward patients.	
Q8	**What if the patients Level of Care changes during the shift/ cycle?**	
	The user should record the patients highest level of care for the shift/cycle	
Q12	**Who do I contact if I require help and support with this tool?**	
	Please contact your local workforce lead in the first instance should you require support with any aspect of the SCAMPS tool or PJ tool run	

Appendix E

Trouble shooting

SCAMPS Staffing Level Tool
Troubleshooting guide

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 workload tool I need to access is greyed out. What do I do?
Double check that you are trying to access the correct tool Contact your local SSTS manager to change your permissions if you are unable to access the correct tool
The working location shown is incorrect – how do I change this?
See Section 2.0
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 level of care?
You will be able to amend any data for that cycle before "complete cycle" has been activated You can edit data using the edit function on both the Patient List screen and the Additional Activity screen If you have Editor permissions, you may be able to amend data even after the cycle has been completed using the edit function
Why won't SSTS let me "complete cycle"

Make sure you have added data into all of the data entry cells in the Data entry screen and the additional activity screen. This should then let you save your data, complete cycle and access the summary screen

2.   The Staffing Level Tool

I can't 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

The SCN is off sick. Who takes responsibility for the Data Entry now?

The Nurse in charge of the shift should make sure that the data entry is complete.

This includes data capture for the PJ tool, if it is being run.

The local workforce lead can provide support with any questions relating to the SCAMPS and PJ tools

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You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999 or
email contactpublicinvolvement.his@nhs.net

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