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www.healthcareimprovementscotland.org

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Comment</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>August 2019</td>
<td>Initial Release</td>
<td>HSP</td>
</tr>
<tr>
<td>2.0</td>
<td>October 2020</td>
<td>Format update</td>
<td>HSP</td>
</tr>
<tr>
<td>3.0</td>
<td>July 2021</td>
<td>Email update</td>
<td>HSP</td>
</tr>
<tr>
<td>4.0</td>
<td>May 2022</td>
<td>Format update</td>
<td>HSP</td>
</tr>
</tbody>
</table>
1. Introduction

The Emergency Department and Emergency Medicine (EDEM) workload tool is designed by doctors and nurses working within this environment in NHS Boards across Scotland.

The national working group recommended that the EDEM tool should be applied, as minimum, twice a year. The recommendation is to run the tool for at least two weeks during the summer and the winter. However, the tool can be run as frequently as Boards wish, to gather useful data over time.

Background information on workload tools can be found in Appendix A.

This tool provides a consistent and systematic approach to gathering workload data in Emergency departments.

To aid accurate data collection in the department, a data capture template is available here EDEM Data Capture Template and in Appendix B of this Document.

Workload is recorded along with workload acuity and a recommended whole time equivalent (rWTE) based on the workload information is calculated.

The EDEM tool measures all aspects of the emergency department multi-professional work:

- Direct and Indirect Care which is all patient related work including record keeping, liaison, communications, etc.
- Associated Work which includes general non-clinical workload such as clerical, administration, cleaning, stocking, errands, meetings etc.
- The Additional Activity section is used for those unplanned events that may occur that require additional resources for a period of time. Appropriate additional activities were agreed by the national working group who developed the tool.
- Personal time.

There are four dependency levels built into the calculator, each of which recognises a different measure of complexity of workload. See Appendix C for a detailed description of each level of care.

The tool then collates this information into a report that can be used by the practitioners 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 Tool\(^1\)
- 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 Improvement Scotland (HIS) Healthcare Staffing Programme (HSP) (programme previously known as NMWWPP) webpages: HSP

\(^1\) Please note, the EDEM tool should be completed in conjunction with a Professional Judgement Tool. Each of these tools can be accessed in the same way as detailed below, however please refer to the individual user guide for each tool for direction about how and when to complete.
2. Logging in

2.1 Accessing the tools

To gain access to the workload 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 workload 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 workload 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:

![Confirm and Logout Button]

And then select ‘SSTS’

![Select an application: ePayroll, SST and Workforce]

**Working Location:**

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

![NHS SSTS Welcome 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, select ‘My Account’ and then ‘Change Working Location’:

![Change Working Location Option]
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 below screen will then appear, select ‘OK’ to proceed:

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

3.1 Opening the tool
To open the EDEM tool, select ‘Workload Tools’ and then ‘EDEM’:

3.2 Editing existing records
Existing records will be shown in the Event Date table, with records for the most recent dates first:

If you have SSTs editor permissions you may be able to edit or delete existing records.

Click on **Edit** beside a date to amend individual patient data that has been recorded for that date.

Clicking on **Delete** or **Amend Date** will alter the information for all of the records that have been entered for that date. If you click on one of these options, you will be asked to confirm that you want to amend the date or delete the data.
3.3 Entering Data

Click on a date on the calendar to create a new record. Today's date is highlighted by default:

You can only create new records up to two months old
4. **EDEM Interventions Tab**

4.1 **Adding a Direct Intervention**

The default page when a new record is created is the EDEM interventions tab. Here, you can enter data for individual patients. The EDEM Interventions tab will initially contain no details when this screen is accessed for the first time.

To add a direct intervention, “Add Patient” should be selected at the bottom of the screen:

When the **Add Patient** button is clicked, it will open the box below.

Enter the **Unique Identifier**, **Time In** and **Time Out**, and select the **level of care** from a drop-down menu for each patient:

- **Date:** 18/04/2022
- **Unique Identifier:** 12345678
- **Time In:** 10:00
- **Time Out:** 12:30
- **Select level of care:**

The **Unique Identifier** is required to track patient throughput to ensure that all patient workload has been recorded and/or that there is no double counting.

Click on the information icon next to “Select level of care” to see a description of the levels of care.
Click **Save and add new patient** to save the data and bring up a new screen to enter the next patient’s information.

When you have completed entering and saving data for all patients in this way, click **Save** to save the data and return to the EDEM interventions tab, which should look similar to below, listing all patients data has been entered for.

### 4.2 Adding a Change in Level of Care

If a patient’s level of care changes during their stay, click on the plus sign beside their unique identifier:

The following will appear under the unique identifier.

Click **Add another level**
The following pop up will appear:

![EDEM Intervention](image)

The Time In will be auto populated as one minute after the last Time Out. This cannot be edited.

Enter the Time Out and select the new level of care.

Click ‘Save’ to return to the EDEM Interventions screen. A new line will have been added showing the new level of care for that patient.

Click ‘Save and add another’ to save the entry and add another change in the level of care for the same patient.

Clicking ‘Cancel’ returns you to the previous screen.

### 4.3 Editing and Deleting an Intervention

To edit an intervention for a particular patient, click on ‘Edit’ beside the Unique Identifier:

![EDEM Interventions](image)

This takes you to a screen where all levels of care for that patient are displayed:
It is possible to edit the Unique Identifier on this screen.
You can also click on **Edit** beside any level of care to edit the corresponding information.
This brings up a pop-up as shown in **section 4.2**.

Clicking ‘**Delete**’, beside the last level of care deletes the entry for that level of care.
On this screen, you can only delete one level of care entry at a time.
You will be asked to confirm that you want to delete the level of care entry:

Once you have made the changes, click ‘**Save**’ to save the changes and return to the EDEM Intervention screen.
Alternatively, click ‘**Save and add new patient**’ to save the data and add data for a new patient.

‘**Cancel**’ will take you back to the previous screen without saving the changes.

You can also edit entries for individual levels of care by clicking the **plus** beside a Unique Identifier on the EDEM Interventions page. This brings up a list of the levels of care, allowing you to Edit or Delete for different entries as above. The Unique Identifier cannot be edited this way:
To delete all data for a Unique Identifier, click **Delete** beside the Unique Identifier on the EDEM Interventions screen:

You will be asked to confirm that you wish to delete all data for that Unique Identifier.

### 5. Additional Activities Tab

The additional activity section should only be used if there is a rare event that has a significant adverse effect on the Emergency Department resource, which requires the interventions of a number of rostered staff, for a specific period of time, outwith the ED. For example having to provide an emergency response in another part of the hospital.

If there were any additional activities that took place on the date concerned click on the Additional Activities tab to enter data.

The Additional Activities screen will initially contain no details when you access this screen (and date) for the first time. To add an additional activity, select “**Add Additional Activity**”: 
The following screen appears, allowing you to enter the Start and End time, Description, Staff required for an activity and the Level of Care:

![Screen Capture](image)

The description box is a drop-down list that allows the user to select one of three options:

- Please Select
- Emergency Escorting
- Emergency Response
- Other Please Specify

If “Other Please Specify” is selected, a free-text box will appear for the user to type a short description of the additional activity that took place.

⚠️ Click on the information icon next to Level of care to see a description of the levels of care.

Click ‘Save’ to save the data and return you to the Additional Activities screen, or ‘Save and add another’ and enter more data.

Once the data entry has been completed and you have returned to the Additional Activities tab, you should now see a screen similar to the one below:

![Data Entry Table](image)

You can choose to Edit or Delete any Additional Activity that has been entered.
6. Activities Screen

This tab shows the number of patients that have been entered for each block.

If a patient’s stay spans multiple blocks, they are shown as a patient in each block.

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Each change to a patient’s level of care throughout their stay is shown as an additional patient on this screen. For example, if a patient was level 1 from 11:00 to 11:59 and level 2 from 12:00 to 14:00, they would be counted as one Level 1 patient in Block 1 and one level 2 patient in Block 2.

---

You can click **Print** on this screen to print a copy of the data.
7. Summary Display Tab

7.1 Summary Screen

The top of the Summary Display tab shows a count of the number of patients for the day.

The Rcmd WTEs column shows the recommended WTE based on the patient data entered into the workload tool. It gives the WTE that would be recommended if all days were the same as the current date.

The recommended WTE is broken down by nursing staff and doctors, and by different staff roles.

The recommended WTE needed to cover the Additional Activity is shown separately.

The Total Recommended WTE includes the recommended WTE for all nursing and medical staff, including Additional Activity WTE.
### 7.2 Local Data Calculations

Local data can be added under the Budget, Actual and Temporary columns.

**Budget WTE** = Funded establishment. This information can be provided by the SSTS team.

**Actual WTE** = the Actual staff hours worked during the designated period. This would not include sickness, absence, leave, etc.

**Temporary WTE** = extra hours, bank hours, overtime, agency worked during the same period.

---

**Budget, actual and temporary staffing should only be entered using the day 14 Summary Display tab, i.e. the final day of the two-week run. This can be left blank for all other days of the run.**

**The actual hours worked needs to be collected separately for both nursing families and medical families to allow you to undertake the following calculation.**

---

To calculate your actual staffing:

1. Add together the actual hours worked by all members of staff for each night and day shift. For example:

**On Monday:**

**Day shift:**

5 staff worked an 11 hour shift, and  
2 staff worked a 7.5 hour shift  
Total staff hours on Monday day shift  
\[= (5 \times 11) + (2 \times 7.5)\]  
\[= 70 \text{ hours}\]

**Night shift:**

6 staff worked an 11 hour shift,  
2 staff worked a 7.5 hour shift, and  
1 staff member worked a 4 hour shift  
Total staff hours on Monday night shift  
\[= (6 \times 11) + (2 \times 7.5) + (1 \times 4)\]  
\[= 85 \text{ hours}\]

Total staff hours for Monday = day shift hours + night shift hours = 70 + 85 = **155 hours**
2. Add the number of staff hours for the full week. For example:

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day and night, 7 days</td>
<td>155</td>
<td>126.5</td>
<td>138</td>
<td>138</td>
<td>138</td>
<td>161</td>
<td>138</td>
<td>994.5</td>
</tr>
</tbody>
</table>

3. Do the same calculation for Week 2

4. Add the total staff hours for Week 1 and Week 2. For example:
   Total staff hours Week 1 = 994.5
   Total staff hours Week 2 = 1005.5
   Week 1 staff hours + Week 2 staff hours = 994.5 + 1005.5 = **2000**

5. Divide by 2 to get the average weekly hours. For example: 2000 ÷ 2 = 1000

6. Divide by standard weekly working hours, i.e.
   • 37.5 for nursing staff
   • 40 for medical staff
   For example:
   If the staff were nursing staff: 1000 ÷ 37.5 = 26.67
   If the staff were medical staff: 1000 ÷ 40 = 25

7. Add a percentage for Predictable Absence Allowance (PAA), i.e.
   • 22.5% for nursing staff
   • 25% for medical staff
   For example:
   If the staff were nursing staff: 26.67 x 1.225 = 32.67
   If the staff were medical staff: 25 x 1.25 = 31.25

8. Enter the average weekly WTE into day 14 of the EDEM tool.

The temporary staffing should be calculated using the same method, except PAA should not be applied.
Once you have entered the budget, local and temporary staffing information, click the **Update** button.

The Actual (Total) and Local Mix columns will then be calculated, as shown in the example below:

![Example Image](image)

The Actual (Total) column is the sum of the Actual and Temporary columns.
The local mix % is the mix of nursing and doctors in the department.
The comparison can then be seen between the recommended WTE for each role, the budget WTE/ funded establishment and the actual (total) staff in each role.
8. Business Objects Report

After EDEM and corresponding Professional Judgement data entry into SSTS is complete, please use the EDEM standard report 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 has a series of built-in prompts to generate customised outputs locally.

For Example

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

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

To find out more about this, please refer to the HSP website and learning resources: [http://www.healthcareimprovementscotland.org/our_work/patient_safety/healthcare_staffing_programme.aspx](http://www.healthcareimprovementscotland.org/our_work/patient_safety/healthcare_staffing_programme.aspx)

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

Figure 1 – The common staffing method
Appendix B

EDEM Data Capture Sheet

Appendix C

EDEM Levels of Care Descriptor Code List
The purpose of this section is to give some quick guidance about completing the EDEM 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.

### EDEM Workload Tool

#### Frequently Asked Questions and Answers

<table>
<thead>
<tr>
<th>Q1</th>
<th>What do I need to do before I start using the tool?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You need to make sure you are familiar with the workload tool.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Please also refer to the Quality Assurance Checklist:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q2</th>
<th>Why am I being asked to use two tools?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You are being asked to use the Professional Judgement Tool (PJ) along with the EDEM workload tool. This forms part of the Common Staffing Method approach mentioned above. The workload 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q3</th>
<th>Does the tool consider mandatory training requirements?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>A national Predicted Absence Allowance of 22.5% for nursing staff and 25% for medical staff is included in the EDEM Tool. 2% of this total is for study leave.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q4</th>
<th>How does the tool capture all aspects and complexity of my work?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The tool was developed by ED clinicians, nurses and doctors, across Scotland who have agreed that the tool broadly represents what they do.</td>
</tr>
<tr>
<td></td>
<td>Levels of Care have been developed within the tool to recognise the workload required for the most straightforward care to the most critical care. The differing Levels of Care reflect the varying complexity. The levels of care are outlined in Appendix C.</td>
</tr>
<tr>
<td></td>
<td>The workload tool is incorporated into a national programme of work, which will be reviewed and refreshed to ensure that, as far as is possible, all workload, changes and new developments are included.</td>
</tr>
</tbody>
</table>
Q5 In some cases relatives may require as much, if not more, care than the patient, e.g. bereavement. Is this work captured?

Yes, this is recognised in the tool. It is important that you are familiar with the workload descriptors that are in the tool.

Q8 Who completes the Data Capture for each patient and how often should this be done?

The data capture should be completed by the agreed staff on each shift.
The nurse in charge of the shift is responsible for making sure the data is collected accurately.

Q9 Where can I find the definitions for each level of care?

See the coding can be found in Appendix C
This information is also available on SSTS by clicking the icon beside the level of care drop down

Q10 What if a patient’s level of care changes during their time in the department?

Record this on the paper template, if using.
On SSTS, use the “add another level” function to record the changes in levels of care for each patient as described in section 4.2
This is important to accurately reflect the patient journey and the workload while they are in the ED.

Q11 We have ANP and Physio staff within our ED. How do we record this on the EDEM tool?

AHPs and ANPs were not involved when this tool was developed and as such should not be included within the tool at this time. As part of the scheduled refresh of tools the wider multi-professional workforce will be considered.
The contribution to the workload can be articulated within the local context information and triangulation.

Q12 Can the EDEM tool be used for Minor Injury Units?

Only units classified by the Boards as being dedicated EDEM units should use the EDEM tool, not stand alone Minor injury units.

Q13 Do we capture clinic patients in the EDEM tool?

The EDEM tool measures workload activity with the emergency department i.e. Unplanned variable workload.
Clinic activity is planned workload therefore, this is not recorded within this tool. However, this workload may be considered during triangulation of the local context information.

Q14 Why the 70/30 split for Nursing /Medics?

The 70/30 skill mix was provided by the ED units and was not part of the actual observation study.

Q15 What is the calculation for the ENPs within registered nurses based upon?

Currently approximately 5% of the 70% is allocated to ENPs. This figure is based upon the observation studies.
<table>
<thead>
<tr>
<th>Q16</th>
<th>What are the timescales for inputting data into the EDEM Tool?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The EDEM tool allows for data entry to be carried out retrospectively for up to two calendar months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q17</th>
<th>Why are medical staff included in the EDEM tool but no other workload tools?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The tools were all developed in conjunction with professional leads/subject matter experts and there are various different methodologies used. The working group for EDEM decided when designing this tool (launched 2013) to adopt a multi-professional approach. However, it should be recognised that it doesn’t include AHPs etc. As part of the scheduled refresh of tools the wider multi-professional workforce will be considered.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q18</th>
<th>How often do I need to add in the local WTE data on the summary screen?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This data only needs to be added into the tool on day 14 / final day of the tool run</td>
</tr>
<tr>
<td></td>
<td>These fields can be left blank for all the other days of the tool run.</td>
</tr>
<tr>
<td></td>
<td>The information added on day 14 will show the comparison to the rWTEs once the update button is clicked and this will also pull through to the BOXI report</td>
</tr>
<tr>
<td></td>
<td>Use the information in section 7.2 to assist with calculating the local data</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q18</th>
<th>Who do I contact if I require help and support with this tool</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Please contact your local workforce lead in the first instance should you require support with any aspect of the tool or tool run</td>
</tr>
</tbody>
</table>
## Troubleshooting Guide

### EDEM Workload Tool

<table>
<thead>
<tr>
<th>Troubleshooting guide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. SSTS</strong></td>
</tr>
<tr>
<td>I am getting an error message when trying to login to SSTS. What should I do?</td>
</tr>
<tr>
<td>SSTS and the workload 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What should I do if I lose my login details?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact your local SSTS Team.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The workload tool I need to access is greyed out. What do I do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The working location shown is incorrect – how do I change this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Section 2.1.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>My service area/ working location isn’t shown on the list. What do I do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact your local SSTS manager to ensure that you have the right permissions to access the tool for your specialty.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What happens if the internet goes down whilst during data entry to SSTS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>You will have to re-enter any unsaved data once you are able to access SSTS again.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What happens if I enter the wrong information by mistake e.g. wrong dates or level of care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Why won’t the EDEM intervention entry screen let me “save” or “save and add another”?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make sure you have added data into all 4 of the data entry cells. This should then let you save your data and open the next screen.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Why can’t I amend the “time in” when a patient’s level of care changes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The time in is automatically set to follow on from the end of the previous level of care for that person.</td>
</tr>
<tr>
<td>Emergency Department &amp; Emergency Medicine Workload Tool User Guide</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Double check the time in and time out on the paper data template, if using, to confirm the recorded times for changes in levels of care.</td>
</tr>
<tr>
<td>You can use the “edit” function to go back into the original entry to amend the “time-out” so that this accurately reflects the time that the level of care changes. This should then allow you to add another level where the correct “time in” will be displayed.</td>
</tr>
<tr>
<td><strong>The categories of additional activity do not reflect the additional activity that was recorded on the shift. What should I do?</strong></td>
</tr>
<tr>
<td>There is an option to choose “other” and add a description of the activity.</td>
</tr>
<tr>
<td>See <a href="#">section 5</a></td>
</tr>
<tr>
<td><strong>Why can't I access the Summary display screen?</strong></td>
</tr>
<tr>
<td>Only those with SSTS editor permission access can access the summary display screen.</td>
</tr>
<tr>
<td>If you believe you should have access to this screen, please discuss this with your manager and/or the local Work Force Lead.</td>
</tr>
<tr>
<td><strong>2. The Workload Tool</strong></td>
</tr>
<tr>
<td><strong>I can’t download the paper data capture template. What do I do?</strong></td>
</tr>
<tr>
<td>1. You can try using a different web browser to download the template</td>
</tr>
<tr>
<td>2. You can print Appendix B from this document</td>
</tr>
<tr>
<td>3. You can speak to the local IT team as permissions may be needed for accessing and downloading documents</td>
</tr>
<tr>
<td>4. Speak to your workforce lead and they should be able to assist in providing paper copies of the template</td>
</tr>
<tr>
<td><strong>There are data capture sheets missing for some of the shifts – what should I do?</strong></td>
</tr>
<tr>
<td>Double check with the teams working on the shifts where data is missing, as they may still have the sheets</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>The SCN is off sick. Who takes responsibility for the data collection and SSTS entry now?</strong></td>
</tr>
<tr>
<td>The Nurse in charge of the shift should always make sure the data is collected for their shift.</td>
</tr>
<tr>
<td>The completed data capture templates should be filed securely in the agreed location for quality checking and SSTS upload.</td>
</tr>
<tr>
<td>SSTS entry can be done after the tool run is complete. There is a time limit of 2 calendar months to enter the data</td>
</tr>
<tr>
<td>The workforce lead will be able to provide support with completing the tool run in the absence of SCN</td>
</tr>
<tr>
<td><strong>The rWTE is much higher/ lower than our actual/FE. What should I do?</strong></td>
</tr>
<tr>
<td>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 levels of care has been accurately reflected.</td>
</tr>
<tr>
<td>It is also worth checking that you have the most up to date FE for the service and the calculations for actual and additional staff have been completed correctly on the summary screen. See <a href="#">section 7.2</a></td>
</tr>
</tbody>
</table>

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