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1. Introduction

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

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

Each individual CNS enters their workload information into the tool on a daily basis for a specified time period. Collection periods can be chosen locally by boards; however, the national recommendation is that the tool is completed at least once a year for a two-week time period within a month. The more frequently the tool is used the more valuable the data becomes as it can be used to identify trends/patterns, variability in workload and staffing needs, etc.

The tool collects workload information on:
- Direct Interventions (face to face and non-face to face) which is all patient related work including record keeping, liaison, communications, etc
- Clinics
- Associated Work which includes general non-clinical workload such as clerical, administration, cleaning, stocking, errands, meetings etc.
- Travel
- Exceptions

The CNS tool uses the information entered by the practitioner to measure this workload, based on the intensity of work and time taken. It then collates this information into a report that can be used by the practitioner and managers to plan the allocation of resources to effectively meet the service or health board’s priorities and to identify any risks that may exist in the service.

A Data Capture Template is available in Appendix B. This can be printed off and completed in real time to make data collection easier and more accurate. This can be quality checked before uploading the data onto SSTS.

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

Background information on Workload Tools can be found in [Appendix A](#).

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1 Please note, the CNS 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’:

![Login Page]

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Server NHLSWSTSSLAW801

**Passwords are case sensitive and you will be prompted to change your password the first time you log in.**
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, select ‘My Account’ and then ‘Change Working Location’:
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 Community Nursing Workload tool, select ‘Workload Tools’ and then ‘CNS’

A screen similar to the below will then appear:
3.2 Entering Data

To add data, simply select the relevant date

This Screen will then appear:

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

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

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

Once the details have been changed, the user should click on the “save” button. When the user visits this screen in future, the updated details will be shown.
The daily working start/ end time can be completed by entering the relevant times for the given shift.

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

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

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

### 3.3 Additional Time

Work day start time and end time capture the actual hours worked (contracted hours are already recorded).

The additional time field should **only** be used when you have returned to work for a planned activity e.g. you have returned to work for an evening support group/called out/telephone calls.

In these circumstances the user can tick the additional time box and then enter the ‘**Additional Start Time**’ and ‘**Additional End Time**’.
Once the user has selected the **“Save”** Button a message will appear highlighting the save has been successful. Click **“OK”** to move on.

![Save Successful](image)

Selecting **“Exit”** will take the user back to the initial screen where they can access dates previously entered OR select a new workload date.

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

### 4. Direct Interventions

#### 4.1 Adding a Direct Intervention

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

For ease, users should consider face to face contact as when they are directly communicating with a patient or carer or completing a task relating to the patient in their presence such as record keeping.

Non face to face direct interventions are when a patient or carer member is not present e.g. when they are record keeping or communicating with another professional about the patient’s care etc.

Information about what is referred to as face to face and non face to face activities can be located by clicking the information icon on the tool on SSTS, and in the Guidance Notes in Appendix C.

To add a Direct Intervention, select the **“Direct Interventions”** tab at the top of the screen.

Once selected the Direct Intervention screen will appear.
The Direct Intervention screen, shown above, will initially contain no details when the user accesses this screen for the selected date for the first time. Therefore, to add a direct intervention, the user should select ‘Add Direct Intervention’. The below screen will then appear:

The screen is set up ready to record both ‘Face to Face’ and ‘Non Face to Face’ contact. Further guidance and examples on Face to Face and non Face to Face Activity can be found in Appendix C or by clicking the information icon on the tool on SSTS.

A Unique Identifier Code should be added to help identify the patient to the team for the purpose of this tool. The format of the unique identifier coding should be agreed locally.

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

![Face to Face](image)

- **When Telephone Call is selected the location will default to Telephone Call and be unable to be changed.**

If a telephone call took place discussing the patient with another practitioner, this is classed as a non face to face intervention.

### 4.3 No Face to Face or Non Face to Face Contact

If the user clicks the **No Face to Face Contact** option, then all details in this section will be greyed out:

![No Face to Face Contact](image)

- **This option should be selected when no “non face to face contact” for the relevant patient took place.**

Similarly, if the user selects the ‘No Non Face to Face Contact’ option then all details will be greyed out:

![No Non Face to Face Contact](image)

- **This option should be selected when no “non face to face contact” for the relevant patient took place.**

If both ‘face to face’ and ‘non face to face’ contact has taken place, no box should be ticked.
4.4 Assist Visit

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

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

4.5 Duration

The ‘Duration’ default will be shown as ‘Not Set’:

From the drop down, please select the time band which reflects the time spent on the direct intervention.

If the intervention was over 90 minutes, the exact number of minutes should be entered.
4.6 Level of Intervention

The ‘Level’ default will be shown as ‘Not Set’:

There are four levels of intervention

Please select the appropriate Level of Intervention form the drop down menu. The Levels of Intervention Guidance and examples can be found in Appendix C or by clicking the information icon on the tool on SSTS.

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

4.7 Location

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

Please choose the appropriate location for this intervention.

If “other” is selected, then enter relevant details in the free text box to better define the location.
4.8 Saving Data

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

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

4.9 Direct Interventions Summary Screen

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

Within this screen, the user can access those patients that have already been entered on that date. The user can select “Edit” to view and edit any data for a patient or “Delete” to delete a record. If **Delete** is selected, the user will be prompted to confirm this selection.

Selecting “Exit” will return the user to the Workload Details Tab. The user can continue to add data by selecting any of the other Tabs along the top of the screen.
5. Clinics

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

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

The screen below should then appear

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

Guidance and examples can be found in Appendix C or by clicking the information icon on the tool on SSTS
Users should then add

- Within the **Clinic Description** box, users can add details of the clinic/session that took place
- **Start time** and **End Time** of the clinic/session
- The number of Patients/clients/children/young people/parents/carers who attended the clinic/session

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

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

The data on the **Clinic Summary Screen** can be edited as before with the Direct Interventions Summary Screen.
6. Associated Workload

Associated Workload should be entered to reflect any non-patient related work carried out.

Information about what is referred to as associated workload activities can be located by clicking the information icon on the tool on SSTS, and in the Guidance Notes in Appendix C.

To add associated workload, select the “Associated Workload” tab from the top of the screen.

This opens up the data entry screen below:

![Image of data entry screen]

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

![Image of warning]

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

![Image of time entry]

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

Selecting “Exit” will return the user to the Workload Details Screen and the data entered will be lost if “save” hasn’t been selected first.
7. Travel

Any work related travel during the shift should be recorded.

To add Travel, select the “Travel” tab from the top of the screen.

**Travel Time** should be entered for the WHOLE shift, and not per patient.

**Travel Miles** should be rounded to the nearest Mile.

**Mode of Transport** all relevant modes of transport should be selected. It is possible to select multiple options.

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

Selecting “Exit” will return the user to the Workload Details Screen and the data entered will be lost if “Save” hasn’t been selected first.
8. Exceptions

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

It is acknowledged that the CNS roles require a significant level of flexibility and that continual and sometimes rapid re-assessment and prioritisation of workload is central to the function which allows unexpected / unplanned care needs to be addressed. However, it is only an exception if it is unusual and rarely occurs. Exceptions may not always be related to a patient.

The Unique identifier box is a mandatory field and requires completion, when entering non patient related exceptions N/A should be entered into the Unique Identifier box.

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

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

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

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

Selecting “Exit” will return the user to the Workload Details Screen and the data entered will be lost if “Save” hasn’t been selected first

The data on the Exceptions Summary Screen can be edited as before with the Direct Interventions Summary Screen
9. Summary

The summary screen enables users to check the workload time of the data they entered, compare this against their actual working hours (recorded in the ‘Workload Details’ tab) and record how much time they spent completing the workload that day.

The time taken to complete the workload tool should be recorded here and not within any other part of the tool.

The Summary Screen show the difference in the total of hours and minutes of the workload and the actual hours worked.

Where this difference is significant (+/- ½ more than 30 minutes), the user should review their workload data entry or their actual hours worked to ensure everything has been captured correctly.

A 30 minute meal break will have already been deducted.
10. **Editing and Deleting Existing Records**

The Calendar Screen shows a list of previous records entered by the user. Only the last 30 records will be shown.

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

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

---

Users can only edit and delete the last 30 records that they entered. It is not possible for either users or managers to edit or delete older records.
11. Viewing Others Workload

Users with SSTS Manager Permissions for this roster location will see an “Other Workload” tab beside the “My Workload” tab on the Calendar Screen. Here managers can see the data entered by users in their roster.

Entries are only displayed for two calendar months

Click on the “Please Select” drop down to view and select from the list of users who have entered data within the last 2 months

Once the user has been selected, a list of their entries from the previous 2 months will be shown. Click “View” to view the data entered for that date.

The workload can only be viewed by the manager, it cannot be edited. Only the user who entered the data is able to edit it

Click “Exit” to return to the Calendar Screen, when finished viewing Others Workload
12. Business Objects (BOXI)

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

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

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

⚠️ Please seek your Line Manager's permission and authorisation before contacting your local SSTS Manager
Appendix A

Background

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

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

Data Capture Sheet

CNS Data Capture Template.pdf

Appendix C

Guidance Notes and Coding

CNS-Tool-Guidance-Notes-Current (2).pdf

Appendix D

CNS Specialties List

CNS Specialties List.pdf
Appendix E

Frequently Asked Questions and Answers

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

### CNS 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>
<tr>
<td></td>
<td><img src="image" alt="HSP Resource Quality Assurance Table" /></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 CNS workload tool. This forms part of the Common Staffing Method approach mentioned above.</td>
</tr>
<tr>
<td></td>
<td>The workload tool provides workload analysis which can inform staffing needs that is considered alongside other local information, such as the PJ WTE staffing outcomes, which is based on your judgement of needs for the workload at that time, before decisions on staffing can be made.</td>
</tr>
<tr>
<td></td>
<td>One tool is normally completed by a team leader or designated person on behalf of the team.</td>
</tr>
<tr>
<td></td>
<td>Local arrangements should be established so information from the whole team is collated to inform completion of the Professional Judgement tool.</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>Training can be recorded via the section in the additional activities tab. This information will pull through to the BOXI reports to give a picture of how much time was allocated to training per individual and for the team.</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 is designed so clinical nurse specialists can record the overall time they have worked; the time they have taken with work activities; and the level of complexity each activity is categorised as.</td>
</tr>
<tr>
<td></td>
<td>Guidance about the level of complexity can be accessed by clicking on the information icon in the tool.</td>
</tr>
<tr>
<td></td>
<td>The activities are recorded under several headings which include: direct interventions, clinics/ sessions/drop-in, associated workload, travel and exceptions. The tool collates this data in a report for use to inform local planning processes. This report is accessed via Business Objects (BOXI).</td>
</tr>
</tbody>
</table>
Q5 Who completes the Data Capture for each patient and how often should this be done?

The individual CNS is responsible for capturing their own data to reflect their workload and uploading this onto SSTS.

This should be done for every shift, including additional time, during the Tool Run.

A paper data capture template can be found here. This can be printed off and completed in real time to aid accurate data collection before entering on SSTS.

A separate entry on SSTS should be completed by the CNS for every shift.

Q6 Where can I find the definitions for each level of intervention?

See the coding can be found in Appendix C.

This information is also available on SSTS by clicking the icon beside the level of intervention drop down.

Q7 What if the hours I have worked vary, how do I record this?

The top section of the tools front page is pre populated with each individual staff members contracted hours. When first using the tool, check that this information is correct.

As detailed in Section 3.2 of this user guide, it is recognised that on occasion staff work varying hours on a daily bases. Therefore, there is a section lower on the tools front page that allows you to record your ACTUAL start and end time of a rostered shift.

The normal default for the tool is that the core shift hours are 7.5 hours per day which excludes a 30 minute break.

For the purpose of this example we will consider the core hours as 08.30 –16.30 hours = 8 hours.

If you have managed to work your core hours, you would record these and the tool will take 30 minutes off for breaks automatically, recording 7.5 hours. The start and finish times in services will be different and can be changed to whatever you work.

It is known that some services operate a shift pattern of 7.5 hours but the hours worked are 08.30 – 17.00 with a one hour break. As the break period is automatically set as 30 minutes, it is recommended that you adjust your actual work time by 30 minutes so the shift is still recorded as 7.5 hours. In this example you would adjust your hours to 08.30 – 16.30.

If your work hours are under or over your core hours you would use the actual hours worked section to record the different shift pattern of the day. For example, if due to your workload you were required to work 9 hours (excluding breaks) from 08.30 – 18.00 hours then this is the hours you would record.

Another example is if you had reduced hours one day due to annual leave or arranged time off in lieu. Here you would record the actual hours worked maybe as 08.30 – 12.30 hours to reflect this reduction in time.

It is important that the actual time worked is changed on this front page so the activity times recorded on the tool are similar. If not changed, the final report will record that you have inserted either additional or less activity time than the recorded hours worked e.g. you recorded 9 hours of activity but only recorded a core 7.5 shift pattern on the front page.

The report would highlight longer activity time than hours worked and the data may not appear accurate.

Please note, changing the tool to record your actual hours worked WILL NOT change your contracted hours or notify HR/Payroll departments.

Normal local processes should be followed to notify managers or payroll about any changes in work pattern.
<table>
<thead>
<tr>
<th>Q8</th>
<th>When would I use the Additional Time box on the front page?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>See <a href="#">Section 3.3</a></td>
</tr>
<tr>
<td></td>
<td>The additional time box on the front page is only ticked if you have left work and have returned to carry out planned work.</td>
</tr>
<tr>
<td></td>
<td>An example of this would be if you left work at 16.30 and returned to carry out a scheduled health education session from 19.00 – 21.00 hours. Another example is if you had a scheduled telephone clinic in the evening from 18.00 – 19.00 hours. Even if this took place at home, this would be categorised as you leaving and returning to work for additional time to carry out a work activity.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q9</th>
<th>How do I record “On Call” responsibilities?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>On-call should only be recorded using the Additional Time function if you have had to carry out any work during the on-call period.</td>
</tr>
<tr>
<td></td>
<td>The corresponding activities should be recorded using the appropriate data entry tabs e.g Direct Interventions and Travel.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q10</th>
<th>Should Students and bank/agency staff record their work activities?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ideally yes. If staff are working regularly in the team during the Tool run and have a caseload, then they should be issued with SSTS access and shown how to capture and enter data</td>
</tr>
<tr>
<td></td>
<td>Local process will apply re: SSTS access</td>
</tr>
<tr>
<td></td>
<td>Giving Tool access to all staff with caseload will enable the CNS team to record the full team activity for planning and allocation purposes</td>
</tr>
<tr>
<td></td>
<td>Some staff members may have dual roles within a Health Board. They may require two usernames and passwords in order to complete workload tools for each job. Please consult with the local SSTS team for advice and support with this</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q11</th>
<th>When a student is with me on a visit, when do I tick the &quot;Assist Visit&quot; box?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The &quot;assist visit&quot; box is currently disabled on the CNS tool, as it was very rarely used.</td>
</tr>
<tr>
<td></td>
<td>In the rare occasion that you may need to record an Assist visit, both practitioners should record the visit on SSTS, and a comment added into the corresponding time block on the PJ tool</td>
</tr>
<tr>
<td></td>
<td>This only applies if both the student and the Nurse are actually required to carry out the intervention. If the student is only there to observe, and does not provide significant intervention, then the “Assist Visit” box should not be ticked.</td>
</tr>
<tr>
<td></td>
<td>Additional student support time spent by the supervising CNS clinician after the visit can be logged under Additional Workload.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q12</th>
<th>Can the tool be used by ANPs?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. ANPs were not involved in the development of the CNS tool and as such did not participate in setting the levels of care within the tool. We would need to explore the activities within the ANP role with the ANP’s to better understand what would be a suitable tool for them.</td>
</tr>
<tr>
<td></td>
<td>Going forward all ANPs, specialist nurse/midwives will be involved with this tool refresh and development.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q13</th>
<th>How do I record direct interventions for multiple children/adults that take place within the same meeting, e.g. if more than 1 person is on my caseload and all are discussed at the same meeting?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If carrying out interventions for different children/Adults during the same meeting (e.g. families with multiple children on your caseload), make a note of the time per child/adult and record each intervention separately under direct intervention</td>
</tr>
</tbody>
</table>
## Appendix E

### Trouble shooting

<table>
<thead>
<tr>
<th><strong>CNS Workload Tool</strong></th>
<th><strong>Troubleshooting guide</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. SSTS</strong></td>
<td></td>
</tr>
<tr>
<td>I am getting an error message when trying to login to SSTS. What should I do?</td>
<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>
<tr>
<td>What should I do if I lose my login details?</td>
<td>Contact your local SSTS Team.</td>
</tr>
<tr>
<td>The workload tool I need to access is greyed out. What do I do?</td>
<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>
<tr>
<td>The working location shown is incorrect – how do I change this?</td>
<td>See Section 2.1</td>
</tr>
<tr>
<td>My service area/working location isn’t shown on the list. What do I do?</td>
<td>Contact your local SSTS manager to ensure that you have the right permissions to access the tool for your specialty.</td>
</tr>
<tr>
<td>What happens if the internet goes down whilst during data entry to SSTS?</td>
<td>You will have to re-enter any unsaved data once you are able to access SSTS again.</td>
</tr>
<tr>
<td>What happens if I enter the wrong information by mistake e.g. wrong dates or level of care?</td>
<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>
<tr>
<td>Why won’t the Direct Intervention entry screen let me “save” or “save and add another”?</td>
<td>Make sure you have added data into all of the data entry cells. This should then let you save your data and open the next screen.</td>
</tr>
</tbody>
</table>
## 2. The Workload 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

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

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

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

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

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

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

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

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

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

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

These totals do not have to match exactly.

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