



Using Workforce Planning Tools to Support Safe Staffing

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Safe staffing for nursing in adult inpatient wards in acute hospitals

NICE safe staffing guideline

Draft for consultation, 12 May to 6 June 2014



Hard Truths

The Journey to Putting Patients First

Volume One of the Government Response to the Mid Staffordshire NHS Foundation Trust Public Inquiry

2 volumes not to be sold separately
On 97774

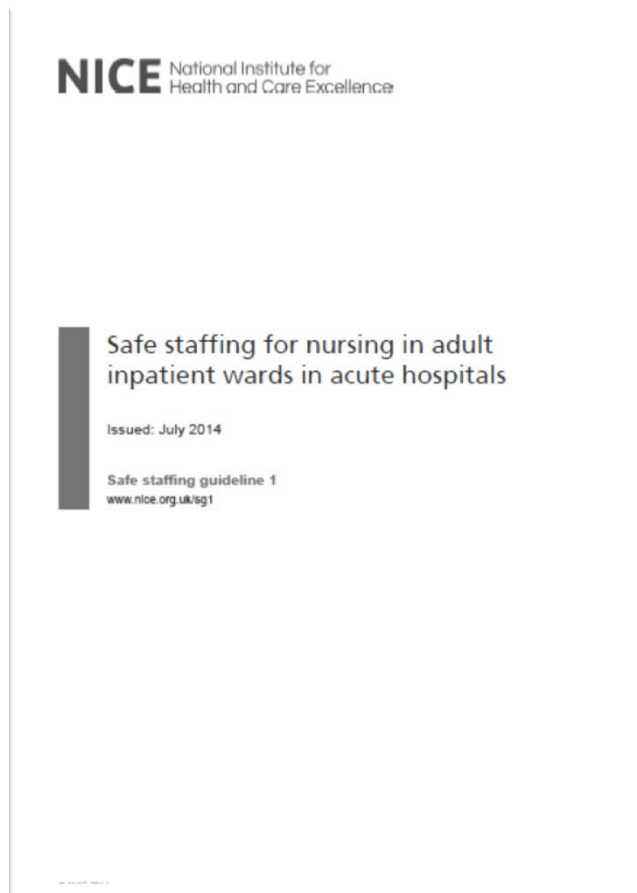
How to ensure the right people, with the right skills,
are in the right place at the right time

A guide to nursing, midwifery and care staffing capacity and capability



NICE Guidelines

Staff Staffing Guidelines



Decision Support Toolkit NICE Endorsement

NICE endorsement programme

The guideline will also be of interest to people involved in developing decision support toolkits and resources for assessing and determining safe nursing staff requirements. NICE will offer a separate endorsement process to assess whether submitted decision support toolkits for informing nursing staff requirements comply with the guideline recommendations. An endorsement mark, which is a seal of approval, will be awarded to toolkits that meet the endorsement criteria. Further information about the [NICE endorsement programme](#), including details on the endorsement assessment process, endorsement assessment results and the review process for endorsed decision support toolkits can be found on the [NICE website](#).

Which areas will have guidelines?

| Title | Expected date of publication |
|---|------------------------------|
| Safe nurse staffing of adult wards in acute hospitals | July 2014 |
| Safe Midwifery Staffing for Maternity Settings | January 2015 |
| Accident and emergency settings | May 2015 |
| Acute in-patient paediatric and neonatal wards | TBC |
| Community nursing care settings | TBC |
| Learning disabilities in the community | TBC |
| Learning disabilities in-patient setting | TBC |
| Maternity settings | TBC |
| Mental health community settings | TBC |
| Mental health in-patient settings | TBC |

NICE Extends the NQB Requirements

NICE

NICE National Institute for
Health and Care Excellence

Safe staffing for nursing in adult
inpatient wards in acute hospitals

Issued: July 2014

Safe staffing guideline 1
www.nice.org.uk/sg1

NQB

How to ensure the right people, with the right skills,
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Patient Centred Care

“Assessing the nursing needs of individual patients is paramount when making decisions about safe nursing staff requirements”

Compliments but Extends NQB Requirements

Establishment
Report

- Every 6 months

Daily Reviews
& Escalation

- Every shift

4 Main Recommendations

1. Factors that should be systematically assessed at ward level to determine **the nursing staff establishment**
2. **On-the-day assessments of nursing staff requirements** to ensure that the nursing needs of patients are met **throughout a 24-hour period**
3. Track **Red Flag events** that trigger staffing changes, and inform establishment reviews
4. **Monitor adequacy** of ward nursing staff establishments ensure that there are procedures for systematic **monitoring of safe nursing indicators**

Taking Action

*The guideline also makes recommendations for **monitoring and taking action** according to whether nursing staff requirements are being met and, most importantly, to ensure patients are receiving the nursing care and contact time they need **on the day***

Operational Task, not Historic Reporting Task

| Unit Name | Department | Division | Date | Day of week | Shift | Long Shift | Type | Planned R | Planned U | Planned C | Actual Req | Actual Uni | Actual Off | Status |
|----------------------|------------|-----------------|------------|-------------|-------|------------|-------|-----------|-----------|-----------|------------|------------|------------|---------------|
| 1 Elm Ward | Medicine | Surgery & Ortho | 03/08/2014 | Sunday | Early | Day | 22.5 | 0 | 0 | 22.5 | 0 | 0 | 0 | Fully Staffed |
| 2 Elm Ward | Medicine | Surgery & Ortho | 03/08/2014 | Sunday | Late | Day | 22.5 | 0 | 0 | 22.5 | 0 | 0 | 0 | Fully Staffed |
| 3 Elm Ward | Medicine | Surgery & Ortho | 03/08/2014 | Sunday | Night | Dut | 32.25 | 0 | 0 | 0 | 0 | 0 | 0 | Under Staffed |
| 4 Elm Ward | Medicine | Surgery & Ortho | 04/08/2014 | Monday | Early | Day | 22.5 | 0 | 0 | 22.5 | 0 | 0 | 0 | Fully Staffed |
| 5 Elm Ward | Medicine | Surgery & Ortho | 04/08/2014 | Monday | Late | Day | 22.5 | 0 | 0 | 22.5 | 0 | 0 | 0 | Fully Staffed |
| 6 Elm Ward | Medicine | Surgery & Ortho | 04/08/2014 | Monday | Night | Dut | 32.25 | 0 | 0 | 0 | 0 | 0 | 0 | Under Staffed |
| 7 Orthopaedics Ward | Medicine | Surgery & Ortho | 28/07/2014 | Monday | Early | Day | 30 | 15 | 7.5 | 28.25 | 15 | 0 | 0 | Under Staffed |
| 8 Orthopaedics Ward | Medicine | Surgery & Ortho | 28/07/2014 | Monday | Late | Evening | 22.5 | 22.5 | 0 | 20.75 | 22.5 | 0 | 0 | Fully Staffed |
| 9 Orthopaedics Ward | Medicine | Surgery & Ortho | 28/07/2014 | Monday | Night | Night | 23 | 11.5 | 0 | 23 | 11.5 | 0 | 0 | Fully Staffed |
| 10 Orthopaedics Ward | Medicine | Surgery & Ortho | 29/07/2014 | Tuesday | Early | Day | 37.5 | 15 | 7.5 | 35 | 7.5 | 0 | 0 | Under Staffed |
| 11 Orthopaedics Ward | Medicine | Surgery & Ortho | 29/07/2014 | Tuesday | Late | Evening | 30 | 30 | 0 | 30 | 22.5 | 0 | 0 | Under Staffed |
| 12 Orthopaedics Ward | Medicine | Surgery & Ortho | 29/07/2014 | Tuesday | Night | Night | 23 | 11.5 | 0 | 23 | 11.5 | 0 | 0 | Fully Staffed |
| 13 Orthopaedics Ward | Medicine | Surgery & Ortho | 30/07/2014 | Wednesday | Early | Day | 45 | 15 | 7.5 | 45 | 15 | 0 | 0 | Under Staffed |
| 14 Orthopaedics Ward | Medicine | Surgery & Ortho | 30/07/2014 | Wednesday | Late | Evening | 22.5 | 22.5 | 0 | 22.5 | 15 | 0 | 0 | Under Staffed |
| 15 Orthopaedics Ward | Medicine | Surgery & Ortho | 30/07/2014 | Wednesday | Night | Night | 23 | 11.5 | 0 | 23 | 11.5 | 0 | 0 | Fully Staffed |
| 16 Orthopaedics Ward | Medicine | Surgery & Ortho | 31/07/2014 | Thursday | Early | Day | 37.5 | 15 | 7.5 | 37.5 | 15 | 0 | 0 | Under Staffed |
| 17 Orthopaedics Ward | Medicine | Surgery & Ortho | 31/07/2014 | Thursday | Late | Evening | 30 | 30 | 0 | 30 | 22.5 | 0 | 0 | Under Staffed |
| 18 Orthopaedics Ward | Medicine | Surgery & Ortho | 31/07/2014 | Thursday | Night | Night | 23 | 11.5 | 0 | 23 | 11.5 | 0 | 0 | Fully Staffed |
| 19 Orthopaedics Ward | Medicine | Surgery & Ortho | 01/08/2014 | Friday | Early | Day | 37.5 | 15 | 7.5 | 30 | 15 | 0 | 0 | Under Staffed |
| 20 Orthopaedics Ward | Medicine | Surgery & Ortho | 01/08/2014 | Friday | Late | Evening | 22.5 | 22.5 | 0 | 15 | 15 | 0 | 0 | Under Staffed |
| 21 Orthopaedics Ward | Medicine | Surgery & Ortho | 01/08/2014 | Friday | Night | Night | 23 | 11.5 | 0 | 23 | 11.5 | 0 | 0 | Fully Staffed |
| 22 Orthopaedics Ward | Medicine | Surgery & Ortho | 02/08/2014 | Saturday | Early | Day | 22.5 | 15 | 0 | 22.5 | 15 | 0 | 0 | Fully Staffed |
| 23 Orthopaedics Ward | Medicine | Surgery & Ortho | 02/08/2014 | Saturday | Late | Evening | 15 | 15 | 0 | 15 | 7.5 | 0 | 0 | Under Staffed |



Can we meet the reporting needs?

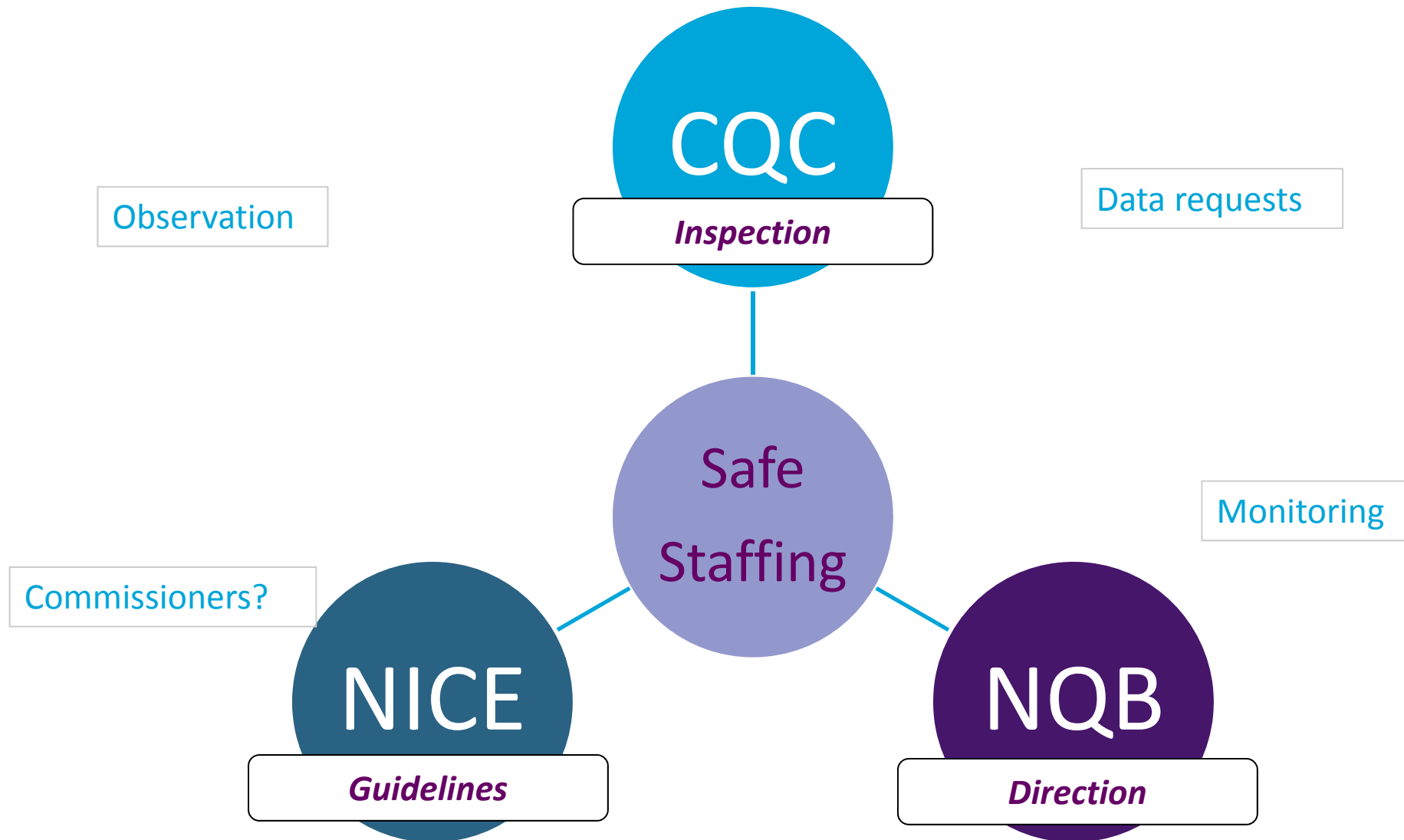
What is safe?

Are we safe **now**?

How do I know?

It's just a guideline. Do Trusts *have* to implement it?

Comply
or explain



Intelligent Monitoring – Internal Assurance



The Concern



NICE Field Testing

NICE National Institute for
Health and Care Excellence

Safe staffing for nursing in adult inpatient wards in acute hospitals
Report on field testing the draft guideline



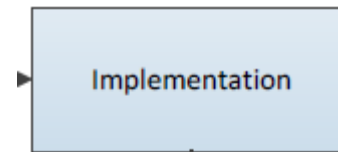
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Training and support to be available once guideline is published to facilitate implementation and ensure nurses fully understand the guideline and what is expected.

Allocated time and resource will have to be in place to enable the tool to be used on a daily basis.

Appropriate IT infrastructure will have to be available to enable the tools to be used effectively – with possible links to current systems such as e-rostering

Review conflicting reporting mechanisms which may cause confusion (unify reporting of staffing levels)

Use a Tool!

1.2.2 Use a decision support toolkit endorsed by NICE to facilitate the systematic approach to determining the nursing staff requirements

5 Ways to Tools can Help

1. Leverage what you have

What data is needed to answer “Am I Safe Now?”

Roster & Staff Data



Substantive staff bookings



Bank staff bookings



Agency staff bookings

HealthRoster v.10
Granular duty time



Non-clinical time



Planned staff requirement



Skill requirements / skill actual

“Nursing Staff Requirements”



Census times



Patients by classification



Nursing Staff Factors
e.g. admissions/discharge

HealthRoster
SafeCare

Red Flags



NICE red flag types



Custom red flag types

2. Simplicity

Simple

- ✚ Need to reduce admin overhead to bare minimum
- ✚ Reduce data entry required
- ✚ Simplify the data entry that is required

Reduce Data Entry needs

- ✚ Rosters can be very fluid especially with temporary staff changes
- ✚ A tool based on e-rostering removes an entire category of data entry:
 - ✚ E-rostering has a large number of users – nurses, bank office etc – constantly updating the system
 - ✚ Changes automatically impact safe staffing calculations – now and in the future

Simplify Data Entry – UI Approach

March, 2014

25 Tuesday

TODAY

WED

THU

FRI

SAT

Castle Ward

● E 2-0

● L 2-0

● N 1*-1

Ash Ward

● E 5*-2

● L 5*-2

● N 0-1

King Ward

● E 4*-2

● L 4*-1

● N 2*-1

Queens Ward

● E 3-2

● L 3-2

● N 2-1

Khan Ward

King Ward

NHPPD Required: 5.4 / Actual: 5.0

● E 4*-2

● L 4*-1

● N 2*-1

— Now - Early 07:30 – 15:00

HRS REQUIRED

9.1

MISSING SKILLS

1

MISSING COVER

-

UNFILLED DUTIES

-

% TEMP STAFF

11.7%

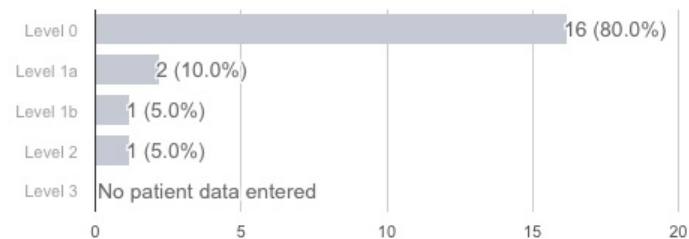
SKILL MIX

66/34

Census Period: Morning 07:30 - 14:00

Bed Occupancy: 20/20 (100%)

Notes



UPDATE CENSUS

+ Rostered Staff

+ Next Shifts' Status

ANNUAL LEAVE

0

MORE

STUDY LEAVE

2

MORE

SICK LEAVE

1

MORE

OTHER LEAVE

2

MORE

WORKING DAY

1

MORE

SafeCare Mobile – Data Entry

1. Update roster

- ✎ Record attendance

- ✎ Record absence

- ✎ Redeploy

2. Entry Patient Census info

- ✎ Patients by classification, tasks, census notes

3. Record Red Flags

- ✎ Via phone too

3. Operationalise

Auto Email Notifications

Subject: Safecare Problem - Cambridge Ward

Hello,

For patient census 'Afternoon' on 04/03/2014 the entered data indicates you have a SafeCare problem

Census Period Details:

| | | |
|-----------------------------|--------------------------------|-------------------------|
| Patients: 26 | Utilisation: 115.0 % | Hours Short: 4.7 |
| Required Hours: 36.2 | Actual Hours: 31.5 | |
| Required HPPD: 5.4 | <u>ActualHPPD: 13.6</u> | |



Auto Email Notifications – Red Flags

From: <HealthRoster Allocate Software@allocatesoftware.com>

Date: Mon, Aug 4, 2014 at 5:42 PM

Subject: New 'Delay in providing pain relief' red flag on Orthopaedics Ward

To: simoncourage@gmail.com

Hi Richard

A new 'Delay in providing pain relief' red flag has been created on Orthopaedics Ward for the Night shift, by Shade, Kyra (10001456).

You have been assigned as the owner of this red flag.

It is your responsibility to either mark it as resolved or escalate appropriately.



4. Powerful Analysis & Reporting

Scope of Data

Roster & Staff Data



Substantive staff bookings



Bank staff bookings



Agency staff bookings



Granular duty time



Non-clinical time



Planned staff requirement



Skill requirements / skill actual

“Nursing Staff Requirements”



Census times



Patients by classification



Nursing Staff Factors



Admissions/discharge

Census notes

HealthRoster

SafeCare

Red Flags



NICE red flag types



Custom red flag types

Powerful Reporting Toolset

- ✚ Detailed, flexible granular reports
- ✚ KPI reporting at all levels
- ✚ KPI email notifications
- ✚ Internal & External Benchmarking
- ✚ Assurance

How Allocate can help

SafeCare All the Time

Reporting and automated alerts



HealthRoster

Plan your staff rosters to effectively deliver safe care within budget, for all staff groups including temporary staff. Used by 160+ NHS organisations

HealthRoster-Nursing
HealthRoster-BankStaff
HealthRoster-NHSP
HealthRoster-Skills Compliance



SafeCare

Understand how actual patient volume, acuity & dependency impacts your planned rosters and make alterations as needed. Flexibly apply any acuity/dependency model.

SafeCare-Ward
SafeCare-Community
SafeCare-Connect



SafeCare-Live

Place live staffing information in the hands of staff through phones and tablets, and display staffing levels to patients on electronic white boards. Manage changes quickly including tracking attendance.

SafeCare-Mobile
SafeCare-Wardboard
SafeCare-Attend



SafeCare-Assure

Audit and drive improvement plans to assure continued safe care. Identify best practice and risk areas with benchmarking both inter-ward and compared with other Trusts.

SafeCare-Benchmark
SafeCare-Policy
SafeCare-BoardAssure