



# Safer Staffing: Figures at Your Fingertips

*Northern Devon Healthcare Trust Case Study*

Northern Devon Healthcare Trust has been using the Allocate Software System to ensure it has the right number of nursing staff and the right skill mix to match the acuity of its patients. Its team reveal why it's making a difference

## Safer staffing: figures at your fingertips



The Allocate Software SafeCare program enables teams to see patient acuity and the number of staff as well as their skills at any given time on the ward

Staffing has been at the top of every nursing director's agenda this year. With the publication of staffing levels on the NHS Choices website since June, and the scramble to recruit more nurses post-Francis, chief nurses and senior management teams have never been more concerned about ensuring they have the right number of staff. But for Kevin Marsh, director of nursing at Northern Devon Healthcare Trust, just getting the right number is not the full picture.

The Trust's 11 acute and 13 community wards have started using Allocate Software's SafeCare this year. Mr Marsh says "it gives me access to live information and is entirely about visibility so I can more effectively manage the staff I have got".

SafeCare and SafeCare Mobile are being built into the Trust's operational procedures to help manage patient flow, escalation of staffing issues, and the allocation and redeployment of staff. Data about patient acuity and the number and skills of staff available are fed into the system live, and data from the SafeCare module is used to compare acuity and dependency levels at ward, division and trust level on a monthly basis.

Mr Marsh describes it as the "missing link" and says that now he has a live view on his iPad of what the staffing is as long as it is kept up to date, he and the management team can see what is going on at a glance, rather than wading through historical reports that are already out of date.

"It helps us make more effective decisions around deployment of staff because I can see the number and skills of staff and levels of care patients need," he says.

The director of nursing says the SafeCare software does enable you to be smart, but, just as Allocate staff say, it should not replace the intuition, instinct and evidence base of senior nurses.

Andrea Bell, one of the matrons using SafeCare, says it's great for looking at staffing levels "on the go" especially as the trust is spread across multiple sites throughout a large area of Devon. "It's fantastic to have staffing levels and acuity all in one place," she says. "It can't replace eyes and ears on the ward, but it gives a good grasp of what is going on."

"You need to get out and walk the wards," Mr Marsh says. "But this helps get



you the information you need to into people's hands more quickly."

He says the support from Allocate for his operational teams has been "superb" and they have responded well to challenges, which have predominantly been keeping the system up to date and live. "It is the same as any tool," he says. "It's only as good as the people using it and what they put into it. But although this is a constraint, what you and the wards get back in return convinces you it is worth spending time on. But it does take time to build the team's confidence in it.

Ms Bell concurs that it was hard to engage staff on the ward with collecting data and they have questioned why they have to do it, but she says that involving them in it and explaining how it can justify the need for more HCAs and RNs has been the route to successful embedding of the process where it has worked.

Caroline Raby, Northern Devon Healthcare Trust eRoster operational lead, says: "For a few years our paper-based system has recorded the staff on duty versus certain metrics around acuity, for example need of IV meds or risk of falling with a RAG status. We were trying to build our own internal IT system around this, and so buying SafeCare was a natural next step linking patient acuity with rosters."



Northern Devon Healthcare Trust runs acute and community services (top left) and has been running SafeCare across its sites throughout Devon (above and bottom left)

Staff were previously deployed to ensure each ward had the planned number of staff on duty. Decisions are now based on the care needs of patients, regardless of whether the number of staff is over or under the planned total.

"It's a trouble-free system," Ms Raby says. "That is an extraordinary thing to say. It's a matter of doing censuses with patients around acuity and dependency and entering numbers into the system."

Ms Raby says it is changing their culture - enabling them to record data on a shift by shift basis. With the mobile software, it is much easier for staff to check all things and upload patient census data.

"We can redeploy staff from a surgical area to help a medical area, and that can

happen quickly as the matrons have tablets, funded by the Nurse Technology Fund, and don't need to log into a PC to check the data or wait to be informed of a shortage," says Ms Raby.

"What this means is that our senior nurses in Exeter can see what is going on in a ward in Barnstaple," she says.

The update to the Allocate system to include red flags from the NICE guidance means trusts can set their own red flags so they can see if there are fewer than two RGNs who can give analgesics, and quickly see a red flag on a specific ward. She says she can also use it to see when a ward "is out of step" with other wards.

The system is designed to provide real time data, but Ms Raby is also using it to store data, produce reports and in time will use it to look at trends, such as need in winter compared to other seasons, and review and better plan establishment. "It will help managers create business cases for more RNs in a specific area," she says.

Ms Bell says "I want to use it in bed meetings. It saves time, it's quick and I haven't used it off site, but I could. And I am really pushing us to go paperless."

Mr Marsh is using it for his regular monthly board reports to give assurance to his board on actual staffing levels and says this is a great way of nurse directors convincing their board to invest in it.



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