The Responsive Workforce Model at Derbyshire Community Health Services NHS Foundation Trust (DCHS), backed by Allocate Software HealthRoster and SafeCare, has reduced agency spend, ensured quality and freed up nurses for hands-on care

Always ready to care

Imagine having a pool of staff who were familiar with your equipment, procedures, policies and patients – always ready to take on work when the need arose. The Responsive Workforce Team at DCHS can provide just that to the 11 community hospitals and around 130 other community locations in which it operates.

Following an increase in the use of agency staff in 2013 after concerns about staffing levels raised in the publication of the Francis Report into care failings at Mid Staffordshire NHS Foundation Trust, DCHS devised a strategy to manage its internal resources better.

Nicola Myronko, responsive workforce clinical lead, launched the team to offer additional staffing resources when required for a specific purpose and need for a set period of time.

Giving clinical support to bank workers and managing the eight-strong band 6 nurses who comprise the responsive workforce team, Ms Myronko can make decisions on how to use the staff efficiently. "If wards are restructuring or we are opening a new ward, we will use the responsive team to provide specialist backfill as it is required, whereas if it is just covering someone off sick or ad hoc shifts, we'll use bank staff," she says.

Using better rostering to avoid unnecessary agency use

It is only through using Allocate's HealthRoster e-rostering software, which DCHS introduced nearly two years ago, that she and her team believe they have been able to implement this model.

"We can use HealthRoster to set up staff rotas and identify staff gaps, and ensure that we can put the patient and their need at the heart of what we are doing," she says.

HealthRoster together with SafeCare, Allocate's real-time safe staffing software which captures and reports on live safe staffing data, provides improved quality of care, says Ms Myronko.

"HealthRoster enables us to plan study leave and holiday leave better so we are not suddenly seeing gaps sneaking up on us," she says. "We can plan our rotas earlier because HealthRoster makes it easier to design our rotas six weeks in advance.

"Staff in charge of rotas plan their demand earlier so they can use bank staff instead of agency staff. This is better for continuity of care, as we just need to do a quick local induction with bank staff who are already familiar with DCHS, and it enables substantive staff and bank staff to plan their shifts six to 12 weeks in advance, which is better for the workforce as well as the senior staff and patients.

This creates a more stable workforce, she says. "Patients want continuity of care and the same faces looking after them."

Making life easier for bank staff

Bank nurses have also benefitted from the use of HealthRoster. Christine Herring, a bank healthcare assistant, says it removes the frustrations of having to phone in
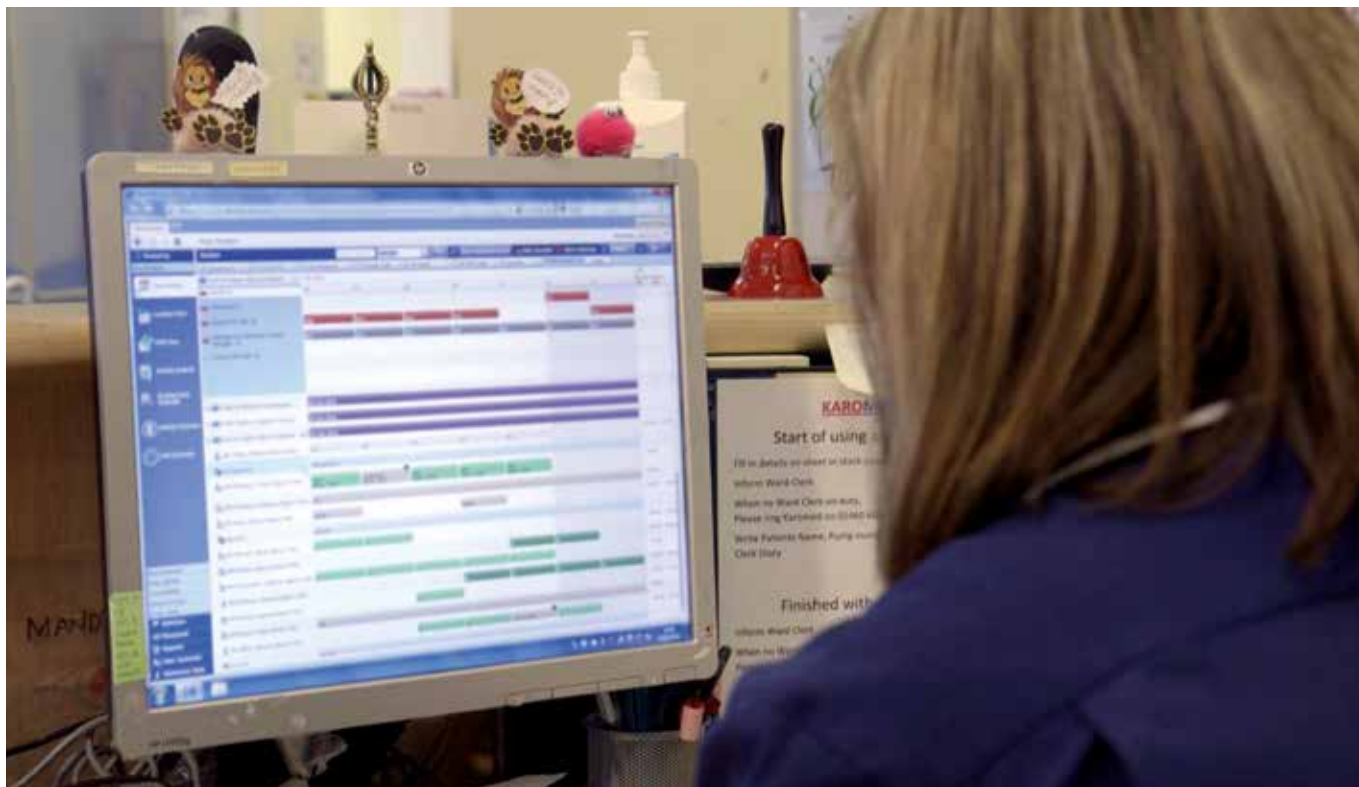
every day to find shifts that are available, and enables her to plan her work.

Ms Myronko says that bank nurses can check shifts that are available on their phones or computers at home. "If we offer shifts in advance, we can fill bank shifts quicker and easier, and although we have never been a trust that has used agency staff a lot, introducing HealthRoster reduced our agency spend in the last year by £200,000, and month on month, we continue to see this fall."

Fairer with more time to care

Using Allocate's software, the ease with which matrons and ward managers can now organise their rotas enables them to be both fairer with staff across the board

What is HealthRoster and SafeCare?

HealthRoster is used by over 80% of electronically rostered NHS trusts to plan and roster permanent, bank and agency staff. It allows organisations to build rules to ensure services are staffed by the right people with the right skills and staff are deployed as effectively as possible ensuring a sustainable service.

SafeCare-Live is fully integrated to HealthRoster. It is helping organisations embrace a real-time staff deployment approach by dynamically bringing information on the actual staff levels together with the numbers and needs of patients. It provides a real-time shift-by-shift view of required versus actual staffing across an organisation.

Site managers, matrons, ward managers and nurses can take a census of patients' acuity and dependency on their desktop or tablet, see who is rostered on a shift, track attendance and sickness of those staff, request bank or agency cover if needed, as well as redeploy staff, additionally they can even quickly track 'Red Flags' as they occur as required by the first safe staffing NICE guideline.
For more information on Allocate Software, see **www.allocatesoftware. com/safe-staffing/**
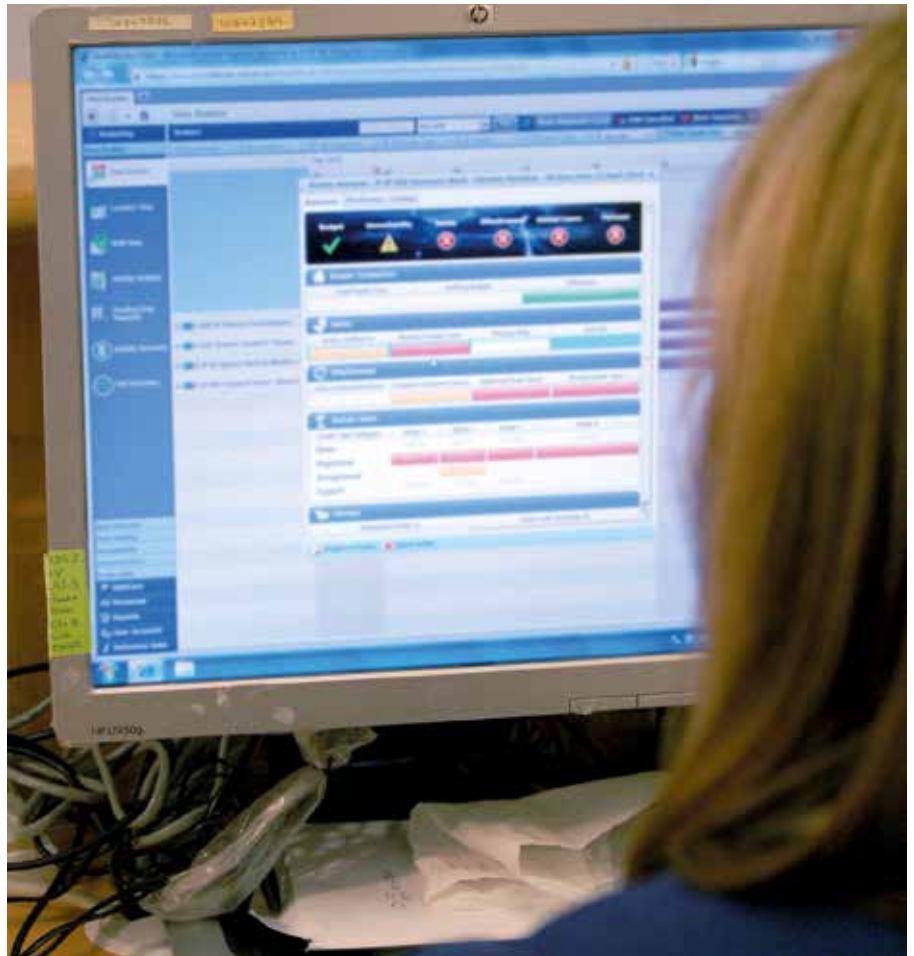
and frees them up to spend more time on direct patient care.

Ward manager Debbie Brailsford says: "Before that, we had paper records to set up our off duty and it was a nightmare." She spent hours negotiating all the different requests staff made for off duty."

She's not alone. Matron Jenny Harrison describes it as "a very onerous job".

Now, they both say they can plan their rotas 12-16 weeks in advance and it takes no more than an hour. And that time, says Ms Myronko, frees up those senior staff to spend more time with patients, so it instantly raises the quality of care.

Ms Brailsford contends that the old paper-based set-up was an "inequitable and unfair system" but says HealthRoster puts limitations in place to prevent staff always taking too many 'earlies' or 'lates'.

Move to real-time safe staffing data

SafeCare can highlight where you need certain skills, and evidence where the team need to flex around the guidance. "Staff used to have an instinct they needed more or different staff, and SafeCare can now prove that," says Ms Myronko.

"People were concerned about moving to an IT system after always using paper but SafeCare isn't onerous at all, it takes five minutes to do the administration at the start of the shift, and can give evidence to staff they were short staffed on a certain shift or reassurance that they weren't," says Ms Myronko.

The software has been used to inform the Trust board, and can evidence where dependency and patient numbers require more nurses to offer safe care. Data can be analysed and the ability to see trends, for example the peaks in winter pressures, enables better workforce planning and this has led to safer staffing levels."

"We can see we are using staff and their skills correctly, and be flexible in the way we use our teams," says Ms Harrison.

But making it work requires a cultural change and commitment. HealthRoster is now used across all 17 inpatient wards and SafeCare across all inpatient areas.

Ms Harrison says: "It's worth persevering as we now make clinical judgements based on this data."

"That keeps our patients safer," says Ms Myronko.