

AllocateAwards Case Study

Norfolk Community Health and Care NHS Trust

Acute and community units across Norfolk are reaping the benefits of a whole-systems approach to bed management and patient flow thanks to the successful implementation of Allocate's SafeCare software.

With a county as geographically dispersed as Norfolk, Norfolk Community Health and Care NHS Trust found it challenging to flex its staffing across inpatient units.

Lord Carter's report on operational productivity in acute hospitals recommended that care hours per patient day (CHPPD) should be the principal way of measuring use of nurses and healthcare assistants. The ability to use CHPPD data to flex the number of beds available was another way for the trust to look at managing the beds contract and deliver safe care.

From the first demonstration of SafeCare, ward managers welcomed the idea of being able to identify clearly the number of nursing hours required based on real-time patient acuity and dependency throughout the day and not just on bed occupancy. They also welcomed the ability to use SafeCare on a tablet device as this supported the timely update of roster information at the start of each shift. It has also improved the absence reporting process and by marking attendance of bank and agency workers there is robust financial control to ensure correct payment.

Anita Larkins, project manager, said:

"The trust and the clinical commissioning groups can now effectively monitor delivery of the inpatient beds contract using CHPPD data to determine the actual safer staffing requirements."

"The real-time patient acuity data supports discharge decisions, enabling colleagues in the local acute hospital to ascertain whether a community unit has both bed availability and the staffing capacity to deliver safe, quality care. By reviewing the initial score just prior to discharge, the risk of inappropriate admission to a community unit is also reduced."

By using SafeCare, the trust has realised numerous benefits, including improved bed management and utilisation, increased staff availability through better staff management, absence reporting and planning. There is also clear evidence of safe, quality care being delivered, with robust escalation processes to action areas of concern.

Through making full use of the hours available, it is anticipated that temporary workers will be able to cover the additional duties required to manage the patient acuity.