SafeCare Case Study

Flexible and equitable staffing helps North Tees and Hartlepool NHS Foundation Trust provide responsive and safe care

North Tees and Hartlepool NHS Foundation Trust has been using SafeCare to bring about significant workforce changes which include, greater flexibility and responsiveness as well as improved staff experience. Staff now accept redeployment between wards and staffing can now be managed in a planned, organised and transparent way to ensure the trust is providing the best care possible to patients.

From silo working to more responsive staffing

E-Rostering manager Jamie Waters has overseen the implementation of SafeCare and recalls what daily staffing meetings were like. He says redeploying staff was a challenge because there was no single visual overview of staff skills and current staffing. "The directorates would come together on a daily basis, but they were all working in isolation. So, one team would say they were fine and didn't need staff from other wards while another would consistently ask for extra support. However, we had no way of drilling down into the numbers to establish how these judgements were being made."

The trust began a two-phased approach to the roll-out of SafeCare in July 2017 with three directorates in the first phase (including the Medicine and In-Hospital Care directorates). Staff education and training was integral to the roll-out and at least 80 per cent of staff were trained prior to roll out. In the second phase, SafeCare was rolled out to Emergency Care (excluding A&E), Elective Care Surgery and Orthopaedics, ITU, Community-based inpatient wards and elderly rehabilitation.

"We knew that we couldn't expect the data to be validated after each roll-out, we just wanted to make sure that the directorates were trained and using the software."

Ensuring workforce data provides a true and accurate view of staffing

From October 2017, the team decided that they would carry out peer reviews of the data being submitted to SafeCare for each directorate. "We asked ward matrons to look at the data and whether the scores were accurate," says Jamie.

The result is that SafeCare now provides accurate insight for clinical site coordinators. Each directorate is able to redeploy staff to overcome any internal staffing problems and they can drill down into each area to see where can they redeploy and which shifts will have to go to NHSP. "There are no surprises and we can be much more transparent about which staff can move from one directorate to another."

SafeCare has also improved capacity planning overnight. "We usually meet at 3pm to set our plans for the evening. We make these plans based on information that is available to us at that time, but things change and staff sometime phone in sick after 3pm. Short term sickness is quite common as well as bank and agency mishaps – with agency workers not turning up. However, this is all built in to the contingency plan and the clinical site manager will be able to staff each ward appropriately,"

Prior to SafeCare the trust had no way of calculating the number of hours redeployed. It is now able to see exactly how many hours it has redeployed by grade and it is using a tracker to produce detailed reports.

Emma Roberts is Assistant Director of Nursing, Workforce and Professional Standards. She says that from her perspective SafeCare means the trust has an organisational wide view of staffing levels and make proactive and informed decisions.

"We have a clear view of the staffing levels in each area, how many patients are in that ward/department and the level of care these patients need and we can easily manage staff attendance on a shift by shift basis and see any potential issues or concerns and act on them."

Embedding a culture change around redeployment

Jamie says there has been resistance to redeployment in the past, but the culture has changed, and it is now accepted as common practice. He believes several factors have helped make redeployment more equitable and acceptable to staff. The trust has provided support around redeployment to ensure that where staff are moved, they know what to expect and the ward they are moving to welcomes them. Staff are involved in the discussions around redeployment so they can see why a decision has been taken.

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How greater flexibility has helped deal with winter pressures

Like many other trusts North Tees and Hartlepool NHS Foundation Trust opened a winter resilience ward to cope with pressures associated with the increase in demand.

Jamie says: "Opening that extra ward through winter meant we had to pull staff from other wards. There was also an increase in the number of shifts going out to bank, but having the visibility and the oversight with SafeCare made the difference. In terms of patient risk, we were able to do something about it there and then and we had the evidence when redeploying staff. It has allowed us to see where it is safest place to pull staff from."

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