

Reducing Salisbury's temporary staff usage while improving acuity and dependency scoring with SafeCare



Background

In the aftermath of COVID-19, Salisbury NHS Foundation Trust, like many trusts across England, experienced challenges in the way its nursing teams were making staffing decisions. Significant turnover of staff meant that many of the trust's nursing staff had either joined, or been promoted to ward leads, in an environment shaped by the pandemic, a period during which staffing was managed through a very centrally controlled process.

The pandemic, alongside a combination of other factors had led to high temporary staff usage and a substantial increase in additional duties. Due to the high vacancies and additional requirements many staffing decisions were escalated upwards to matrons as consideration had to be given to managing the overall risk of staffing levels and patient safety.

The trust, which first implemented SafeCare in 2018, was finding that the majority of ward nurses were not using the acuity and dependency measures within the platform to effectively determine staffing need. As the vacancy position improved and decisions needed to be pushed back to ward level, it was vital the Safecare tool was used correctly and reviewed with scrutiny at the twice daily staffing meetings.

The results of the scrutiny and focus were improved staffing practices in the use of SafeCare, reduced reliance on temporary staff and the correct usage and measurement of additional duties within the nursing workforce.

The challenge

There were a combination of factors that had created staffing challenges for Salisbury. First, care professionals arriving into their roles throughout and after COVID-19, a period shaped by the immediate pressures of the pandemic and a period of high vacancies, had become accustomed to staffing level decisions being made in a highly centralised way.

Second, a large proportion of Salisbury's nursing staff in summer 2022 had come from international recruitment. Their positive contribution has never been in doubt.

With agency spend alone, there was a near 80% reduction over the same 15-month period...

“There was a knowledge gap around how we use SafeCare to be able to score the acuity and dependency levels of our patients, which meant that people weren't doing it accurately.” This was partly due to the staff group's relative lack of experience in matching staffing needs to acuity in a pre-COVID environment within the NHS. To remedy this would require additional training.

Fiona Hyett,
Deputy Chief Nurse (DCN)
Salisbury NHS Foundation

Third, while SafeCare had been deployed to promote productivity and patient safety, audits found that dependency and acuity scores were being over-inflated by some staff due to a lack of understanding of the tool and impact.

These factors contributed to unsustainably high temporary staff usage and excessive use of additional duties, with clear consequences on the provider's financial position. It was clear that SafeCare had the potential to provide accurate data to give the rationale for making the changes required to effectively aid staffing decisions around acuity levels. In addition to the work done in Safecare, the DCN and Safe Staffing Matron (SSM) implemented a weekly forward review meeting which focused on additional duties alongside other aspects of rostering.

The solution

As with any significant change management initiative, nursing staff had to be brought on board and to 'buy into' the change journey. Both the Deputy Chief Nurse and the Safe Staffing Matron worked extremely hard to help their colleagues appreciate the need for the change by using the insights gained from SafeCare to demonstrate where staffing had become excessive in relation to patient acuity levels within certain wards.

Matrons and heads of nursing were supported to understand how wards had scored patients incorrectly, or overridden the RAG by using professional judgement through the Sunburst view in Safecare which shows red, amber, green (RAG status). This was supported by the development of bespoke ward posters, ward packs and a mini reference guide given to staff to aid them in accurately assessing daily acuity and dependency.

The data obtained from the platform became a vital tool to help leaders bring staff on the change journey required to rebalance workforce deployment across the organisation. Once the relevant data insights were gathered, an effective ward-by-ward retraining process (over 110 staff) was initiated to ensure that these learnings would be comprehensively adopted throughout the organisation.

The retraining was accompanied by the Safe Staffing Matron and the Deputy Chief Nurse carrying out daily scrutiny to pick up issues with wards and matrons where improvements in practice could be made. The Safe Staffing Matron (also attended ward meetings to recap on how to use SafeCare.

The team overseeing e-rostering and staffing through the use of SafeCare also re-configured the platform. Safe Staffing Matron Clare Holbrooke-Jones says:

“We stripped the software right back to basics to ensure we can get staff to use the platform correctly, particularly around getting the acuity and dependency scoring right, before we overlay other functionality.”

Matron Clare Holbrooke-Jones,
Safe Staffing Matron
Salisbury NHS Foundation

The increased accuracy in reporting acuity and staffing via SafeCare meant that the use of the ‘Sunburst’ wheel (visual software) to present the latest and most accurate data during daily staffing meetings optimised effective decision-making at pace).

From a safe staffing perspective: during the COVID-19 pandemic there was an expectation that staff would be redeployed as and when required when services



needed them. However, we are now all working on ensuring that redeployment is based on the accurate capture of patient acuity and dependency which is reviewed at the staffing meetings. Through this initiative we have the ability to ensure our daily staffing deployment is safe and based on acuity and dependency needs.”

Benefits and next steps



The trust has seen a meaningful reduction in bank and agency spend as a result of the data-led change journey to embed better-informed staff deployment. From a high of over £1,765,000 in-month cost in January 2023, total bank and agency spend reduced by over 50% to £844,100 by April 2024.



With agency spend alone, there was a near 80% reduction over the same 15-month period, from a high of £962,579 in-month pay in January 2023 down to £197,686 in-month pay in April 2024.



The forward review meeting has provided oversight and challenge which has resulted in the reduction of additional duties impacting on financial spend.



The trust also benefitted from more efficient redeployment of staff, while ensuring care outcomes have remained the same, or improved.



The nursing workforce is now much better equipped to determine staffing requirements in relation to patient acuity and dependency levels.



There is ongoing work to ensure that the improved knowledge in managing the daily deployment of staff is maintained and effectively embedded. This work will come in the training of new staff joining the organisation and ongoing support to staff in assessing daily acuity and dependency.

The next steps for the trust are to reintroduce the multipliers into SafeCare which will be done alongside the new levels within the renewed licences. This will be accompanied by close scrutiny to ensure that it matches our staffing requirements.

There is an implementation plan to go further forward and train all registered staff within the ward environment.