RLDatix

The Queen's Nursing Institute

QNI and RLDatix Webinar:

Safer Staffing in the Community

SUMMARY

Wednesday 11 September
11am - 1.30pm, via Zoom

Welcome

Dr Crystal Oldman CBE, Chief Executive, The QNI

- Welcome to you all, thank you for attending this webinar, thank you to RLDatix.
- We know that this issue, Safer Staffing in the Community, is very important to you.
- I was at the ICN Conference yesterday and Howard Catton opened the conference, he talked about the importance of staffing, the global shortage and he also gave a brilliant speech about the importance of nurses in the community and primary care and the critical nature of the nursing role.

Safer staffing context

We know that safer staffing is a problem across the globe and we know that it keeps us all awake at night. We know that you don't have capacity and ability and that you want to deliver.

- We run a community nursing executive network and it's the number one issue every time.
- We also know from our District Nursing Today report led by Alison Leary the headline figure: 1500 DN Team Leaders completed the survey and 43% said they were working between 4 and 7 hours overtime every day every week and we know that's not sustainable.
- As a solutions focused organisation, we will get the data, and we will look for solutions working together in partnership.
- That's why today is so important: this is where we're going to hear about solutions that will assist us with this challenge of capacity and capability.
- There are lots of moving parts in the community, we are part of a massive jigsaw and that's something that's little understood.
- Welcome to our first speakers from RLDatix.

1. Safer Staffing in the Community

Paula Guest, Safer Staffing Implementation Lead (Community Nursing), Midlands Partnership University NHS Foundation Trust; Karen Swinson, Clinical Lead, RLDatix

- Karen: I support teams to use the software solutions to optimise the workforce for staff and patients. I was previously Head of Nursing Productivity in NHSE, so I understand that delicate balance in deploying and the measurement of workforce is correct and optimised for the safe patient care that we all want to deliver.

Questions with Paula:

- Karen: **From your perspective, what does the general feeling and temperature in community nursing feel like right now?**
- Paula: It's tough - we can't dress that up. Essentially doing so much more with less. The increased volume in work with so many more patients with more complex needs, with less staff. The staff have less experience than 5 or 10 years ago. Following the pandemic, we haven't got back to pre-pandemic work loads, I don't think we ever will.
- There's a limit we can sustain that adrenalised fuelled work that relies on good will and stronger coffee. This increased workload is the new normal and the impact on staff wellbeing has never been more important.
- District nursing comes with technology and some might say that's more of a hindrance than a help.
- Safer staffing we have to understanding it's about planning the foundations right, reducing that daily fire fighting. Basically, the temperature is very hot out there!

1. Safer Staffing in the Community

Capacity

- Karen: **That capacity issue has been like that for a while. What does it mean for you as a leader, doubling that?**
- Paula: It's brilliant that community nursing is in focus, I welcome that. But the reality is that it's going to take time and significant investment till we can double our numbers. Complex care delivery requires highly experience clinicians; it takes time. Even when we do have the right staff, ensuring they have the right skills matched to the areas with highest demand is hard. Retention is equally difficult, it is more important than ever before.
- Newly qualified staff are being mentored by staff that have only been there a few months. Deferred care is now a way of life for many teams.
- Karen: **In terms of what you see in services, what does the increased reliance on community care really mean at your end?**
- Paula: The biggest thing is patient flow and there's been a huge increase in referrals to community nurses. More complex discharges, more rushed too. This impacts on our services.

3 basic pillars

- Paula: **Pillar 1. Visible Leadership:** teams need to be well led, we strive for compassionate leadership decisions, about creating psychological safety within the team. **Pillar 2. Understand your real workload,** it isn't just planned care, that's just one part of the jigsaw. It's deferred care. Recognising that patient care includes follow up. Planning forward. **Pillar 3. Meeting future demand:** person centre care and practice.

1. Safer Staffing in the Community

E-Community overview

- E-community is a field based workforce planning tool for community healthcare providers, it improves workforce productivity, patient safety, and staff wellbeing through the intelligent scheduling of home visits and capacity and demand management.
- It's a software solution for deployment - matching the right patients to the right clinician.

My Background

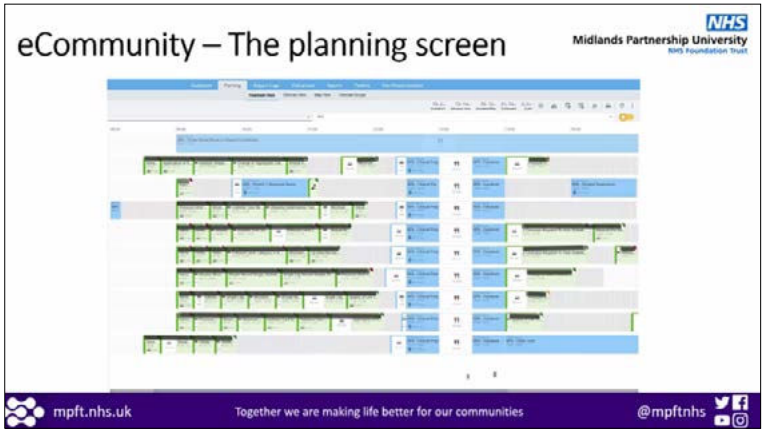
- I work with Midlands Partnership University NHS Trust - it's a very large trust: our patient population is 1.5 million, 9500 staff, big numbers!
- The key to safer staffing is linking with safer case loads. The two go hand in hand.
- Here are some of our strategies that we use to give a three dimension on safer staffing quality and risk:
- Healthroster: supports staff rostering and skills management and links with eCommunity
- eCommunity is used to manage work allocation, manage deferred care, and support caseload reviews (using mobile app).
- Rio is used to manage referrals + is an electronic patient record. Rio mobile app supports this - using Total Mobile.

1. Safer Staffing in the Community

- We use data from all of the above to build a picture, it supports our decision-making around staff deployment and patient prioritisation.

Benefits of eCommunity

- eCommunity is our chosen platform as it details everything we need to know. It's about knowing right staff with right skills at the right time in the right place. This gives us that safety net.
- It's about real time data integration, clinicians are using the mobile app and we can track the progress of each clinician which is so useful.
- No clinician likes to be told at the last minute that they need to work in another team, we can plan it much better like this.
- eCommunity is more than a scheduling tool, we use it for case load management. It can formulate realistic work plan days, gives overview of how team is progressing, robust data comes out of it to improve patient outcomes.
- We have to prioritise the visits according to patient need - this gives us an idea of priority.
- When we defer care, we use eCommunity report, you can choose any time period and we get info of what visits have been rescheduled, description of treatment and reasons for rescheduling and info on dates, all very comprehensive. It comes in an excel format, which is really useful as can you filter it.



1. Safer Staffing in the Community

Clinical Harm Review for deferred care (CHR)

- The process aims to reduce the risk of potential harm to patients, identify if any patients have come to harm; ensure that the risks of clinical harm to patients who experience deferrals are reduced and identify lessons learnt and share these.
- When we think of deferred care, we need to consider whether it's best to defer a whole treatment or just an episode. Aside from complications for patients, our teams get very upset if they can't give the care they know is needed.
- eCommunity reports - caseload management: we can see the frequency of visits it comes in an excel spreadsheet, easy to be exported and filtered, it allows us to stop and think and professionally challenge each other about the care that's being delivered.

Staff wellbeing

- Being able to speak out without any fear of judgement is critical.
- We did a survey and we found that overwhelmingly what keeps people awake is not being able to give the care they know is needed. Good caseload management, understanding caseloads, a robust process to manage increased demand and managing deferred caseloads safely.

2. Community Nursing Safer Staffing Tool update

Paul Vaughan, National Deputy Director - Community Nursing and Primary Care Nursing, NHS England;
Ann Casey MBE, FRCN, National Deputy Director, CNO Safer Staffing Faculty

Why have a Community Nursing Safer Staffing Tool (CNSST)?

- To provide a decision support tool to recommend nurse staffing establishments sensitive to the changing community workload
- To support community manager to meet the Developing Workforce Safeguards requirement for six monthly establishment review, annual establishment resetting and board reporting
- To compare funded, actual, temporary and recommended community nursing staffing
- One of Francis' recommendations was that all guidance from NHSE should be produced by or approved by the National Quality Board (NQB), it should follow NICE process for guidance production i.e. informed by independent academic evidence review and experts and clinicians in the field.
- The NQB has commissioned a review and update of all the current specialty specific safe, sustainable and productive staffing series which will include District Nurses.

What is CNSST

- It was commissioned by Dame Ruth May, as part of community nursing deliverables.
- An evidence based workforce planning tool, one piece of the jigsaw there to support our decision making.
- Key milestones: decision matrix, sample size, quality assurance, activity records.

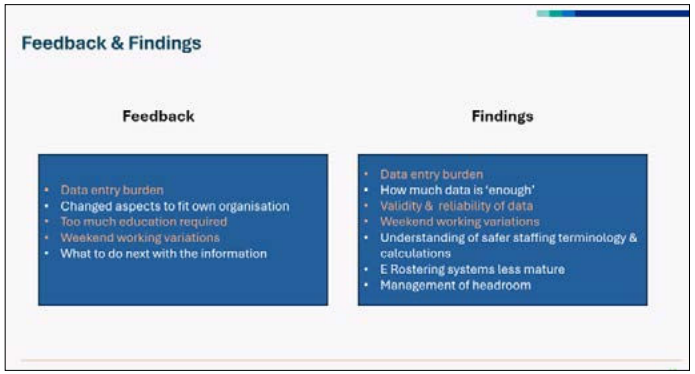
2. Community Nursing Safer Staffing Tool update

Development

- Data was collected pre Covid 19, between 2015 and 2019 and during Covid19 in 2021
- It involved community staff in 59 providers and 617 community nursing teams
- 18,740 staff providing 460,966 contacts
- 547,990 quality standards
- Dr Keith Hurst, an experienced healthcare workforce researcher, was asked to develop the tool which was paused in 2020 but restarted in 2021.

Feedback and challenges since launch

- Best practice when releasing any new workforce planning tools is to release to a small group for circa one year and then complete a further beta test in order to capture more feedback from users who have not used a workforce planning tool previously. On original launch of the CNSST an open help site was set up by the NHSE Community team. Reviewing the comments on there we recognised that people were finding ways of working around the tool, which is a real risk.
- The beta testing involved 8 organisations, seven providing data and evaluation survey of 70 organisations. The review is NOT making any material changes to the validity and reliability of the tool rather it was around useability.



2. Community Nursing Safer Staffing Tool update

- We made adjustments to the useability of the tool based on the survey feedback and working with these eight organisations and then needed to test these with real data from organisations. This was a really good opportunity but demonstrated difficulties with the Community teams understanding of the data and how to make calculations as well as access to mature rostering systems. In many cases we had to either go back to organisations to get data reviewed, new data collected or undertake our own calculations. Inevitably this delayed progress on the beta testing of the tool.
- **Current agenda/action areas**
- potential 14 days data collection
- Simplification of staffing data supplied and data entry
- Separation of weekend activity
- Review of rapid treatments undertaken in one place
- Review of how headroom is calculated
- Fundamental safer staffing education availability
- Provision of ongoing training in the application of the tool in practice
- We are planning on doing a web-based education programme for training on the application of the tool in practice, that will always be followed by an in-person inter-rater assessment - it's essential that the data we are using to set one of the largest budgets in the NHS that has an enormous impact on patients needs to be based on valid and reliable datasets – the regions and ICBs will need to ensure they have systems in place to meet this requirement in the first instance but continuing assessmsnts will be your own organisations responsibility.

2. Community Nursing Safer Staffing Tool update

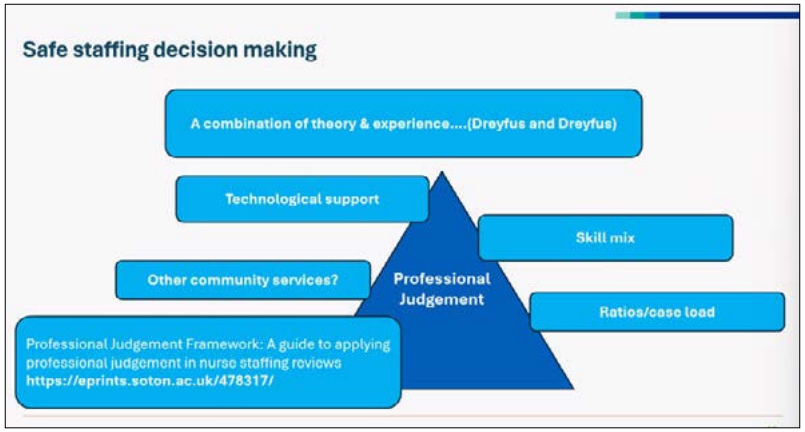
- We aim to have the work completed as soon as possible - we don't have a definite date yet.

Fundamentals of Safer Staffing Elearning

- This is an eLearning package of six modules exploring the fundamentals of safer staffing and will support you in intpreting the outputs from the tool, making staffing calculations, rostering best practice principles etc. Whilst it was developed prior to the CNSST being developed the programme is relevant to all specialties as it is based on the NQB Safe, sustainable and productive guidance (2016) and the Developing workforce safeguards (2018) so you are all encouraged to undertake these modules. However we will review it to update the language to include Community Nursing terminology.
- Find it here

Why are we licencing it?

- Version control/Risks associated with local adaptation
- By having a licence process we can ensure that expired versions are removed from circulation as we have a list of those organisations who have legitimately got he tool in use in their organisation. Failure to do this risks sub optimal staffing being recommended.
- NHS finances/Intellectual Property (IP)



2. Community Nursing Safer Staffing Tool update

- This tool has been developed by the NHS in England to be made available free of charge to NHS Trusts. The development work is costly in terms of finances and human resources. It is therefore essential that we ensure that the IP of the NHS is protected and to prevent a commercial company taking the tool, adding it to their product and and selling it back to the NHS at a cost.

Contents of professional judgement framework - questions to ask

- Initial sense-checks: for eg do the numbers of staff seem right?
- Accuracy of measurements
- Particularities of nursing work on this ward
- Local staffing context
- The professional judgement framework was approved by the NQB and hence is available on the NHS England safer staffing pages accessible here https://eprints.soton.ac.uk/478317/

Questions:

- Q: some of data said no weekend work, district nursing 24/7, where is that data coming from?
- A: I will look at that.
- Q: Does the tool take into account public health, epidemiology planned changes for new care homes, new housing estates that will be increased?
- A: The tool can't predict that, but you can use the tool to model that. In theory it's a good forward planning tool.
- Q: data burden?
- A: We are looking at changing the way the data entry is done. This will mean you have the option to total your care categories and enter them as a collective rather than individually.

Thank you to all delegates who attended today's meeting.

FEEDBACK:

Thank you for chairing the session Crystal, Ann as always very informative, looking forward to rolling out the reviewed tool :)

Really interesting webinar. Thanks to all involved

Thank you Crystal and all the team at QNI - a fantastic morning focusing on community nursing and how we collectively support our clinicians to provide the optimal care for patients. My take away is your comment if we get community right the whole system benefits. Brilliant. Thank you.

Thank you QNI, interesting as always. Keep up the good work.

This has been really useful, thank you

Thank you all very much, an enlightening session.

Thank you so much very interesting, a very informative session!

Thank you for the update - much appreciated

Paula you are an amazing advocate and thank you for your presentation, so valuable.