

Staff Planning- Medicine

June 2022
Getting to Good: Quality Governance

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Abstract: In order to improve the assurance and support for ward areas, an automated staffing plan was created.

SMART Aim

To increase the time available for matrons to support ward areas by June 2022.

Plan

Part of the matron on site role was to review the staffing levels on each ward, each day to ensure the ward has the required staff available. This process took around 2-3 hours and resulted in the creation of a suitable staffing plan. The plan was to review the current process and identify areas of waste within the process. Upon reviewing the process, it became apparent that the creation of the staffing plan was quite a manual process which required pulling together data into an over arching document. The team were eager to find an alternative solution and looked to automate the process.

Do

Teams involved within the process engaged to agree a standardised template to test across the medical wards. The team involved the IT department in order to create a suitable test document that pulled together the information required in the required format. Minor manual adjustments to the report are required although this is significantly less.

The creation of the document involved cycles of PDSA to ensure that it was fit for purpose and after rigorous testing and collaboration, an IT solution was made available to the team.

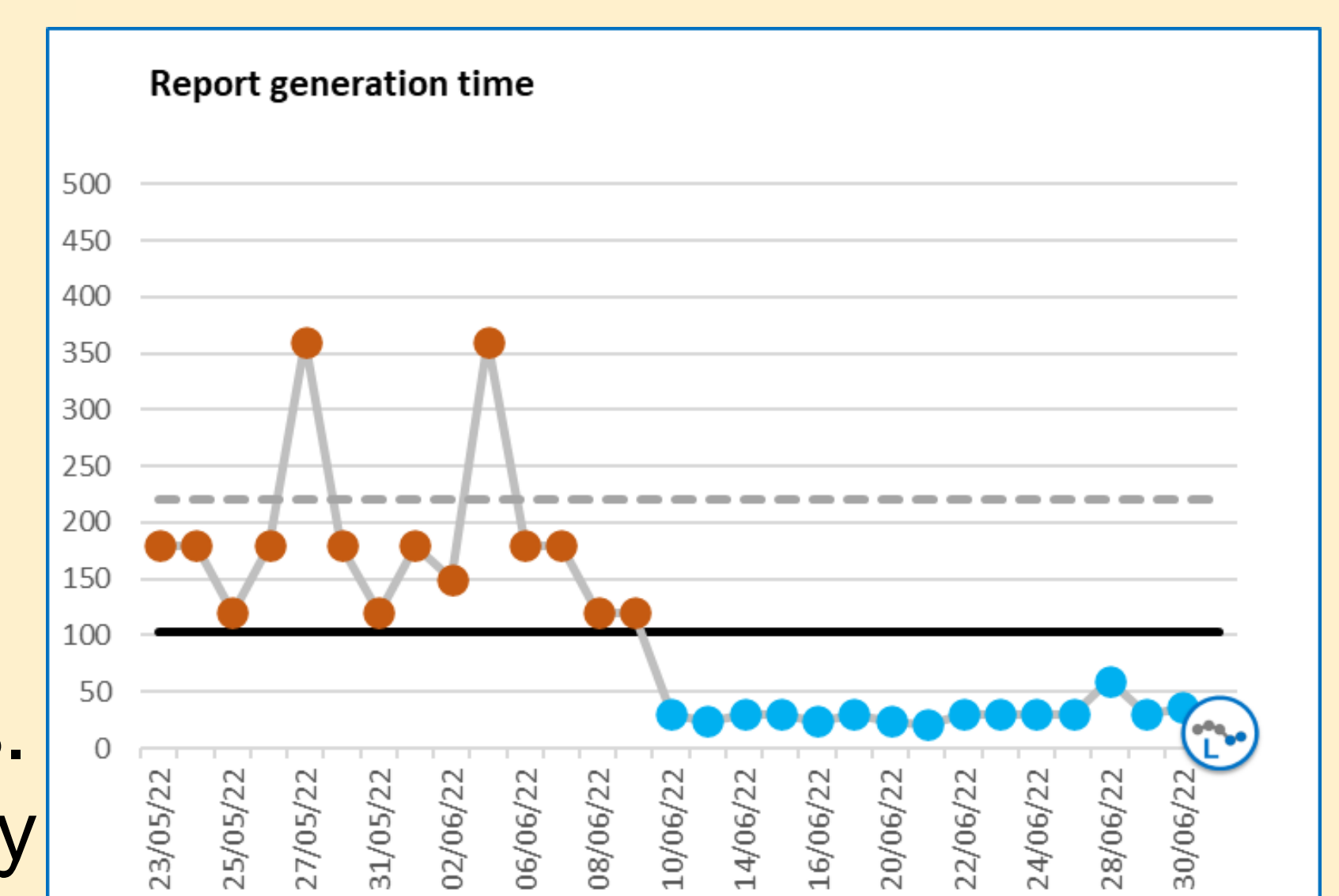
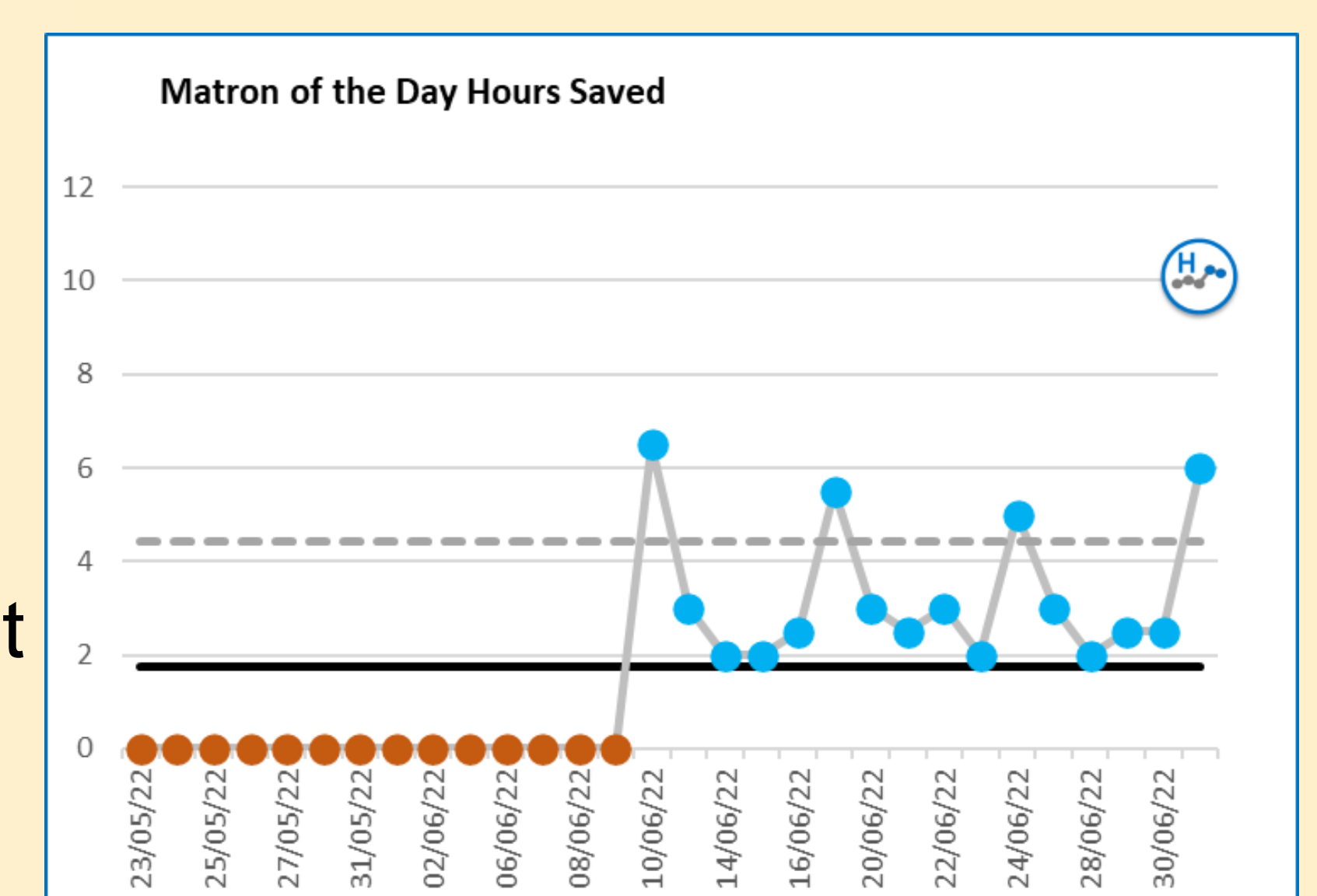
Study

The creation of the automated staffing plan has rationalised the need for the Matron on site role and has released around 2-3 hours each day to reinvest into ward support. The report now takes around 3 minutes to run with manual adjustments to ensure the staffing levels are correct.

A matron is nominated daily to complete the staffing report and attend staffing meetings at 16:00. Managing staffing levels throughout the day is completed as a collaborative process between all matrons on shift that day. A daily meeting with surgery is now held at 15:30 to agree cross divisional mitigations.

The top SPC chart shows the time saved following implementation of the automated, whilst the bottom chart demonstrates the time saved on report generation. Both show a statistically significant shift in hours available for reinvestment and time saved in report generation.

The additional released time has enabled matrons to specifically focus on quality issues on each of their wards, i.e., IPC audits, oversight of handover, oversight of safety huddles. In addition, it enables time to check, chase and challenge the discharge planning for every patient on their allocated wards which significantly improves the potential of patient flow.



Act

The next steps for teams will be to replicate this process within surgery, ED, AMU, RSH Ward 22S and PRH Ward 9. The matrons will continue to reinvest the saved time in additional support to wards to help achieve the staffing plans to mitigate the vacancy gaps, whilst improving the overall mandatory training rates and providing support.