Implementing a District & Community Nursing workload tool to determine benefits for workforce planning (Jackson 2016)

Inputs

Investment

>Set up costs

Overall: £29,992.31

£4520.13

Direct costs: £4,520.13

• Indirect costs: £0

>Running costs £25362.18

Direct costs: £25062.18

• Indirect costs: £300

Resources

- •Web platform set up and maintenance
- •Staff training to use Cassandra workload activity software
- Staff recording their workload activity whilst delivering care to patients on mobile devices on daily basis
- •Quarterly meeting with Band 6 Champions
- Quarterly meeting with Safer Staffing Board
- Administration, analysis and report production

The Service

History

- Lack of robust evidence for making decisions about safe caseloads, staffing and skill mix for district and community nurses in urban/rural settings
- Assumption that nursing is a task based profession that only performs number of tasks in time
- Existing workload tools are diary management systems e.g. Rio, System One only capture linear data
- Poor understanding of workforce demand, supply and capacity

Issues in Case Study site

- Caseload demand and capacity
- Staff recruitment and retention
- Agency spend and use of temporary staff
- Staff sickness and absence
- Incidence of pressure sores, complaints and SIRIs
- Staff wellbeing

Action

- 12 month full workforce Bands 1-8 workforce activity analysis using Cassandra software
- Identification of gaps and economic costs of missed care
- Impact different workforce interventions have on pressure points

Summary of Benefits

For Practitioners

- •Enhanced staff job satisfaction scores reported through organisational staff survey results and FFT over 12 months
- •Evidence of gaps and overlaps in caseload staff competence and skill mix across locality teams
- •Evidence for CPD to be used for revalidation with the NMC

For Organisation

- •Economic report outlining gaps in care and services detailing costs to organisation
- Potential for demonstrable improvements and cost savings over 12 months in
- Agency staffing spend
- ·Staff sickness and absence- staff well being
- Staff retention, staff satisfaction
- •Staff competence across the locality teams
- •SIRIs
- •Incidence of Grade3/4 pressure sores
- •Patient satisfaction and complaints reduction

For Wider Economy

(Cross ref Table 1 Case Study Page 15)

- •Evidence base to enable more effective use and deployment of workforce according to context, services required and supply, demand and capacity
- •Potential to redeploy existing workforce for more effective use and cost reduction









