

Using Optima and SafeCare in a Specialist Trust during the Covid-19 Pandemic



Summary

Great Ormond Street Hospital (GOSH) employs just under 5,000 staff and is an international centre of excellence in child healthcare. There are 63 different clinical specialties at Great Ormond Street Hospital; the UK's widest range of specialist health services for children on one site. Early in 2020, the trust was coming to the final stage of Optima and SafeCare implementation when it had to accelerate the project as a result of the Covid-19 pandemic. All staff were added to Optima and SafeCare to track staff absence and create emergency rosters with the newly added medics team adopting the changes quickly and positively. As a result, the Trust has been able to meet the staffing challenges it faced and ensure high standards of safe care and treatment throughout the pandemic.

Covid-19 and its impact on the implementation of Optima and SafeCare

When the World Health Organization announced the Covid-19 outbreak as a global pandemic, the Trust was nearing the end of an Optima and SafeCare implementation which had successfully onboarded 3,200 staff and roughly 64 per cent of the workforce. This included nurses, allied health professionals (AHPs), pharmacy and estates. The project, which started in May 2018 was due to complete in March 2020, with the final stages of implementation focusing on staff in the medical department.

Covid-19 response

From March onwards, the heads of nursing, AHP management and HR department determined that emergency rostering and reporting would be required to monitor the daily staffing movements and levels within the trust during the Covid-19 response.

The trust planned to merge several wards across specialties to ensure safety could be maintained if nursing to patient ratios had to change due to unavailability. Furthermore, an agreement was announced as part of the North Central London Sustainability and Transformation Plan (STP), that hospitals within the STP would send general paediatric patients to Great Ormond Street Hospital to free up beds for Covid-19 treatment. Great Ormond Street Hospital redeployed 25 adult trained nurses to

other STP hospitals, helping other intensive therapy units (ITU).

Demand templates were designed to highlight full-time equivalent requirements and headroom in staffing levels; factoring in 25 per cent unavailability to anticipated illness or self-isolation.

A further mandate required the recording of all staff unavailability and absence. Once logged on Optima, the data fed into daily staffing Situation Reports for NHSI.

Onboarding the remaining staff to Optima

The Trust's absence reporting requires all staff to be on Optima for workforce visibility. A mass upload of the remaining 1,800 staff was conducted and service managers were added to the system for insights and reporting.

Newly added staff were educated on the use of Optima through virtual briefings plus user guides that listed step-by-step processes. It took two weeks to on-board the remaining staff correctly, whilst ensuring that business as usual tasks, such as password resets, roster approvals and payroll runs, continued.

The rostering team also trained people within the extended HR department to support with processes and reporting should any of the rostering team take unexpected absence.

Rostering Manager, Jemma Shorney led the project and was responsible for emergency rostering and reporting. She says: "The rostering project was going really well, with the majority of staff live by February 2020. As the pandemic evolved rapidly, both rostering and reporting became an even higher priority, my team had become front and centre as a key operational function and Optima was elevated throughout the trust – people recognised the importance of the software and we onboard with using it.

"We set-up a centralised operational hub on-site, where clinical site practitioners, medical rota coordinators and chiefs of service had large screens displaying key patient information and also real-time staffing levels from the RLDatix SafeCare software. It was in the hub where we were approached by one of the medical rota coordinators, who suggested that they would also benefit from using SafeCare for their staffing tool and redeployment tracker."

Implementing emergency rosters and using Optima to record new skills

Optima became more than just a tool for staff rostering and planning. Jemma and her team recorded 'Fit to Face' mask testing for staff under a designated skill to understand who requires to wear half or full face masks depending on their location of work.

Emergency Covid-19 rosters were created for doctors, spanning six specialities, with key skills being recorded, such as Neonatal Airway Management and Non-Invasive Respiratory Support. These ensured that should the Incident Plan by Skill be required, the Trust could clearly see where there were skill shortfalls or people that could be redeployed.

Jemma says: **"The medics team adopted Optima and SafeCare very quickly. Staff found the systems easy to use and information was loaded quickly and correctly. It was soon used across all of our junior doctors on the merged Covid-19 rosters and the information contributed to the visibility of our medical workforce."**

Jemma also organised the upload of emergency contracts to Optima. When generating an incident report, this would provide emergency contacts for the staff and make it easier to contact the staff involved.

RLDatix support and implementation of new features

RLDatix provided support throughout the adoption of Optima and SafeCare, and guidance for the trust's additional reporting needs in the first wave. A RLDatix Covid-19 Absence report was developed for customers at no charge, providing an organisational level snapshot of Covid-19 related absences. The report was shared daily with HR Directors and Roster Administrators in a format that would make it easy for anyone to pick up and understand.

When needing to fill outstanding internal bank shifts, the RLDatix team recommended an SMS solution that would integrate with Optima. The solution was set-up within three days and enabled a new communication channel to escalate shift opportunities.

Communication developments

When the absence reporting first launched, the HR team set up a service desk to record staff unavailability for anyone self-isolating, reporting an illness or having to work from home. The HR team then uploaded details to Optima to feed into the daily staffing report. This responsibility has since changed, with the service desk closing and managers now adding the absence reason directly to Optima.

The next step: Optima and SafeCare deployment across medics

Jemma says: "The implementation of Optima and SafeCare has been a steep learning curve for the team. We were expecting to finalise the project in March, but the pandemic extended the project timelines as we responded to new requirements. We now have just over 4,000 staff live on Optima at the point of project completion.

Optima and SafeCare has presented instant results in our rostering and data insights. Whilst it has been a challenge - progressing the project during the pandemic, with the system now in place, the benefits will be endless."

Jemma's next project involves the full implementation of Optima throughout the medical department - 700 staff, with the entire workforce expected to be on live rosters by October 2021.

Head of Nursing, Carly Vassar adds: **"The Covid-19 pandemic presented us with a completely unique challenge, with UK modelling predicting up to 75 per cent sickness it was absolutely essential that robust and transparent rosters could be developed. Optima and importantly the incredible team alongside it, meant we could quickly redesign our wards. Even with the mergers and redeployment, we were able to create Covid-19 rosters, build in potential changes to nursing ratios, and maintain safety with key skill requirements in place. Sickness, isolation and shielding trends can be viewed at a glance and we now have a trust-wide approach to ensure safe care. Nursing against a backdrop of national emergency always risked staff working in excess of normal patterns, but the system allows full view of this allowing us to protect wellbeing and fairness."**