

HealthRoster Case Study

Just four months to go-live with HealthRoster after taking the decision to change e-rostering software



Salisbury is a district hospital that has approximately 4000 staff. It is unusual within the acute sector as it also comprises of regional burns, plastics & rehabilitation with a

supra-regional spinal unit. The team at Salisbury NHS Foundation Trust took just four months to go-live with HealthRoster after taking the decision to change its e-rostering software. Today the team says they have a system that ward managers find easier to use, which is fully integrated to payroll and that has the reporting ability that will help ensure both safe and effective use of staff.

At the end of November 2013, the Executives at Salisbury NHS Foundation Trust took the decision to move from its existing e-rostering software to Allocate Software's HealthRoster. By March 31st 2014 they were live on HealthRoster across all their wards and the software was fully integrated to payroll for both permanent and bank staff. We spoke to e-Rostering Project Manager, Debbie Dupont about the motivation and the concerns of implementing a new system; we ask how they managed the roll-out of the HealthRoster and what the benefits have been so far.

Debbie, changing software is a significant decision. What is the background and how did you feel about the prospect of changing?

We had used an e-rostering system for three years but the Trust wanted to progress on its e-rostering reporting processes and the anticipated benefits realisation at the same time as still focusing on improving safe, high quality and effective rostering. The decision was based on a robust business case which demonstrated



the benefits of change. The timeline between deciding to migrate across systems and the completion date was very challenging to say the least. Importantly, we never doubted that we needed to e-roster, so moving back to paper wasn't an option.

What made you select HealthRoster?

We knew HealthRoster was used by a lot of NHS organisations, feedback had always been positive and this led us to decide to appraise it further. We had the benefit of hindsight from our previous e-roster experience and this was interesting as we knew what we required to evaluate its suitability. We scoped several Trusts who had also migrated systems to assess whether benefits were achieved.

We challenged Allocate to lead us through a successful exit from one system to the implementation of another. We listened to their advice and relied on their previous knowledge and experience. The company's approach towards the project roll-out, ongoing support and e-rostering itself worked exceptionally well. Key to the success was the team working between both the company and ourselves. The proposed approach to rolling out the software was well organised and focused on securing the basic principles in order to gain future benefits realisation from the start. Allocate have delivered this software many times and we wanted to utilise their years of experience. On evaluation, the software system seems very intuitive and now the basics are being achieved, the reporting will provide the information we need to identify benefits realisation.

Key Benefits

- Feedback from the wards is that it is easier to use and offers greater clarity
- Powerful reporting helps ensure staff are utilised effectively; avoiding unnecessary bank or agency usage.
- Responsiveness to national safe staffing requirements
- Partnership approach & expertise from Allocate team, described as 'Gold Standard' by IT department

So once you had the green light on HealthRoster, how did you start the process of roll-out?

It was made absolutely clear that the whole system had to be live by 31st March 2014. This was a financially based decision. If we had exceeded this deadline we would have had to pay support costs for the previous system alongside that of Allocate.

We created a cross functional project team that included people with nursing background, HR, bank team representatives, payroll, systems administrator, Allocate Implementation consultant, IT and IT trainers. The team members were co-opted in as required or attended if they had issues or concerns. The Issues log was used as our meeting record. This worked incredibly well. People were not called in to sit at a meeting for the sake of it but attended based on informed decisions and needs making it an effective use of everyone's time. I would strongly advocate this to anyone rolling out e-rostering. Our IT team were hugely supportive. They fully understood our motivations and they engaged with how important this project was to everyone –it makes a real difference when non-clinical teams have the appreciation and ability to view clinical needs leading to real team working across different disciplines. December and early January were spent building servers, developing the roll out project plan and testing. Then late January the training and roll-out commenced. In effect we had just 9 weeks once the hardware preparation and testing was done to complete the migration and training with each cluster going live during the training week.

What would your advice be to others looking to transfer to HealthRoster?

It is vital to get executive buy-in to help drive the process and ensure commitment at all levels. This software impacts on patient safety and how care is delivered at the frontline as well as efficiency, so it really does benefit from fully supportive and engaged executive involvement. Good team leadership for the project is very important to promote engagement and commitment. I'd suggest anyone taking on the project to ensure they have this and finally I'd advise anyone implementing HealthRoster to pay attention to Allocate and take note of their guidance. We had targets to meet and relied on the company to achieve this with us and the proof is in the outcome.

Was it hard to engage staff?

Staff engagement is crucial, but in fact it wasn't hard for us to engage our staff as they were very receptive. We benefited from having gone through the pain of transferring from manual processes to e-rostering previously; we didn't need to explain the rationale for e-rostering as this existed, we just needed to convince the ward managers and directorate senior nurses that HealthRoster was going to meet their needs and be easier to use. We used the opportunity to ensure some of the processes, such as approving rosters on time and reviewing flexible working patterns were reinforced. We used a bit of carrot and stick. The carrot was a golden opportunity of change which would not be offered again in the near future coupled with the anticipation of the new HealthRoster system that would meet their needs. The stick was the non-negotiable deadline and this meant they had to embrace training deadlines and processes to help us get the most from the product within the timeframe. Some of the reporting benefits might seem simple but basic things like having the ability to report unused hours is really important to ensure staff are utilised effectively and to avoid unnecessary bank or

agency usage. A second level of approval helps encourage more senior staff to be accountable and responsible with an awareness of what is really happening. We have great confidence that we will continue to get more benefit from reporting. Since we went live we have had to start meeting new national staffing requirements of submitting data to Unify, doing bi-annual establishment reviews and daily reviews. We have already experienced for ourselves the responsiveness and involvement of Allocate to the NHS England requirements for reporting into Unify. We were pleased to see how informed Allocate were. The speed with which they briefed customers on the requirements, offering sessions and then delivering an upgrade report to meet the new prerequisites within a short timeline was excellent.

You have mentioned a bit about what we are like as a company to work with, but I understand the IT department had some views on Allocate?

Our IT data base administrator stated that Allocate's IT approach and support through roll out had been one of the best he has seen; and that it was the 'gold standard'! This has remained our experience with the recent upgrades.

"The feedback from the wards is that it is easier to use and offers greater clarity and as a consequence we are benefiting from the fact that the wards have embraced the system."

So now everything is live what is next for e-Rostering in Salisbury?

We are building on the foundation HealthRoster provides and will be extending use so as well as permanent and bank staff we include agency and we will be rolling out SafeCare. This requires staff to keep rosters updated and will help drive timely data entry but importantly it means we can really bring the patient into the equation. It is going to drive safer care and make some things much easier like bi-annual establishment reviews but it will make other things possible for the first time such as daily staffing reviews. Redeployments can be made in real-time centred on the required number of staff based on the patient acuity on the ward that day.

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Debbie thank you for sharing your story. Are there any final thoughts you'd like to share?

Yes two things actually. The roll out was very intensive for all those involved and anyone doing the same should be prepared to revisit and refresh the staff training post roll out to ensure system confidence. Staff cannot learn it all within two days despite our best wishes and desires! I think the other thing that stands out is that our staff here and our colleagues from Allocate have absolutely worked as a team. We have all been focused on the same objective and that hasn't been just about implementing software, it has been about improving the quality of patient care through safe staffing.