

# Implementing HealthRoster and providing E-Roster training help to boost efficiency

North Tees and Hartlepool Hospitals NHS Foundation Trust had been long term users of the Allocate E-Rostering system, but not all staff had been trained to use it or were fully aware of its benefits. A new focus was needed to increase the use of the HealthRoster Optima package so its benefits could be properly realised.

A two-year transformation project switched the focus from a centralised rostering team to empowering all clinical managers to produce their own staff rosters using the auto-roster function. The project also focused on improving the use of technology among clinical and clinically facing staff, ensuring all staff had access to on-line off-duty, using the systems to request off-duty and annual leave as well as being paid via electronic upload.

Enabling staff to properly use the system means rotas can now be completed within just 1-2 hours, rather than the eight hours. Payments for overtime and additional hours etc are also more accurate and paper staff variation lists (SVL), filled out manually, are being abolished.

## Our challenge

Despite the E-Rostering system being in place not all staff had been officially trained due to lack of funding. The centralised E-Rostering team, consisting of two part-time implementation officers, four roster administrators and one admin support had reached full capacity.

By revising the E-Rostering strategy to implement HealthRoster for all clinical and clinically facing staff and giving them the ability to produce their own staff rosters, this would ensure a more efficient use of resources and attain value for money in terms of system costs.

To improve efficiency, it was also vital to increase the use of technology and resources among the same group of staff. Two large projects were run simultaneously; one focusing on medical job planning and E-Rostering, the other focused on E-Rostering for all other staff groups (this poster will focus on the latter).

## Our approach

To ensure capacity to run the project, the roles of the E-Rostering team were changed. As some staff had moved into new roles within the trust, the ability arose to restructure and change the focus of the team. The new structure included three E-Rostering implementer posts and two E-Rostering systems support staff.

The team worked with each assigned roster manager and deputy to train them to use the system and ensure they had the appropriate access levels to complete tasks. To improve the use of technology, all staff were given access all staff were given access and trained to use EmployeeOnline effectively to request off-duty, annual leave etc. Wages were also paid by electronic upload. The aim was also to abolish paper SVL payroll processes.

### Changing working patterns and templates

Working systematically with each team, the implementer teams ensured rules and restrictions, working patterns and templates were configured to allow the auto-roster to effectively populate the majority of a four-week roster at the click of a button.

Large amounts of detail were needed from services and staff to enable the service to function. Production timetables and calendars were shared with all managers, highlighting the dates and timescales they needed to adhere to, in order for staff to receive their off-duty 6-8 weeks in advance. It took six months to decentralise roster production for all areas.

### Abolition of paper SVL

At the time the payroll process was electronic for those on HealthRoster, although as a contingency, service managers completed a paper staff variation list (SVL) where overtime, enhancements and sickness absence were recorded. The remaining services not implemented completed the SVL, recording all attendance and absence detail for the month. These were manually input by the payroll department.

Almost 4,000 staff are to be given access to HealthRoster and EmployeeOnline across 200 teams/services during the 19-month project with implementer staff completing three teams/service each week.

## Lessons for others

Our teams have taken a collaborative approach to the implementation. Some teams have proven more difficult than others, but the underpinning message being delivered to all staff and managers is that of improved workforce deployment, workforce management and operational efficiencies through better use of technology.

### Success so far

The project began in October 2018 and so far the E-Rostering team has successfully completed 70 per cent of the implementation plan meaning the trust is on course to reach Level 1 of the NHSI E-Rostering levels of attainment by May 2020. Following staff group specific analysis of E-Rostering attainment levels by Allocate, Ward-based nurses currently sit at Level 3 and have a clear action plan to reach Level 4.

## Our achievements

It is clear that the auto-roster system is more time efficient as staff are reporting that rosters can now be completed within one to two hours, compared to the eight hours it took to complete a manual rota.

Cost savings are also being made through more accurate payments of additional hours, enhancement and overtime etc. Quality checks completed following electronic paper upload against the paper SVL for a two-month period, suggests managers complete SVL directly from paper timesheets submitted by staff with no validity checks in place. A high percentage of discrepancies which occur each month are as a result of staff claiming overtime payments instead of additional basic rate payments.

