

James Paget University Hospitals  
NHS Foundation Trust

eRostering for medical and anaesthetics provides greater visibility for redeployment and enhances patient safety



### Summary

Providing care to a population of 250,000 residents across Great Yarmouth, Lowestoft and Waveney, the James Paget University Hospitals NHS Foundation Trust employs more than 4,000 staff and has around 500 inpatient beds. In 2019, the Trust went from a standing start to achieving 100 per cent of its medics in the Division of Medicine fully electronically rostered within just nine months with Allocate's eRostering programme. After 18 months, this had been rolled out across the trust to all 4,329 staff.

### Why introduce medical eRostering?

In May 2019, the trust's Risk Register was amended to include the risk around the visibility of medics' working patterns, cancelled theatre lists, cancelled clinics and utilisation of the workforce to support all cancelled activities. Discussions then progressed into spiralling costs and the lack of visibility of medics' unavailability such as annual leave, study leave or sickness.

During the first wave of the Covid-19 pandemic, not everyone was live on the roster system, resulting in spreadsheet reporting for absence, roster and ESR reporting for absence. With the need to supply absence figures once a week (via e-hub), this was very difficult when using multiple spreadsheets plus rosters. This highlighted a need for a Covid-19 and winter pressures contingency plan, enabling greater visibility of everybody's absence in one place.

### Understanding of need for visibility was crucial to overcome challenges

Implementing change in the workplace brings many challenges, often with concerns that there is not enough resource in busy departments, questions around why change is needed in the first place and how much it is going to cost.

The Trust's priority was to get the system in place to manage absence through the winter of 2019 and so the focus became ensuring users and medics understood why, rather than focusing on financial savings.

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**“It was imperative everyone understood what we were trying to achieve, a greater oversight and greater clarity of data, so that they could see why we were moving from a paper-based system to a much improved electronic system.”**

**Phil Weisher**  
Divisional Operations Director  
Diagnostics & Clinical Support Services

All it took was one medic, the Deputy Medical Director, Mr. Vivek Chitre, to recognise the impact that having the right clinicians in the right place at the right time would have on patient safety. He realised this was not a nice to have, but a must have.

### Building a strong roll out team was crucial to success

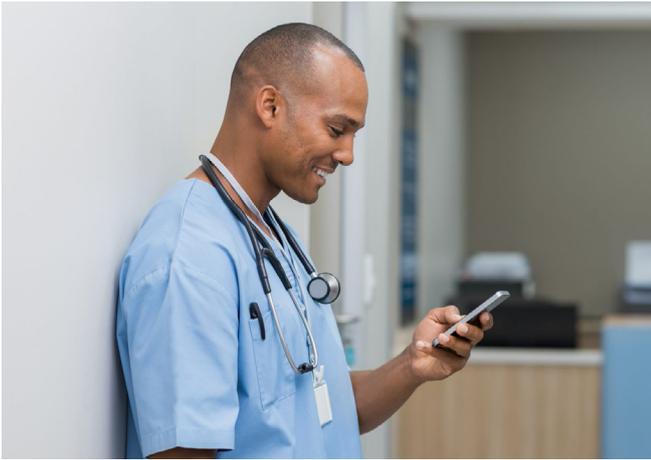
Laura Green, Senior Workforce Project Manager at the trust, says: “We put a roll out plan together using the skills we had within the team, using the right forums, with the right audiences to get our key messages heard.”

We built an internal brand around the promise that we would “Get it Right First Time”. Laura says: “We adopted a “We throw, you catch” approach with the team – and they've never dropped a ball, catching everything we've thrown at them. Getting it right first time, every time.”

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**“One of the key factors of success has been the e-rostering team themselves. Engaging with key stakeholders, having a fantastic understanding of the system and organisation has enabled them to sell the benefits to those colleagues to embrace the system and get maximum benefit from it.”**

**Anna Hills**  
Chief Executive



### Creating a better staff and patient experience through the Covid-19 pandemic

Having easy access to absence numbers without the use of spreadsheets has been very useful throughout the Covid-19 pandemic. When elective surgeries postponed it was possible, with the help of the new system, to redeploy the Hospital Sterilisation and Disinfection Units.



**“Now everybody knows who to call for help and who is actually available. The system tells us who is the right person to get to the alerts, so the speed with which patients can be dealt with improves which is great for patient experience. It is also great for staff because they know there are other people available to help.”**

**Vivek Chitre**  
Deputy Medical Director

By enabling visibility of who is where in the building this has also helped with contact tracing. Being able to group staff by shift, by time, by breaktime or by ward, ensures that if there is an outbreak it is possible to pinpoint exactly who had been in contact and lock them down quickly to prevent any further spread.

When the project started there were only two experienced roster administrators. A new member of the team was added from the Medical Staffing Division who already had existing relationships with the team and knew how the system worked in terms of how medics were deployed, how they job planned and used Allocate’s eRota and exception reporting. Extra support was also added from within divisions who released resources to ensure a smooth roll out.

With the support of the Deputy Medical Director, the team was able to build trust and cemented its reputation as a safe pair of hands which paid off when it started to engage with the medics.

### Good communication and support helped to build trust among medics

At a meeting of A&E consultants it was clear there was concern over creating visibility of working patterns. By showcasing the technology, it was possible to show it was not about monitoring them, but instead providing extra support by being able to see which colleagues are available and where to help pick up theatre lists, clinics or respond to an on-call request.



**“We let the technology speak for itself. The junior doctors we have now are coming from the most connected generation we have ever had. We created their MeApp user accounts in advance, booked a 30-minute slot in their induction presentation and let them do the rest. The junior doctors loved the MeApp. For those who are less able with technology the trust was able to use its 10 years rostering experience to help and support them.”**

**Laura Green**  
Senior Workforce Project Manager

Business support managers and corporate staff were more of a challenge to bring on board. As so much work was being carried out on paper, such as timesheets, they were understandably concerned that the software would replace their jobs. However, the medics stepped in to show them the technology in action and why it was necessary, helping them to see how it would make their lives easier.



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**“We didn’t know everything, and at the beginning we knew nothing about medics or job plans or on-call shifts or the A&E shop floor. But we did know about HealthRoster and we knew what it could do. We knew what was possible and with a solutions focused approach, we delivered exactly what was promised.”**

**Laura Green**  
Senior Workforce Project Manager

**Skills, knowledge and Allocate support helped to build a project to be proud of**

Any kind of project that involves implementation or change process, is a real rollercoaster, however the sense of achievement for getting the Division of Medicine live has really made the team believe in themselves.

About five years ago, when it was just a nursing project/platform, the rest of the organisation didn’t know or care who the roster team were. Now everyone knows and, because they can deliver, everyone believes in them.

Laura says: “Combining that medical staffing knowledge with the existing Rostering skills and system knowledge meant the team themselves became part of our brand. I genuinely believe we have one of the best roster teams in the country – but I am biased.

There was lots to learn, but with the help of the Allocate support team who talked them through what was needed, it was possible to move forward.

Laura Green says: “We use and access everything Allocate has to offer. Our team are well on their way to becoming accredited through the Allocate Academy; we want to be an accredited site. We make Allocate work for every penny of our business and we use all the tools they can give us.”

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**“We want to put patients at the centre of everything we do and the e-Rostering project has really enabled us to do that. Our clinical and operational colleagues have really seen the benefits from this project, particularly in terms of understanding where our medical colleagues are, where they are working and being able to see that in real time – allowing us to roster and redeploy people and it has been really successful for them.”**

**Anna Hills**  
Chief Executive

