ALLOCATE

Bank**Staff** Case Study

North Tees and Hartlepool NHS Foundation Trust

Are you being as efficient as possible in relation to your Bank and Agency staff usage? Esther Blakey, Trust Nursing Resource Manager at North Tees and Hartlepool NHS FT explains how their Trust has achieved savings of over £550,000 on their nursing agency and overtime spend.

The audit commission (2010) shows that NHS organisations spend between 1% and 28% of their total nursing pay budget on temporary staff (bank and agency nurses). Through Allocate's solution North Tees and Hartlepool NHS Foundation Trust (NTHFT) have reduced their expenditure to 2% and have reduced mortality to the lowest in North East.

The challenge

The national QIPP programme aims to deliver £20 billion in NHS efficiency savings and the Department of Health has targeted a £500 million reduction in expenditure against temporary staff (bank, agency and locum staff) by 2013/2014.

The Trust's primary objective is patient safety and quality of experience. The importance of setting appropriate staffing establishments and ensuring staff understand patient needs and clinical pathways supports the need to reduce reliance on temporary staffing solutions. The Trust also recognised that achieving this would also contribute to the effectiveness of clinical, operational and financial outcomes. As the Trust had already introduced Allocate's e-rostering system, HealthRoster, the next stage was to utilise the system further by rolling out Allocate's BankStaff solution to manage all staff bank requirements.

The need for change

Before an electronic bank system was introduced, the Bank office was purely paper-based resulting in inefficient utilisation of resources and ineffective management of processes. Examples of inefficiencies include:

- Bank office paper based
- Requests were made by telephone / e-mail leading to inconsistencies
- Inability to determine if the request was within budget
- Inability to determine if resources were available from another area across the Trust
- No reasons recorded for the why the requests were made
- No authorised 'requester' list available
- 257 bank staff – however still unable to cover shifts therefore utilising Agency

Key Benefits:

- Achieved savings of £562,338
- Reduce agency expenditure to 2%
- Reduced mortality rates to lowest in NE
- Ensured all budgets vs templates are balanced
- Streamlined requests made by staff
- Change the policies and procedures of Bank staff
- The introduction of other process improvements across the Trust

The solution

The Trust introduced the Bank Staff solution across all areas utilising the Trust's e-rostering system, HealthRoster, to manage all staff bank requirements. This helped to ensure that appropriately skilled and qualified temporary staff are allocated to Bank duties, to minimise clinical risks, and control agency costs and spend.

Esther explains further why the Trust chose Allocate's solution; "The use of the Trust electronic rostering system allowed the delivery of new, improved functionality and usability. It empowered staff enabling them to manage their availability and nominate themselves for shifts, whilst at the same time achieving more efficient and effective staffing processes to support managers to release more time to attend to patient needs."

The solution has also enabled managers to act more proactively when identifying mandatory / non mandatory training for staff linked through staff appraisals and Personal Development Plans. Thus ensuring that staff have the correct training and therefore ensuring safer nursing care.

Improving processes and procedures

In addition, the solution has given the Trust the ability to:

- Ensure all budgets vs templates are balanced

- Highlight where staff could be effectively redeployed across the Trust due to under-demand

- Enable greater transparency of where and why Agency staff were being used

- Streamline requests made by staff

- Review the shift request policy to ensure that Agency staff are only used when absolutely required

- Enhance reporting and analysis of Bank staff usage to support future staff planning

When introducing the BankStaff solution, the policies and procedures for requesting and utilising temporary staffing were reviewed and in line with the functionality of the system requesting rules and authorities were added. These being:

- Requests only accepted if requested through the BankStaff solution

- Requests only accepted by senior staff (Band 5+/Take Charge competency)

- Only able to request shifts if a vacant duty is available

- 'Specials' requests extra to basic ward requirement (when no ward vacant duty present)

- Review of bank staff availability and work record (<6 months)

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Following these reviews and full implementation of the Bank Staff solution, the total number of requests; bank and agency fills; and 'specials' requests were monitored on a weekly basis. In September 2009 the total number of temporary staffing requests were 320; Bank fill of 116 (36%); Agency fill of 140 (43%).

The introduction of other process improvements across the Trust

This solution, and subsequent internal reviews has helped to drive other process improvements across the Trust, including;

- Recruitment drive for bank staff – internal and external.

- Assessment form introduced for special (one nurse to patient) requests.

- Agency requests only actioned if General Manager (GM) approved.

- Introduction of Employee-on-line functionality within the e-rostering system enabling staff to request shifts and book annual leave within agreed headroom (14% of WTE). Requests limited to 2 per 4 week period.

- Centralisation of all ward rosters within the Nursing Resource department ensuring all staff hours utilised and 'expensive' shifts covered first i.e. weekends and nights leaving 'cheaper' day shifts to be covered by temporary staffing, and roster produced within Trust agreed parameters for annual leave and study time.

- Following assessment of analysis approval of rosters by Ward Manager and Matron before being released. No rosters released if outside agreed parameters for safety, efficiency, cost effectiveness and fairness.

- Rosters produced 4-8 weeks in advance enabling visibility of problem areas and subsequent proactive utilisation of staff across directorates where available

- Daily assessment of bank requests – bank coordinator rings wards to assess if shifts still need covering.

- Prioritisation of temporary staffing shifts to be covered i.e. specials, short term sickness.

- Weekly reports to the executive director of nursing.

Following all the above actions the total number of temporary staffing requests now average 135 a reduction of 42% on September 2009; Bank fill of 66% an increase of 30%; Agency fill of 0 a 100% reduction!

The savings

When comparing the April 2010 to Jan 2011 position with the same period in the previous year, the Trust has achieved savings of £562,338 on their Nurse which comprises of Bank (£42,752) Agency (£244,692) & Overtime spend (£274,894). This is directly attributed to the improvements made across the nurse workforce process from better demand and establishment control through scheduling and agency approvals.

Other benefits for the Trusts

Since implementation the team at the Trust have realised other benefits:

- Administrative processes have been automated the link with ESR HR Gateway and Payroll

- Simplified the process for Ward Managers – minimal requirement for transferring vacant shifts to Bank requests thereby saving on staff resource as well as reducing clerical errors

- Monitoring realistic and actual gaps in current service

- View one complete & accurate clinical governance record

- Real time operational data (unavailability, sickness & absence data) to aid future planning and analysis

- Stop allocation of Bank shifts when the Bank person is substantively sick

In conclusion

Utilisation of the e-rostering solution has enabled the Trust to more effectively manage their own temporary staffing without the need for a dedicated office / workforce to manage it.

Through the solution, staff are able to provide in-house Bank cover while still maintaining a centralised protocol and ultimately deliver more cost effective care, whilst improving the quality of the care given.

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Esther Blakey, Trust Nursing Resource Manager