

## HealthRoster Case Study

# Northern Devon Healthcare NHS Trust



The Northern Devon Healthcare NHS Trust was formed in 1991 and manages a portfolio which includes an acute hospital (North Devon District Hospital), 17 community

hospitals and a wide range of community health and social care services. In 2011 the trust was reconfigured to include adult community services in Exeter, East and Mid Devon, together with a number of pan-Devon specialist services.

Caroline Raby, eRoster Operational Lead, Northern Devon Healthcare NHS Trust, has been involved in a number of projects concerned with clinical staffing and improving efficiency. The initial focus was on nursing and the trust went live with Allocate HealthRoster in 2008. However, the trust has now embarked on an initiative to bring medical staff, including consultants as well as non-medical staff, into its programme.

### The challenges

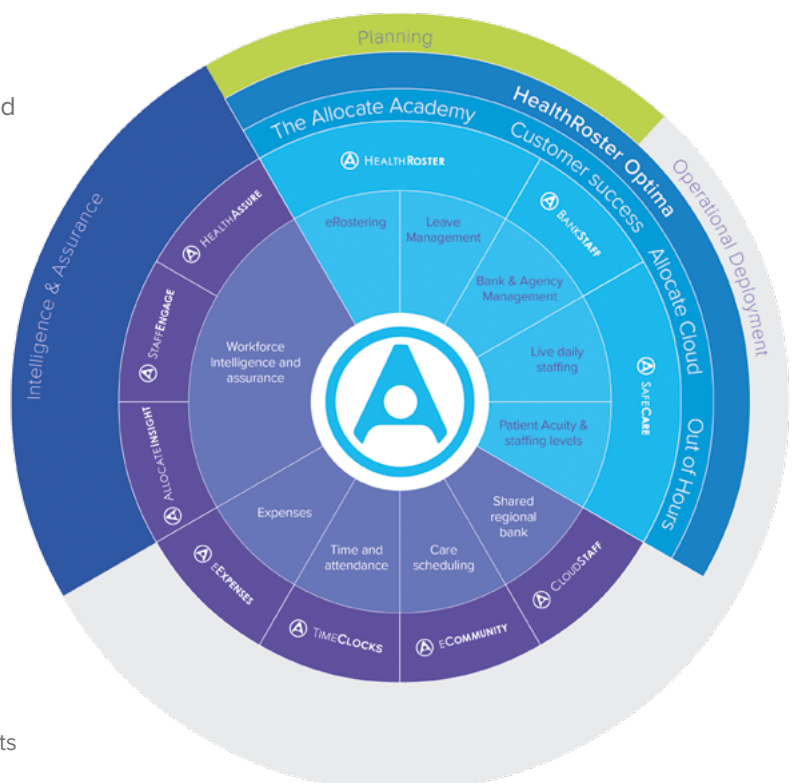
The trust set out an £8.9 million cash releasing efficiency savings plan during 2011-12 and has recently launched another drive for further efficiency savings. Caroline says that the trust has set a cost avoidance target of £1.5 million from the nursing rosters alone. "We have apportioned the cost avoidance targets across the different wards and departments based on their previous spend on temporary staffing and have now started to monitor this on a monthly basis," says Caroline.

### The solution

One of the initiatives which the trust hopes will contribute to its targets is the intention to record all medical staff's work time

and absence in HealthRoster for Medics. "In this way, we can better ensure that the optimum levels of substantive staff are available for clinical duties, thereby enhancing patient care and enabling us to meet the trust's Key Performance Indicators," she says.

Although there are preconceptions about rostering being a nurse-oriented system, clinicians at the trust have recognised the benefits to be realised and are now actively engaging with it.



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For the medical staff the impetus has been improving patient outcomes by being able to plan staff rotas to match clinical sessions & activity. “Our lead clinician in ophthalmology wanted to use HealthRoster & HealthRoster for Medics together so it would be possible to see, on any given day, the entirety of staffing theatre by theatre. That includes medical staff and nursing staff. It is still early days, but can see that once it is fully implemented and operational it will be a powerful tool,” says Caroline.

Caroline explains that successful e-Rostering for clinicians needs a change to the way planning rotas for medical staff is approached. “For this to work it involves the Medical Director and the whole of the Executive team to embrace the idea and persuade consultants that it is beneficial.

The way HealthRoster & HealthRoster for Medics allows organisations to focus on planning clinical sessions and activity is a big help. Our lead clinician in A&E is very engaged, and medical staff there have been using HealthRoster successfully for the last year. “The way we have approached this is to work closely with those clinicians who recognise the benefits of managing clinical sessions more effectively. The senior management team is also being very supportive.”

**The benefits of working with Allocate Software**

Working with Allocate Software has enabled Caroline and her colleagues to see which processes within the trust have to be addressed in order for e-Rostering to be effective. This in turn has helped the trust meet its efficiency savings targets.

In particular, the trust found areas where the existing rotas were not making the best use of the medical staff resource available. For example, having entered the Junior Doctor Rota template from HealthRoster for Medics into HealthRoster, the team realised that a number of hours were unaccounted

for. The rotas were redesigned which has resulted in an additional junior doctor in A&E every day. This will enable the trust to better meet the four hour waiting time target as well as increasing the time available for junior doctor training.

Efficiencies in Ophthalmology have also been realised. The trust now has an additional six clinical PAs per week for middle grades as a direct result of reviewing the job plans individually and reducing their supporting professional activities.

Caroline points out that this approach goes beyond making the trust’s workforce more efficient. She says there is a direct link to patient outcomes because it reduces waiting times, which is especially important in A&E. “We are looking forward to taking the same approach to Obstetrics and Gynaecology.”



**Caroline Raby,  
eRoster Operational  
Lead at Northern Devon  
Healthcare NHS Trust  
also plays an important  
part in Allocate’s  
User Group Steering  
Committee.**

The committee is impartial and is representative of the customer base. Caroline leads the South West regional user group - a network of users from local organisations where they share their expertise with each other and feedback to Allocate Software improvements to the products.