

## AllocateAwards Case Study

# East Kent Hospitals University NHS Foundation Trust

Before HealthRoster was initially implemented at East Kent Hospitals University Foundation Trust, rosters had been created by individual wards, in isolation from other areas and with no management visibility. The trust knew that a more efficient and fair approach to workforce deployment was needed, and when the trust was placed into special measures in 2015, an opportunity arose for the e-rostering team to have a significant impact.

Though HealthRoster's implementation was helpful, its full potential wasn't understood and therefore not realised. There was a belief that it was only useful for paying enhancements and that it couldn't be used in real time.

The rostering team battled to communicate the strategic importance of the deployment of staff on rosters, and came up against a mistrust of the data and new systems, and a lack of management interest in it.

Senior leadership is essential to change and without this, the roster team struggled. Then, with the appointment of Heather Munro as head of nursing (HoN) in the surgical division, the team found a champion who accepted the challenge to make HealthRoster work properly for the division.

Together, the surgical HoN, HR systems manager and the rostering team have helped make HealthRoster a live operational system, directly linked to patient care through the SafeCare module, with executive engagement being delivered via AllocateInsight.

Surgical division led the way by introducing monthly meetings for all ward managers and matrons to discuss, initially, a few key roster metrics. For the first time, ward managers were held to account for data on the rosters. The rostering team ran data cleansing sessions to help identify historical errors and to enable managers to correct the data themselves.

Roster approval dates were then brought into focus. The team reported, in real time, which rosters had been approved six weeks before the start date. This was circulated to the executive team and the divisional directors, enabling immediate corrective action.

Following the surgical division's example, the other HoNs then introduced the monthly rostering meetings and the rosters quickly improved.

The attention that is now given to the staff rosters, and to SafeCare, has resulted in many benefits for the trust, its staff and patients.

Results for approving the rosters six weeks before the start date have improved across the trust but mostly for the urgent care and long-term conditions division.

Hours balances have improved and now compare very favourably to other similar trusts. This ensures getting the most from substantive staff and also that their hours are spread appropriately.

Jan Jerram, HR systems and information manager, said:

**“Our main advice would be that it is never too late to find a champion and make HealthRoster and its associated modules work for your trust. We trod water for six years but then with a newly appointed head of nursing working with the rostering team, we have been able to make real and significant progress.”**