

AllocateAwards Case Study

Epsom and St Helier University Hospitals NHS Trust

The medical rostering team at Epsom and St Helier set out to bring in a new way to record and process all payments for additional sessions. These include additional clinics or theatre lists to support waiting lists, beyond individual job plans and department service plans.

The main aim was to overcome the lack of visibility on additional sessions and to find areas for improvement. Challenges were soon identified, including the fact that paper timesheets were still being used, which were often submitted weeks or even months after sessions were worked, making them difficult to track.

Divisional leadership teams knew additional sessions were being worked, but did not have the best controls for authorising or recording them. Importantly, there was no accurate recording of what impact this had on overtime spend for supporting staff groups, such as theatre and outpatient nursing.

A project plan was created, with the aim of creating a single process across the trust, with a consistent approach to authorise, record and monitor additional sessions, and try to unify rates of pay.

After a few months, the team decided to use the HealthMedics suite and ActivityManager, to provide services with better visibility on when clinic rooms and theatres were available. The team knew there was a need for extra sessions, but wanted to avoid scheduling them during evenings and weekends and instead pull the sessions into core business hours, where rates of pay were less costly and supporting staff were already present.

To date, there have been considerable cost savings. Information captured and reviewed in HealthMedics has enabled the trust to move additional sessions into weekday day time.

In January 2017, the trust was delivering 45 per cent of additional sessions in weekday daytime hours. By August, this figure increased to 75 per cent.

In July, the trust agreed to remove all enhanced additional session payments, so that all sessions are paid at a flat rate of £400, regardless of when they are worked.

The data also showed the total additional sessions worked almost halved from October 2016 to August 2017. As more of these sessions move to weekday daytime hours and the total number of sessions has fallen, the monthly cost has dropped from £80,000, to £40,000 per month.

The associated nursing overtime is also down, dropping from 1,900 hours in January, to 1,400 hours in August 2017. The cost also dropped, from £27,000, to less than £20,000 in August. So far, the total reduction in spend across the medical and non-medical workforce is an average of about £27,000 a month.

Daniel Chilcott, medical rostering project manager, said:

“The trust is proud of what it has achieved, and plans for further improvement are underway. The first step in improving is to capture what is already happening, as this allows you to identify existing trends and opportunities.”