ALLOCATE

AllocateAwards Case Study

North East London NHS Foundation Trust

To achieve its objective of a £10million reduction in agency spend by 31 March 2017, a working group of staff across North East London NHS Foundation Trust began monitoring the trust's compliance with price caps and off-framework agreements, and its use of contracted hours, return to work processes and eight-week rostering.

Initial analysis of data extracted from HealthRoster and ESR showed that the highest spend on agency staff was within the trust's 11 mental health inpatient wards, equating to 10.66 per cent of all staffing costs. A project team, commissioned to work closely with these units, reported that HealthRoster was not being used effectively. The units were not carrying out eight-week roster approvals, staff contracted hours were not fully utilised and return to work interviews were not being completed and updated on the system.

Change was necessary, and the working group set about developing a project plan for delivering and managing these changes.

It was identified that, although staff in the inpatient units received some support when HealthRoster was originally rolled out in 2013, senior management were not close to the day-to-day operation of e-rostering and so there were limited implications for non-compliance. Staff engagement with the system varied and there was a lack of understanding of HealthRoster's benefits.

A series of training sessions, workshops and surgeries were developed to work with these units. The transformation lead linked in with HR, finance, care directors, staff side and performance to ensure that the content of the sessions was appropriate and that the correct staff, within the correct units, were targeted.

The trust completely overhauled its education and training provision for HealthRoster, offering up to three sessions each month.

The benefits of these leadership and engagement changes, and the increased understanding and use of HealthRoster are many:

- Overall use of agency shifts has reduced from 10.66 per cent to 6.35 per cent.

- Internal bank use has increased from 22.08 per cent to 33.3 per cent, enabling the trust to use existing staff and therefore reducing temporary staffing costs.

- For the target area of inpatient services, the trust has seen eight-week roster approval improve from 13 per cent to 78 per cent.

- Improvement in recording of return to work interviews on HealthRoster from 6 per cent to 63 per cent.

- Decrease in bank lead time from 24 per cent to 6 per cent.

- Additional duties reduced from 3,607 to 2,296. This was achieved by removing the permission to create additional duty from all staff below roster manager level.

The team pinpointed the key elements that contributed to the success of this change management programme:

"Strong leadership and executive engagement is essential," they agreed.

"Also, ensure there is a wide organisational representation and focus on benefits realisation. Make sure the project plan includes how compliance will be measured, and consider what the consequence of non-compliance is in line with an effective policy."