Using data to reduce non-medical agency expenditure and maximise substantive staff usage

In 2016, The Rotherham Foundation Trust (TRFT) recognised that it did not have good over-sight of the usage of staff, substantive or temporary.

Using e-Roster and Electronic Staff Record data, the TRFT has worked to resolve these issues through the creation of a Workforce Programme Group (WPG), formed to monitor and manage agency expenditure. At a weekly meeting, the WPG reviews the staffing planned for the week passed and the week coming to review areas with gaps or additional staff, and ensure budgets are adhered to.

As a result of this new process we have seen an over 25 per cent drop in non-medical agency, as well as improvement in the use and accuracy of rosters, and the development of better working relationships between HR systems, corporate nursing, and divisional management teams.

Our challenge

Previously, planning and management of rosters and temporary cover was worked on by areas or staff groups in isolation. Little trust-wide reporting was in place and what did exist was retrospective and driven by spend. Very few processes and procedures were in place to manage rosters collectively. This meant that not only were rosters inefficient, but there was also very little control over trust-wide absence planning. This led to peaks and troughs of temporary staffing usage and areas oscillating between famine and feast in terms of sub-stantive roster fill.

Agency usage was high and expenditure planning relied on budget holders supplying finance with the details of the temporary staffing expenditure they had incurred, often after the shifts had taken place, which meant the trust was unable to forecast expenditure accurately and had little oversight of planned rosters.

Our approach

The Workforce Programme Group

In February 2017, the trust agreed to the formation of the Workforce Programme Group (WPG) to oversee all staffing expenditure. The WPG meets weekly and includes the executive director of workforce, associate director of HR, deputy chief nurse, deputy director of finance, general managers, heads of nursing, heads of medical staffing, workforce information manager, recruitment manager and bank office manager.

The WPG was formed to ensure that for non-medical staff groups areas were safely staffed, pay expenditure was controlled, only key shifts were sent to agency, the trust remained under the NHSI agency expenditure cap, and annual leave was spread appropriately through-out the year.

In order to achieve this, it was necessary to produce a new report that brought all staffing data together on one page from our three key HR systems: ESR, e-Rostering and the Bank Staff.

The report

The report initially tracked staffing as Whole Time Equivalent (WTE), as this ensured areas were not utilising more staff than they were budgeted for.

At the initial few meetings, the data in the reports was scrutinised and corrections were made where necessary. This had the unexpected benefit of increasing not only data accuracy but also senior level understanding of where the data came from, and therefore increased the appetite to keep the HR systems updated in real time.

As the meetings progressed, the format settled, and the weekly discussions reviewed the staffing levels forecast for the week coming and, where necessary, areas were challenged about their plans. The areas detailed the reasons for their temporary staffing usage and the bank office manager advised as to the likelihood of filling last-minute shifts.

Development

After a few months, staffing usage was being managed within establishment. Agency expenditure, however, was not decreasing at the rate expected and budgets were still being overspent.

After investigation, it was highlighted that areas were filling shifts to establishment, including bank and high-cost agency staff but finance budgeted only for sub-stantive costs and so areas were overspending.

At this stage, the reports were updated to be based upon pounds and pence rather than WTE. This represented a step change for the WPG and evidenced how far we had come in our understanding of the actions being taken and their impact.

Our achievements

The success of the Group has been phenomenal, cutting non-medical agency expenditure by over 25 per cent, which is approximately £1,200,000 this year.

This is far beyond the expectations at the formation of the WPG and has only been achieved as a result of tremendous group effort. Almost all the objectives of the WPG have been achieved. The only outcome that requires ongoing work is the annual leave spread; although this is monitored closely the trust still experiences peaks during school holiday weeks. In addition to the expected outcomes, other unexpected benefits have occurred. These include far closer working relationships between the corporate HR teams and the nursing leadership. This has been influential in facilitating other crossworking recruitment activities.

The main benefit, though, is for the patients. The areas are now making best use of their substantive staff and as a result keeping bank and agency staff to a minimum. It is widely accepted that our own staff deliver a higher quality of care than temporary staff as they are better able to work as a team and are more familiar with the area and patient group. By ensuring we are making most use of our substantive workers, we are improving care and also ensuring that we extract maximum benefit from each healthcare pound we spend by reducing the use of high-cost agency staff as much as possible.

Lessons for others

The learning from our project is that addressing staffing issues requires a trust-wide approach. All areas need to be involved – it is not simply an HR or nursing issue. We have learnt that the data needs to be maintained in real time.

Without the introduction of e-Rostering and the bank we would not have been able to achieve these outcomes, as the data would not have been available weekly. It is also essential to have the workforce information manager at the meeting as they are able to help attendees convert the data to intelligence. They are also on hand to correct any data inaccuracies.

We also learnt that areas often select unusual options from dropdown menus within systems, so we now make these as restrictive as possible.

Contact
Stephen Sellars - Stephen.Sellars@rothgen.nhs.uk

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