Chesterfield Royal Hospital
NHS Foundation Trust

How Chesterfield Royal reduced additional duties by implementing an authorisation process

During 2018, Chesterfield Royal Hospital Foundation Trust implemented HealthRoster across inpatient wards within the medical and surgical divisions. The change in system allowed the trust to gain greater control over shift allocation, and a new authorisation process has led to a reduction in additional duties, reducing overstaffing and generating financial savings.

Our challenge

Prior to implementing HealthRoster, we had an ongoing issue with roster creators allocating too many staff on some shifts and not enough on others. This was often due to roster creators trying to accommodate staff requests and led to understaffed shifts being covered by bank or agency staff. This was the main area we wanted to focus on, and we knew that HealthRoster functionality would support us in tackling the problem.

Our approach

During the roll out of the HealthRoster software, the training involved a joint session between roster creators, senior matrons and the divisional head of nursing. In this session the planned roster was reviewed, challenged, and updated where necessary, and additional duties were authorised and added if warranted. These sessions set the standards for future roster creation and approval.

As HealthRoster was implemented in each unit, we put a process in place requiring the roster creator to email the head of nursing with any additional duty requests and the reasons why they were required. Once approved by the head of nursing, the eRostering team would add the duties and communicate with the roster creators for allocation. This process, however, was having a big impact on eRostering team resources, and it was agreed that this would be managed centrally within the divisions by dedicated administration staff.

While the trust had successfully gained control of additional duties and was able to prevent unnecessary overstaffing, a new issue arose. The number of admin days and supernumerary shifts appearing on rosters suddenly increased, and a review identified that these were being used in place of requesting additional duties. In response to this, demand templates were updated to reduce admin days to budgeted numbers only, and optional supernumerary shifts were removed completely. The divisional users were asked to add admin and supernumerary shifts by authorised request only.

Our achievements

Now that all shifts above budgeted demand can be easily reported within HealthRoster, the data is used at staffing meetings to identify how staff can be redeployed to cover staffing shortages on other wards.

The recent implementation of the NHS Professionals interface has further increased our visibility of staffing and this will be strengthened by the introduction of SafeCare later this year.

Using data from our old eRostering system and HealthRoster, we were able to identify a saving of approximately £40,000 for just two units over four roster periods.

A snapshot of a February 2019 roster compared with a December 2018 roster showed a 65 per cent reduction in qualified initial additional shifts over the roster, and a 30 per cent reduction in healthcare assistants shifts.

This would potentially deliver up to £15,000 in savings per week, depending on the level of redeployment to other areas.

Lessons for others

We learned from this process that it is vital to get demand templates 100 per cent accurate and aligned to budget. Where roster creators have the freedom to overstaff, they will take it. It is important to note that alignment of the demand template with budget is the joint responsibility of eRostering, managements accounts, and the ward/unit, but the head of nursing also needs to be involved.

A key factor in the success of the process was that we have always had senior management on board supporting our recommendations, and we work together to achieve the objectives. As a result, we have seen reductions in the number of additional duties, admin days, and inappropriate supernumerary shifts.

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