



# ALLOCATE

## AWARDS

# 2017

## THE WINNING TOUCH



ALLOCATE  
AWARDS

2017

UK & IRELAND



ALLOCATE  
AWARDS

2017

UK & IRELAND

# WELCOME FROM THE CHIEF EXECUTIVE

## FOREWORD



**Welcome to the Allocate Awards 2017. We believe passionately that it is essential to acknowledge and celebrate the impact our customers are making to their staff and to patient care using our solutions. Not only because of the hard work and dedication that the users of our software invest, but because we as a community have a unique opportunity to share achievements and inspire each other.**

This year's shortlist has inspired us all and I am sure as you read through the stories in this booklet it will do the same for you. I want to thank everyone that took the time to share their stories and write submissions. I'm particularly pleased that submissions this year all relate to the principles of Workforce 2.0.

Workforce 2.0 provides a vision and framework to articulate what effective workforce deployment looks and feels like to organisations, staff and patients. With the shortlist this year all customers can begin to demonstrate the material impact these principles can have on care delivery.

As always the awards are managed by NHS Employers and judged completely independent of Allocate staff. I would like to thank the team at NHS Employers for your expertise, energy and professionalism. We finally extend our gratitude to the independent panel of judges - Jenni, Danny, Caroline, Martin, Stefan, Umesh and Anne - thank you, it is not easy choosing winners with so many high calibre entries to choose from.

Best of luck to everyone that has entered. We hope you enjoy the evening celebrating your achievements.



**Dr Sati Sian**  
**CEO, Allocate Software**

## 2017 JUDGES



### Anne Pearson

**Anne Pearson trained as a nurse and has worked in both primary and secondary care settings. Since moving to the voluntary sector, Anne has worked in health charities in a variety of senior information and education roles developing projects to support patients and health professionals.**

Anne currently works for the Queen's Nursing Institute (QNI) as director of programmes, with responsibility for managing the QNI's professional and policy work. This entails delivering a variety of projects and programmes that provide support to nurses who work in community and primary care.



### Caroline Corrigan

**Caroline joined NHS Improvement in June 2017 as national director for people strategy; a new role developed as a result of the Carter Review. Prior to this, Caroline was national leadership and workforce lead for NHS England's new care models team. Caroline's role was to support and enable vanguards to design and develop a modern, flexible workforce that addresses local population health needs.**

Previously, Caroline led Health Education East of England and had spent six years at the Department of Health. Her roles there included people transition director for the NHS and talent management lead.

Caroline has worked for over 15 years in NHS trusts as an HR director, and in national organisations including the Modernisation Agency. Caroline is a fellow of the CIPD and has worked with the Complexity Group London School of Economics.



### Daniel Mortimer

**Daniel Mortimer has been chief executive of NHS Employers since November 2014. NHS Employers is the voice of employers across the English NHS, and leads work relating to workforce policy and practice.**

Daniel first worked in healthcare as a porter and a CSV care assistant before becoming a management trainee in Stoke-on-Trent. He worked in the NHS in Bath and Brighton before taking up his first director post in West Sussex. He then worked in executive roles in hospitals in Hertfordshire and Nottingham before joining NHS Employers.

He is a chartered fellow of the Chartered Institute of Personnel and Development, a trustee of the Employers Network for Equality and Inclusion and the NHS Retirement Fellowship, and also chairs the Cavendish Coalition of social care and health organisations. In August 2017, Daniel was additionally appointed to the role of deputy chief executive of the NHS Confederation, which is the parent body of the NHS Employers.



## Jenni Middleton

**Jenni Middleton is editor of Nursing Times, the voice of the nursing community and the UK's leading source of nursing news and best practice.**

Since joining the title, Jenni has launched studentnursingtimes.net, an online subscription package for student nurses, and the Student Nursing Times Awards. She has steered Nursing Times to three Online Media Awards, one British Media Award, a Professional Publishers' Association Award for new talent, and two British Society of Magazine Editors Awards. She was named editor of the year by the Medical Journalists' Association in 2015, and by both the British Society of Magazine Editors and the Professional Publishers Association in 2016.

Jenni has worked in publishing since 1994 and been an editor for nearly 20 years, having edited titles as diverse as Polymers Paint Colour Journal, Product Finishing, Retail Jeweller, PC Magazine and Professional Beauty. She has a degree in English and American literature from the University of Warwick. She is an honorary doctor of health science at Anglia Ruskin University and a trustee of the Queen's Nursing Institute.



## Martin Elliott

**Martin Elliott was recently appointed as chief medical officer for Allocate Software Ltd. He is professor of paediatric cardiothoracic surgery at University College London, the 37th professor of physic at Gresham College, London, and until 2015 was medical director at Great Ormond Street Hospital for Children, London, where he has worked as a cardiothoracic surgeon since 1984. He is also a non-executive director at the Royal Marsden Hospital.**

Committed to quality and innovation, he has held several international visiting professorships, is widely published and has delivered more than 400 invited lectures, including many named lectures. He has worked with several other industries, including software, F1, airlines and hotels to improve clinical service and outcomes, and has advised health systems throughout the world.



## Dr Stefan Cantore

**Stefan leads an active organisation and learning development consultancy practice working across sectors including the NHS.**

Recent roles have included senior teaching and change leadership in a major UK university. In a previous career he was an NHS senior board-level director and acute trust CEO. Stefan regularly publishes and speaks on human resource management and organisational change related topics.



## Dr Umesh Prabhu

**Dr Umesh Prabhu currently works as medical adviser for Edgehill University for international medical recruitment, is patron of AvMA (a charity which helps patients who have suffered due to medical negligence), and is also member of the patient safety advisory committee of Datix.**

Over the last 25 years, Umesh has worked across a variety of areas including patient safety, quality and leadership, with a focus on clinical and organisational governance, professional regulation and culture.



AWARD FOR...

# FLEXIBILITY

## WINNER

### Royal Cornwall Hospitals NHS Trust

**For the Royal Cornwall Hospital Trust, implementing Allocate's HealthRoster, BankStaff, EmployeeOnline, RosterPerform and SafeCare systems has had a significant impact across the organisation. Adopting these systems and implementing processes has improved patient experience, staff engagement and has enabled a culture of integration and flexibility.**

Being the sole acute trust in the county of Cornwall, the trust had challenges with recruitment and therefore high levels of agency spend. The internal bank team was low on resource and the roster team had poor knowledge of the work involved with temporary staffing solutions. Staff displayed a lack of awareness of the HealthRoster systems and the impact that effective rostering could have on the organisation's objectives. There weren't any controls for additional duty creations or agency requests and because of this, roster templates were being amended without going through the standard authorisation process.

Allocate software was used to create a SafeCare Standard Operating Procedure (SOP) which included chair rules for SafeCare meetings, in accordance with the National Institute for Health and Care Excellence (NICE). Staff then became involved in Allocate user groups to increase their understanding. Using various aspects of the software, the trust was able to implement processes around requesting annual leave, additional duties and agency requests. Part of this included setting a violation rule in the HealthRoster system to prevent annual leave within the trust being authorised above 18 per cent, unless agreed by the chief nurse. The team was also able to reduce agency spend by creating a process to send shifts to agency on a tiered process according to cost.

Speaking on behalf of the team, e-roster manager Michelle Robertson said:

***"The roll out of the systems provided by Allocate software has enabled the trust to teach staff to analyse real-time patient acuity and dependency, staffing levels and skill mix to effectively redeploy staff each shift. Bank staff now undergo an effective appraisal system and are processed to ensure they are competent in skills for the roles they are deployed to."***

As a result of this, the trust has been able to run an out-of-hours service to meet the needs of patients. The trust also provides a robust coaching programme for internal teams to support the new plans and engage staff.

## AWARD FOR...

# FLEXIBILITY

## HIGHLY COMMENDED

### Plymouth Hospitals NHS Trust

**With the Lord Carter recommendation to have all medical staff on an e-rostering system by October 2018, and with nearly 100 per cent roll out to all its other staff groups, Plymouth Hospitals NHS Trust took the opportunity to bring its junior doctors into the 21st century for absence management.**

The existing system was flawed and frustrating for juniors, with each department having different ways of managing staff leave requests. The process was heavily paper based, inflexible and allowed little opportunity for junior doctors to plan ahead with their rotations, to agree any potential swaps or request leave.

The trust needed a system that would show an entire year's rotation, work pattern and ability to request leave. This would enable the doctors to see ahead, plan their working pattern and request leave across the year, no matter which unit of the rotation they were in.

The trust already used Healthroster, EmployeeOnline, e-Rota and e-JP, so knew the benefits it would provide. So, the HealthRoster team set about looking at how to implement the Medic Online (MOL) and Medic on Duty (MOD) modules for junior doctors.

A pilot was initiated in Emergency Medicine to prove that the system would work and, in August 2016, four juniors undertook e-learning on using MOD to show working patterns and MOL for leave requests. It was a bumpy start, with the doctors reporting back that they couldn't use MOL so the rota co-ordinator followed the old and time-consuming process for leave requests, manually added them on to the system.

The pilot was restarted in April 2017, using face-to-face and support rather than e-learning. After a couple of months, the system was a proven success.

Benefits so far include complete visibility of working rosters; the ability to request leave in the future; and visibility of previous rotations by rota co-ordinators, so they can match appropriate rota slots.

The biggest benefit however, has been the ability to proactively fill gaps with substantive or locum staff, rather than having to rely on expensive agency staff. Another pilot, run on the intensive care unit, has seen rosters available to staff more than eight weeks in advance. Staff have been able to look at published working rosters and agree swaps in a timely manner, enabling a happier work-life balance resulting in a more flexible response when asking for help to cover gaps.

Ria George, HealthRoster implementation lead, said: ***"Junior doctors have asked how quickly the system can be implement across the whole organisation, as they love the ability to be able to view their rosters and request leave from a touch of a button on their smart devices using the Medic Online Mobile app."***

AWARD FOR...

# CARE NEEDS FIRST

WINNER

## East and North Hertfordshire NHS Trust

**An in-house enhanced nursing care team (ENCT) at East and North Hertfordshire NHS Trust has led to improved patient safety, reduced agency spend and an increase in standards of care for high-risk patients.**

Before the ENCT was created, high-risk patients with dementia, delirium and confusion were looked after by agency support workers, but increasing demand was leading to escalating agency costs. The initial impact of the ENCT on patient care and agency costs was so great that the size of the team was increased, to include five members of staff on the day shift and five covering the night shift.

Team members' shifts are allocated via a virtual ward on HealthRoster, with the 11.5 hour shifts divided into three-hour blocks to ensure that the nurse rotates every three hours. These three-hour shifts are allocated the previous day by the service co-ordinator, and the team uses EmployeeOnline to find out their allocations and prevent delays each day. SafeCare informs the wards of the time periods when the support will be in place.

Before the team was established, an unregistered nurse would cover the 11.5-hour shift for a specific patient on a specific ward when a patient was identified with enhanced care needs. The flexibility of an in-house team ensures that they can be moved around the hospital, covering more areas with fewer staff to manage and support any high-risk patients.

This new system also supports collaborative working with carers and ward staff so patients can be managed according to their needs. If there is a peak in demand and the team is unable to cover the ward, the shift will be put out to NHS Professionals by the service coordinator or duty matron out of hours.

The ENCT is a mobile team without a real base. However, they take breaks together and have monthly team meetings to support collaborative working. The team also has a WhatsApp group, to keep in touch while everyone is on the move.

Emily Watts, safer staffing matron said: ***"Since the introduction of the team, the trust has seen a reduction in falls and agency spend, a reduced length of stay by approximately two days per patient and a higher standard of care for high-risk patients. The trust is currently 21 fall incidents below the reduction trajectory set for 2017/18 and is ranked fourth in the country for harm-free care."***

The trust has hosted more than 40 visits from other trusts to observe and learn more about its safer staffing process and the role and influence of the enhanced nursing team.



AWARD FOR...

# CARE NEEDS FIRST

## HIGHLY COMMENDED

### Countess of Chester Hospital NHS Foundation Trust

**The e-roster team at the Countess of Chester Hospital has successfully implemented HealthRoster and SafeCare across 30 wards and departments, enabling the trust to develop a workforce based on patient care needs, predicted in real time.**

Before the trust implemented the programme, rosters were produced on paper with no consistency or visibility. The process was inefficient, as staff were moved around based on numbers rather than on the patient need.

The programme aimed to manage and optimise the workforce required for high-quality patient care. The new workforce would be acuity focused with staffing based on the care needs of the patients, predicted in real time. Using the workforce more efficiently across the hospital would also avoid bank, overtime and agency costs.

HealthRoster and SafeCare provide the trust with transparent, reliable data on nurse staffing and patient acuity. The data is entered three times a day by the nurse in charge, which is visible across the trust at all levels. It is used by matrons and hospital co-ordinators at daily 'bed meetings' to plan nurse staffing in accordance with patient acuity.

The trust's directors are trained on both systems and use the information to optimise the substantive workforce and reduce temporary staffing. The heads of nursing and matrons have monthly 'confirm and challenge' sessions to provide systematic challenge and oversight of rosters.

To ensure maximum benefit from the system, avoidable costs such as unused contracted hours and additional duty shifts are highlighted and challenged. The introduction of KPIs with peer review is encouraging ward managers to manage rosters more effectively.

The main challenge to the programme has been the change in culture, with staff being reluctant to work flexibly across the trust. Keeping the patient at the centre of everything and communicating the programme's benefits from the patient perspective, has helped to gain staff trust and co-operation. Staff unions have been involved at every stage of the implementation and worked alongside senior nurses and the e-roster team to produce the staff rostering policy.

In year one the trust has reduced nursing agency spend by 41 per cent and nursing overtime spend by nine per cent. The confirm and challenge sessions have reduced unused contracted hours by 52 per cent, which is an approximate saving of £631 per ward per month. Ward managers have around four hours more time each week, which has been put back into the ward to improve clinical leadership and reduce the need for temporary staffing.

Jane Hayes-Green, clinical project lead, acuity based workforce said: ***"The programme's success is due to the commitment and strength of the e-roster team, they had a real desire to succeed. HealthRoster and SafeCare have given us clarity, transparency and consistency of rostering across all wards and departments. We now have a live view of patient care that links patient acuity with nurse staffing to provide safe staffing and optimum use of the substantive workforce."***

AWARD FOR...

# WHOLE WORKFORCE

WINNER

## Dudley and Walsall Mental Health Partnership NHS Trust

**The trust effectively used the HealthRoster interface to manage all bank staff, unsocial hours, overtime and absences. The introduction of e-rostering has helped drastically increase the levels of accuracy and accountability.**

The trust had been using Allocate's e-rostering system since 2016, and the decision was taken to roll out to all non-medical staff groups using the HealthRoster interface.

Previously, information was being reported from disparate sources. Using Allocate software enabled the trust to streamline processes, allowed managers to record time and attendance in real time and helped to drive up levels of accuracy and accountability.

The implementation was delivered in two broad phases. Phase one focused on the inpatient wards, which involved complex rosters. Phase two was every other service within the organisation. A small number needed complex rosters, but most were set up on an e-timesheet basis. It was decided that the trust would give every employee a set pattern for their working week, so that services could continue to use time owing or flexi systems where these had traditionally operated.

Alongside this, the trust implemented BankStaff as part of a broader project to amalgamate bank and rostering services into a business hub. This was hugely successful, with over a third of shifts now directly booked from EOL and a further third booked directly by ward managers.

One of the key challenges was around communications. Considerable time was invested in explaining the reasons for bringing the systems on board and the key benefits. Attending team meetings, sending regular communications and having senior-level support really helped the trust to accept, embrace and use the systems.

These communications helped identify that the trust would need to tailor the implementation of the software for community and corporate areas. Each area was approached with a specific list of must-dos, which helped ensure successful implementation.

Active policing of the rosters by the e-rostering team has helped to identify anomalies in working patterns and leave, meaning that valuable time that may otherwise have been lost can be fully utilised to work with patients or on internal administration. Using e-rostering across 100 per cent of the bank workforce has been instrumental in seeing agency usage as a percentage of all temp staffing drop from 26.8 per cent to a low of 8.6 per cent from March to September 2017.

Matthew Hudson, e-rostering system administration said: ***"This has been a long and quite complex process involving huge amounts of training and face-to-face support, but it has definitely been a journey worth taking, with huge potential for further benefits in years to come"***.

AWARD FOR...

# WHOLE WORKFORCE

## HIGHLY COMMENDED

### Sherwood Forest Hospitals NHS Foundation Trust

**Sherwood Forest Hospitals used Allocate software to understand the levels of awareness around rostering and implement a process to ensure the trust had complete visibility and transparency of rosters for all staff groups.**

After identifying some rostering knowledge gaps, Sherwood Forest Hospitals used Allocate software to get a clear baseline and real awareness of the rostering skill levels within the trust.

This information was then used to develop rostering dashboards with HealthRoster. Through developing these dashboards, the trust also identified the need for structure and management around its job planning rounds for medics.

It became apparent that the knowledge in the trust around job plans was minimal, so Allocate provided specialist training for an internal 'superuser' who went on to train other people within the organisation.

A review of existing job plans was then undertaken through a project team to ensure complete transparency. This included the creation of the Sherwood Forest job planning toolkit, which outlines expectations and is being used as a good practice example by other trusts.

An additional challenge was the management of annual leave across all staff groups, as there were no clear controls in place. These issues were addressed through a review of the rostering policy for nurses and allied health professionals, regular open forum meetings with all staff groups and through the leadership of the medical director and chief nurse.

Staff reluctance to change was also an obstacle for the trust, though it became apparent that one of the reasons for this reluctance was a lack of clarity around what was expected from staff. This was addressed through regular communication on bulletin boards, weekly meetings and through the engagement and ownership at department level.

For the first five months of this financial year, the trust has reduced the total variable pay spend by £3.6m compared to the previous year. This figure is across all staff groups and has been achieved through the focus on recruitment and retention.

Donna Mariner, head of rostering services, offers useful advice: ***"It is essential to have an understanding of your current position and the support of your medical director and chief nurse before you start your plan of change. This will enable you to engage fully with your whole workforce. It's all about people, and this must never be forgotten"***.

AWARD FOR...

# WORKFORCE INTELLIGENCE

WINNER

## 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 HealthRoster suite and Activity Manager, 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 HealthRoster 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."***

AWARD FOR...

# WORKFORCE INTELLIGENCE

## HIGHLY COMMENDED

### South West Yorkshire Partnership NHS Foundation Trust

**Sickness absence has cost the trust more than £6 million a year. A damning internal audit found services were not consistent in applying sickness policy, and that they were not documenting actions taken or carrying out reviews promptly. The trust has now made absence management one of its key corporate objectives.**

HealthRoster was already capturing all sickness at the trust, but it still needed to record when staff were hitting a sickness trigger, as well as when they were put on one of the sickness management stages or were due a follow-up review meeting. It also needed to be able to highlight when managers were not acting, so that this could be escalated and addressed.

To achieve this, it set up a new SQL database on its HealthRoster server and developed queries, linking to the live HealthRoster tables, to identify when people hit one of the sickness triggers. It also set up skill types within HealthRoster and used these to record the stages people were on and the dates on which follow-up meetings took place. It then created scheduled tasks to run the queries and send automated emails at the relevant junctures.

There was some difficulty in getting managers to follow the new process, including taking the appropriate action and recording the outcomes on HealthRoster. There was an apparent misunderstanding among some managers over when they could apply discretion before using the absence management process.

The trust was able to use its new system to identify when managers were not following the process. This was brought to the attention of HR, and they met with the managers to address this. The trust now produces regular reports to highlight where the process isn't being followed.

There is now a fully integrated electronic absence management tool so managers can see, at a glance, the position of staff at each stage of the absence management process.

The trust is able to produce monthly reports on which staff have triggered but no follow-up action has taken place, which supports compliance with sickness policy.

In the last few months, the trust has expanded the system. It now sends daily email notifications to the occupational health department if someone is recorded as absent with stress, depression or anxiety, or with a musculoskeletal (MSK) problem, using the sickness data already within HealthRoster.

Agency spend on nursing staff fell 50 per cent in the first quarter of this year, and while this is not all attributable to reduced sickness absence, it does play a major role.

The trust's fast-track stress and MSK pathways, supported by the automatic daily alerts from HealthRoster, have helped reduce the average length of these episodes, and staff feedback has been positive.

Andrew Prince, HR business manager, said: ***"We are projecting a £151,000 saving on sickness absence spend across just 30 of our inpatient areas this year. The trust's sickness rate is now the lowest amongst mental health trusts in our region."***



AWARD FOR...

# COLLABORATION

## WINNER

### Norfolk Community Health and Care NHS Trust

**Acute and community units across Norfolk are reaping the benefits of a whole-systems approach to bed management and patient flow thanks to the successful implementation of Allocate's SafeCare software.**

With a county as geographically dispersed as Norfolk, Norfolk Community Health and Care NHS Trust found it challenging to flex its staffing across inpatient units.

Lord Carter's report on operational productivity in acute hospitals recommended that care hours per patient day (CHPPD) should be the principal way of measuring use of nurses and healthcare assistants. The ability to use CHPPD data to flex the number of beds available was another way for the trust to look at managing the beds contract and deliver safe care.

From the first demonstration of SafeCare, ward managers welcomed the idea of being able to identify clearly the number of nursing hours required based on real-time patient acuity and dependency throughout the day and not just on bed occupancy. They also welcomed the ability to use SafeCare on a tablet device as this supported the timely update of roster information at the start of each shift. It has also improved the absence reporting process and by marking attendance of bank and agency workers there is robust financial control to ensure correct payment.

Anita Larkins, project manager, said: ***"The trust and the clinical commissioning groups can now effectively monitor delivery of the inpatient beds contract using CHPPD data to determine the actual safer staffing requirements."***

***"The real-time patient acuity data supports discharge decisions, enabling colleagues in the local acute hospital to ascertain whether a community unit has both bed availability and the staffing capacity to deliver safe, quality care. By reviewing the initial score just prior to discharge, the risk of inappropriate admission to a community unit is also reduced."***

By using SafeCare, the trust has realised numerous benefits, including improved bed management and utilisation, increased staff availability through better staff management, absence reporting and planning. There is also clear evidence of safe, quality care being delivered, with robust escalation processes to action areas of concern.

Through making full use of the hours available, it is anticipated that temporary workers will be able to cover the additional duties required to manage the patient acuity.

AWARD FOR...

# COLLABORATION

## HIGHLY COMMENDED

### Barts Health NHS Trust

**After the WannaCry cyber-attack left the trust with no access to HealthRoster, the software used to manage rosters and view and book bank and agency staff, the e-rostering team at Barts Health NHS Trust put into place an emergency plan to ensure the safe staffing of wards and the correct payment of staff over a three-week period.**

As part of the emergency plan, the team secured office space, laptops and internet access from external partners, including Allocate; this meant that HealthRoster could still be accessed as it is hosted on the cloud.

Rosters were printed and distributed to the wards, and an emergency on-call service was provided over the weekend in case any roster issues arose. Bank Partners, the trust's external business partners, managed any temporary staffing requirements.

The trust books around 5,000 bank shifts per week and, due to a weekly bank payroll, the team had to ensure that people would be paid for the shifts worked. Forms were designed to collect information relating to assignment changes and terminations, then changes were made as necessary on HealthRoster and actioned by ESR and payroll. These actions prevented £40,000 of overpayments.

With a large rostering team across six sites, plus links with other departments and external partners, a team WhatsApp account was created to co-ordinate the team from the central offices once they went out on site to assist the wards and other departments with any rostering and bank-related issues.

Sarah Fenlon, e-rostering central support lead, said: ***"The plan would not have worked without our team collaborating with various departments within the trust and with external companies who were able to offer assistance.***

***"Our team had clear instructions and knew every day what was expected of them and who they needed to work with to achieve our goals. This led to a happier team, who felt that their input into managing the crisis was worthwhile and they were left with a feeling that they had made a difference for patients."***

In terms of advice for others, Sarah said: ***"I would strongly recommend having a contingency plan, processes and procedures, both hard and soft copies. Keep a supply of paperwork as the printers were inactive, and a supply of laptops not regularly connected to the network."***

AWARD FOR...

# LEADERSHIP

## WINNER

### 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."***

AWARD FOR...

# LEADERSHIP

## HIGHLY COMMENDED

### 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 Insight.

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."***



AWARD FOR...

# EVOLVING CARE SETTINGS

WINNER

## Whittington Health NHS Trust

The goal of the evolving care settings award is for the operational deployment of staff in community and social care to be as advanced as any industry where staff visit homes.

Whittington Health NHS Trust's district nursing service provides 24-hour expert care to housebound adults over the age of 16 across Haringey and Islington. The team offers a vast range of services to patients, including expert specialist care when people are at the end of life and working with other community services to prevent unnecessary hospital admissions.

Previously, it was identified that patients were not being visited by staff with the right skills to care for them. They found that the daily demand faced by the team exceeded their capacity, which led to patients' appointments being changed multiple times, discharge dates not being met and nurses having to walk long distances between visits.

The trust was instrumental in the design of Allocate's E-Community; an innovative capacity and demand management system created specifically for district nursing, which supports trusts to align patients' needs with available resource. The team hoped to use E-Community to help deliver a complete training needs analysis based on identified skills deficits; reduce staff sickness and stress by managing workloads more effectively; and improving both capacity and demand, ensuring that all patients are seen on time and with no visits unallocated.

The trust predicts the system will have saved more than £300,000 in 2016/17 by releasing 6.45 staff from administration and co-ordination duties. Since the implementation of E-Community, positive changes to the coordination of staff are clear:

- Patients know who is turning up and when.
- Travel time for the nurses has been significantly reduced.
- Plans consider patient needs and employee skills.
- When plans go awry on the day, everyone is aware and visits are easily re-planned.

The team at Whittington Health said: ***"One of the biggest challenges in district nursing is the lack of visibility of staff activity. Implementing E-Community has provided clear visibility of productivity, capacity and demand information. This information is crucial in driving continuous improvement to service delivery."***



2017

# FINALISTS

## FINALISTS

Allocate would like to congratulate all finalists for your contribution towards making this year's awards an amazing success. You have all evidenced excellence and innovation and we celebrate and recognise the difference you make to patients, colleagues, your organisation, or to the wider NHS.

### AWARD FOR FLEXIBILITY

- Royal Cornwall Hospitals NHS Trust
- Plymouth Hospitals NHS Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- Cwm Taf University Health Board

### AWARD FOR CARE NEEDS FIRST

- East and North Hertfordshire NHS Trust
- Countess of Chester Hospital NHS Foundation Trust
- Royal Cornwall Hospitals NHS Trust
- South Tees NHS Foundation Trust

### AWARD FOR WHOLE WORKFORCE

- Dudley and Walsall Mental Health Partnership NHS Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- Plymouth Hospitals NHS Trust
- Medway NHS Foundation Trust

### AWARD FOR WORKFORCE INTELLIGENCE

- Epsom and St Helier University Hospitals NHS Trust
- South West Yorkshire Partnership NHS Foundation Trust
- University Hospital of South Manchester NHS Foundation Trust
- Central London Community Healthcare NHS Trust

### AWARD FOR EVOLVING CARE SETTINGS

- Whittington Health NHS Trust
- Lancashire Care NHS Foundation Trust

### AWARD FOR COLLABORATION

- Norfolk Community Health and Care NHS Trust
- Barts Health NHS Trust  
(*e-Rostering central support*)
- Barts Health NHS Trust  
(*e-Rostering trust*)
- Plymouth Hospitals NHS Trust

### AWARD FOR LEADERSHIP

- North East London NHS Foundation Trust
- East Kent Hospitals University NHS Foundation Trust
- Royal Cornwall Hospitals NHS Trust
- Sheffield Children's NHS Foundation Trust



ALLOCATE  
AWARDS

2017

UK & IRELAND