Optimising your Workforce – Bank and Agency Staffing

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• Deficit reduction in providers will require a forensic examination of every pound spent on delivering healthcare and embedding a culture of relentless cost containment.

• Trusts need to focus on cost reduction not income growth; there needs to be far greater consistency between trusts’ financial plans and their workforce plans in 2016/17.

• Workforce productivity will therefore be a particular priority as just a 1 percent improvement represents £400 million of savings.
• All providers will be expected to evidence the effective use of e-rostering for nurses, midwives, Health Care Assistants (HCAs) and other clinicians to make sure the right staff are in the right place at the right time to ensure patients get the right hours of care and minimum time is wasted on bureaucracy.

• This approach will enable providers to reduce their reliance on agency staffing whilst compliance with the agency staffing rules will also reduce the rates paid.
Why do we need to optimise our workforce?

- Manage budget controls
- Clinical governance takes priority
- Deliver right staff, right skills, right place, right time
- Improve client satisfaction
- Deliver quality care and outcomes
Workforce and Contingent Workforce Optimisation

- Efficiency
- Staff retention – Skill retention
- Staff skills utilised effectively = greater job satisfaction
- Greater flexibility across the organisation
- Improved patient care with right skills deployed = patient staffing needs
- Ability to give staff different options for working flexibility across areas/specialities/locations
5 High Impact Actions

1. Use your substantive workforce optimally
   • Demographics
   • Skill retention
   • Shift patterns

2. People and core practical management training

3. Review rostering including policy
   • Core principles
   • System
   • Service driven

4. Creative recruitment and retention strategy – be radical
   • Skill retention
   • Flexible recruitment – types of working
   • Overseas recruitment

5. Collaborative working – Case Study
   • Health economy-wide
   • Visibility of shifts/workforce - Agency last
   • Migration of the workforce
   • Timing
Optimising your workforce - Review for efficiency first

Where to start:
- What is happening area by area by staff group?
- Where is the data?
- What are the trends showing?

Rostering practices/policy adherence
- Are policies in place?
- Reviewed & monitored?
- Who is responsible/involved?

Review your workforce – shift patterns, rota patterns, contracts (term-time; annualised; 37.5 v 30 + top-up)
- Shift/personal patterns are contentious
- Ensure meaningful consultation with staff/unions
- Ensure Ward vs Finance add up

Bank – in-house or outsourced
- There are pros/cons to either

Agency – VFM/management of use
- Monitoring for agency cap levels and reporting
- Review agencies regularly
- Spot check audit invoices at least yearly/Spot check staff

Consider what e-Tools and other options to use to redeploy your workforce
- eRostering; Time & Attendance, Allocate SafeCare, SafeAssure;
  TrendCare acuity systems; Bank systems; Skill Mix; re-skilling workforce
  using secondments; training systems; use of e-learning for mandatory training
Managing the Workforce – Technology

Auditable data for benchmarking

Data to guide workforce planning: linked to nursing metrics (Balanced Scorecard)

Improve staff ratios for patient care delivery - Timely redeployment across the organisations

Staff training & skill development linked with rostering = competent safe practitioners = right skill mix
Importance of eWorkforce Management

Time saving
- Repetitive rosters – save time
- Saves time, releasing clinical time to care (e.g. 1 day to 1 hr for roster generation)
- Faster payroll generation
- Staff information monitoring
- Links to ESR = improved accuracy

Cost saving
- Manages contracted hours
- Optimises the workforce
- Reduces temporary staffing
- ePayroll
- Manages Annual Leave

Management reporting
- KPI monitoring
- Staffing levels & skill mix
- Sickness/Absence
- Secondary staffing reporting
- Workforce Planning

Auditable
- Report generation fast
- Reports daily, weekly & monthly
- Data exportable for bespoke reporting needs
- ESR matching checks

Risk management
- Governance assurance
- Auditable
- Enables pro-active management of staffing levels
- Data can assist in identifying trends i.e. performance training needs, skill mix review needs etc.
- Board reporting
What is eRostering?

- Semi-automation of rostering process
  - One of the harder mathematical problems

- Takes into account the “constraints” which determine staffing available

- Standardises process

- Supports equality

- Provides visibility

- Provides MI

- Interfaces to ESR for payroll and sourcing certain personal data
  - Employee updates
  - Payroll using electronic timesheets
  - Employee self-service
What constrains eRostering?

- Establishment
  - Budget vs demand
  - Vacancies/recruitment links via ESR

- Rostering Constraints vs Policy = KPI monitoring
  - Shift times – break times
  - Staffing levels required: skill mix & competencies
  - Flexible working patterns
  - Work patterns (ie outpatients; M-F)
  - Annual Leave and Study Leave
  - Staff requests: Shifts/Days off

- Legal constraints, e.g.
  - Back-to-back shifts, WTD

- Sickness / unplanned absence

- User “Buy-In”

- Additional workload
# Benefits of eRostering systems

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<th>Safe operation</th>
<th>Increased shift fill rates</th>
<th>Visibility and control</th>
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<tr>
<td>• Right nos. substantive staff</td>
<td>• Improved notice for requirements</td>
<td>• Visible rosters for all staff</td>
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<tr>
<td>• Right skills, right place, right time (safer staffing compliance)</td>
<td>• FW given more advance notice time to choose</td>
<td>• Visibility of staff requests granted, study leave, annual leave, temporary staffing fill</td>
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<td>• Can include therapy sessions</td>
<td>• Staff can book themselves into shift</td>
<td>• Transparency and fairness for staff</td>
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<td>• Improve continuity of care</td>
<td>• Have time to flex staff</td>
<td>• Faster payroll generation</td>
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<td>• Ability to manage across sites</td>
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<tr>
<td>• More control and oversight in real time</td>
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<td>• Governance and Board assurance</td>
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Benefits of eRostering systems

Management Information

- Fast report generation; daily, weekly, monthly
- Ability to set KPIs to monitor and be proactive
- Staffing levels, skill mix, study leave, sickness/absence unfilled risk factors plus many others if required
- Auditable data for benchmarking which can link to complaints investigation and quality agenda
- Identify trends
- Exportable data for bespoke reporting
- Workforce planning/organisational change
- HR/ESR system matching checks

Reduced cost

- Maximises contracted hours
- Minimises temporary spend
- Reduces sickness and absence
- Manages annual leave
- Improved budget control
- Improved accuracy
- eTimesheets – a significant cost saving
- ePayroll
- Repetitive rosters
- Releases clinical time for patient caring activity
- Ability to have management oversight from another location
Other workforce tools to consider:

- Time & Attendance Systems – Kronos/Trendcare/Softworks
- Safe Care /Safe Assure – Allocate
- Combined system – TrendCare similar to SafeCare
- Various bed management systems – some will link with eRostering but most are standalone
- More software providers coming into the market – so ensure a full range of providers are considered for the best pricing model
- Let’s not forget other clinical groups as also specifically mentioned in Delivering the Forward View
Safecare:

- Gives viability of staffing levels against patient numbers and acuity
- Uses the Shelford Tool
- It is a predictive rather than a reactive tool.
- Looks to see if an ward/organisation is safe going forward, enabling action to be taken
- Enables compliance with Francis Report
- Safecare mobile – greater staff access without access to Health Roster

**Issues:**

- Perceived time element
- Mind set change in management
  - real time roster management required
  - all secondary staffing to go through e roster
The starting point for any workforce/rostering tool is to understand the current position in order to:

- Be realistic and reflect reality at the ground floor
- Understand the baseline costs
- Works on clear data which is shared in a format that is meaningful
- Understand what resources are needed to deliver the system implementation and then manage it once live

All workforce systems need Executive sponsorship, leadership to ensure expectations are known, understood, owned and action is taken decisively.
Finally

A tool is just a tool

• It provides information but often needs a sense check
• A system needs managing - often forgotten

The information generated needs to be:

• reported and presented at senior levels
• owned
• used to inform action
• managers held to account

Executive Ownership and Leadership is essential for success
Who are we?

**NHS PROFESSIONALS: WORKFORCE INSIGHT**

Workforce Insight is a bespoke service to help you make optimum use of your substantive workforce. Our specialist team understand the challenges you face each day and can approach these with a unique perspective of workforce trends. Our innovative approach combines insight and expertise to deliver a strategy along with a measurable action plan.

**WHY CHOOSE US?**

Being owned by the Department of Health, we deeply value healthcare services and understand the challenges currently faced in delivering high quality patient care. We also appreciate that your staff are your most valuable resource. We work in partnership with you and your team. Our collaborative approach will align itself with your business objectives and provide cutting edge insight enabling you to unleash the potential of your workforce.
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