

PROJECT PROPOSAL

NHS LANARKSHIRE
eRostering

2023
-
2025



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1. Background and overview of products

1.1 NHS Scotland Chief Executives agreed to implement the new eRostering solution supplied by Allocate, RLDatix, (who currently provide the BankStaff system). This paper sets out the resources required as recommended by RLDatix and the experiences of other Boards to ensure a successful implementation of the eRostering solution.

1.2 The overall aims of the introduction of a single national eRostering solution across NHS Scotland are:

- To improve rostering practice
- To better match staffing levels to patient acuity (ensuring NHSL delivers its duties under the Health and Care (Staffing) (Scotland) Act 2019 coming in to force April 2024)
- To improve quality by reducing reliance on short-term staffing
- To reduce the associated costs of agency and bank staff
- To improve workforce planning within the Board

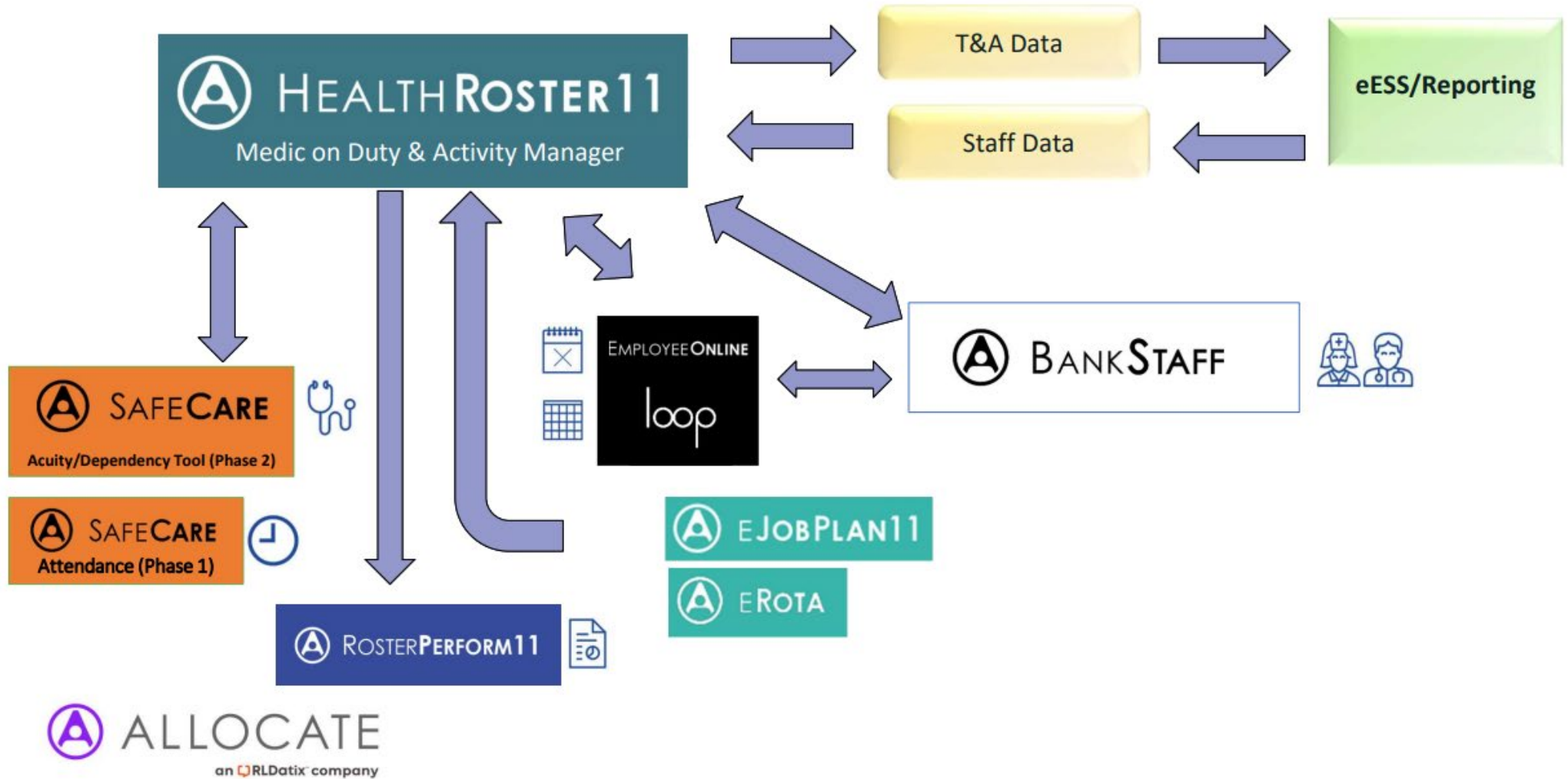
1.3 The solution includes eight core products:

- **eJob Plan** - Facilitates job planning for all clinical roles helping to plan resources, interrogate operational rostering and activity management, ensure individuals' clinical activity is aligned to your organisations service plans and therefore, meet patients' needs.
- **eRota** - Offers peace of mind when creating junior doctor rotas, helping to ensure they fulfil service needs whilst meeting contractual and Working Time Regulation requirements.
- **Allocate Loop** - Allows staff to see their own and their team's roster, so staff can know where they are working and where their colleagues are. Employees can also book leave, view available bank shifts and more, all from one app on their phone.
- **HealthRoster** - As the only e-rostering system built for the complex needs of the healthcare industry, HealthRoster11 makes the process of creating rosters as simple as possible, while ensuring safe staffing, efficient use of resource and meeting the needs of patients.
- **Medic On Duty** – Helps create both simple and complex rosters, meeting the unique needs of the medical and science workforce. The platform integrates with rotas, job plans and service plans, ensuring patient safety is never compromised.
- **Activity Manager** – Used to assign staff to clinical activities in theatres, on the wards, or in clinics, ensuring the appropriate staff are delivering care at all times.
- **BankStaff** (currently in use within NHSL) - Integrated with HealthRoster to enable the filling of gaps in rosters and rotas in the safest and cost-effective manner, saving time and money, and providing visibility to all stakeholders
- **SafeCare** - Effectively manage safe staffing by matching staffing levels to patient demand, avoiding both under and over staffing. Live visibility of staffing provides key staffing metrics to help operational staffing meetings make decisions around redeployments to help reduce the need for Bank or Agency staff.

1.4 Implementing this system is a substantial undertaking for the Board which will directly or indirectly impact every member of staff who is currently rostered. It will necessitate a change in practice and potentially culture in how our teams roster themselves. The benefits of the automatic rostering in the system will only be as good as the information we put in to it, for example the system must know every individual aspect of the limitation of a person's working week such as flexible working requests and family friendly changes to their working week.


1.5 The diagram below demonstrates how each of these products links.

How the Solutions Fit Together



2. Benefits Overview

2.1 Taking all of these products as a combined solution there are a number of benefits which are summarised below:



Patients

- Toolset to improve rostering practices and optimise clinical cover to match patient acuity, improving the overall quality of care provided to patients, more efficient patient discharges and avoiding unnecessary cancellations.




Staff

- Modern, user-friendly means of managing working patterns and accessing additional shifts.
- More efficient and effective rostering, that is safe and fair for all staff.
- Enhanced employee experience and making NHSS a more attractive employer.



Health Boards

- Improved rostering of substantive and bank staff and reduce reliance on Agency staff, resulting in quality of care improvements and financial savings.
- More streamlined end-to-end rostering process, releasing staff time to focus on patient care.
- Enhanced accuracy and speed of data transfer between eRostering and other NHSScotland Business Systems.



NHSScotland

- More accurate information for benchmarking, performance management and QI.
- Improved consistency and accuracy of data used for strategic workforce planning.
- Supports implementation of the Health & Care Staffing Scotland Act 2019 and compliance with national policies and Working Time Directive.

3. Implementation Timeline

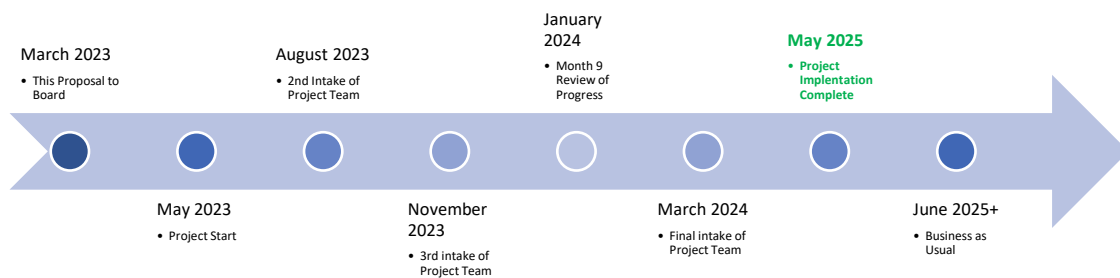
3.1 The standard deployment programme is spread across 2 years per Board and there is an expectation (and a contractual obligation) on Boards to provide sufficient support to the programme during this time.

3.2 NHS Lanarkshire’s commencement date for the project is 8 May 2023. This is the date at which the Board would be expected to have in place a minimum project team to commence implementation. Given general lead times of around 12 weeks for recruitment activity this presents a time pressure in ensuring NHSL has a minimum viable project team in place for 8 May 2023.

3.3 In Month 9 of Year 1 – around January 2024 – we will undertake a review of the progress of the project implementation. The aim of the review is threefold:

1. Assess the benefits being realised by the implementation of the project within the early adopter areas (e.g. Acute).
2. Assess if the fourth and final intake of the project team is necessary to ensure completion of project implementation within the two-year time frame.
3. Assess a potential Business as Usual model for implementing from May 2025 onwards.

3.4 The timeline for the two-year implementation is shown below:



4. Software as a Service Costs

4.1 The projected SAAS (Software as a Service) costs for NHS Lanarkshire licences, regardless of implementation, are estimated to total ~£2.6m across the 10 years. These costs have been agreed Nationally. A breakdown of the costing profile has been provided below:

Prepared 7/12/22		Period 18/11/21 - 31/03/2022				Period to 31/03/2023				Period to 31/03/2024				Period to 31/03/2025				
		New Model Profile		Previous Model Profile		New Model Profile		Previous Model		New Model Profile		Previous Model		New Model Profile		Previous Model		
PAYMENT MODEL COMPARISON		31/03/2022		31/03/2022		31/03/2023		31/03/2023		31/03/2024		31/03/2024		31/03/2025		31/03/2025		
Health board	Total Implementation Charges	Total SaaS Costs	Impl Charges 01/04/21 - 31/03/22	SaaS Charges Contract Signature Date 23/11/21	Impl Charges 01/04/21 - 31/03/22	SaaS Charges Contract Signature Date 23/11/21	Impl Charges 01/04/22 - 31/03/23	SaaS Charges Contract Renewal Date 23/11/22	Impl Charges 01/04/22 - 31/03/23	SaaS Contract Renewal Date 23/11/22	Impl Charges 01/04/23 - 31/03/24	SaaS Charges Contract Renewal Date 23/11/23	Impl Charges 01/04/23 - 31/03/24	SaaS Contract Renewal Date 23/11/23	Impl Charges 01/04/24 - 31/03/25	SaaS Charges Contract Renewal Date 23/11/24	Impl Charges 01/04/24 - 31/03/25	SaaS Contract Renewal Date 23/11/24
NHS Lanarkshire	£401,914	£2,608,507	£0	£0	£0	£0	£237,242	£56,566	£237,242	£0	£313,875	£271,432	£217,331	£271,432	£88,038	£278,218	£128,017	£278,218

4.2 There will be a small offset to this for NHSL – the costs we currently incur directly for BankStaff (c.£30k per year) are included in this costing as it’s part of the core products.

5. Project Resource Requirements

5.1 RLDatix conducted a review of two live health boards, NHS Lothian and NHS Grampian, to provide evidence to support the indicative staffing requirements outlined by RLDatix for implementation. The tables below show the comparison for NHS Lothian and NHS Grampian between the recommended WTE and their current in post:

Project Resource Analysis	Lothian	Grampian	Lanarkshire
Staff Headcount	27000	16500	14500
Project Management	1	1	1
Project Admin	2.44	1.46	-
Medical Rostering Lead	5.77	3.43	1
Rostering Lead	3.3	1.97	3
Medical Rostering Coordinator	-	-	-
Roster Coordinator	10.89	6.51	4
Roster Administrator	12.2	7.29	12
Project Team WTE	35.6	21.66	21
Staff Headcount to 1 WTE of Project Team	758	762	690

5.2 Neither NHS Lothian nor NHS Grampian have commenced rollout of medical rostering however NHS Lothian will identify the recommended roles with the Board similar to NHS Lanarkshire.

5.3 In conjunction with the Team Validation document (provided by RLDatix) and in consultation with NHS Lothian we have identified the following roles as essential to the successful delivery and implementation of eRostering:

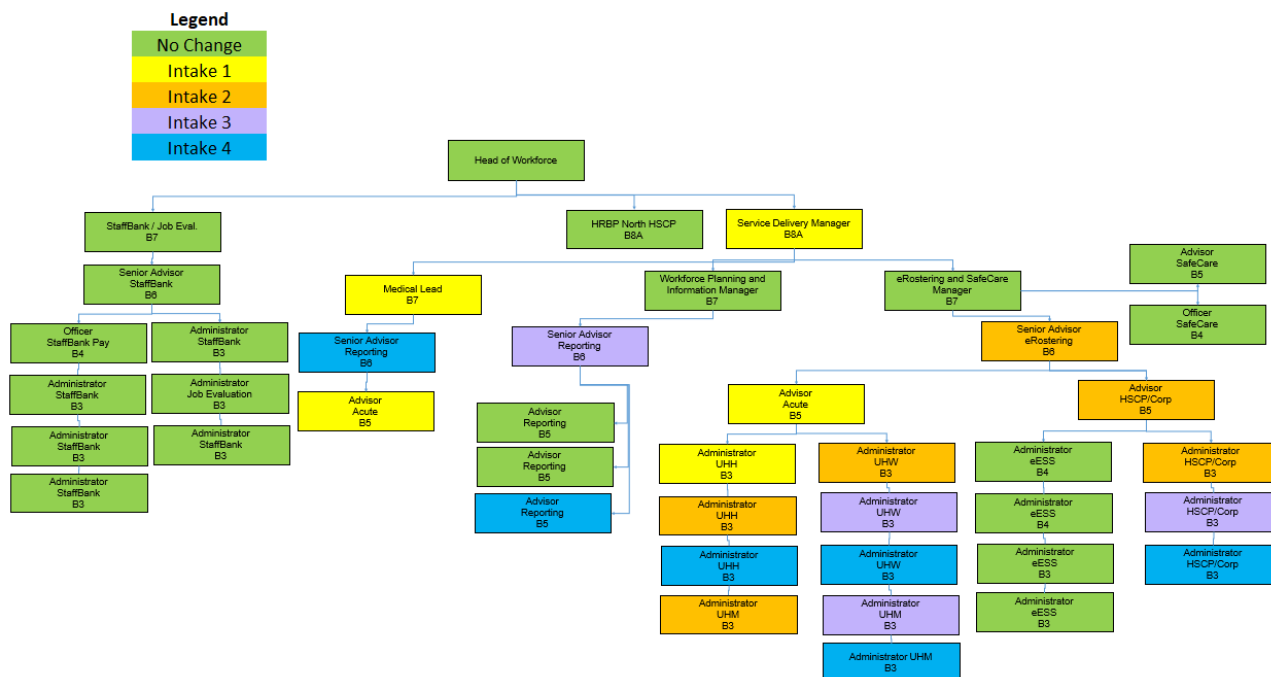
- **Service Delivery Manager** – Overall responsibility for co-ordinating the implementation of eRostering and oversight of the eRostering solution for Business as Usual
- **Operational Manager** – Day to day responsibility for the management of the rostering administration teams
- **Senior Advisor** – Responsible for the technical configuration of the core products
- **Advisor**– Responsible for eRostering at a local level, for example an Acute site or a HSCP
- **Administrator** – Responsible for the day to day maintenance of the eRostering data, including user accounts, ward and shift configurations etc.

5.4 In line with RLDatix recommendations the proposal is to phase the project team in across Year 1 (2023/2024) to minimise costs within the first year of the project and to acknowledge that the project will ramp up in activity as it is rolled out across Acute, HSCPs and Corporate areas.

5.5 For NHS Lanarkshire phasing in of the project, in keeping with the rate of increasing workload as the project rolls out, we would anticipate there would be four separate intakes of staff to the team across the two-year programme. The initial intake would be to meet the May 2023 commencement and subsequent intervals would occur at three-monthly intervals. This would ensure the complete project team is in place for April 2024 subject to a review at Month 9. The proposed intakes are shown below:

Scenario - Lanarkshire Model	Grade	WTE Intake 1	WTE Intake 2	WTE Intake 3	WTE Intake 4	Total WTE
Service Delivery Manager	8a	1.0	-	-	-	1.0
Operational Manager	7	1.0	-	1.0	-	2.0
Senior Advisor	6	-	1.0	-	1.0	2.0
Advisor	5	2.0	1.0	-	1.0	4.0
Administrator	3	1.0	4.0	3.0	4.0	12.0
Total	-	5.0	6.0	4.0	6.0	21.0

5.6 The illustration below provides an overview of how the Project Team will be recruited to over each of the intakes set out above. Posts in green are existing and have no change. The legend indicates which intake each of the posts relate to.

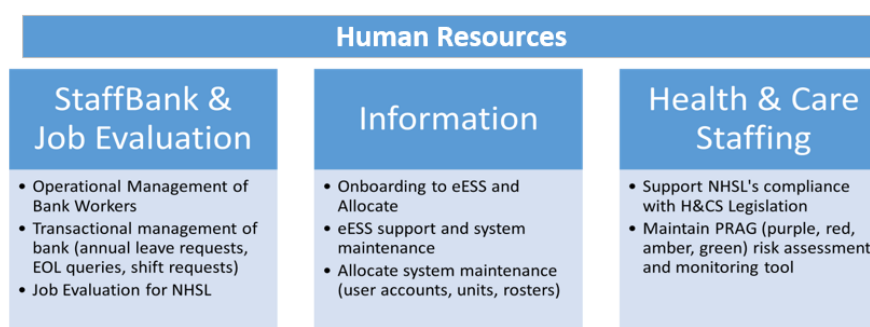


5.7 The table below provides a breakdown of the proposed costs for the project team in Year 1 and two versions of Year 2 depending on the review which will take place in month 9 of Year 1.

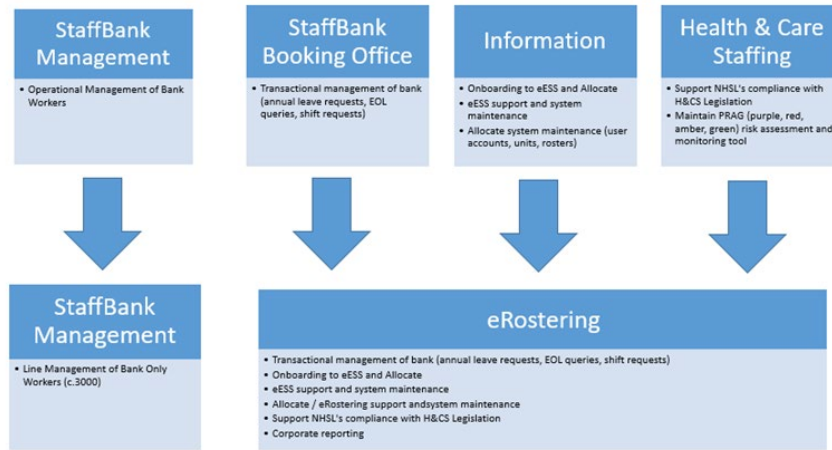
Band	Year 1	Year 1 WTE	Year 2 (Reduced Rollout)	Year 2 WTE (Reduced Rollout)	Year 2 (Inc. 4th Intake)	Year 2 WTE (Post 9 month review)
8a	£60,802.50	1.0	£66,330.00	1.0	£66,330.00	1.0
7	£73,777.50	1.0	£59,022.00	1.0	£59,022.00	1.0
6	£28,560.58	2.0	£97,922.00	2.0	£146,883.00	3.0
5	£88,771.50	3.0	£118,362.00	3.0	£157,816.00	4.0
4	-	-	-	-	-	-
3	£104,708.58	8.0	£233,768.00	8.0	£350,652.00	12.0
Total Project Labour Costs	£356,620.67	15.0	£575,404.00	15.0	£780,703.00	21.0

6. Transition to Business as Usual

6.1 During implementation, to maintain business as usual, the existing Workforce team will remain in place within the Human Resources Directorate to support eESS, StaffBank and Health & Care Staffing.



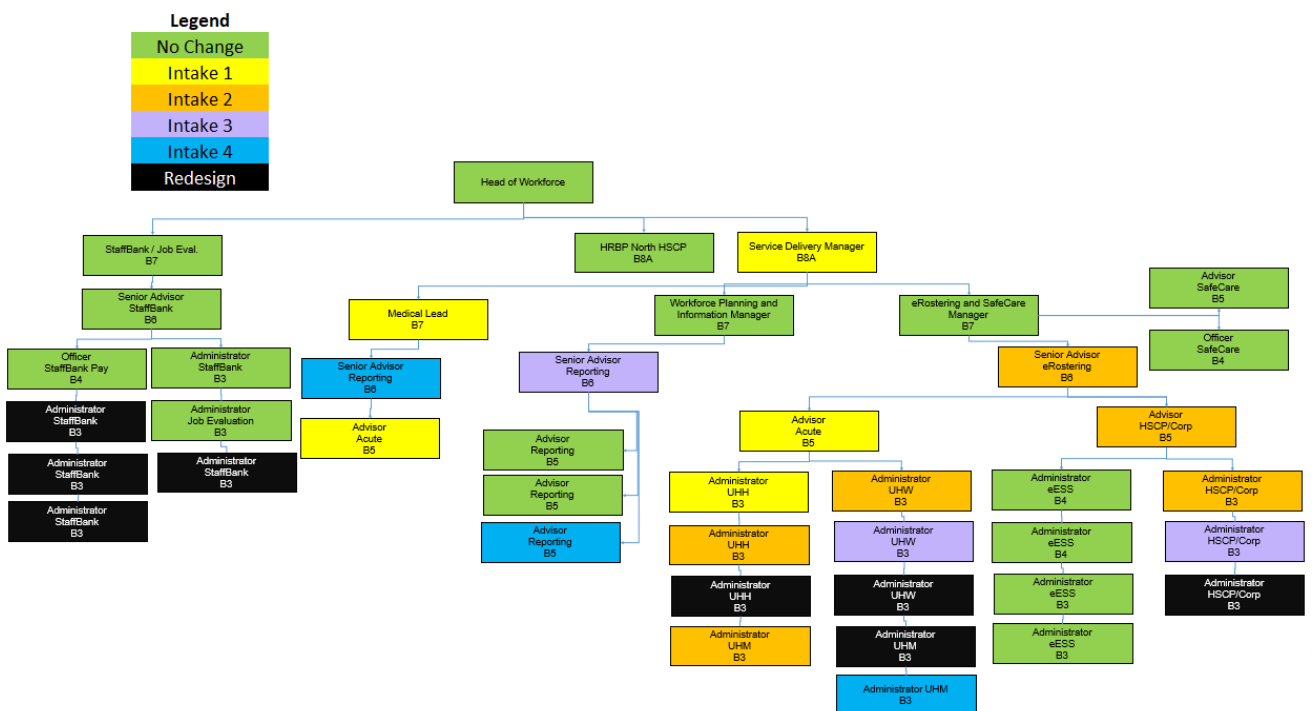
6.2 In the month 9 review of the Project, a refined Business as Usual model will be included based on learnings to date and the benefits being realised. Based on what is known at this point we have indicated a potential Business as Usual model below which includes some economies of scale in the model by merging the eESS/Information, StaffBank (operational function) and Health & Care Staffing teams as illustrated below:



6.3 Based on this structure above, the table below shows a potential Business as Usual model which will be subject to the month 9 review.

	Future BAU	Future BAU v Current FE
Band 8A Service Delivery/HRBP	2.68	+1
Band 7 Manager	4	-0.1
Band 6 Senior Advisor	5	+3
Band 5 Advisor	6	+4
Band 4 Officer	5	+0.57
Band 3 Administrator	12	+3.57
Total	34.68WTE	+12.04WTE

6.4 Based on this structure above, the table below shows a potential Business as Usual model which will be subject to the month 9 review.



6.5 Those posts subject to redesign will be colleagues approaching the end of a fixed-term contract, upon which they were recruited to for the project and the amalgamation of existing StaffBank team with the broader eRostering function given the synergies of having a single system for substantive staff and bank workers.

6.6 This would reduce the combined cost of the project team and the current BAU team from c.£1.7m to c.£1.4m per annum. The additional resource to support eRostering BAU would equate to c.£450k recurring per annum:

Total Costs	Current BAU	Future BAU
Staffing Costs	£923,424.41	£1,369,110.40
Software as a Service Licences (SAAS)	-	£278,218.00
Total Combined Costs	£923,424.41	£1,647,328.40
Additional Labour Costs		£445,685.99

6.7 It must be recognised, however, that eRostering has never been utilised by NHS Lanarkshire and therefore the proposed BAU model will likely require further refinement as the use of the system matures.

7. Recommendation and overall costs

7.1 We recommend the Board progress with implementation to realise the benefits possible with eRostering and seek approval of the non-recurring project funding as illustrated below highlighted in green of £958,219.08 for 2023/2024 and 2024/2025. Subject to a review at Month 9 the Year 2 costs (highlighted in orange below) could increase from £575,404 to £790,764, an increase of £215,360, if the fourth and final intake is necessary to ensure completion of the project implementation.

Total Costs	2023/2024	2024/2025 Reduced Rollout	2024/2025 Inc. 4th Intake	2025/2026 Onwards
Implementation*	£354,359.58	£850,104.00	£850,104.00	-
Software as a Service Licences (SAAS)*	£237,242.00	£271,432.00	£271,432.00	£271,432.00
NHSL Project Team	£369,115.08	£575,404.00	£790,764.00	£445,685.99
IT Equipment for NHSL Project Team	£13,700.00	-	-	-
Total Combined Costs	£974,416.66	£1,696,940.00	£1,912,300.00	£717,117.99

**Costs highlighted in grey have been agreed via the National Contract and are non negotiable by NHS Lanarkshire*

7.2 A subsequent update will be provided to the Corporate Management Team, and Board, if appropriate, to give an overview of the progress of the project and benefits identified at that point. The update will confirm if further investment is necessary and provide greater insight into the potential future business as usual model – as the roll out will have matured by then.

7.3 If the proposal to progress implementation of eRostering across NHS Lanarkshire is approved a subsequent project plan and implementation plan will be brought back following stakeholder engagement and the establishing of a Programme Oversight Board.

8. Appendix 1: Product Resource Matrix

Product	Description	Project Team Year 1 (WTE)	Project Team Year 2 (WTE)	Staff Group
eJobPlan	Facilitates job planning for all clinical roles	2	0	Clinical Staff
eRota	Ensures compliance with contractual and working time directive requirements within Junior Doctor rotas	1	1	Junior Doctors
Loop	Mobile app allowing staff to see their roster, request leave and book bank shifts	-	-	All Staff
HealthRoster	Makes the process of creating rosters as simple as possible, while ensuring safe staffing, efficient use of resource and meeting the needs of patients	8.5	11.5	All Rostered Staff
Medic On Duty	Helps create medical rosters and integrates with rotas, job plans and service plans	1	1	Medical Staff
Activity Manager	Assign staff to clinical activities in theatres, on the wards, or in clinics, ensuring the appropriate staff are delivering care at all times		1.5	Clinical Staff
BankStaff (already used within NHSL)	Integrated with HealthRoster to enable the filling of gaps in rosters and rotas in the safest and cost-effective manner	0.5	2	Bank Workers
SafeCare	Effectively manage safe staffing by matching staffing levels to patient demand	2	3	Clinical Staff

9. Appendix 2: Potential High Level Board Paper



NHSL Board -
eRostering Project Pr