

## NATIONAL EXECUTIVE SPONSOR SELF SERVICE WORKSHOPS


As part of the ongoing commitment to support organisations using ESR, the ESR Central team will be delivering a series of Executive launch events to promote the Manager and Employee Self Service functionality within ESR. At these events, McKesson will also be presenting a review of the operating phase following the completion of rollout, which will include actions to address the performance issues that were experienced during 2008.

The launch events have been arranged across the Strategic Health Authorities (SHAs) throughout April and May 2009, with the exception of East Midlands who held a similar workshop in 2008.

The events will cover:

- Operating phase review including actions to address performance issues;
- Manager Self Service within the wider ESR strategic context;
- How Self Service can be used to its full potential, linking with other aspects of ESR functionality to realise the full benefits;
- Planning for Self Service implementations;
- Local case studies and best practice review.

The events have limited places and are targeted at ESR Executive Sponsors. For further information and registration, please contact your local ESR Account Manager Lead. Regional contact details can be found the ESR website [www.esrsolution.co.uk/contact/regions](http://www.esrsolution.co.uk/contact/regions)



In a letter to Chief Executives in the South East Coast, Candy Morris, Chief Executive at South East Coast SHA discusses the full range of ESR functionality and how it can benefit every NHS organisation. See page 3

## Reconciliation of Statutory Deductions

Organisations are reminded that there is a statutory obligation to file their P14 and P35 annual returns by the 19 May 2009. For organisations with more than 50 employees, the filing must be completed on-line. Additionally, the date for final payments to HMRC in respect of the 2008 / 09 tax year is 19 April for cheque payments or 22 April for electronic payments.

Before the returns are filed and payments made over to HMRC, it is essential that a full reconciliation analysis has been made between:

- Gross to net and the P35 totals;
- Gross to net and the general ledger.

As well as the Gross to Net and P35 reports, ESR also provides an Out of Period Payroll Actions report to assist in identifying where payroll processes have been run outside of the normal monthly cycle e.g. a reversal of an individual assignment's payroll run or a quick pay.

In order to assist the completion of the reconciliation process, two sets of analysis tools are available.

The first is the Reconciliation Spreadsheet, a master of which is available to download from:

- <http://esr.knowledgebasesolutions.com/default.asp?id=2369&Lang=1&SID={C9A29294-4D66-4BFC-BACA-E904979AFA01}>

The Reconciliation Spreadsheet supports the recommended best practice that reconciliation is undertaken monthly as this ensures that the correct payments of tax, NICs and student loan deductions etc are made to HMRC. The sheet can be modified to take account of any weekly payrolls still being process by some organisations.

Regular monthly reconciliation from Gross to Net to the P35 totals and the General Ledger will reduce the need to perform last minute adjustments prior to year end.

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The second tool available, for the 2008/09 tax year, is the MS Access Reconciliation Tool. The availability of this was notified on User Notice 918 and reflects the ESR live system as at close-of-business on 28 January 2009. This tool is provided to highlight potential problem areas e.g. situations where NI

Adjustments have not been correctly applied. It also identifies where items have not been subject to a costing run, for example a payroll reversal as a result of a late notification of Termination.

Further guidance on reconciliation can be found on Kbase at the following URL:

● <http://esr.knowledgebasesolutions.com/default.asp?id=2319&SID=&Lang=1>

If you are experiencing problems with your reconciliation, please raise a Service Request in the normal manner.



## Final RA5 Passes

**At the final RA5 Board meeting held in February, 4 organisations achieved their RA5 standard, with a further 38 organisations achieving their RA5 with some recovery items.**

Many congratulations to all concerned!

### GREEN RA5 Pass:

- Herefordshire PCT
- The Ipswich Hospital NHS Trust
- Sandwell Mental Health & Social Care NHS Foundation Trust
- Taunton & Somerset NHS Trust

### GREEN RA5 with some recovery items

- Alder Hey Children's NHS Foundation Trust Basildon & Thurrock University Hospital NHS Foundation Trust
- Birmingham Women's NHS Foundation Trust
- Bromley PCT
- Colchester Hospital University NHS Foundation Trust

- Great Western Ambulance Service NHS Trust
- Kingston PCT
- Lancashire Teaching Hospitals NHS Foundation Trust
- Liverpool Heart & Chest Hospital NHS Trust
- Liverpool PCT
- Liverpool Women's NHS Foundation Trust
- Mersey Care NHS Trust
- Mid Essex Hospital Services NHS Trust
- NHS Bristol
- NHS East of England
- NHS Manchester
- NHS Mid Essex
- NHS North East Essex
- NHS South of Tyne & Wear
- North Essex Partnership NHS Foundation Trust
- North Lincolnshire PCT
- North Yorkshire & York PCT
- Somerset PCT
- South East Essex PCT
- South Western Ambulance Service NHS Trust
- Southwark PCT
- Tameside & Glossop Acute Services NHS Trust
- The Christie NHS Foundation Trust
- The Dudley Group of Hospitals NHS Foundation Trust
- The Lewisham Hospital NHS Trust
- The Royal Liverpool & Broadgreen University Hospitals NHS Trust
- The Walton Centre for Neurology & Neurosurgery NHS Trust
- Trafford Healthcare NHS Trust
- West London Mental Health NHS Trust
- West Midlands Ambulance Service NHS Trust
- Weston Area Health NHS Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- Wroughton, Wigan & Leigh NHS Trust

NB. Nottingham University Hospitals NHS Trust passed with GREEN status with some recovery actions in December 2008

# Chief Executive Support for ESR from South East Coast SHA

We are fortunate that ESR has always received strong support and leadership from the South East Coast SHA. The latest example is a letter from Candy Morris, Chief Executive at South East Coast SHA, to the South East Coast Chief Executives that discusses how the full range of ESR functionality can benefit NHS organisations both now and in the future:



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Dear Colleagues

### The Electronic Staff Record (ESR) in South East Coast SHA

I last wrote to you on the topic of ESR around 12 months ago, urging all organisations to work towards passing ESR 'Readiness Assessment 5'. I am delighted to report that all SEC organisations are now 'RA5 compliant' (subject to final confirmation in the case of one organisation).

This sounds very dry. But it masks a considerable achievement. Until comparatively recently 'HR systems' in SECNHS comprised myriad disjointed approaches. Bespoke systems covering recruitment, core HR and payroll operated independently of each other. Training administration was frequently managed through spreadsheets or even paper systems. Information and its input was duplicated, time and effort wasted reconciling data from numerous systems, and managers at all levels became inured to the low quality of the information available. In some instances key safeguards such as evidencing that people treating patients were all registered, qualified, trained and competent were not feasible without protracted investigation. And it was simply not possible for the DH or SHA, and in many cases individual organisations, to manage the workforce strategically.

This situation has been changed radically by the universal adoption of ESR and by interfaces between ESR and other systems. While some organisations have chosen to restrict their use of ESR and the uptake of potential functionality has some way to go, many in SECNHS have demonstrated marked enthusiasm and a commitment to getting the most from this major investment. The majority of organisations use ESR for effective establishment control. Deployment of the Oracle Learning Management component of ESR is complete or scheduled for completion in 24 of our 27 organisations. Four organisations are now piloting the national e-learning system (known as NLMS). Others are implementing self-service options. The majority of provider organisations have either implemented or selected e-rostering systems to interface to ESR.

ESR sits at the centre of HR systems in the NHS, supporting effective and efficient HR policy, strategy, and delivery. But it is important to appreciate that ESR is much more than an HR management system. Learning and Talent Management and e-learning capability will enable organisations to manage delivery of training and to record competences all on one system, so managers can be confident that staff are adequately trained, qualified and competent. Self-service will empower managers through the availability at line of real-time critical information to support service delivery.

And a crucial benefit is now in sight with the forthcoming implementation of the interface between ESR and 'spine compliant' clinical and care records systems. With this in place staff access to crucial care systems will be controlled through ESR. This means that the correct level of access will be restricted to the right staff from the day they come to work in an organisation and will cease when they leave. It will no longer be necessary to authenticate staff access person by person as the access will become automated based on organisational role.

As an SHA we have always been fully committed to ESR. No-one can pretend that ESR is perfect in all respects and we must not ignore shortcomings of the system and the service provided. Part of our role is to reflect back to the DH issues and concerns. But, ultimately, ESR has been of enormous benefit. That is why the SHA is continuing its support in 2009/10.

As I've noted before, one of the critical challenges we face in transforming NHS services is tapping into the rich seam of technological innovation that happens all across our region, nationally and internationally, and ensuring that all services learn from the best. I want to ensure that organisations are fully aware of the potential for realisation of further benefits from ESR. And I expect Chief Executives to ensure that ESR developments are delivered through effective project management and that relevant staff are able to take full advantage of the support arrangements we have put in place.

I have asked John Stock, who leads the SHA programme, to report back to me on the plans each organisation has in place to achieve full benefit from ESR. I look forward to hearing about your plans following the events.

Yours sincerely

**Candy Morris**  
Chief Executive  
South East Coast SHA



## Case study Cambridge University Hospitals NHS Foundation Trust

Cambridge University Hospitals NHS Foundation Trust is one of the country's leading NHS Foundation Trusts and it provides local healthcare services to a population of 500,000 people. It is a world class teaching hospital, a centre for specialist care and a biomedical research centre. The annual income is around £400 million. The Trust has approximately 1,170 beds (including maternity) and around 7,000 staff.

Cambridge University Hospitals went live with ESR and Oracle Learning Management (OLM) in April 2007 as part of Wave 7. Since they began using OLM, the Trust has discovered a number of cost and time saving benefits:

### 1. Course Confirmation emails can be sent automatically to all course delegates and their Manager

A discoverer report has been scheduled to run each evening that identifies anyone that has enrolled on a course during the day – this covers all courses within the OLM catalogue. As part of the process of booking onto a course, the delegate is asked to provide both their own and their manager's email address. These details are entered directly into the booking screen of OLM. The discoverer report is retrieved and exported to a dedicated location on the hospitals secure network system. A generic email template has been created and using the email merge facility, it sends out an email based on the information stored in the exported excel spreadsheet.

### 2. Did Not Attend (DNA) emails automatically sent to all relevant course delegates and their Manager

The same process takes place as above for courses where a DNA response has been entered into OLM.

### 3. Access to course registers for Course Instructor using the new URP – Local Reports

A discoverer report has been created that includes a parameter screen to allow Instructors to select a course date. Once a date has been chosen, the report generates a list of every scheduled course on the specified date. When a course has been chosen, the report can be run and the Instructors can print the details direct from discoverer. There are now over 15 Course Instructors at Cambridge University Hospitals using this facility.

### Cost Savings

The process for course confirmation and DNAs has saved the trust over 3½ hours of administrative time each day.

There has also been a significant reduction in the administrative time taken to produce course registers and it is envisaged that all course instructors will be using this facility by the end of March 2009.

### Qualitative Benefits

A major benefit has been the improvement in the percentage compliance rates for mandatory training because managers are automatically alerted to a DNA and the individual is asked to re-book. Course Instructors have the freedom to access and print the registers at their own convenience.

### Next Steps

Cambridge University Hospitals plan to continue maximising on the benefits of ESR with their next steps being to:

- Roll out Manager and Employee Self Service across the organisation
- Introduce an elearning induction programme for all Medical Staff

### DATE FOR YOUR DIARY

ESR will be exhibiting at the following conferences this year:

- NHS Confederation Conference at the ACC Liverpool  
10 – 12 June, stand A2
- NHS Employers Conference at the ICC Birmingham  
3 – 5 November, stands 50 & 67

Cambridge University Hospitals NHS Foundation Trust