

ESR Update

October Update From Acting Programme Director, Simon Willcock

Wave 10 Now Live – Over A Million People On ESR!

Wave 10 went live at the end of September with 521 organisations paying 1,051,303 people. This is certainly a key milestone in the implementation of the system and congratulations are offered to everyone involved. The introduction of ESR is now on the home straight, and remains firmly on schedule.

Wave 10 comprising 45 organisations and c102k employees completed their User Trial in August. Cutover to ESR was undertaken in two cycles. Cycle 1 organisations made their decision to go-live on the 21st September 2007. Cycle 2 organisations made their go-live decision on 28th September 2007.

Wave 11 comprising 34 organisations and c71k successfully progressed through Readiness Assessment 2 in August 2007, and will commence Local Solution Testing this month.

Wave 12 comprising 32 organisations and c78k employees commenced ESR implementation stage in August 2007, and are working towards Readiness Assessment 2 at the end of this month.

Realising Benefits Together

Valuable advice and experiences were shared last month at two well-attended and successful events that focused on how to get the most from the ESR system. Those present were really on the ball, since the venue was the Chelsea Football Stadium! Three ESR users described what they had learnt while introducing OLM and Manager Self Service, and those present had the

chance to put their questions to the panel. As always, the events also served as a forum for networking and discussion.



The Chelsea team, from left to right: Samantha Greenhouse – Royal Marsden NHS Foundation Trust, Vince Lammas – Newham University Hospital NHS Trust, Vanda Clarke – Head of Benefits Realisation, Carol Robinson – Leeds Teaching Hospitals NHS Trust, and Maureen Edwards – Senior User / HR Director.

National User Network Gains Momentum

The sixth quarterly National User Group meeting was held on 5 September 2007 attended by delegates from the Regional User Groups. The Group's terms of reference were reviewed and agreed based on:

- Representing users
- Developing and sharing knowledge, skills and new ways of working
- Steering system development
- Highlighting operational issues
- Working in partnership with the central team

The agenda included updates on the main Programme work streams, and action agreed on critical issues raised by

the Regional Groups. Issues discussed included education offered to users under the contract after March 2008, additional information transfer across NHS Jobs interface, support and guidance for merger / de-merger activities, and an online search facility for the user manual on KBase.

This was the first NUG meeting at which the work of the Special Interest Groups was reviewed, together with decisions on future system enhancements, voted on by RUG members.

Eight enhancements were approved by user vote. These included:

- Additions to the list of values for absence reasons
- Organisational drill facility for a number of reporting workbooks
- 'Number of new notifications' message to be displayed for users of learning administration URP

The process for prioritising system developments set out in document A9901, 'Special Interest Groups and ESR solution development' was used for the first time. It is now really important that organisations are actively involved in the User network to share learning and to be involved in solution development.

Liane Moralee and Alison Nell from Northumbria Healthcare NHS Foundation Trust led a workshop on their implementation of Manager Self Service. Northumbria went live in wave 6, with Manager Self Service and OLM, and has worked with the central team in refining self service functionality. Liane and Alison clearly set out the approach taken by Northumbria, priority issues they addressed, and the benefits of using the functionality. The minutes, reports from the national special interest groups and presentations are available on KBase, under National User Networks > National User Group.

Medical Staffing The ESR Way

**Carol Robinson, Assistant Director Of HR,
Leeds Teaching Hospitals NHS Trust**



Carol Robinson

We are continuing to implement the core ESR solution at our Trust, and time savings and reporting improvements are evident already. Building on the lessons learned from the pilots – which we ran during our Benefits Activation Project in June to December 2006 – a more widespread roll-out is about to start.

Radiology will implement the complete system across the whole department, while Manager Self Service (MSS) will also be introduced in A&E, Cardiology, Paediatrics and probably Pathology (which is currently considering whether to be involved). Together, these five represent 15 to 20% of the management areas of the largest Trust in the country, which employs 14,000 staff at eight different sites, and treats one million patients a year.

Delivering Change And Improvement

Medical staffing – an important but often overlooked part of HR – is set to be transformed in the months to come. The use of ESR will encompass activities including:

- The monitoring of recruitment,
- The recording of doctor inductions,
- The management of rotations (with forward dating),
- The management of appraisals,
- The management of mandatory training,
- The management of absence,
- The recording of consultant job plans, and
- The linking of rota information and banding to junior doctor positions.

All this will take place in tandem with MSS where appropriate.

One example of the potential of ESR to deliver change and improvement is provided by the Absence Management URP. It effectively updates and retains data on the accumulated absences of staff undertaking rotations as they move from post to post. This has the firm approval

of the consultants overseeing junior doctors, as they will be able to quickly check allowances before authorising requested leave. An implementation pathway (requiring devolved access) is agreed, and will be introduced once the resources required for the necessary set up work are identified, allowing the collection of data on leave to date.

Once the use of the Absence Management URP is widespread, it will allow the identification and resolution of scheduling issues arising between management areas.



St. James' University Hospital, Leeds NHS Trust

This will be a significant development, ensuring, for instance, that theatre capacity is maintained. In the longer term, the aim is to create links with the existing system for monitoring junior doctors' hours, and the system that the Trust will be implementing for rostering.

Induction is also worth highlighting. Although we discharge this duty well, the documentation of activity used to be less than ideal. Following the development of an e-induction process and its capture on ESR, evidence can now be quickly gathered and easily reported using OLM and Talent Management, with the result that we can prove compliance with Healthcare Commission Standards. (This in

turn has positive implications in relation to the Clinical Negligence Scheme for Trusts.)

As a final point, one major advantage of ESR is the transfer via MSS of personnel administration to managers, allowing HR to focus on strategic and advisory work. This is true for medical staffing areas as much as other staff groups.

Film Show

A short film illustrating how Northumbria Healthcare NHS Foundation Trust has successfully introduced Manager Self Service is now available on the ESR web site at www.esrsolution.co.uk/news. As reported in the last issue of ESR News, the film was premiered at the TUC Conference during September, and will be shown on our stand at the NHS Employers 'Leading Workforce Thinking' Conference in October.

ESR – My Experience

**Clare Peatfield, Pay Services Manager,
Sherwood Forest Hospitals NHS Foundation Trust**



Claire Peatfield

Implementation:

We are the main acute service provider in Central Nottinghamshire, operating two hospitals, and employing around 4250 staff. From the start, I was enthusiastic about ESR. We planned its introduction effectively, working in tandem with a really good project team. As a result, Local Solution Testing was done in two weeks instead of the normal four.

Going Live:

We went live in February 2007. There's no substitute for the real thing, especially where running retro is concerned, and the first couple of months were challenging. We tried to fit every process from our legacy system on to ESR, but it wasn't the best approach. Once we had assessed the situation, and adapted our procedures to ESR functionality, matters improved. To get the most out of ESR, you need to be open to change.

Eight Months On:

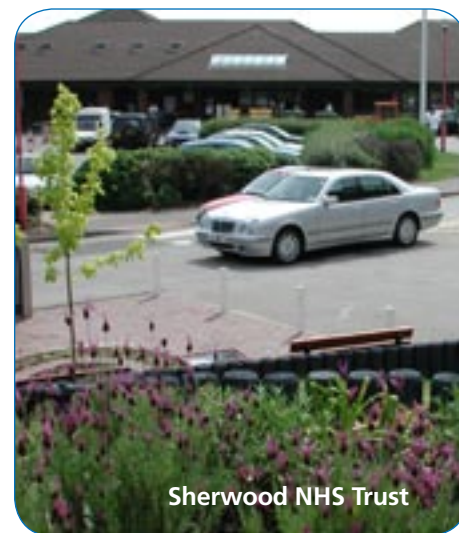
Payroll operations are now running more smoothly. This is partly due to the further tightening of procedures. We have developed a timetable governing when work is done, and have introduced stricter deadlines for the provision of pay-related material.

The system gets a bit gridlocked occasionally, if a lot of Trusts are trying to generate the same report at once, so I sometimes run them out of office hours, when there is less demand. One of the features I like about ESR is its flexibility of access: you can use it whenever you want. In any case, its performance seems to be improving. I think the ESR Team listens to what the Trusts are saying, and is making a difference.

Our Trust has a reputation for getting the Year End done early, and ESR is helping sustain it. We can now automatically generate a report detailing our payment to the Inland Revenue. Previously, this would have needed to be

calculated from spreadsheets.

As we continue to extend the scope of ESR, I am sure that further benefits will be achieved. For example, the introduction of Manager Self Service has considerable potential to make time savings.



Sherwood NHS Trust

Top Tips

The various ways that you can keep up to date with changes to the ESR systems outlined this month are provided by the East of England's Benefits Realisation Team: James White and Zoe Pickard.

User Notices (UNs)

These are released by McKesson to let you know about issues relating to the system that may impact upon ESR responsibilities, and to give you advance warning of any planned downtime. A comprehensive UN library is available on KBase. (To access it, simply type 'User Notice Library' into the search tool.)

Patch Release Notices (PRNs)

These are issued to inform you of enhancements made to ESR, as a result of requests from NHS organisations or the Special Interest Groups. You will receive a PRN guide that gives you helpful information regarding the changes, sometimes illustrated with screenshots.

Alert Notices (ANs)

These provide solutions to errors discovered within the system, or give details of significant changes that might impact upon payroll or finance operations.

Knowledge Base

The KBase is an online resource containing all UNs, PRNs, and ANs, plus FAQs, the User Manual, further documents relating

to the system, and more. It is also a forum for ESR users to share knowledge and experiences. If you have not yet accessed it, visit www.esrsolution.co.uk, click on the relevant link, and register your name and email address. You will be sent a user name and password within three days.

Education Newsletters

These are issued by McKesson to give you the correct procedures to follow when statutory changes require modifications to the system.

**In this Issue: ● ESR Update ● Film Show ● National User Network ● Medical Staffing
● ESR – My Experience ● Reporting Matters ● A Better Remedy**

Reporting Matters

Survey Results

The findings of the user survey carried out in May on ESR reporting suite are now available on KBase. They can be found under [Functionality > Reporting > Reports Questionnaire Analysis June 2007 v1.0.pdf](#).

This was the first questionnaire on the subject to be sent to a large number of 'live' Trusts, and the feedback has identified several key issues. An action plan to address them has been drawn up, and work is currently underway.

A key finding of the survey is that the national standard ESR reports are not being used as much as they should. Although users can create and maintain their own Discoverer reports, ESR reporting strategy makes it clear that for key indicators the national reports should be used, providing consistent information across all ESR organisations. With the help of the newly formed Special Interest Groups, the ESR team is evaluating the gaps in the reports that are causing them to be modified

instead of used in their existing form, with the crucial objective of establishing an acceptable, common approach.

In addition, at some organisations, the authority to create reports appears to be restricted to a select few. This can lead to difficulties if a key individual leaves, and is not in line with the concept of ESR – which has the potential to provide relevant information to the staff of all departments simply and efficiently.

It is worth adding that performance testing in July showed that 85% of Discoverer reports returned information in the suggested timescales.

Since the survey highlighted a need for better communications, ESR Reports Newsletter was launched last month. A copy of this can be found on KBase.

Printing From Discoverer

To clarify an issue that has been raised repeatedly by ESR users, reports can be

printed directly from Discoverer. Simply run one as normal, and then select **File > Print > Page Set Up**.

The tabs in the dialogue box allow the size and orientation of the paper to be chosen, the title to be displayed on all pages or just the first, and the report to be printed with the results on the worksheet, or all variations.

The presentation of the data can be adjusted, with the table scaling feature allowing more information to be fitted on to one page. Layouts can be previewed prior to printing. However, reports cannot be emailed direct from Discoverer. Users should run their own reports from the menu option within their allocated USP instead. Further details are available in the reports user manual, located on KBase.

A Better Remedy

The processing of Service Requests (SRs) by ESR Help Desk – otherwise known as 'Remedy' – has been improved as a result of the greater variety of product / service options added to the Customer Portal earlier this year, categorising incoming Payroll and HR SRs into specific areas.

This has led to some changes to the Application Support Team. It is now better matched to the nature of the SRs being received. In addition, the best person to resolve a specific issue can now be allocated at an earlier stage.

The future aim is to analyse the SRs in even greater detail, to obtain information on current trends. This will help to spot areas where issues are consistently arising. They can then be tackled by upgrading the

user documentation, further developing the application, or providing additional focused training or educational material.

The procedures followed by the Application Support Team are also being enhanced, partly in response to comments received about the time needed to resolve some SRs where the business impact is assessed as 'standard' – a minor or cosmetic fault that does not affect system functionality. It is appreciated that these are still of concern to the Trusts experiencing them, and it is emphasised that they are never ignored. Work is being undertaken in tandem with the NHS Central Team to establish a means of prioritising them (on the basis of, for example, the number of people or Trusts affected).

The intention is to report upon each

'standard' SR that remains outstanding after one month, and to update and review its progress towards resolution. Further information on Remedy can be found in the Help Desk User Guide on KBase.

STOP PRESS > STOP PRESS > STOP PRESS

E-Rostering Guide

The benefits of implementing electronic rostering in the workplace are discussed in a new guide published by NHS Employers. It can be found at www.nhsemployers.org/restricted/downloads/listings1.asp?pid=320.

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