

<b>Title</b>	<b>Northumbria Healthcare NHS Foundation Trust – Self Service Benefits Assessment Case Study</b>
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<b>Date</b>	20 June 2008
<b>Version</b>	Final

## 1. Trust Information

Northumbria Healthcare NHS Foundation Trust is an acute and community trust, serving a population of 530,000 people living throughout the areas of North Tyneside and Northumberland. It serves one of the largest geographical regions in the country. The Trust employs over 6,500 staff, making it one of the largest single employers in the area.

## 2. ESR Context

The Trust implemented Oracle HRMS (including Oracle Training Administration) in May 2005 and rolled out Manager Self Service across the Trust in July 2005.

At the beginning of April 2006, the Trust commenced the 11-month ESR implementation programme, as part of Wave 6 of ESR. The Trust went live with Core HR/Payroll, OLM and MSS in February 2007.

## 3. Manager Self Service Implementation

### 3.1. *How Self Service is set up*

The Trust has a devolved management responsibility of staff to Line Managers within each Directorate. Line Managers are responsible for recruiting, developing, monitoring and overall management of staff on a daily basis with support and advice from the HR team.

The Trust currently has over 650 Manager Self Service users in ESR and utilises the following URPs (User Responsibility Profiles):-

- Manager Self Service (Payroll Approvals Not Required) – currently around 70 managers have this responsibility all of which are designated as ‘Approving Managers’.
- Administrator Self Service (Payroll Approvals Not Required) with all Group A Actions (i.e. those having a financial/contractual impact) requiring approval from a designated Approving Manager and Group B Actions (i.e. no affect to contractual/financial position) requiring no approval
- Supervisor Self Service – to enable transactions to be processed and committed direct to the database. The transactions processed are limited to those which do not affect pay or contractual position, e.g. change of address, name, absence recording and training bookings.

The vast majority of users (around 580) have both the Administrator and Supervisor URPs. The reason behind this decision is that the majority of these users are either undertaking actions on behalf of a senior manager or are not authorised to approve contractual changes, new hires or terminations. Therefore the Administrator URP enables them to make assignment changes, undertake new hires or end employment for employees and these

transactions are then approved by one of 70 senior managers (with MSS – Payroll Approvals Not Required). The Supervisor URP enables the administrators to undertake changes to personal information, enter absences and to book training courses – none of which require approval from a senior manager).

The Trust does not utilise the URPs which require the additional approvals from Payroll/HR or Finance, i.e. Manager or Administrator Self Service (Approvals Required) as this then removes the audit trail of the approving manager and will show, for example, a payroll clerk as being the person committing the change to the database.

Recruitment is still done within a central function and uses the interface to NHS Jobs. At present, all applicants are transferred to ESR from NHS jobs only those applying outside of NHS jobs are entered manually. Short listing on line and the use of filters within NHS Jobs is currently being piloted. Analysis indicates that higher-level posts are successfully recruited via NHS Jobs whilst the lower level posts are recruited via traditional means. Once the successful applicant has been approved and set to cleared status by the recruitment team the managers use applicant hire via self-service to take the employee on the day they start.

### **3.2. Training and Familiarisation**

Having implemented Oracle HRMS the Trust drafted a revised User Guide and, in conjunction with internal IT Trainers, through a package called 'Captive' recorded the processing of transactions so that Users could familiarise themselves with the new system. This meant that Users were not required to attend specific training sessions but could (and can continue to) access the Intranet to familiarise themselves at any time.

In support of this method there were facilitated training days set up on the 3 main sites where staff could come along and practice using the intranet and ask any questions of the HR Representative or IT Trainer. These sessions proved successful and were well attended.

Any new users must first complete this training available on the Intranet and their manager completes a login request form confirming they have done so before they are given access to the system.

### **3.3. Helpdesk Facility**

Use of a help desk facility was set up during the implementation of Oracle HRMS using software called Support Works to log and categorise calls. This facility is still available for all users of ESR. The calls are logged by the User together with a description of the issue. This enables the helpdesk team to identify key themes/issues and to guide/advise users through certain transactions on a systematic basis. There are currently 735 users in total with over 650 of these being for Manager Self Service. The helpdesk is covered by two members of staff Monday to Friday 8:30am-5pm. This is found to be more than adequate cover. Communication with staff on night duty or outside the core hours takes place via email. There is in fact quite a high volume of use during the night or at weekends for many transactions. Support also covers the maintenance of work structures and the supervisor hierarchy both of which are key to the success of ESR and MSS.

## **4. Benefits Assessment**

Both lessons learned and benefits are still being assessed. As an integrated system, it is essential that all functions work well together. A working group has been set up to look at key issues the Trust has faced since implementation of ESR, involving:-

- Testing
- Payroll processing – weekly/monthly payrolls and MSS
- Finance codes – changes during the budget year.
- Communication with Users

A number of key areas are discussed below where benefits are either being realised or are expected to be so.

## **4.1. Reporting**

Reporting is facilitated centrally at present for a variety of reasons (complexity of producing local reports, majority of users having limited IT skills and concerns regarding the IT infrastructure being not adequate to deliver sufficient performance). Through a structured reporting strategy, a targeted approach is in operation to ensure compliance with Trust Policy and Procedure and to support Managers in their responsibility to manage their staff.

Key drivers are:

- Central initiatives such as CNST
- Training needs analysis
- Identification of absence levels and hot spots
- Labour Turnover management

### **4.1.1. Absence**

The reports are being successfully used to identify absence trends and determine action plans to mitigate events. For example, when the Health at Work Policy changed, reports were used to monitor absence trends/patterns against the trigger points within the Policy. In accordance with the Short Term Absence Policy an employee would be managed formally through the process if they had 3 episodes of sickness within a 6-month period, the reports identified that a number of employees had at least two episodes within a period of six months. Following a process of negotiation with the Staff Side a change to the Health at Work Policy came into force in January 2008. A reported reduction in sickness absence rates from 12% in July 2005 to just below 5% in June 2008 was welcomed by the Trust Board. Through effective reporting using the standard reports, we can demonstrate that ESR can support policy change. The money saved has been reinvested in staff involved with providing direct nursing care.

Further benefits can be achieved by analysis of absence lost by reason. This will enable the identification of hot spots relating to absence. This is currently an enhancement request.

### **4.1.2. Appraisals and Training**

Training needs analysis is performed by the Training Department via a reporting strategy, which allows better co-ordination and planning of training between the Training Department, the Trainers and the Managers. Requirements assessment such as for Statutory and Mandatory training can be easily assessed. Centrally courses are then added as needed to the training directory. Managers using Self Service can review the catalogue and can book their employees on. They can also see when a course is full allowing them to manage employee expectations. Managers are more able to plan cover for staff to enable them to attend training.

Completion of appraisals was previously very poor at around 12%. A target of 80% was set for March 2008 and again through an effective reporting strategy the Trust was able to monitor and ensure the target was met. Through effective reporting, the Business Units have now adopted a more structured and planned approach to performing staff appraisals based on the birth date of an employee.

Professional registration expiry alerts are also used by managers to ensure that their staff are fully competent to do their job. The alert process is also backed up by the use of reports to Managers making them aware of any Professional Registration expiry dates two months in advance.

### **4.1.3. Business Unit Summary reports**

The Trust has developed a Dashboard, which contains a number of reports comparing KPIs in relation to Standards for Better Health and other NHS targets/standards. Statistical analysis on vacancies, turnover, absence levels, ethnicity and age profiles is contained within each report with the Trust average in each case being highlighted. These reports are delivered to the Operations Board and to all managers. This promotes a competitive incentive between business units, better management control in relation to staffing and improved workforce planning.

### **4.2. Accuracy and timeliness of data entry**

Managers originally used paper based forms that were sent to payroll. Due to the geographical size of area and the large number of individual locations, these often took days to arrive within the Payroll Department and potentially lost in transit. Files were kept in each individual location and therefore, before Oracle HRMS, there was no one system which had all the data in one place. All employee data is now entered directly into ESR in each location by managers or administrators. As there is no payroll approval role, changes are immediately committed to the database and so are available for online review or reporting. Time is also saved, as no checking is required.

### **4.3. Staffing Levels**

Due to interfaces such as NHS Jobs and Pension Agency and MSS there is a significant reduction in data entry for key groups of staff. Staff would argue, however, that processing has increased. Therefore efficiency gains relating to staffing establishment within these areas has not resulted in a reduction of headcount but a reallocation of resources. A review of the process maps and processing is ongoing and include key staff from Payroll, HR and Finance.

HR Advisors provide more strategic support the business units in relation to employee relation issues and compliance with Trust Policy and Procedure.

### **4.4. Manager Experience**

Managers are better informed about staffing to enable them to monitor compliance with Trust Policy and Procedure, ensure their staffing establishment is maintained and kept within budget and can now plan for the needs of their service/function. Prior to MSS information about staffing was difficult to obtain with no HR System reliance was placed heavily on the former Payroll System.

Managers now ensure their staff attend up to date training which ultimately results in patients receiving better care.

In general managers now feel more in control of their staff and the information about them. Prior to Self Service they relied heavily on central HR for support, general queries and reports. With devolved access they understand the HR position and manage issues for themselves. Ultimately it has made them more responsible for managing absence (by identifying triggers for absence and putting actions in place to mitigate these), staff turnover, appraisal and training. The introduction of the Business Unit reports has promoted healthy competition in most areas which also serves to drive down absence rates, turnover etc.

## 5. Benefits Summary

The table below gives a summary of the benefits discussed in Section 4 above. Only areas where discernable benefits have been achieved are listed.

<b>Benefit</b>	<b>Area</b>	<b>Reasoning</b>	<b>Outcomes</b>
Reduction of Absence	Absence	Absence reports used to identify trends leading to change in Health at Work Policy.	Absence reduced from 12% to less than 5%. Money saved reinvested in nursing.
Training Needs Assessment	Training	Reports allow better identification of training requirements, especially statutory & mandatory training	Better training course planning centrally and manager understanding of needs.
Appraisal completion rate improved	Appraisal	Use of reports identified the lack of appraisals recorded on ESR/ non-completion. Actions plans developed and implement to aid better planning of future appraisal process	Completion of appraisal up from 12% to 78%. Also leads to better understanding & management of training needs.
Business Unit Reporting	Reporting	Comparison allows managers within a business unit to see how others are doing in relation to absence, turnover etc	Managers can focus on areas which require improvement against KPI's.
HR more strategic	Strategic	HR have a more strategic focus working in the Business Units with Managers.	HR now more proactive in advising Managers on issues relating to staff employee relations.
Improved Manager Experience	MSS	Managers can now manage their staff more effectively and are more equipped to plan workforce/resource requirements.	Staff data is more readily accessible to help Managers perform in their role.