



ST HELENS & KNOWSLEY NHS TRUST

# ROLL OUT OF ESR SELF-SERVICE TO JUNIOR DOCTORS PLACED WITHIN HOST TRUSTS

## SUMMARY

**St Helens and Knowsley (StHK) NHS Trust** became the Lead Employer for junior doctors in the Cheshire and Merseyside (C&M) area on behalf of the Mersey Deanery in August 2010. The scale of this task, which involved managing over 2000 junior doctors, gave the trust an impetus to introduce a more efficient way of recording sickness absence. Therefore, based on the trust's previous success in rolling out ESR self service in-house, it was decided that the best way of achieving this was by introducing self-service to those line managers across C&M trusts to whom the junior doctors directly reported.

The first two trusts in the C&M area to pilot self-service for junior doctors were Aintree University Hospitals NHS Foundation Trust and Warrington and Halton Hospitals NHS Foundation Trust, back in November 2011. Due to the success of this pilot in improving the efficient management of sickness absence, a total of 52% of trusts have now gone live on the system, with the remainder scheduled to join according to a planned timeline by March 2013 (see Appendix 1).

## KEY OUTCOMES

### Benefits to host trusts

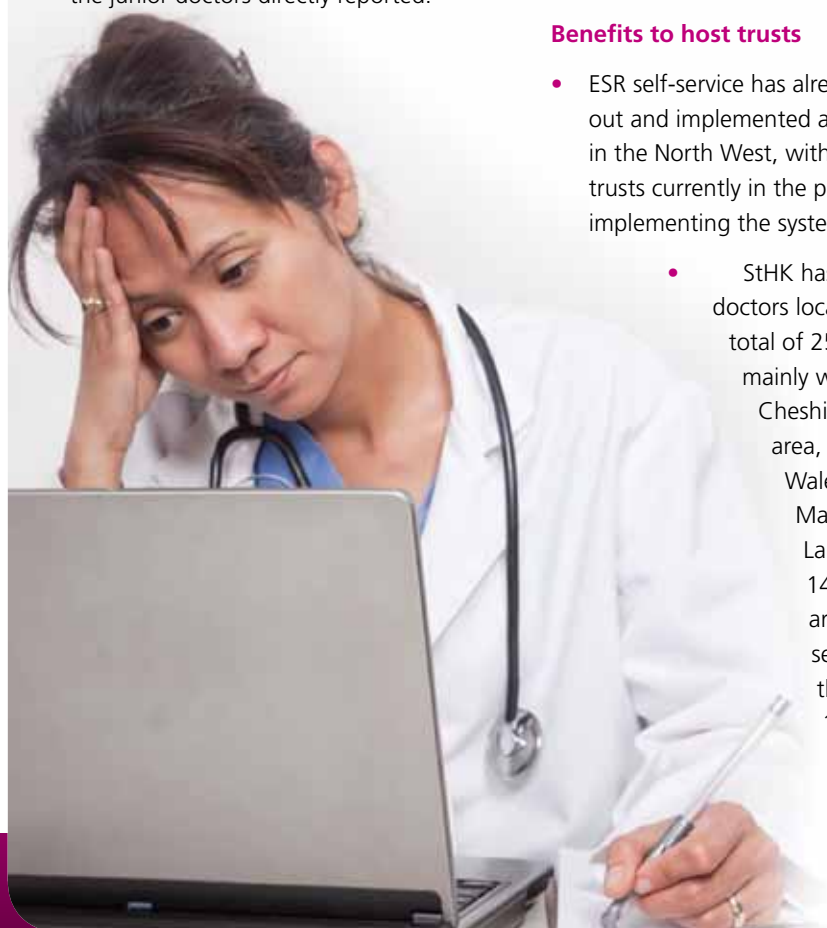
- ESR self-service has already been rolled out and implemented across 14 trusts in the North West, with a further six trusts currently in the process of implementing the system.
- StHK has junior doctors located within a total of 25 host trusts, mainly within the Cheshire and Mersey area, but also within Wales, Greater Manchester and Lancashire. In total 14 of these trusts are already using self-service, with the remaining 11 due to go live by the end of March 2013. As a result 75% of the 1735

junior doctors employed via StHK are already live on the ESR self-service system.

- Sickness absence recording has shown a significant increase, which provides a fuller picture of the scale of the challenge. In the short-term this has caused an increase in the reported level of absence; however in the long-term it is expected that a uniform sickness absence policy will help reduce this figure and conversely will reduce costs.
- The ESR self-service system is linked to the OLM database, which allows self service users access to record information about junior doctors' training, including mandatory training. This enables each trust to tailor training to individual doctors, thus helping to avoid duplication which often causes frustration and an unnecessary waste of resources.

### Benefits to the Lead Employer

- Self-service has reduced the amount of administration required centrally within StHK, as less manual inputting is necessary. This has led to a reduction in headcount from three part-time Band 2 positions to one part-time Band 2 employee.
- In education and training savings have also been made with the implementation of the Oracle Learning Management System (OLM) at the same time as manager self-service. This led to a reduction in staff required from five staff at Bands 2 and 3 to one at Band 3.





# GOOD PRACTICE CASE STUDY

## BACKGROUND

The Mersey Deanery runs a training programme for all junior doctors in the Cheshire and Mersey area. Prior to the establishment of a single 'Lead Employer' each host organisation employed junior doctors directly according to speciality. However, in 2010 StHK took over the role of Lead Employer for the Deanery and now employs all junior doctors from one central point. This helps to improve communication as only StHK needs to report back to the Deanery, and it also reduces the amount of administration required.

After becoming the Mersey Deanery's Lead Employer it became apparent to StHK that it would be necessary to improve the way that sickness absence was recorded and managed due to the number of doctors who were employed across 28 organisations and further GP practices. Before self-service was introduced each organisation completed a spreadsheet with details of each junior doctor's monthly absences and then sent this electronically to StHK. This information was then input into ESR by the payroll team. The recording of sickness absence for doctors was sporadic at best, with some trusts recording sickness accurately and other trusts not at all. Records over the last 12 months have provided sickness absence figures at 28 host organisations ranging from 0% to 1.31% (national average being 1.13%).

Failure to monitor sickness accurately may impact on the service in the following ways:

- additional costs incurred through locum use
- patient safety may be compromised
- trainees may not complete core training
- doctors in difficulty may not be identified quickly

## Rationale for Self-Service

Self-service was developed as a method of capturing sickness absence at source and recording this directly on the employees' ESR records, to enable trainees' sickness history to transfer with them on rotations. This provides an on-going account of individuals' sickness absence and highlights any underlying reasons for absence. It also allows host trusts to produce reports centrally from the ESR system on their current doctors in training. In addition, self-service helps with the recording of annual leave and special leave, which can be problematic when trainees are rotating from trust to trust and even within trusts. Trainees frequently arrive at their new placement without accurate leave histories or with incomplete records, which could lead to too much leave being taken. This also applies to special leave, such as episodes of bereavement and carers' leave.

## KEY STAGES OF SET-UP

### Lead Employer Status

In August 2010 StHK became the Lead Employer and undertook the responsibility of centrally collating sickness absence reports for each junior doctor across C&M and entering any absences on ESR.

### Pilot Phase

In November 2011 a three month self-service pilot was rolled out with Aintree University Hospitals NHS Foundation Trust and Warrington and Halton Hospitals NHS Foundation Trust. Initially the project lead, Mike Winstanley, met with medical staffing managers at both trusts to build an understanding of how each currently captured sickness absence and annual leave for junior doctors, and who was responsible for feeding this information back to StHK. Both reporting structures were evaluated to determine how

effective they were in terms of each trust's overall hierarchy and whether information was collected robustly. StHK then worked around these structures to ensure that the self-service system fitted within the hierarchy, whilst remaining as flexible as possible. This was particularly important as StHK wanted to ensure that each organisation was comfortable with recording the information and that it mirrored their local arrangements where possible.

### Full Implementation

In March 2012 the decision was taken to roll out self-service to all of the other trusts within the C&M area. A project timetable was drawn up to allow a phased approach and to date each trust has gone on line according to schedule, with all trusts expected to be on the system by March 2013.





# GOOD PRACTICE CASE STUDY

## Trusts already live on the ESR self-service system:

- 5 Boroughs Partnership NHS Trust
- Aintree University Hospitals NHS Foundation Trust
- Alder Hey Children's NHS Foundation Trust
- Cheshire and Wirral Partnership NHS Foundation Trust
- Clatterbridge Cancer Centre NHS Foundation Trust
- Countess of Chester Hospital NHS Foundation Trust
- East Cheshire NHS Trust
- Liverpool Heart and Chest Hospital NHS Foundation Trust
- Liverpool Women's Hospital NHS Foundation Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- St Helens & Knowsley Hospitals NHS Teaching Hospitals Trust
- Warrington and Halton Hospitals NHS Foundation Trust
- Wirral University Teaching Hospital NHS Foundation Trust

## HOW IT WORKS

When each trust joins the system the project manager visits the medical staffing team to determine how reporting currently works, who needs log-in details and how the ESR self-service can be made to fit around existing hierarchies. For example, at Aintree junior doctors were required to report their absence to the head of their department, who was responsible for sending departmental reports across to StHK's payroll. Therefore when Aintree joined the self-service system it became the role of those speciality managers to input ESR data for all the junior doctors in their department. However, at Warrington and Halton self-service was set up for staff in just one central medical staffing department, as junior doctors were used to reporting absence to this single location.

Warrington and Halton have now reviewed their methods and in the New Year will be devolving the responsibility for this to the divisions.

Once users are live on the system a group training session is held to educate managers on how to input data correctly. This training is conducted in-house using T-play software, which allows users to see how the ESR system works without potentially causing any errors on the live system.

A revised sickness absence policy was released across all trusts that host junior doctors to coincide with roll-out of the self-service system. This is helping managers to use the new system more effectively and consistently across C&M, as they are given clear responsibility for managing absence and holding return to work (RTW) interviews. They are also able to see real time information, so when junior doctors hit triggers for further action they are able to respond immediately.

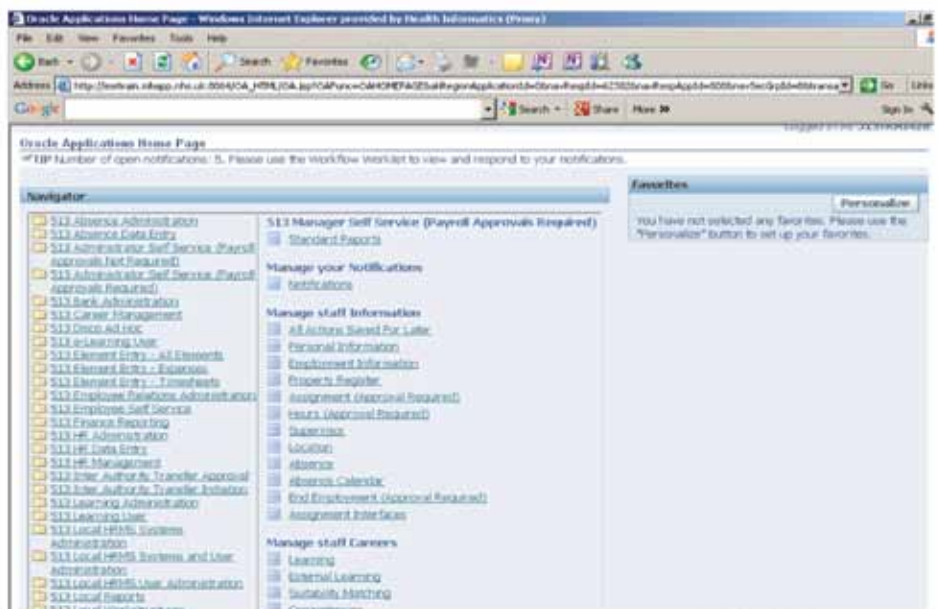
## RESOURCES

This project is mainly conducted within existing resources as it is undertaken as part of the role of the ESR self-service lead. However one extra Band 5 administrator was hired part-time in order to help support the project for a fixed term period until March 2013. This role involves helping with the setting up of the hierarchy, training new

users of the system and ensuring the correct supervisor can see the right staff.

## KEY CHALLENGES

- There is a need to train people on how to use the self-service system but this can be difficult due to the geographical size of the region. Therefore one large training session is held at each trust and training is offered to individuals where necessary. The size of this session is limited only by how many PCs are available at a time at each trust.
- IT systems across trusts can also differ, so the T-play database is used to deliver training. This is externally accessible via an internet link from any trust.
- Each user needs to be issued with a smart card via their trust to access ESR. However, due to lack of resources individuals sometimes face delays in receiving these cards. The solution is to give enough people log-in details so that it doesn't matter if a few people can't access the system immediately.
- Some organisations have not yet implemented self-service in-house, so line managers from those trusts often need more support as they are not familiar with the system. This requires training to be tailored to their needs.





# GOOD PRACTICE CASE STUDY

## KEY LEARNING

- Make sure that you have enough users to cover unexpected absences. It is advisable that a line manager's senior manager and someone at an administrative level can act on their behalf if they are on leave.
- Self-service systems should be set up so that information which is input locally can be viewed and amended centrally. This makes it possible to correct any errors and gives the system a degree of flexibility.

## NEXT STEPS

- The remaining 14 trusts will go live on the system by March 2013 and all junior doctors located within host trusts will be live on the system by then. A plan will then be devised on how to bring in the other 275 junior doctors who are located within GP practices.
- Finance staff will also be given access to the self-service system. This will reduce the amount of queries that need to come through to the payroll department/ individual line managers, thus making the system more efficient.
- Plans are currently being developed to introduce employee self-service from April onwards to the Lead Employer doctors. This will allow them to view and update certain aspects of their information including personal information. This will also give them access to their on-line payslip for the first time. All Lead Employer doctors' payslips are currently posted to home addresses so this will lead them to seeing their salary information before their payslip arrives.

- StkH is also piloting the streamlined ESR and Deanery interface. This will lead to a number of benefits including reducing the administrative burden on NHS trust and Mersey Deanery personnel. It uses the position number and ID to link the applicant in the Deanery system to the correct Deanery position in ESR, thus removing the need for vacancy and requisitions to be created. NHS trusts will be made aware of the incoming and outgoing junior doctors much more quickly (both for rotations and for recruitment). This will mean that the host organisations will be able to see the junior doctors on the first day of their rotation or start date. It will also improve data consistency and potential improvements on data quality within both ESR and Deanery systems.

## SUPPORTING MATERIAL

- **Appendix 1** – Project Timeline
- **Appendix 2** – Business Case for ESR Self-Service
- **Appendix 3** – T-play Guidance for Managers

## FURTHER LINKS

- **T-play** is a national database of training information, which can be used to access training (Please note that you will need to log-in to view this resource. If you do not have a password please contact your trust's ESR lead).

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