NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Request for Urgent Decision under Standing Order 5 Paragraph 5.2

"5.2 Emergency Powers and urgent decisions

The powers which the Board has reserved to itself within these Standing Orders (see Standing Order 2.7) may in emergency or for an urgent decision be exercised by the Chief Executive and the Chairman after having consulted at least two non-executive members. The exercise of such powers by the Chief Executive and Chairman shall be reported to the next formal meeting of the Trust Board for formal noting. In exercising such powers the Chief Executive and Chairman shall be acting as a committee of the Board."

Title: Approval of Business Case and Expenditure for Allocate Rostering Software

Date of request: 30th August 2018 Authorisation needed by: Emma Hardwick

Request initiated/referred by: Emma Hardwick

1. Summary:

The Trust has an urgent need to invest in the Allocate rostering software to enhance the Nursing rostering process. The attached business case has been approved at Executive Directors and TEC and was due for presentation and decision at August Trust Board.

Upon review of the contractual terms and conditions the annual break clause had not been included. The following clause has now been included in the contract:

"The Authority may terminate this Contract forthwith by notice in writing to the Supplier at any time after 12 months serving three (3) months' written notice and thereafter at 12 monthly intervals. Such notice shall not be served within [one (1)] year of the Commencement Date."

The Company have now indicated that the quote is only valid until the 31st August 18 and after that date the cost would be greater, hence the need for urgent action.

2. Policy Implications:

No specific implications on Trust policies

3. Financial Implications:

The Trust commits to spend £666k over a five year period for the implementation and licensing of the Allocate Software system. See table below:

SaaS Service	Friday 28.08.18 (15 Months Pro-Rata)	Friday 29.11.19	Thursday 27.11.20	Monday 29.11.21	Thursday 29.11.22	Contract Price (Ex VAT)
HealthRoster Optima	£93,978	£98,676	£103,610	£108,791	£114,231	£519,286
Allocate Insight	£22,000	£23,100	£24,255	£25,468	£26,741	£121564
SafeCare Live Implementation	£22,000					£22,000
Cloud Migration Services	£3,000					£3,000
TOTAL	**£140,978**	**£121,776**	**£127,865**	**£134,259**	**£140,972**	**£665,850**

4. Risk Assessment:

Rapidly securing the services of the Allocate Software is expected to deliver a better rostering process, enhancing fill rates with the corresponding impact on delivering safer patient care.

5. Reason why matter is urgent:

The Company have indicated that the quote is valid until the 31st August 18 and after that date the cost would be greater, hence the need for urgent action.

6. Consultation

No specific consultation

7. Recommendations:

Approve the purchase of the Allocate software as per the attached business case.

Authorised by:

Chief Executive Mr Jon Green	Signature Date: 30/8/2018
Chair Mr Edward Libbey	Signature Date: 30/8/2018

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Business Case – B (>£50,000 Investment)

This document provides the basis of a proposal for investment within the Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust for investment of **£50,000 or more**.

All sections are mandatory

Section 1: Basic Information	
Name of Project / Scheme:	Health Roster Optima
Division:	Trust wide
Department / Ward:	Nursing and midwifery – Trust wide
Project Manager:	Val Newton
Project Sponsor:	Emma Hardwick
Capital or Revenue:	Revenue

Section 2: Project Brief / Background

[Describe why the asset / project / scheme is needed and outline the key issues / difficulties that the area of the business faces]

HealthRoster Optima combines Allocate's workforce software applications together with powerful services and delivers the whole solution over the internet via the Allocate Cloud. The principal of Optima is to provide this combination as a Software as a Service (SaaS); which has distinct advantages over the current Licence contract.

Combining e-rostering into a single integrated solution will make it easier to monitor and manage the whole organisation in terms of safe delivery of care, temporary workforce and staffing productivity.

In addition to the changes driven by existing needs, the increasing demands of both the Francis report (patient safety) and the Carter report (workforce productivity and financial pressures) make it increasingly necessary to have in place solutions enabling more effective management of workforce utilisation, productivity and governance.

These requirements are driven primarily by the need to more effectively manage our nursing and midwifery workforce in line with patient demand. The Francis II report has reinforced the requirement for Trust Boards to have assurance systems in place in relation to safe nursing/midwifery care levels.

To achieve the required assurance, the Trust needs to improve its measurement, in real time, of patient demand.

Patient demand needs to take into account bed occupancy, acuity and dependency levels. Currently the organisation has no standardised or effective method of recording and monitoring patient acuity & dependency in a way that enables staffing levels to be adjusted to respond to fluctuating demand. This creates system wide inefficiencies and creates a potential patient safety risk. It also has to be recognised that with the Registered Nursing workforce in short supply the use of RN 's both substantive and temporary positions requires optimum oversight.

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This will be achieved by improvements across the patient demand/nurse supply workforce process in the following areas:

- Effective measurement and projection of the patient demand via real time measurement of patient acuity and dependency levels
- Effective analysis of the required nursing levels to meet the above patient demand, and comparison to the actual nursing hours rostered to determine under and over staffing
- Effective alignment and redeployment of the permanent nursing workforce in relation to patient activity levels; to better balance both under and over staffing
- Effective management of our temporary staffing process (Bank, Agency and Overtime) in line with patient needs

Currently, the nursing workforce is deployed at ward level via static demand templates and with the use of the Trust built staffing and safety matrix. Whilst changes are made to the deployment of staff operationally, it is hampered by a lack of an objective, real time view of patient requirements. Currently, any data around the staffing levels vs patient demand is gathered manually and not efficient.

To ensure the highest levels of nursing productivity, the Trust needs to improve its ability to redeploy staff between clinical areas. The current process of redeployment is hampered by a lack of objective data to balance nursing requirements between clinical areas. The Trust requires a real time view of nursing levels versus patient activity to be able to objectively determine the opportunities for staff redeployment.

The Trust's clinical leadership team and an external expert who has been employed by the Trust to review rota productivity have appraised the functionality and available benefits of the Allocate solution and considered it a good match for the identified need in terms of -

- Functionality of the product across the nursing workforce process (i.e. from patient demand, through redeployment of staff).
- Ability to meet the complex demands of the patient/nurse staffing process.
- Ability to flexibly measure and record patient acuity/dependency
- Support available for end users of the product on an ongoing basis

Following this review, the team are confident the solution meets our requirements whilst offering several other advantages –

a. Leverages our existing investment in the HealthRoster e-rostering solution.
b. Integrates nursing staffing levels with patient activity without the need to interface several products.
c. Provides a reduced cost offer as an existing Allocate Software customer.

In order to ensure effective implementation of the proposed solution, ensuring the required

Business Case – B (>£50,000 Investment)

changes to operational practices are embedded within the organisation, and to contribute to the monitoring and delivery of expected benefits.

Project implementation

Supported by a short term, outcome based external expert who can provide knowledge and pace to the implementation in order to maximise the return on investment and support financial recover. They will be supported by an in house 8a to provide local knowledge and an immediate connection with the nursing teams. Moving forward ensuring the continued use of all the new elements and features will require additional capacity and senior oversight. This is outlined in the CIP as a full time band 7 and it is recommended that this role is established post implementation.

What is the consequence of maintaining the status quo (the "Do nothing" option)? Please link to the Trust objectives, values and risk register.

A decision to do nothing would require the Trust to implement a replacement, presumably paper-based, solution for tracking and managing this high volume of work between the wards and the temporary staffing teams.

While the Trust has not made optimal use of all of the solution's features, there has been sufficient take-up of new streamlined practices to conclude moving back to paper would be incredibly time consuming and disruptive across the whole business.

This option has not been financially appraised as the costs in additional admin time that would be required are not known.

	Yes	No
Are there current funds available to support this asset / scheme? ? from winter monies	☐	☑
	Yes	**No**
Does this case support an increase in activity / income?	☐	☑
	Yes	**No**
Is this asset / scheme supported by the commissioners? N/A	☐	☐
	Yes	**No**
Does this business case support a development identified within the CIP Programme?	☑	☐

This investment and changes detailed in this proposal are key to the delivery of workforce efficiencies / savings. Through improved rostering/staff deployment practices, and a reduced reliance on temporary staffing. The expected reduction in run rate in FY19 (current year) is £82k, with full year cost saving in year 2 of £311k based on 50% of Allocates predicted savings.

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Section 3: Principal Reason for Investment	
[Please select one box only which is the most relevant to the investment]	
A "Spend to Save" initiative	☐
Achievement of business plan targets	☐
Achievement of waiting list targets	☐
Improved service quality for patients	☐
Improved working conditions for staff	☐
Significant risk from department risk register	☐
Other (please describe):	☑
The proposed changes will enable efficient and effective rostering practices providing improve patient safety, board assurance and financial savings.	

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Section 4: Project Scope	
[State the scope of the project, its deliverables and/or desired outcomes, any exclusions e.g. areas that the project will not address, any constraints on the project and known interfaces e.g. to other projects, clinical services, IT services etc.]	
Scope	*[What is the scope of the project]* • The procurement of a patient acuity & dependency module (SafeCare) to enhance the Trust's existing eRostering solution (Healthroster) • The appointment of a band 8a 0.4 WTE clinical lead • The procurement of an executive dashboard reporting service (Allocate Insight) to monitor roster effectiveness and support the delivery of key benefits • Migration of existing locally hosted databases to Allocate Cloud Hosting service
Desired Outcomes	*[What is the desired outcome of the project]* Significant improvements to the Trust's existing Nurse deployment practices that align resource to actual patient need. This improved workforce management practice will improve patient safety, provide benchmarked and transparent workforce metrics to the Board and senior management, and deliver material reduction in the organisation's temporary staff dependency and spend.
Exclusions	*[Describe that the areas of the project will not cover]* This project is limited to the Nursing workforce and will not cover the medical and AHP e-roster
Constraints	*[Describe the elements that cannot be changed]* There is currently no allocated funding for this proposal
Interfaces	*[Outline any other interfaces this project will have with other systems]* The new Safer staffing module (SafeCare) and workforce dashboard (Insight) are fully integrated with the Trusts existing eRostering and temporary staff management software.

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Section 5: Benefits

[Describe the benefits that the Trust will receive by investing in this scheme]

Following this review, the team are confident the solution meets our requirements whilst offering several other advantages -

a. *Leverages our existing investment in the HealthRoster e-rostering solution.*

d. *Seamlessly integrates nursing staffing levels with patient activity without the need to interface several products.*

e. *Provides a reduced cost offer as an existing Allocate Software customer.*

The Advantages of HealthRoster-Optima

- Reduces risk and makes achieving e-Rostering success more likely
- Named Customer Success Analyst – to drive adoption and provide coaching and how to achieve benefits sooner
- Will meet all cloud needs – reducing costs and making home access straight forward.
- More frequent product updates delivered automatically – including features only available to Optima customers
- Delivered via a simple all-inclusive per user pricing model providing control and total transparency
- Combine key software into a single package allowing a complete end to end optimal solution
- Includes organisational accreditation via the Allocate Academy meaning the right staff are always professionally trained to the right standard
- Additionally, many organisations including NHS Trusts benefit from VAT advantages when buying Software as a Service.

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Section 6: Risks
[Describe the risks that could occur by not making this investment i.e. loss of service provision]
• Will not future proof the data requirements in line with e roster • Increased spend on temporary staff due to inability to align resource and demand in Realtime • Potential for increased patient safety risk through inability to accurately and effectively monitor real-time patient demand and associated assigned care hours (CHPPD) • Expected financial savings not achieved due to unavailability and accessibility of required rostering/workforce metrics

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Section 7: Options Analysis	
[List other options that have been considered including a "Do Nothing" option. Provide as much information as possible. Max 4 options to be evaluated]	
Option 1	*[What would happen if "Nothing" was done e.g. no change from current situation]* To do nothing – will not allow the Trust to develop the current data collected in line with acuity
Option 2	*(Preferred Option)* To purchase the safer care module (SafeCare), workforce information dashboard (Insight) and appoint a Band 8a matron

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Section 8a: Option Benefit Appraisal

[Rank the options identified according to the benefits. Using the risk ratings score below:

1 – High Negative Impact
2 – Slight Negative Impact
3 – No Impact or Improvement
4 – Slight Improvement
5 – High Improvement

	Option 1	Option 2
Improve quality of patient care	1	5
Improve throughput of elective activity	3	3
Improve throughput to meet emergency admissions	3	3
Improve efficiency	1	5
Evidenced clinical effectiveness	1	5
Income generation	3	3
Value for money	1	5
Total score	**13**	**29**

Section 8b: Preferred Option

[State the preferred option, giving rationale for its selection]

Preferred Option:	Option 2

To purchase the safer care module (SafeCare), workforce information dashboard (Insight) and appoint a Band 8a matron

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Section 9a: Financial Appraisal (to be completed in conjunction with a Finance Business Partner / Capital Accountant) - £'000s

[Describe the costs of the asset being purchase / delivering the scheme and on-going business as usual costs. Please ensure you include VAT if applicable]

[Please note a full financial appraisal is only required on the realistic option(s) identified in Section 6]

Capital	Option 1	Option 2
Building	-	-
Engineering	-	-
Fittings	-	-
Design & planning costs	-	-
Equipment (medical, IT etc.)	-	-
IT resource	-	-
Training	-	-
Other (please specify)	-	-
Total Capital	-	-
Revenue		
Pay	-	20
Non-Pay (including estates & IT)	-	119
Training	-	22
Capital charges (depreciation, amortisation)	-	-
Other (please specify) Laptop	-	2
Total Revenue	-	163
Income		
NHS clinical income outpatients	-	-
NHS clinical income inpatients / day cases	-	-
Other NHS clinical income	-	-
Non NHS clinical income	-	-
Total Income	-	-
Cost Savings		
Pay	-	82
Non-Pay	-	-
Capital charges other	-	-
Total Cost	-	163
Net Cost (Year 1 only)	-	81

Section 10: Milestones for Delivery (This will be used for monitoring & reporting progress of delivery)			
[This section outlines the key milestones for successful delivery of the programme]			
Key Milestone Description		**Start Date**	**End Date**
1.	Procurement of additional module complete		
2.	SafeCare Implementation Commenced		
3.	Recruit band 8 a		
4.	Direct Booking via Employee Online fully enabled and live for al nursing temp staff requests		
5.	Routine Roster challenge and control reviews in place led by senior nursing team. These roster reviews monitor roster effectiveness and ensure deployment of nursing staff is optimised.		

Summarise the key known risks to the successful delivery of this project and how you plan to mitigate these project risks		
Risk		**Mitigation**
1.	Delay in procurement of required modules will reduce ROI in Year 1 (2018)	

Section 11: Identification of Successful Outcomes
[Clearly describe the demonstrable and quantifiable successful outcome criteria if the investment is approved. A report 12months after implementation of the scheme will be expected to be presented to the Executive Directors in relation to these outcomes]
Implementation of the new system, improvement in roster performance and meets of KPIs in line with e rostering. **Financial savings delivered as detailed in this proposal**

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Section 12: Contract Management / Procurement Strategy
[Please note that UK Law requires us to comply with The Public Contract Regulations 2015 in which above value procurements are subjected to advertisement in Europe. Above threshold spend conditions will apply: *Have spoken with procurement who indicate there is a second company who offer this type of system but is not part of the Allocate company* *Your route to market analysis should identify the correct application & mitigation of a breach of law]*
Spoken with Mark Wagg

Sign Off			
Signature:			
Name:	**Kate Roberts**		
Designation:	**Head Of Procurement**		
Date:	**13-08-18**	**Telephone No:**	**3812**

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Section 13: Other Information 13a – Other Department(s) / Division(s)	Yes	No	N/A
Will any other department / division be affected by this scheme?	☑	☐	☐
If "Yes" has the scheme been discussed with them and the implications agreed?	☐	☐	☑
Identify the department(s) / division(s) affected and names of individuals involved in the agreement			
ACNs are aware of the business case application and that it will apply to RNs, RMs and HCAs in their divisions.			

13b - Equipment	Yes	No	N/A
Will any medical equipment procured as part of this business case achieve standardisation within the division / trust?	☐	☐	☑
Has this been confirmed by the Medical Equipment Committee (MEC)?	☐	☐	☑
Name & Designation of the MEC representative:			
Due to the purchase of this asset, will other equipment be removed from service?	☐	☐	☑
If "Yes" please specify the equipment, asset number(s) and value(s) to be replaced			

13c – Information Technology	Yes	No	N/A
Are there any IT implications with regard to the implementation of this scheme e.g. system changes, data storage requirements?	☑	☐	☐
If "Yes" has this been discussed with the IT department?	☑	☐	☐
Name & Designation of IT representative: Mike West			

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HealthRoster Optima is a fully hosted service, so included within the proposal is the transfer of your current database to our Cloud hosting service.

Allocate have sent documents that cover the Site requirements for accessing the Allocate Cloud and also a FAQ document which covers some of the key data governance questions that are often asked. This has been sent to Mike West

13d – Estates & Facilities	Yes	No	N/A
Are there any estates implications with regard to the implementation of this scheme e.g. estate building changes?	☐	☐	☑
If "Yes" has this been discussed with the estates department?	☐	☐	☑
Name & Designation of estates representative:			

13e – Project Management Office (PMO)	Yes	No	N/A
Are there change / project management costs required with regard to the implementation of this scheme e.g. changes to clinical operational process	☑	☑	☐
If "Yes" has this been scoped and agreed with the PMO?	☐	☑	☐
Name & Designation of PMO representative: AJ Weir – has been emailed to say we are undertaking this			

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Section 14: Sign Off Name & details of Project Manager			
I confirm that all necessary advice and input has been obtained from Estates, Finance, IT and Operational departments in the completion of this business case.			
Signature:	Val. Newton		
Name:			
Designation:	Deputy Chief Nurse		
Date:	13-08-2018	**Telephone / Ext No:**	3582

Name & details of Project Sponsor			
Signature:	Emma Hardwick		
Name:			
Designation:	Chief Nurse		
Date:	13-08-2018	**Telephone / Ext No:**	3963

Name & details of Finance Business Partner or Capital Accountant			
I confirm that all the financial information has been checked and verified at the time of this business case being prepared. Mark Webber has asked that it is noted that there is not money that has been set aside for this project.			
Signature:			
Name:	Richard Moss-Norbury		
Designation:	Finance BP		
Date:	13-08-18	**Telephone / Ext No:**	3235

Name & details of Divisional HR Business Partner (required for changes to workforce)			
I confirm that all workforce information has been checked and verified.			
Signature:			
Name:			
Designation:			
Date:		**Telephone / Ext No:**	

Section 15: Executive Directors Decision			
Investment Proposal Outcome:			
If the outcome of the proposal is either declined please outline the reasons why below:			
Directors Signature:		**Date:**	
Directors Name:			
Directors Designation:			

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Section 16: Additional Supporting Information

[This section is for any additional information you may feel is relevant to support the business case. This could be in the form of supporting calculations or specific data form 3rd parties]

This is the information received form allocate in line with costs

- In addition to the Trust's existing Healthroster products, the transition to **HealthRoster Optima** will also include: SafeCare Live, Cloud hosting via Allocate Cloud, Training provision via the Allocate Academy, Out-of-Hours Upgrades, and Customer Success, plus access to e-Expenses via IBM-ESR
- The new HealthRoster Optima subscription will supersede the trust's existing rostering licences and any payments already made upfront for support and maintenance associated to the remaining unused term of the licence will be credited against the new Healthroster contract

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust - HealthRoster Optima Proposal

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
SaaS Subscription					
HealthRoster Optima Upgrade (3,500 users): Includes: - HealthRoster (eRostering) - Allocate Cloud Hosting - BankStaff - SafeCare Live - Allocate Acadamy Training - Out of Hours Upgrades - Customer Success - eExpenses via IBM-ESR	£ 93,978	£ 98,676	£ 103,610	£ 108,791	£ 114,231
Implementation Services					
SafeCare Live Implementation Services	£ 22,000	£ -	£ -	£ -	£ -
Cloud Migration Services	£ 3,000	£ -	£ -	£ -	£ -
Totals	£	£	£	£	£

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	118,978	98,676	103,610	108,791	114,231
[redacted]					

All prices quoted exclude VAT

Additional Services					
	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Allocate Insight - Managed Reporting Service	£ 22,000	£ 23,100	£ 24,255	£ 25,468	£ 26,741
Total	**£ 22,000**	**£ 23,100**	**£ 24,255**	**£ 25,468**	**£ 26,741**

All prices quoted exclude VAT

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Improvement Target Name	Improvement Target Description	Key Milestones for Delivery

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1. WTE saving per unit via SafeCare balancing of demand/need *(reduction in temp staff)*	SafeCare offers the ability to monitor actual patient demand at key points during the day and accurately align staffing to match. Where additional capacity is identified on a shift by shift basis, additional capacity can be used to fill gaps normally filled by temp staff thus reducing temp staff demand. The objective data identifying actual staffing requirement also helps avoid habitual temp staff use and allow informed decision making as to when temp staff are required.SafeCare also has a positive impact on improving accuracy of rosters through contemporanuos updating of changes which further informs decision making and visibility across each of the initiatives. The net result of the above is an improved utilisation of substantive staff and reduction in temp staff requirement.	**31.08.2018** - Procurement of SafeCare Complete **30.09.2018** - SafeCare implementation Commenced **31.12.2018** - First 4 wards live with SafeCare **31.05.2019** - SafeCare Fully live and operational in all inpatient wards
2. WTE saving per unit via increase in Bank fill rate - mobile app *(Agency to Bank conversion)*	Improved access and visibility for staff to view available bank duties on a mobile device (app) has proven to improve bank fill and therefore reduce agency dependency. Data gathered from 200+ NHS Trusts suggest evidences that Trusts that well embedded Direct Booking use as much as 24% less agency staff. By enabling Direct Booking for substantive and Bank staff the Trust will improve bank fill and mitigate a proportion of agency use.	**31.08.2018** - Procurement of Allocate Cloud to optimise external access via mobile application **30.10.2018** - Direct Booking via Employee Online (EoL) / Allocate ME, fully enabled and live for all Nursing temp staff requests.
3. WTE saving per unit via reduction in "avoidable" additional duties *(reduction in temp staff)*	In April 2018 QEHKL used 872 additional duties that were over and above planned staffing demand. Of those requested 7.2% were requested for "avoidable" reasons i.e. "Using up staff hours". Through improved roster management and redeployment of staff via SafeCare, these avoidable additional duties can be mitigated and displace current temp staffing requirement.	**31.08.2018** - Procurement of Insight complete to improve transparency and oversight of impacted duties **30.09.2018** - Routine Roster challenge and control reviews in place led by senior nursing team. These roster reviews monitor roster effectiveness and ensure deployment of nursing staff is optimised.

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		30.09.2018 - SafeCare implementation commenced.
4. WTE saving per unit via improved leave management *(reduction in temp staff)*	QEHKL Headroom is currently budgeted at 22%. However, Unavailability is currently 26.9%, which is also 2% higher than the national average. Through improved visibility of rostering data (via Allocate Insight) and monthly Roster Challenge and Control reviews, improved rostering decision making can reduce this additional unbudgeted leave, thus creating additional capacity and reducing the need for temporary staff.	**31.08.2018** - Procurement of Allocate Insight complete **30.09.2018** - Routine Roster challenge and control reviews in place led by senior nursing team. These roster reviews monitor roster effectiveness and ensure deployment of nursing staff is optimised.
5. WTE saving per unit via improved contracted hours utilisation *(reduction in temp staff)*	Utilisation of contracted hours for nursing staff requires careful monitoring to ensure all available contracted hours are used. Currently, 3.8% (net) of nursing hours are unused resulting in increased reliance on temporary staff to meet demand. Through improved visibility of rostering data (via Allocate Insight) and monthly Roster Challenge and Control reviews, improved rostering decision making can ensure contracted hours are routinely used, thus reducing the volume of temporary staff requests.	**30.06.2018** - Procurement of Allocate Insight complete **31.07.2018** - Routine Roster challenge and control reviews in place led by senior nursing team. These roster reviews monitor roster effectiveness and ensure deployment of nursing staff is optimised.

Savings Profile Attached:

QEHKL Rostering Saving Profile.xlsx

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The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	
No of nursing staff (WTE)	800
No of rotated units	20
Average nursing staff per unit	40
Average monthly cost nursing staff	£2,500

		Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total
WTE improvement Targets	1. WTE saving per unit via SafeCare balancing of demand/need *(reduction in temp staff)*	0	0	0	0	0	0	0.02	0.04	0.06	0.08	0.1	0.15	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	
	2. WTE saving per unit via increase in Bank fill rate - mobile app *(Agency to Bank conversion)*	0	0	0	0	0	0	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
	3. WTE saving per unit via reduction in "avoidable" additional duties *(reduction in temp staff)*	0	0	0	0	0.05	0.05	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	
	4. WTE saving per unit via improved leave management *(reduction in temp staff)*	0	0	0	0	0.1	0.1	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	
	5. WTE saving per unit via improved contracted hours utilisation *(reduction in temp staff)*	0	0	0	0	0.1	0.1	0.2	0.2	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	
WTE total Improvement Targets	WTE total saving/unit	0	0	0	0	0.25	0.25	0.57	0.59	0.81	0.83	0.95	1	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	
	WTE Total saving/unit as % of unit establishment	0.00%	0.00%	0.00%	0.00%	0.63%	0.63%	1.43%	1.48%	2.03%	2.08%	2.38%	2.50%	2.63%	2.63%	2.63%	2.63%	2.63%	2.63%	2.63%	2.63%	2.63%	2.63%	
Trust saving targets	WTE total saving for Trust	0	0	0	0	5	5	11.4	11.8	16.2	16.6	19	20	21	21	21	21	21	21	21	21	21	21	
	Finacial total saving for Trust	£0	£0	£0	£0	£12,500	£12,500	£28,500	£29,500	£40,500	£41,500	£47,500	£50,000	£52,500	£52,500	£52,500	£52,500	£52,500	£52,500	£52,500	£52,500	£52,500	£52,500	£787,500

FY18/19 Total Saving	£165,000
FY19/20 Total Saving	£622,500