MAKE THE CONNECTION

TIME TO WAKE UP TO THE POTENTIAL OF ELECTRONIC STAFF RECORDS TO TRANSFORM CARE

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INSIDE

FOREWORD
SIR DAVID NICHOLSON

The right people in the right places with the right skills

With over 1.4 million NHS staff records held in the NHS Electronic Staff Record system, it is the largest integrated HR and payroll system in the world, but from its inception ESR has always been much more than an HR and payroll system.

From the outset, the aspirations of introducing a new single workforce planning tool across the NHS in England and Wales were perhaps ambitious. However, since its national rollout in 2008, ESR has not only met but it has exceeded its core objectives, and is now beginning to reach its full business potential across the NHS with organisations implementing a wide range of workforce functionality areas.

ESR is supporting HR directors to tackle a range of NHS workforce challenges. Providing robust evidence around compliance with key workforce and quality standards, ESR provides trust boards with assurance that patients are being treated by skilled and competent nursing and medical teams. ESR assists with short and long term workforce planning, enabling HR directors to strategically plan the workforce required to deliver high quality and safe care. Just as we are committed to improving the experiences of our patients, we must commit to supporting staff to drive improvements within our workforce and improve outcomes for patients and service users.

It's crucial as we go through this period of unprecedented change in the NHS that we know our staff, have confidence that our staff are skilled and competent, recognise and value the contribution they make, and ensure that throughout all of this we provide care of the very highest quality.

I cannot emphasise enough how important it is that all healthcare providers understand their workforce: not just how many staff they employ, but their skills and competencies to be able to respond to the needs and preferences of patients and communities locally. High quality care can only be delivered by having the right number of staff, in the right place, with the right skills and the right competencies.

I encourage senior NHS leaders to make it a priority to really explore what is available to them within ESR. All leaders should really think about how they can make the best use of ESR to fully engage with, and invest in, their staff to drive up quality, safe and efficient care.

ESR allows managers through "Self Service" to truly understand the profile of their staff. For example, the learning and talent management functionality provides the facility to record staff appraisal and personal development plans and can be used to plot competence gap analysis both for individuals and within departments. Self Service access to learning and development opportunities, including e-learning, for all staff is an area of functionality that I encourage you all to fully embrace.

By fully embracing ESR and by adopting ESR model office behaviour, it can provide comprehensive workforce information nationally and locally to ensure we have a truly responsive safe and quality service, based on successful local commissioning, informed by effective workforce planning and predicated on a responsive education and training system.

This special supplement not only celebrates the achievements of ESR so far, but will also encourage leaders across the NHS to look at the significant business benefits that ESR has to offer for a 21st century NHS. ●
Sir David Nicholson is chief executive of NHS England
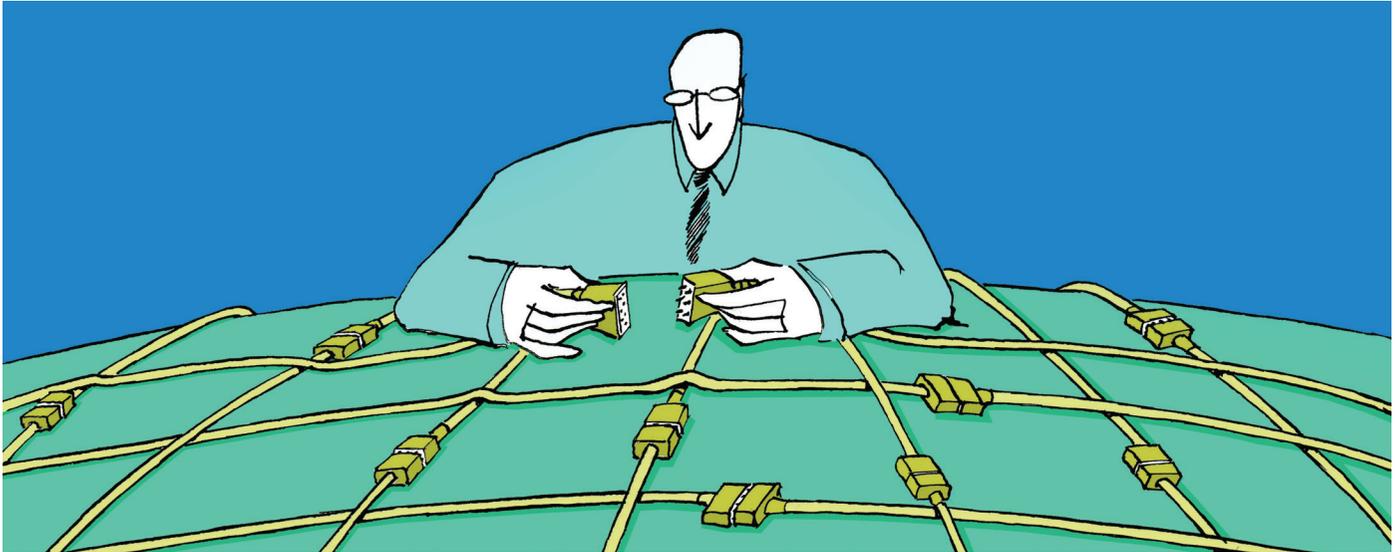
SETTING THE RECORDS STRAIGHT

It took years to build and is the biggest programme of its kind in the world – but how can the NHS maximise the huge potential benefits of the Electronic Staff Record?

'The principal benefit of ESR is that data only needs to be entered once. It can then be used many times which drives efficiency'

One fact stands out from the rest about the NHS's Electronic Staff Record – it is the biggest programme of its kind in the world.

Originally commissioned by the Department of Health in 2001 and rolled out in 2008, it provides the entire NHS (with the exception of two trusts) with an integrated human resources, learning management and payroll system and captures information and data on 1.4 million NHS staff.

Over 12 years ago, a consortium led by IT company McKesson alongside the NHS ESR central team set about the massive task of replacing the many different payroll systems and HR systems in use across the NHS with the ESR system.

In effect ESR is a single workforce planning tool for the NHS. It integrates all the NHS's recruitment, HR, payroll and learning management systems into one place.

The system is promoted as "exclusively" offering the provision of a true "end to end" workforce management solution, capturing all the information about an NHS staff member, from a new recruit to someone who is leaving the NHS.

Jamie Rentoul, the Department of Health's director of workforce development and senior responsible officer for ESR, describes it as a "very effective system".

Mr Rentoul says that it is invaluable in terms of planning and to have the "strength of information across the workforce and common data definitions which enable employers and policy makers to have a really good understanding of the workforce, skills, training, and pay".

He says that ESR allows employers, the DH and other national bodies "to look at the overall issues and make sure we have got the right workforce with the right skills to support high quality care".

According to Paul Spooner, programme director for the NHS ESR central team, the principal benefit of ESR is that data only needs to be entered once. It can then be used many times which, he says, drives efficiency and ensures everybody views the same information.

"Prior to ESR, NHS organisations typically had payroll systems and HR systems that were separate, meaning workforce data would often have to be input two, three, or indeed more times," he says.

Not only has ESR streamlined HR and payroll, but it enables NHS organisations to scrutinise performance in key areas. This includes statutory and mandatory training compliance, which requires board level assurance and which is particularly important in light of the findings of the Francis report.

Mary Best, the Department of Health ESR

'The Francis report emphasises the importance of well supported and well trained staff to provide better care, and what ESR does is provide the functionality'

policy lead, explains: "The Francis report emphasises the importance of well supported and well trained staff to provide better care, and what ESR does is provide the functionality."

She explains that it can, for example, be used by ward sisters to understand the staff they have in their team, and adds that, under the learning management part of ESR – through "Self Service" – they can set up training for their team members.

Mr Spooner says that by using ESR employers can make sure that they have all the relevant staff checks and clearances in place.

"This is something that is very timely following the Francis report. The ESR provides information from the Disclosure and Barring Service, and regulation and registration information along with all new starter checks and qualifications, making sure everyone is up to date. It is about ensuring that those starting blocks in an organisation are absolutely solid," he says.

The system has many other benefits. By using ESR as a strategic tool, HR directors can tackle a wide range of NHS workforce challenges, and ESR can help provide them with evidence around compliance with key workforce and quality standards.

It also provides both the government and regional and local managers with the tools they need to plan their workforce for the short and long term.

According to Mr Rentoul there is both a business and staff engagement benefit to using ESR. "The business benefit comes through enabling organisations to provide assurance to regulatory bodies including the Care Quality Commission that they have the right number of staff with the right skills in the right place to deliver safe care.

"ESR can show that the right staffing levels are in place and can provide confidence to the board that they have the appropriate staffing level, and for commissioners that they are buying from safely staffed providers."

He adds that ESR also helps NHS trusts manage sickness absence properly, supporting improvements in productivity and providing savings for organisations that they can then use to put back into front line services.

According to the 2008 Office of Government and Commerce Gateway 5 review, the ESR programme has exceeded its core objectives and targets as set out in its original business case.

The figures show that, at the date of the review, ESR had saved the NHS over £83m in cash releasing benefits, exceeding the business case target by 34 per cent, and a further £133m non-cash releasing benefits, exceeding the business case target by 31 per cent.

The NHS ESR central team continues to work across the NHS to encourage all organisations to reap the benefits from utilising the full range of ESR functionality. It does this by promoting the concept of the ESR "model office".

"Model office encapsulates all of the best practice of ESR and was developed on the back of the QIPP agenda; in partnership between the ESR programme team and NHS organisations that use ESR," explains Mr Spooner.

"It was not a challenge to associate ESR with QIPP," he adds.

He says that an ESR model organisation will have "exploited the integrated workforce functions of ESR to streamline their recruitment, HR, payroll and finance functions into a single corporate service function".

According to Mr Spooner, an organisation fully using the ESR model office could make up to a 20 per cent reduction in back office costs by moving to a single corporate service function.

He says that evidence also demonstrates

ESR EMPLOYEE LIFE CYCLE
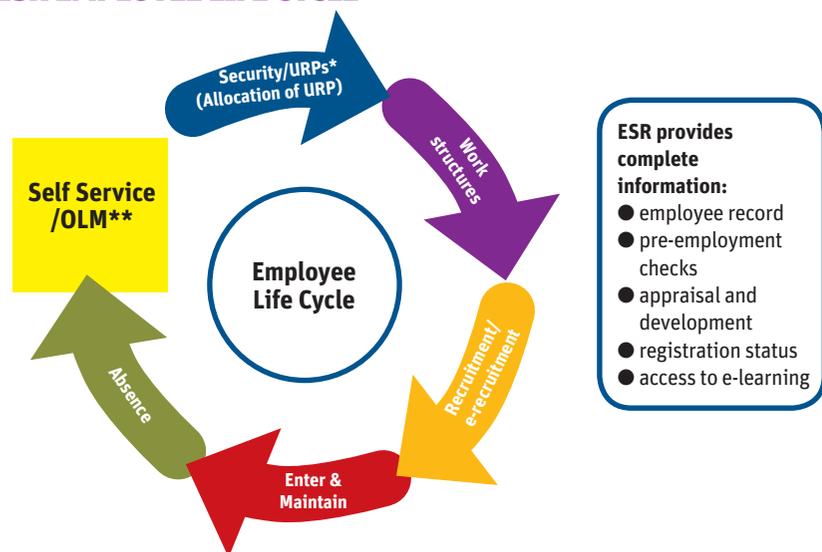
*User responsibility profile (the level of access an individual user is granted to ESR functionality)
**Oracle Learning Management (the ESR learning and e-learning functionality)

ESR provides complete information:
● employee record
● pre-employment checks
● appraisal and development
● registration status
● access to e-learning

REASONS FOR USING SELF SERVICE

The number of NHS organisations (ESR VPDs – Virtual Private Databases) using Self Service across four different change event groups during May 2013
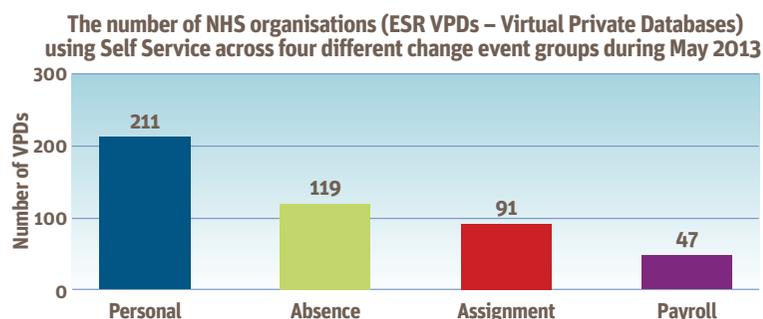
MONITORING SICK LEAVE

Delay between sickness absence date and absence entry on ESR (sickness records entered prior to start date have been excluded)

Total number of Inter Authority Transfer requests and the split between automated and non-automated

Number of requests

— Non-auto requests   — Auto requests

15,000

10,000

5,000

0

Jun 12 Jul 12 Aug 12 Sep12 Oct 12 Nov 12 Dec 12 Jan 13 Feb 13 Mar 13 Apr 13 May 13

THE RISE OF E-LEARNING

E-Learning course completion – year on year

■ 2009 ■ 2010 ■ 2011 ■ 2012 ■ 2013

120,000
100,000
80,000
60,000
40,000
20,000
0

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

SIGNING UP FOR LEARNING

Learning activity enrolments by month on ESR, with split between e-learning and other learning

■ Non e-learning ■ e-learning

900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec | Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec | Jan Feb Mar Apr May
2011 | 2012 | 2013

that organisations have saved up to 30 per cent in back office costs by moving to a shared payroll service operation.

A trust using ESR model office will have entered their approved whole time equivalent (WTE) headcount onto ESR and use the ESR recruitment function to manage all vacancies against their planned and agreed limits.

Model office organisations are also able to transfer employee records to and from other NHS employing organisations when they process new or departing staff.

The ESR Inter Authority Transfer (IAT) process transfers employees' qualifications, training, appraisal and employment history directly from the previous employing organisation to the new employer. Data integrity and quality is improved, and administration when processing a new starter reduced. In May 2013, a total 6,546 requests were made. Of these, 89 per cent (5,849 requests) were completed by Auto IAT, resulting in less user input.

A key element of the ESR model office is Self Service. Using Self Service for managing absence is increasingly being recognised by organisations as one of the key benefits to ESR. 23.5 per cent of absence is now recorded in ESR on the same day using Self Service.

Employee Self Service also gives staff the ability to make changes to their employee record, including address, name change, next of kin, improving the quality of information available and reducing the paper chase to keep records updated.

Manager Self Service, meanwhile, produces real time workforce reports using either the Discoverer reporting tool or the recently introduced ESR Business Intelligence dashboards. Such reports help managers better manage their workforce within wards and departments. The reports also provide robust data for trust boards, and Self Service directly supports work around evidencing standards within the CQC Self Declaration Process.

The learning and talent management functionality gives managers the ability to, for example, record staff appraisal and personal development plans and can be used to plot where there are competence gaps both for individuals and within departments.

"Learning and talent management provides a system for capturing staff training, including any external qualifications a member of staff has and any internal training at induction or statutory training they have done," Mr Spooner explains.

"If an organisation then identifies training courses for its staff, staff can be enrolled on these classes through Self Service. Through learning management and e-learning an organisation could agree a suite of courses they want staff to go on and once they have
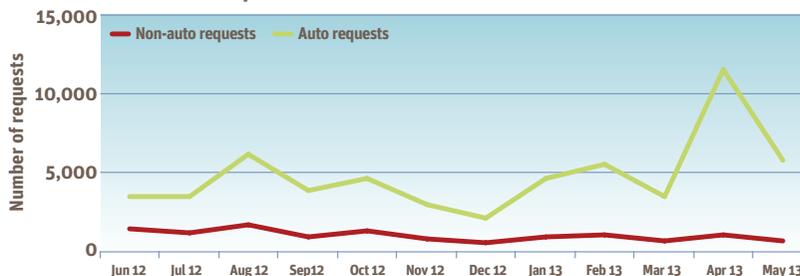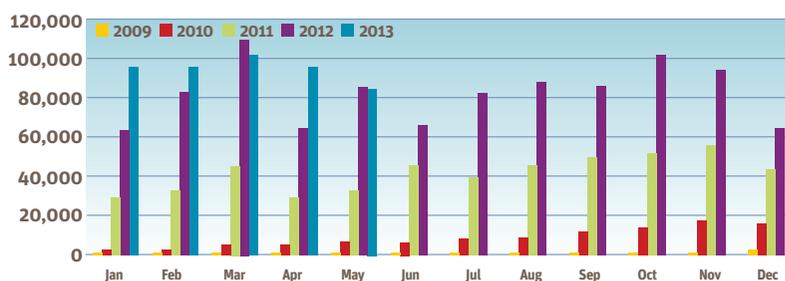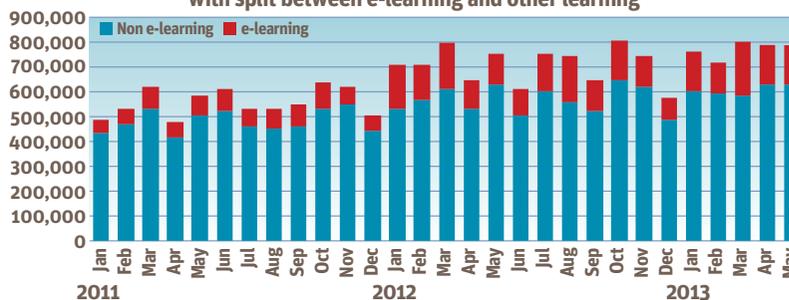
ESR FACTS AND FIGURES

● ESR system and service is sponsored by the DH, and delivered in partnership by the NHS ESR team and McKesson UK
● ESR is a 24/7 centrally hosted, localised solution, based on Oracle e-business suite software
● 6 per cent of the UK working population is on ESR
● 2.3m payslips are printed and dispatched per month
● Over 1m Self Service users are registered to use ESR
● Over 50,000 professional users are registered to use ESR

BENEFITS OF ESR

● The Office of Government and Commerce Gateway 5 review in December 2008 found that benefits had exceeded the ESR business case target by 32 per cent.
● With over 700 non-core interfaces including systems that monitor working time and attendance, rostering, expenses, and absence, ESR releases approximately £16m per annum in efficiency by removing data duplication.

created a learning path, managers can, through ESR, enrol staff onto relevant courses," he says. "ESR empowers managers and staff to manage workplace learning."

He adds that, through ESR's employee Self Service functionality, an employee can also look at a course catalogue and decide that they want or need to go on a particular course.

"The provision of management information is based on timely access across many levels and this is one of the real gems within ESR. Whereas before it would have typically only been available to some teams, for example core HR or education and training, ESR enables this information to be extended to all corporate and local management teams."

Mr Spooner explains that managers can "dynamically" use Self Service as a day-to-day workforce management tool.

"Managers using Self Service for the first time often refer to a cultural shift, as they say that have never done this role before. However, once managers overcome the initial process change most prefer it because they can better schedule work and they feel empowered to control and work with their teams." ●

AL GRANT

DOCTORS, WE CAN

How new systems deliver a clear picture of the junior doctor workforce, allowing employers and the GMC to keep track of vital information and eliminating a lot of form filling

ESR and junior doctors interface

There are no doubt many frustrations to being a junior doctor – but endless form filling and repeating mandatory training before it is required no longer have to be among them.

In 2012, the NHS ESR central team introduced the "Streamlined Deanery" interface. It provides the link which allows NHS organisations and their partner deanery systems to share information about junior doctors and their training posts.

From 1 April 2013, postgraduate deaneries were integrated into the new Local Education and Training Boards established by Health Education England. The Streamlined Deanery interface will continue under these new arrangements.

Development of the new interface was commissioned by the ESR HR User Group including a number of HR directors in London. Supported by NHS London they launched a programme which set out to analyse how ESR could be used to improve the junior doctor changeover system.

They found that junior doctors, who often move posts and NHS organisations every six months, were wasting between one to two days in each rotation filling out forms.

Many were also repeating mandatory training in each new workplace and repeating occupational health and Criminal Records Bureau checks (now carried out by the Disclosure and Barring Service).

The group decided the solution lay with the ESR. Working with the ESR programme team, it established a new interface with the London Deanery to allow electronic transfer of trainees' personal details.

The new interfaces also allow automatic transfer of mandatory training records, occupational health checks and Disclosure and Barring Service (DBS) checks. The ESR team are now investigating whether the system can be used to automatically request DBS checks. This would constitute a real time interface update between DBS and ESR.

The Streamlined Deanery interface – which has now been rolled out to other deaneries – has had multiple benefits around patient safety, reducing bureaucracy, improving induction for junior doctors and giving them more time to spend with patients.

"Pre-interface there was a lot of duplication in the system but now, once the deaneries have placed their junior doctors in employment, they can keep track of them,"

DEANERY INTERFACE – HOW DOES IT WORK?

Recruitment	Hire

ESR

1. ESR user enters deanery post number into ESR position form

4. Applicant record created in ESR

5. Pre-employment checks completed

6. New starter notification received (5 days ahead of start date)

7. Junior doctor hired

8. Changes to junior doctor's record are captured

Deanery

2. ESR position information matched against the deanery position

3. Trainee record is created in the deanery system and record released to ESR

9. ESR changes are processed into the deanery system

Offline

3a. Deanery recruitment process: appointment of a trainee to a trainee programme

SEE YOU NOW...

explains David Booth, the NHS ESR central team's interface team manager.

"There is a demand to get junior doctors on the ward on day one and we are to trying to help this to happen by cutting down on the administration that prevents this."

It is possible for the interface to run in two modes – "part records" or "full records", depending on the requirements of the deaneries and NHS organisations.

Where the interface is running in full records mode, any changes captured in ESR about the trainee are automatically passed back to the deanery system.

The interface also supports lead and host employer situations. That means a trainee's details can be easily shared between their main employing organisation and any other organisations in which they might be working on rotation.

ESR and the GMC interface

Earlier this year ESR established a new link to the General Medical Council that enables the system to share publicly available information about the 140,000 doctors registered with the GMC country-wide.

This latest development builds on a long established connection from the GMC to ESR, which ensures that any change that occurs on the GMC's medical register is also captured on a doctor's HR record within ESR.

In use since 2008, the original connection is now seen by many HR and medical directors as an essential mechanism to ensure that doctors are appropriately registered and licensed to carry out their work.

The new process will serve to minimise the need for employers to individually confirm their doctors' details to the GMC. The type of ESR information passed to the GMC as part of the new link includes a doctor's employing authority, hospital address, specialty, role and NHS email address. Sensitive data is, however, not shared with the GMC.

BENEFITS OF USING THE DEANERIES INTERFACE

● Reduced administrative burden for the trust in entering new medical trainees' data
● Enables a full trainee dataset to be populated in ESR using the Inter Authority Transfer functionality
● Enables the deanery to provide rotation information within the minimum 12 weeks' notice
● Improves the internal transfer process, where a trainee moves post but stays with the same employer. The assignment is simply updated in ESR with the new post details.
● Reduces the administrative burden for the deanery in updating trainee information
● Improves data consistency and the potential for improvements in data quality across the two systems
● Supports consistent local and national reporting via the ESR Local Reporting Solution, the ESR Data Warehouse (the national, central store of all ESR data) and also deanery system reports
● Directly supports junior doctors to focus on their training, by removing unnecessary administration and repeat induction training

BENEFITS OF USING THE GMC INTERFACE

● By routinely checking its data against that held by the GMC, ESR reduces the number of employee registration number mismatches. This significantly decreases risk to patients
● Future deliveries of this functionality will include similar interfaces for the NMC and the HCPC databases, giving organisations improved data about registration status for all its clinical staff groups

'Junior doctors, who often move posts every six months, were wasting one to two days in each rotation filling out forms'

The purpose of the link is in the first instance to assist the GMC in managing the implementation of medical revalidation, to help the GMC compile up-to-date information about when a doctor's licence is being reviewed, and to ensure their training is up to date and they are fit to practise.

Sharing information between the GMC and employers via ESR also helps those responsible for doctors keep track of them and reassures the GMC that all doctors are picked up by the revalidation process.

In the longer term, the link with the ESR is intended to help the GMC understand where doctors work, their working practice and the type of setting they occupy, to help with their responsibility for the ongoing management of the revalidation process.

Faced with a highly mobile doctor community, being able to monitor the transfer of doctors between designated bodies is extremely useful.

The GMC also hopes that the interface will benefit those involved in medical training and education to approve the training curriculums needed to prepare junior doctors for future practice.

The data provided by ESR will help the GMC to understand doctors' career progression and general demographic trends within the profession.

Una Lane, director of registration and revalidation at the GMC, explains how the interface has helped it fulfil its regulatory role.

"By exchanging data with the NHS [via ESR], the GMC has been able to help doctors prepare for the introduction of revalidation.

"As an organisation, we are able to plan ahead in a much more sophisticated way. We have greater insight into the working lives of the doctors we regulate simply by understanding where they work and the roles they undertake."

A similar interface is also in place linking the ESR and Nursing and Midwifery Council, which captures the data of 400,000 registered NMC members. ●

'A SINGLE SOURCE OF THE TRUTH'

How the NHS across the UK is exploiting the possibilities of ESR to cut costs and improve care

WORKFORCE RETHINK HELPS TRUST WIN OUTSTANDING RATING

According to Susan Young, director of human resources and organisational development at Countess of Chester Hospital Foundation Trust, the main benefit of ESR is that it is "a single source of the truth". Gathering information, even as basic as a staff headcount, can be challenging in many public sector organisations, because it usually has to come from several sources and is not always up to date, she explains. However, information in ESR tends to be timelier because it is linked to payroll.

Mrs Young primarily uses information from ESR for three things: workforce strategy and planning, assurance, and to help identify potential efficiency savings.

The system provides Mrs Young with real-time data (headcounts and whole time equivalent) by professional group, division, pay band and age profile, plus information on staff turnover and sickness rates. "That obviously helps me in the development of the workforce strategy and workforce planning because we can look at things like the age profile and try and spot where we might have difficulties in certain professional groups in the future," she says.

ESR data can also be used to provide boards and external organisations such as the Care Quality Commission and NHS Litigation Authority with the assurance that appropriate employment checks have been carried out, and appropriate and timely training completed. Both are valuable for HR directors.

Mrs Young says the trust can track its progress and compare itself against neighbouring trusts. Development of ESR will ultimately lead to national dashboards, enabling trusts to compare themselves with others across the country.

Like all trusts, Countess of Chester needs to cut costs by around 5 per cent, and with the pay bill accounting for two-thirds of spending, "inevitably we have to start doing some quite detailed analysis of our pay bill and our staffing", Mrs Young says. Some of that has involved cutting down on spending on agency staff "but some of it is just about understanding what you have got [in terms

Cash benefit: improved HR checks helped cut Countess of Chester hospital's insurance premiums

of workforce], where it is and what you can do with it".

ESR data has revealed spending on agency staff peaks in May or June and again in winter, and the HR department was able to attribute the cause to gaps in junior doctors' rotas, sickness levels and unfilled vacancies. By analysing workforce and assurance data in ESR, the trust has been able to cut sickness absence from 4.25 to less than 3.55 per cent in 12 months, and it has also recruited internationally for hard-to-fill emergency department vacancies.

"If we had carried on as we were, we were heading to spend £3m a year when we had budgeted for much less than that. We spotted the problem, did something about it, and by the year end our spend was around

£2m. It's more than we wanted, but it's not £3m," Mrs Young reveals.

The ESR has also enabled Countess of Chester to join with Wirral University Teaching Hospital Foundation Trust to create a shared HR and payroll transactional service. "We have saved £350,000 across both organisations and we are also able to generate income for both of our trusts because we can now provide services to others as well," Ms Young says.

The value of ESR is perhaps best demonstrated by the outstanding, level 3 rating Countess of Chester received from the NHS Litigation Authority in February.

Only one in five organisations have been granted such a rating, which is based on a series of 50 risk management standards, around 15 of which relate to HR. They include employment checks being in place and confirmation that relevant staff undertake training in manual handling and infection prevention and control.

The Litigation Authority's report stated that: "The organisation demonstrated an extremely thorough and well executed approach, both in terms of risk management and assessment process, resulting in a well deserved Level 3 award." The positive report has reduced the trust's insurance premiums by £500,000.

'We can look at things like age profile and spot where we might have difficulties in certain staff groups in the future'
Susan Young

WALES HOPES TO MAXIMISE GAINS FROM A NATIONWIDE SYSTEM

ESR was implemented across Wales in 2006. It was only the minimum (core) functionality, however, with the key focus being payroll. Different electronic workforce databases were still being used, and there was no consistency in the data being input into ESR. The result? The full benefits of ESR were not being realised.

In order to enhance efficiencies as well as standardise, streamline and simplify workforce processes, NHS Wales established a workforce information systems (WfIS) programme. This significant programme involves reviewing existing processes within recruitment, payroll and other functions. The aim is to maximise the sharing and transfer of information between organisations.

A key driver of the NHS Wales ESR programme is the promotion of Manager and Employee Self Service. The WfIS programme target is to provide 60,000 of the 80,000 NHS staff in Wales with access to Self Service ESR functionality by March 2015. It is an ambitious target: currently only just over 10,000 employees have access to Self Service, allowing them to view their pay slips, update personal data, access training and book annual leave.

'The ESR programme of work could make significant efficiency savings by reducing paper processes'
Helen Thomas

Helen Thomas, WfIS development and improvement manager for NHS Wales, estimates that "the ESR programme of work could make significant efficiency savings by reducing paper processes, multiple data entry and by eliminating unnecessary repeat training. These efficiency savings can be redirected into more value added and patient-facing activities".

Maximising the Oracle Learning Management functionality of ESR is also a prominent work stream of the WfIS programme. Standardising the learning and development catalogue throughout Wales, and consistently recording competencies,

means staff do not have to repeat induction-level mandatory and statutory training when they move organisations. The programme staff are also working with universities to align training provided in the undergraduate curriculum. The result will be that newly qualified staff in NHS Wales will have already completed some aspects of induction training when they start in post.

As well as a reduction in paper-based processes, Ms Thomas says benefits realised by maximising the use of ESR include improvements in data security and audit trails, improved data quality and a reduction in unnecessary transactional processes.

NHS Wales is also piloting the ESR occupational health bi-directional interface. This will mean key occupational health data – for example on immunisation – is shared when staff transfer between organisations, expediting recruitment processes and reducing waste. "At the moment a new member of staff is often required to be processed through the occupational health service irrelevant of their post. Obviously if this data becomes portable and is transferred to the new employer you can reduce any unnecessary bureaucracy," Ms Thomas explains.

'PASSPORTS' ENSURE TRAINING IS UP TO SCRATCH

Derbyshire Healthcare Foundation Trust has created a training "passport" on ESR for every post in the trust, which specifies the training competencies – both mandatory and job specific – that are required. This ensures that all employees know from the day they join what competencies they need and so what courses they will need to do.

Employees are emailed a copy of their passport each month which lists the competencies their role requires, broken down into those that are compulsory and those that are role-specific.

The passport states whether they are up to date with training, when a refresher course needs to be undertaken, and allows employees to easily prioritise their compulsory training.

HR staff can access data from the passport to easily ascertain what proportion of a particular staff group, such as nursing, has undertaken a particular type of training, such as basic life support.

According to Liam Carrier, the trust's workforce planning and information manager: "The training passport concept was championed by the trust's chief nurse and executive director of nursing, quality and research. He wanted assurance that the right employees were receiving the right training by identifying the correct target group."

Paul Lumsdon, chief nurse and executive director of nursing, quality and research, explains: "The passport firstly empowers individual staff to know what is required and where they are in relation to this. Building on this, the teams and trust can

help action training in real time."

Hayley Darn, nurse consultant – safety, adds: "The training passports have helped us to ensure that by targeting training resources, and monitoring uptake of sessions, patient safety in key areas such as infection control and resuscitation remain forefront in our clinicians' minds."

Alongside the training passport, the trust has also put greater emphasis on e-learning as part of its education and learning strategy. About three-quarters of all training is now conducted through e-learning, avoiding the need for staff to take time out for classroom-based training, and reducing the spend on training venues, travel and tutors.

Over the last two years using ESR, the trust has managed to increase completion rates for compulsory training by 20 per cent. Each day, key activity data from ESR is fed into a local trust dashboard so that managers can monitor team performance such as training compliance. In addition, the trust's workforce team and finance team

Hayley Darn says training passports have helped focus on key areas such as infection control

have mapped out all the organisation's budgeted posts individually in ESR. This now allows reports to be run on both actual people in post and on vacancies.

"What that means in essence is we can now track individual posts," Mr Carrier says. "If someone leaves or a vacant post is no longer required, it can be flagged as contributing to the trust's cost improvement programme, so that the savings can be demonstrated and post type identified," he adds.

'If a vacant post is no longer required, it can be flagged as contributing to the cost programme'
Liam Carrier

● For more information on all of these case studies, and a library of many more, visit www.electronicstaffrecord.nhs.uk

The success of ESR means it is likely to have a key role in the reformed NHS. What do key stakeholders want from the next incarnation of the system?

A GLIMPSE OF THE FUTURE

While it is true that the ESR contract is currently being re-tendered – with the current contract expiring in August 2014 – programme director Paul Spooner is adamant that the programme "will not stand still".

Recently established organisations including NHS England, Health Education England, the National Trust Development Authority and Public Health England are all using ESR. Clinical commissioning groups and clinical support units are also using it and, under the terms of the current contract, all "successor bodies within the NHS providing equivalent services to the NHS, will be able and expected to use ESR".

The Department of Health says it has "concluded that there is a clear economic case for ongoing central payment of ESR, and this is now being taken forward as the preferred option for the ESR business case".

The DH and NHS central team invited senior stakeholders and ESR user representatives to identify future requirements for ESR. The aim was to ensure the system can continue to meet the needs of the health service.

Chris Heward is chair of the ESR national user group and workforce and ESR senior business partner at Birmingham Community Healthcare Trust. He says that one of the biggest benefits of ESR is that NHS organisations are forced to do things in a certain way and in the "right way".

"This is a good thing as it does not let you do things wrong, you have to have the right infrastructure in place in order, for example, to get your HR and payroll right."

Mr Heward says the regional and national user groups are invaluable when it comes to establishing the best practices that ESR promotes. He argues it is crucial for organisations to feel involved in the development of the system so that they then go on to use the full functionality on offer. He is in no doubt that ESR has transformed the NHS by providing a comprehensive overview of the workforce. "If ESR were to disappear and we turned the clock back we would go back to the 30-plus different HR/payroll systems we used to have, none of which were talking to each other.
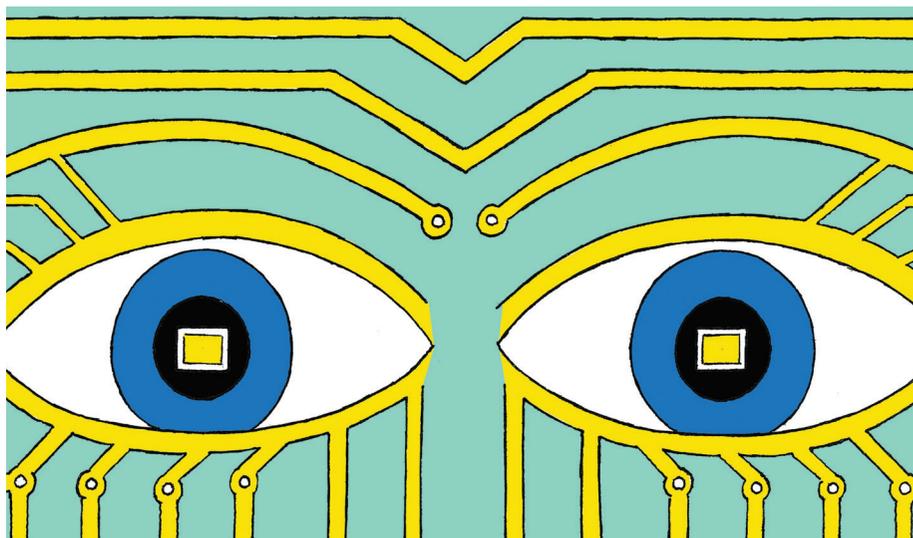
"This is one IT system in the NHS that really works, it is national and it has already delivered more than was expected." He is confident ESR will continue to grow and develop in line with the needs of NHS organisations, serving both the present and future workforce. ●

'This is one IT system in the NHS that really works, it is national and it has already delivered more than expected'

HOW CAN ESR BE ENHANCED – NATIONAL AND LOCAL AMBITIONS FOR THE FUTURE OF ESR

● Use technology to drive innovation, for example with the user interface
● Systematically drive data quality and validation
● Improve management of organisation and position structures – leading to improved establishment control and workforce planning
● Improve its financial reporting and reconciliation tools

● Improved payroll checking and comparison capability – supporting pay modelling and flexible benefits
● Internet access and web service to employees
● Use of mobile technologies
● Enhanced shared service access – single access to multiple organisations
● Off-line interaction

MIKE FARRAR
CHIEF EXECUTIVE, NHS CONFEDERATION

The NHS's data challenge

In the wake of the Francis report, demand for the best care and transparency is rightly growing. The NHS is under pressure to improve care and restore public confidence in services, while being fully open and accountable.

It is clear that access to timely and accurate information on staff skills and resources enables NHS organisations to provide the best care possible, and respond quickly when we know there are areas facing pressures.

One of the things the Francis report highlighted was the key role that information plays in allowing organisations and their boards to examine the performance of their staff and the care their organisations provide. It highlighted the pitfalls of not having access to real time data, and the way data is distributed across organisations and indeed within organisations.

The NHS has in the past experienced numerous attempts to free itself from the shackles of information overload and unnecessary paperwork. I have often said that the NHS needs a smarter system of information use, not a bigger one.

As part of the NHS Confederation's bureaucracy review for the government in the wake of Francis, we have looked at how to address this problem.

We have had much feedback from NHS clinicians, managers, board members and others about the impact that information collection and sharing has on their working lives. And it is clear that we need to do more to streamline information and have more information electronically accessible throughout organisations and between organisations.

Most of all, we need to make sure that the information collected is up to date and serves a real purpose, rather than being a duplicate of information requested by a range of organisations.

Our bureaucracy review relates to information much wider than just staffing and workforce, but the point is clear that for organisations and their staff to do the job well, we must have access to timely data to provide the best and safest possible care to patients.

The ESR solution is just one part of making this happen. For

> **I have often said that the NHS needs a smarter system of information use, not a bigger one**

a truly responsive health service that's able to act on pressures quickly and identify where staff resources are having an impact on care, we need to be able to share information across the service. We need to be able to empower staff and managers to own and manage their data to improve where and how care is provided and improve their experience of working in the NHS.

I am optimistic that the NHS can deliver substantial improvements by changing the way it uses its information. This change has never been more needed than it is now. If the NHS and its staff are to deliver the improvements in care that we all want to see, then organisations need to be confident that they have the right workforce with the right mix of skills, well trained and managed.

There are many other health systems throughout the world using electronic systems to analyse the skills of their workforce and how they need to change and adapt them. As an international leader in healthcare, the NHS needs to be doing the same. ●

JAMIE RENTOUL
ON FULFILLING ESR'S POTENTIAL

The ESR programme is an asset to the NHS and DH. Within this supplement, there are many examples of organisations using it to meet strategic and operational service needs.

With consideration to the many challenges that the NHS has to face in the pursuit of excellent healthcare commissioning and delivery, I encourage all organisations to fully embrace the potential of ESR solution – by using all functionality.

As an integrated solution, ESR presents many opportunities to streamline workforce administration and, in times of financial pressure, such release and reallocation of resource continues to be a great opportunity to the NHS.

Utilisation of the comprehensive dataset within ESR also provides the opportunity to improve workforce planning and development – a critical requirement both now and for the future for all NHS employing authorities.

Effective use of ESR can help all healthcare providers to understand their workforce and ensure they have the right skills and staffing levels to meet the needs of their communities.

Should you have any comments or questions abut ESR, please contact the NHS ESR team via www.esr.nhs.uk/contact-us/ *Jamie Rentoul is DH director of workforce development and senior responsible officer for ESR*