

# Improving workforce visibility through e-rostering

## What was the problem?

Sussex Community NHS Foundation Trust was relying on a variety of outdated rostering systems which caused numerous problems including:

- lack of clarity and visibility of staffing vacancies in teams leading to a low bank/agency fill rate and insufficient staffing levels
- various rostering systems not feeding through to payroll or temporary staffing office, causing delays in paying staff or getting shift cover
- notice of required bank shifts being sent to temporary staffing office by email or phone; being difficult to monitor and often sent with insufficient lead time and/or information
- poor information making completing a paper/Excel payroll system difficult and time consuming, with high potential for errors
- limited ability to do job planning across teams and services to support workforce transformation.

## What was the solution?

The trust procured and implemented an e-rostering system to move the workforce from paper rosters to a centralised e-roster enhancing visibility and clarity across the service. This involved setting up and testing team rosters and training staff to use the software. Staff training included guidance detailing how to transfer the existing roster and leave. The rollout of e-rostering across the trust took place in four stages:

**Phase 1:** Full substantive rosters rolled out for all inpatient teams, roughly split into three sub-phases.

**Phase 2:** Full substantive rosters rolled out for community teams and selected specialist services.

**SafeCare:** Software rolled out to allow real-time comparison of staffing levels and skill mix to actual demand for inpatient services.

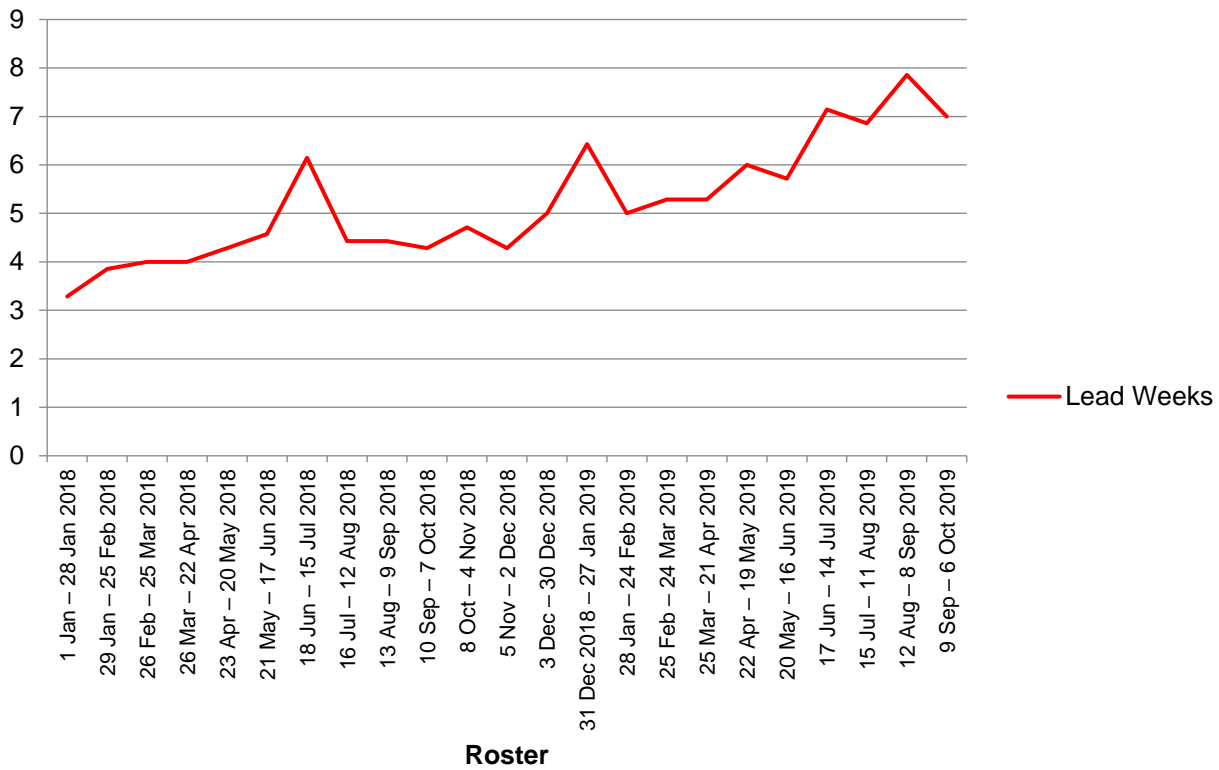
**Review:** Continued review of services where e-rostering has been implemented, identifying gaps in training and under-utilisation of the system enabling further improvement.

## What were the results?

The implementation of e-rostering has:

- enabled publication of rosters to staff six weeks in advance in compliance with [Lord Carter's recommendation](#) and trust policy. Previously, the teams did not have the ability to monitor how far in advance rosters were being created across all teams, only manually at a local level
- increased quantity and quality of roster information available to staff and managers, including patient acuity and dependency score data through the SafeCare module
- extended lead times available to temporary staffing office, improving average shift fill for registered nurses by 13% and healthcare assistants by 8%, increasing patient safety and staff satisfaction
- reduced potential for roster errors, freeing up managers' time and decreasing the potential for payroll errors
- enabled analysis of agency use, allowing the trust to review acuity/dependency and bed occupancy and effect risk assessed changes to process and practice to reduce agency spend
- identified areas for development of e-job planning capability for community nursing, therapy and medical staff to support workforce transformation projects.

Figure one: Roster approval lead weeks between January 2018 and October 2019

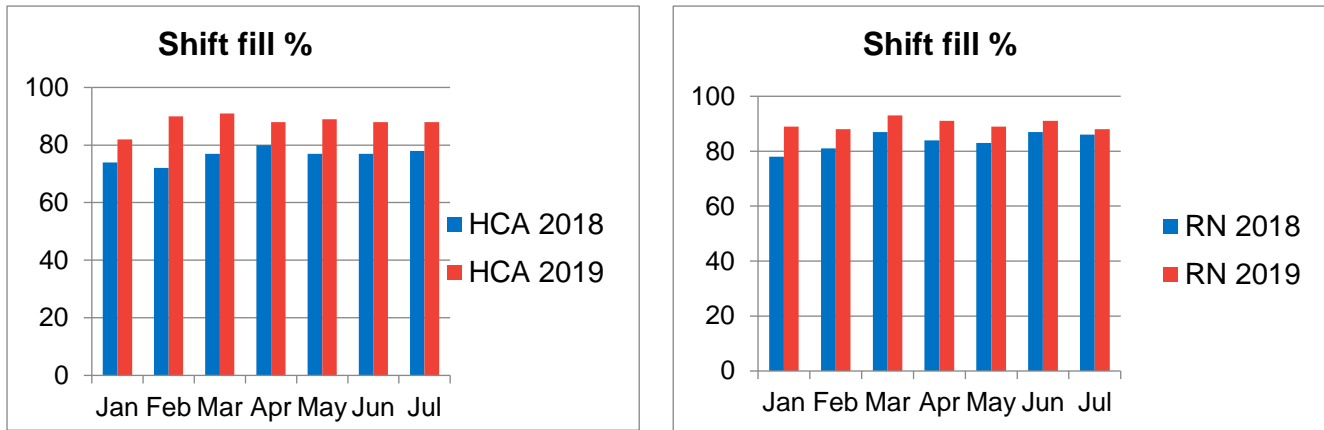


The graph above shows the average roster approval lead times from when the e-rostering software was implemented in January 2018 until the beginning of October 2019; in this timespan there have been 23 roster periods of four weeks.

From January 2018 until October 2018, rosters were approved four weeks in advance on average. However, by 3 December 2018, the increased visibility provided by the new e-rostering system had enabled the trust to implement confirm and challenge calls; where senior managers could question the services on their performance against the trust effective rostering policy key performance indicators with an emphasis on approval lead times. This caused approval times to improve, as shown above, moving towards consistently achieving the six-week target.

Due to this success, from 25 March 2019, the trust set a stretch target of approving rosters nine weeks in advance. The trust began to see a positive impact on approval lead times by 20 May 2019 with rosters now being approved seven weeks in advance.

Figure two: Shift fill in 2018 and 2019 for healthcare assistants and registered nurses



The graphs above show the impact of improved roster lead times on the fill rate of shifts by comparing the same period the year before for registered nurses (RN) and healthcare assistants (HCA), demonstrating a correlation between the approval lead times and the fill rate of shifts.

## Top tips

- Ensure the Finance team is on board to make sure you have access to up-to-date templates and budgets.
- Maintain control of the number of shift types created – consider what is being reported on.
- Write an up-to-date and robust rostering policy to support clinicians/managers in practice.
- Conduct monthly confirm and challenge calls to support e-rostering key performance indicator delivery.

## Want to know more:

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