Establishment setting is the basis for effective e-rostering

Isle of Wight NHS Trust needed help with multiple nursing workforce challenges in 2018. It investigated these in depth, reviewing the many net hours (hours staff have not worked) that had accumulated on the e-rostering system. Ward staffing establishments on the e-rostering system did not reflect demand, the electronic staff record (ESR) or budgeted resource.

Cleansing and validating this data, robust governance and an evidence-based approach to setting ward nursing establishments significantly reduced the hours recorded and use of temporary staffing: staff are now deployed more productively according to patient need.

What was the problem?

The trust did not have robust and regular six-monthly safe staffing establishment setting. E-rostering demand templates and ESR systems were not fully aligned, and staff who had left the organisation were still on ward e-roster demand templates. Staff on leave were not allocated hours, so it appeared they were not working their contracted hours.
The trust needed to strengthen governance around deploying staff and historic flexible-working patterns that left gaps in the ward e-rosters, which were filled with expensive temporary staff booked with minimal checks and scrutiny.

**What was the solution?**

The trust reviewed ward staffing establishments using evidence-based acuity and dependency tools. This resulted in permanent staff being more productively deployed across the hospital to meet patient needs and safe staffing levels.

The trust aligned its ESR with staff recorded on e-roster demand templates, to ensure they reflected who was assigned to each ward area. This significantly reduced net hours left each month (see Figure 1 below).

It developed e-rostering key performance indicators (KPIs) to ensure shifts were no longer than 12.5 hours, rosters were approved at least six weeks in advance, historic lines of agency staffing were removed, and restrictions placed on staff working bank shifts following sickness.

An overarching workforce strategy was developed to support wider recruitment and retention challenges and to provide assurance to the trust board on workforce KPIs.

**Figure 1: Reduction in net hours**
What were the results?

Spending on bank staff improved from 2.6% of the pay bill to 3.1%, demonstrating a more effective use of bank staff to fill shifts due to earlier notice of shifts available. Spending on agency staff increased from 11.4% to 16.8%, reflecting the continued high nursing vacancy rate. NHS Improvement is now supporting the trust to recruit and retain staff.

After six months, 45% of wards achieved a 42-day target for e-roster approval. Staff have more notice of their shifts, so more time to organise and balance work and other commitments.

The trust can deploy nurses more effectively across the hospital through a new clinically led ‘check, challenge and confirm’ process for approving temporary staffing. This resulted in earlier notice to the staff bank to fill gaps rather than late notice, high cost bookings.

E-rostering metrics are available at board level and used at ward level to help ward managers deploy their staff more effectively.

Staff engagement and participation have increased as ward managers are supported with robust governance around sickness and flexible working patterns, which ensures more permanent staff are available and reduces reliance on agency bookings.

What were the learning points?

- Evidence-based establishment setting is vital to ensure staffing reflects patient demand and updated e-rostering demand templates reflect the new establishment.

- E-rostering KPIs need to be understood and embedded from ward to board to maximise the efficiency of the nursing workforce.

- Aligning ESR, e-roster data and the actual staffing situation is vital to ensure net hours are reflected correctly.
Next steps

The trust is reviewing job planning for clinical nurse specialists and other non-ward based nursing roles to improve this group’s visibility and recognition and ensure all related tariffs are recovered for their activity.

HR, with clinical input, is leading ongoing development of comprehensive and proactive nurse recruitment and retention plans, including the apprenticeship programme, nursing associates and overseas recruitment.

Want to know more?

Contact the Nursing Operational Productivity team:
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