

A year in the life of an e-Rostering team

Over the course of a year at Nottingham Healthcare NHS Foundation Trust we aimed to implement HealthRoster into our mental health and general health community teams, implement SafeCare into our mental health inpatient wards, work on patient dependency analysis with Keith Hurst, start Confirm & Challenge meetings as part of the NHSi 90-Day Improvement Programme, and merge systems with our Forensic Services.

Our challenge

As one trust, we need to have a unified approach to rostering in terms of both using the same instance of the system and policy and roster quality. Implementation of eRostering into community teams, introduction of Confirm & Challenge meetings, and the roll out of SafeCare and acuity and dependency tools, have all been part of an ongoing journey to effective, efficient rostering across Nottinghamshire.

Our approach

Implementation

We are continuing to implement HealthRoster into our community teams, starting with community mental health and then the physical healthcare integrated teams, and we expect a further 200 teams to have this system by the end of the project in April 2019. This has been a developmental journey, with our methods constantly evolving as we learn what works and what doesn't, from our approach at the start to how we adequately provide and track ongoing support for managers.

SafeCare groundwork

Several of our trust inpatient wards worked with Keith Hurst on patient dependency analysis within mental health, which enabled some groundwork to be laid for the implementation of SafeCare. One of the pilot wards involved in this work was better prepared and engaged for SafeCare, and we were able to use some of their data in demonstrating SafeCare in the initial stages.

Confirm and Challenge meetings

As part of the NHSi 90-day mental health and community e-Rostering improvement collaborative, the trust commenced C&C meetings within the pilot areas. The objectives of the meeting were to meet two KPIs – achieving a roster staffing fill percentage of above 85 percent and for all rosters to be approved with six weeks' lead time. Further aims of the C&C meeting included standardising practice across wards, reviewing other roster KPIs, and supporting managers to understand the ramifications of ineffective and inefficient rostering both financially and in terms of available care hours per day. The meetings were successful in ensuring rostering policies were followed and wards were making the most efficient use of staff.

Our achievements

With the 90-Day Improvement Challenge, the e-Rostering team hoped to see an improvement in fill rates and approval rates. After seven months, the pilot areas – wards from Rampton Hospital and from Adult Mental Health – showed an increase in shifts filled, from 92.6 percent to 97.25 percent and from 89.3 percent to 94.54 percent respectively. When compared with the first roster submitted to C&C in September, this is an increase of 1009 qualified and 9575 unqualified hours filled across the participating wards, for which the estimated bank cost to backfill would have been in the region of £19,000 and £129,000 respectively, based on an average Band 5 and Band 2 bank hourly rate.

In terms of approval rates, Rampton increased from 66.67 percent to 88.89 percent and AMH increased from 80 percent to 100 percent, meeting the six-week roster lead time requirement. This ensures that shifts are filled in good time and reduces bank and agency use. The C&C meetings highlighted the different abilities of ward managers in creating rosters

and provided the opportunity for them to receive training from an e-Roster advisor and peer-to-peer support.

e-Rostering in general has removed a number of paper processes and given general managers a clearer picture of the teams and services under their management. We have fostered a more positive image of e-Rostering throughout the trust and continue to receive excellent feedback for the support and processes adopted by the team.

Staff now have full visibility of their annual leave, bank holiday leave and lieu time and through better management of these are now receiving their full, correct entitlements where they may not have been before.



Lessons for others

Staff engagement and support from managers is essential – introducing a new system to busy clinical managers is much smoother when management is able to help drive change and communicate benefits from the top down. Also, be willing to allow your roll-out plans, procedures and approaches to change; our methods are constantly evolving as we learn from different teams and different challenges.