Improving joy at work – electronic self-rostering

Royal Free London NHS Foundation Trust

What was the problem?

While the trust appeared to have a healthy recruitment pipeline for nurses and midwives, retaining them was a challenge. Turnover of nurses and midwives was highest in the intensive care units (ICU) at both the Royal Free Hospital and Barnet Hospital.

The trust began a project to reduce ICU nursing turnover by improving joy at work. A multidisciplinary team headed by the Royal Free's director of nursing looked at the reasons why turnover and vacancy rates were so high. In focus groups, staff said that offering flexibility and choice regarding shifts would improve work-life balance and promote roster fairness.

The focus groups also identified inequity in shift requests. Often, these were made on paper or via email, with staff awaiting paper-slip confirmation that was occasionally mislaid. There was no audit trail of shift requests, and staff perceived favouritism in shift allocation. They did not feel involved in their own roster; shift allocations were imposed, and unapproved requests were never discussed. The staff e-roster policy at the time stated that staff could make up to four requests during a four-week roster period. This was pro rata for part-time staff, limiting flexibility.

What was the solution?

Electronic self-rostering was key to offering staff shift flexibility and choice. This was piloted at the Royal Free's ICU in January 2018 and then implemented across 32 inpatient areas from September 2018 to May 2019.

It was essential that managers and staff fully understood their roles and responsibilities when self-rostering. Senior nurses, roster managers and the e-roster nursing team discussed with staff the principles, potential benefits and any potential barriers.

For staff to use the system to its full potential, they had to be able to use electronic requesting via an app for shift preferences. The trust provided support and training for this.

Roster rules and roster templates were reviewed to ensure they could accommodate self-rostering and adjusted where necessary.

Key workforce metrics were agreed, to monitor any impact. All data was taken from the electronic staff record, including vacancy, turnover and sickness rates. The trust also monitored the percentage of shift preferences made in each roster period, to analyse staff engagement.

What were the challenges?

Fear of losing control of the roster was high, and some managers were uncomfortable about allowing nurses to choose when they wished to work, feeling it would be unworkable and take longer to complete. Initial uptake in some inpatient areas was slow due to these concerns. As more areas started to self-roster, and feedback from roster managers and staff was positive, areas not involved began to feel left behind. This in turn prompted managers to engage and take the initiative forward.

What were the results?

In the ICU pilot site:

- vacancy rates improved from 33.6% in January 2018 to 27.1% by May 2018

- from May 2018 to March 2019, the average vacancy rates were 32%

- in January 2018 the turnover rate was 29.8 % and steadily reduced to 17.2% by June 2019

- this has been maintained at an average of 20.8% from July 2018 to September 2019

- before self-rostering, on average 4.3% of shifts were requested by ICU staff in a four-week rostered period; by September 2019, an average of 38% of requested duties were made by staff – an increase of 34%.

From September 2018 to May 2019, self-rostering was implemented in 32 inpatient areas across the trust in three phases, with positive results.
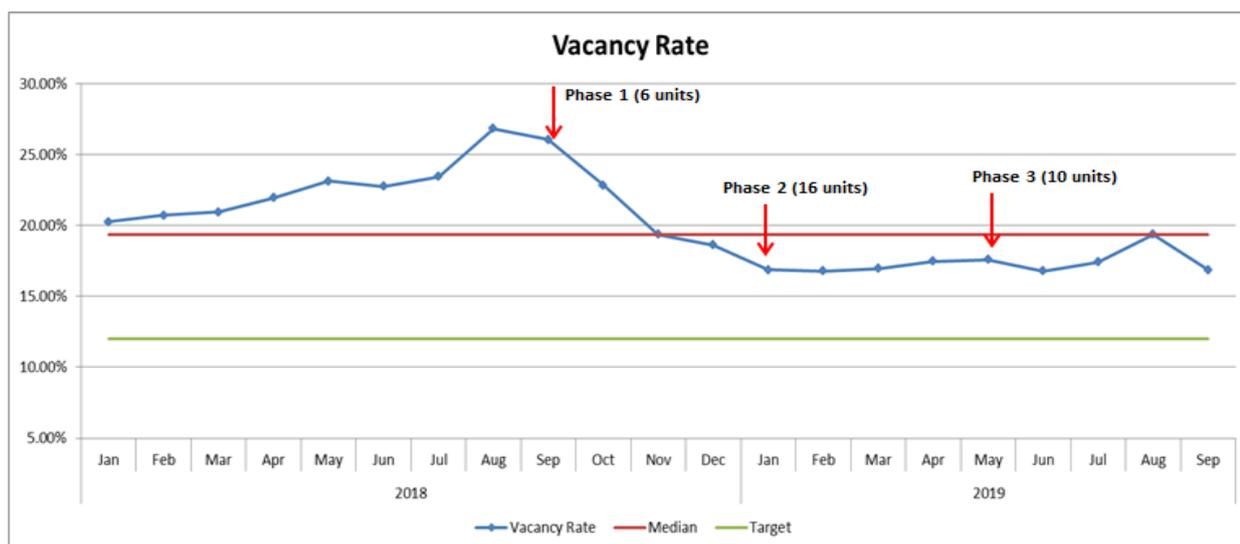
- Overall (trained and untrained combined) vacancy rates fell from an average of 18.2% to 10.2% by September 2019 (Figure 1).

- Registered nurse/midwife vacancy rates fell from an average of 22.5% before implementation of electronic self-rostering to 16.9% by September 2019 (Figure 2).

Figure 1: Overall (trained and untrained staff) vacancy rate via phases
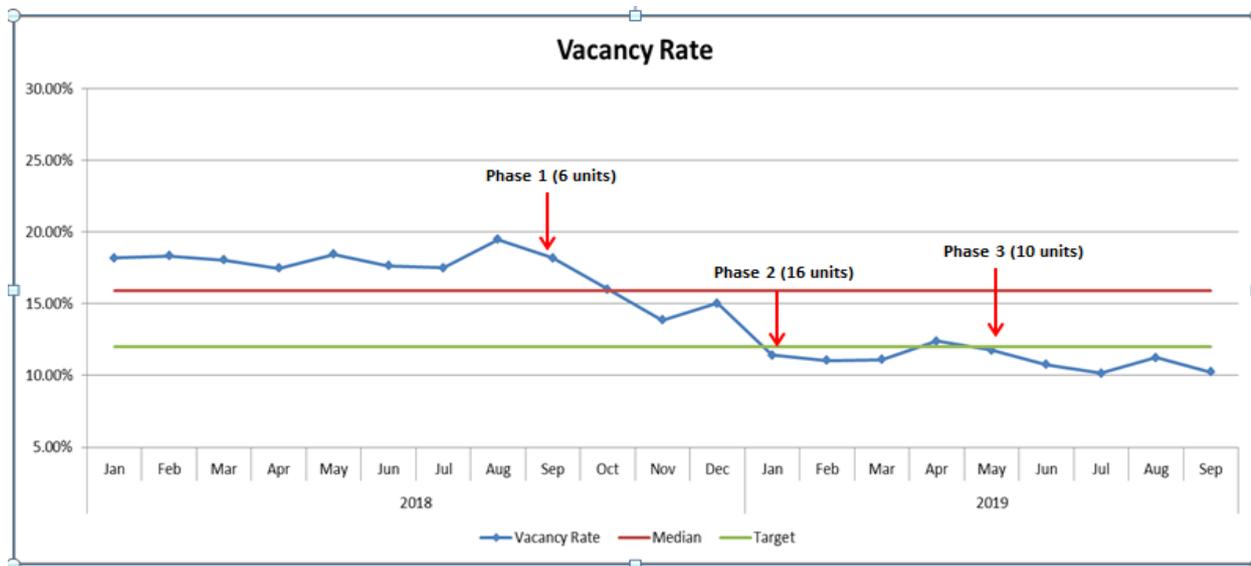

**Figure 2: Registered nurse/midwife vacancy rate via phases**

- Overall (trained and untrained combined) turnover rates fell from an average of 21.2% to 15.7% by September 2019 (Figure 3).

- Registered nurse/midwife workforce turnover rates reduced from an average of 22.7% before implementation of electronic self-rostering to 15.9% by September 2019 (Figure 4).

Figure 3: Overall (trained and untrained staff) turnover rate via phases
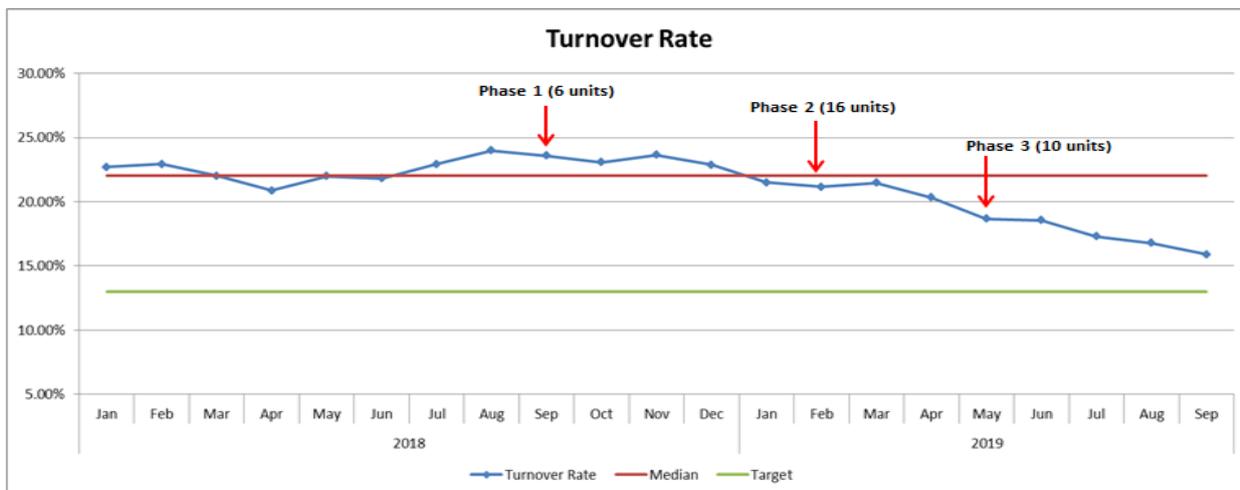
Figure 4: Registered nursing/midwife turnover rates via phases
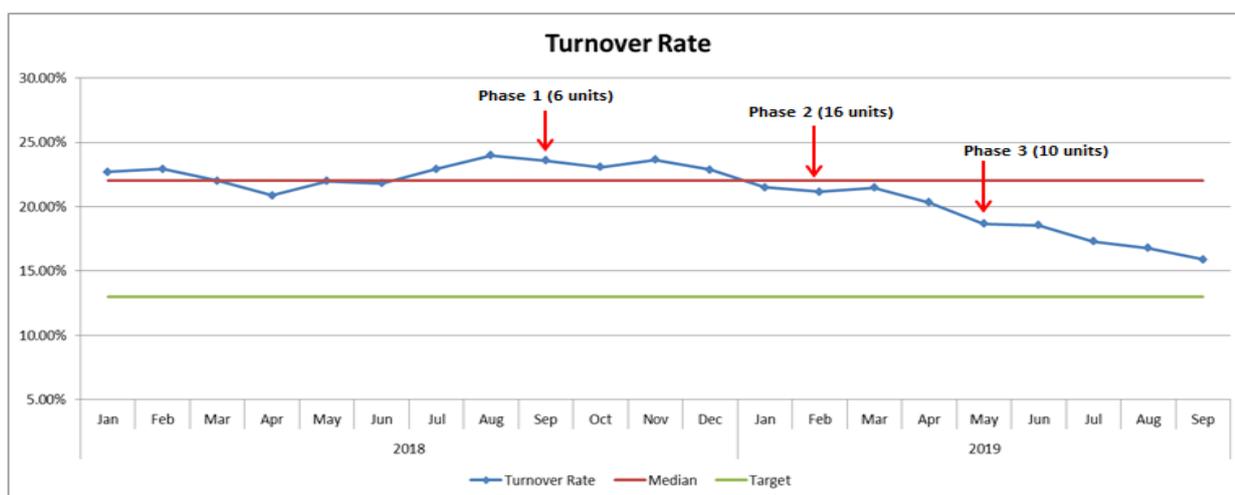
- Sickness rates overall (trained and untrained combined) reduced from 4.1% in September 2018 to 3.8% September 2019.

- Sickness rates for registered nurses/midwives reduced from 3.8% in September 2018 to 3.4% in September 2019.

Staff engagement in using the app for requesting shift preferences was positive.

- On average, 7% of shifts were requested by staff in a four-week rostered period before self-rostering. In September 2019, an average of 42% of shift preferences were made by staff across rosters in a four-week rostered period, an increase of 34%.

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Supporting and offering staff greater flexibility and choice enables staff to have more control over their rosters, improves work-life balance and promotes roster fairness. This in turn supports staff retention and reduces vacancies.

Staff feedback

"It helps my work-life balance. I can choose my days and in particular, my nights."

"It's great: you can choose your shifts when grabbing a coffee."

"It's so simple to use. I often log on when I'm at the tube with WIFI."

"My work-life balance has really improved with self-rostering on line. I can request my shifts when I am at home."

"Can request shifts anytime, anywhere."

One staff member tweeted: "All the blue hearts indicate my requested shifts. LOVE self-rostering. It's a brilliant initiative to help staff feel more in control and have a better work-life balance".

What were the learning points?

Self-rostering is a team approach. Engaging managers and their staff by changing hearts and minds and promoting a team responsibility is key to producing a safe, fair and effective roster. Managers, staff and e-roster experts need to be fully involved and understand their key roles and responsibilities.

Individual rosters need to be reviewed to ensure they allow self-rostering: templates and rules may need to be adjusted.

Requirements for self-rostering are bespoke to each unit. Self-rostering is not a one-size-fits-all model, as different areas work in different ways.

Next steps and sustainability

The Royal Free Hospital plans to expand electronic self-rostering across all remaining nursing and midwifery areas. It will become an integral part of the trust's staff e-roster policy, ensuring this initiative is promoted and encouraged. The trust will continue to monitor the impact and survey staff in the coming months, once it is embedded across all areas.

Want to know more?

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To see the other case studies in this series: visit the NHS Improvement website at: https://improvement.nhs.uk/resources/improving-staff-retention/