

Improving staff retention – case studies

Annualised hours rotas for emergency department doctors

Brighton and Sussex University Hospitals NHS Trust

What was the problem?

Trusts often find that their emergency department (ED) doctors have low levels of satisfaction, high rates of burnout and high turnover. Brighton and Sussex found that while ED could be a highly pressurised environment that could contribute to these issues, another key challenge was the way shifts were organised and the lack of flexibility that had become a standard part of being an ED doctor.

In 2013, the trust had seven consultants and seven registrars for two sites and understood this was not acceptable for staff or patients.

What was the solution?

- Annualised self-rostering/self-preferencing rotas so staff had more control over their working hours.
- Introducing a clinical fellow role with 25% non-clinical time to allow these staff to undertake other projects – for example, teaching medical students.

Traditional rotas are based on a nine-to-five model, working five days a week, which is not appropriate for specialty staff at the forefront of delivering care during unsocial hours. The lack of flexibility in the traditional rota model had become a significant factor in convincing staff to leave the trust. The solution was a new annualised hours and self-preferencing rota system.



The trust implemented an annualised system for consultants (using a period-of-activity contract), middle grades (using a combination of period-of-activity and hours contract) and junior rotas (using hourly contracts), alongside self-rostering or self-selecting preferences, with staff choosing the amount of clinical work they wish to do.

For example, junior doctors can 'block out' dates they do not wish to work up to a year in advance, and the rota automatically maps the appropriate number of staff with the requisite skill mix onto the shifts that need to be covered. This means ED doctors know their shift patterns up to a year in advance and can plan accordingly. Staff have their rotas emailed directly to their online calendars and can easily swap shifts with each other via an app, without needing to do this through rota co-ordinators.

The annualised hours system has allowed staff to do part-time jobs over an entire year or have lengthy periods off, making up the hours by working more intensely for the rest of the year. It has allowed part-time staff to become just as vital as those who are full-time, as an employee's hours become part of a departmental pot rather than staff having rigid hours set by a rota.

This has been the key to success, allowing flexibility and improving sustainability. ED staff can change the amount of clinical work they do without a big impact on the running of the rota.

What were the challenges?

- Initially there was concern some consultants were working more hours than they were being paid for, so the trust would owe them these hours back. The trust assured these staff this was an implementation problem and they would receive the time back in lieu in the future.
- The system, although designed to cover both clinical and non-clinical work, initially was used to cover only clinical work. This meant many consultants worked too many hours in the non-clinical aspects of their role.
- All leave is pre-allocated, so there is a need to ensure staff use their study leave appropriately.
- When the staff member responsible for implementing the new rota system is away, the system is not appropriately updated. To mitigate this, the trust will introduce more administrative support to the project.

The system was developed by one of the consultants, originally on Excel. No existing rota companies would develop their rotas in a way that the annualised self-preferencing system worked. The consultant therefore proposed to the trust to take the system online, but there was no resource for this. The consultant then had to independently contact an IT developer to create the new system.

What were the results?

- The trust went from seven consultants and seven registrars (for two sites) to 23.8 full-time equivalent consultants and 25 registrars within five years. Consultant cover is now 24/7 at Brighton and 8am to 10.30pm seven days a week at Princess Royal.
- F1 numbers have increased from 20 to over 40.
- Junior doctor locum costs have been eliminated.
- Easier recruitment in clinical roles of F1s and clinical fellows doing projects: eg from research to educational fellow.
- 73% are 'very satisfied' with the rostering aspects of their clinical work.
- 67% said the rota had been 'very beneficial' to their professional life and career.
- 73% said the rota had been 'very beneficial' to their overall quality of life and career.
- The trust was named as the Royal College of Emergency Medicine's education team of the year as a result of its educational fellows.
- Brighton and Sussex Medical School was second nationally in feedback for all medical schools.
- The fellows project has been rolled out to numerous trusts, and the rota system has been adopted by many other trusts, as well as outside ED (see the Table below).

Table: Trusts that have adopted the rota

Trust	Department
Guy's & St Thomas's Hospital	Paediatrics
Belfast City Hospital	General medicine
John Radcliffe Hospital	Intensive care
Steyning Health Centre	General practice
Royal Victoria Hospital	RVH medicine

- A daily view shows all staff who are working at any one time.
- The trust can see who is available to cover a shift or who is available when a major incident occurs, at a quick glance.
- Admin time needed to run the rota has been reduced.
- “I get a whole rota a year in advance, and I cannot tell you the massive impact that has on you being able to do things that on a usual rota you just wouldn't be able to do...Now I can know, and I can participate and have a life outside this as well.”
 - Philip Rankin, Clinical Fellow
- “Hand on my heart, this is not a sob story. I was looking after about 50 patients by myself. I had an awful time. They were struggling to get locums to cover, and I was pleading with managers to get me locums to help look after them because I was looking after both the ward and the outliers, which could total up to 50 patients, and I can see the difference. I don't plead to get my shifts covered anymore. Here I just turn up to work, and I enjoy it because I know that the patients are getting the best that we can provide.”
 - Stephanie Rutherford, Educational Fellow
- “It's a place of change. It's a place where people are excited to come to work, and the rota is a big part of that.”
 - Philip Rankin, Clinical Fellow

What were the learning points?

- The implementation needs complete commitment from everyone needed to cover all core shifts. This may mean changing job plans or working non-fixed days for some.
- Executive and managerial involvement is vital.
- You must keep to appropriate job planning principles. For example, there must be group agreement that no staff member does more than three nights in a row or any shift the day after a night shift.
- Learning how to run the rota appropriately was an iterative process. Different staff groups require slightly different processes – the implementation team must be willing to learn from the staff groups it is supporting.

Next steps and sustainability

The trust is considering expanding the annualised self-rostering/self-preferencing system into other specialties and other non-doctor professions. The system can do this and is being used at multiple other trusts for specialties outside A&E.

Want to know more?

Dr Robert Galloway, ED Consultant, robert.galloway@nhs.net

<https://healthrota.co.uk/>

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<https://improvement.nhs.uk/resources/improving-staff-retention/>

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