



Health Education Yorkshire and the Humber

# CASE STUDY: EFFECTIVE MANAGEMENT MEDICAL ROTAS USING A ROTA CO-ORDINATION TEAM

The Rota Co-ordination function was devised to provide effective management of Medical rotas using a rota co-ordination team to minimise costs and maximise service.

Through centrally managing the day to day rostering of Junior Doctors, efficiencies could be achieved in locum spend and optimising the cover levels with the available staff.

Previously the task was undertaken by a staff member within each different Directorate, often by a Clinician. It was felt that rota administration was not a valuable use of their time, when it could be spent undertaking clinical activity.

The Trust identified locum spends, as a key priority to achieve efficiency savings so we devised the roles of rota coordinators to administer the daily maintenance of our medical rotas. The team have allocated departments to become the experts on their particular rotas and have a strong relationship with the clinicians. This enables them to take a different approach to gaps before booking a costly locum such as agreeing swaps, identifying potential for cross cover whilst ensuring EWTD and New Deal Compliance.

## **Key Outcomes**

The team identifies the most cost effective way of filling vacant shifts. Through intelligent rota design they are also able to identify further efficiency savings. Not only does the rota team make cost savings, they support and monitor the Junior Doctors to ensure that they comply with New Deal and EWTD regulations, and that these pattern work in practice as well as on paper.

Substantial savings have been through the effective management of our internal bank with lower rates than external agencies. The organisation has continued to expand the service with more directorates being allocated a rota co-ordinator and plan to eventually have a rota coordinator for all our major specialties.

We have monitored the cost savings made by the rota team and have identified for the period April 2012 to 2013 a total of £581,000 savings across the seven directorates. The cost of Rota Coordinator team (post Trust merger) is £125,000 therefore the overall saving for the Trust was £456,000. The figures show even greater cost savings for 2013-2014, where with 2 months left to go, savings of £602,000 have already been achieved. Our performance measurements clearly illustrate, that the investment is returned and exceeded.



The Internal Locum bank has been developed over the years and now covers at least 60% of vacant shifts.

We are also developing and streamlining our process around the booking of internal and external locums to ensure the leanest processes are used. We will be using the rota coordinators as a key step in this process.

## **Background**

York Teaching Hospitals Foundation Trust provides acute and community services for approximately 530,000 people living in and around York and Scarborough, providing a range of specialist services over a wider catchment area across North Yorkshire, East Yorkshire and Ryedale.

The acquisition of Scarborough and North East Yorkshire Health Care NHS Trust was finalised in July 2012. The Trust currently employs over **8500** staff across all of our sites.

# **Key Aims**

The initial post was created to take rota administration away from the Clinical Team, thereby freeing them up to undertake appropriate clinical task according to their grade. The team were also able to provide an independent, non-biased opinion on leave and the day to day administration of Departmental rotas. We also hoped that by centrally managing the rotas cost savings could be achieved, these have exceeded expectations.

The development of a rota co-ordination team has enabled us to make substantial cost savings across a number of departments. We recognised that there was a long-term forecast that junior doctors would be in limited supply and as a result we would be spending more money on medical locums. The rota co-ordinators were introduced to support the maintenance of rotas in key specialties including General Medicine, Elderly Medicine, Obstetrics and Gynaecology, the Emergency Department, Surgery, Trauma & Orthopaedics and Paediatrics.

#### How It Works

We have a team of six people working on a full-time basis. This consists of  $2 \times 8$  Band  $3 \times 2 \times 8$  Band  $4 \times 8$  managed by one senior rota co-ordinator at  $8 \times 8$  Band  $8 \times 8$  Medical Rostering Manager at  $8 \times 8$  Band  $8 \times 8$ 

The team oversee study leave, annual leave and the filling of gaps as they arise, working closely with the directorate management team, the directorate manager and clinical director to ensure that they are engaged in service activity rather than the management of rotas, which is time-consuming and not an effective use of their time.

Each team member is responsible for their own directorates which enables them to establish strong working relationships within these Management teams by being based within

the main Hospital site, so accessible on a day to day basis, attending departmental meetings, and being viewed as part of the department's operational team.

The Rota Co-ordinators are situated on a ward which enables them to have quick and easy access to the senior decision makers and to the junior doctors they may need to approach to change their allocated shifts. Crucially, they also provide an overview of requests for leave in terms of whether this would leave the rota unsafe to ensure the highest quality of patient care is met. They provide independent and non-biased judgement and are able to look at alternatives to booking external locums and use other interventions such as swapping shifts, cross-cover and looking at our internal bank of locums, which we have developed and expanded.

The team has a key function in ensuring that compliance with the New Deal and European Working Time Directive is met.

The Rota Co-Ordination function has achieved the realisation the cost savings for the Trust much greater than our expectations. If the team had not been implemented, we would still have staff working in silos and not able to see the bigger picture. Using all staff available we have on occasions been able to cross cover specialties were shortages were having a negative impact with staff from different specialties. This not only brings cost savings by not having spent on expensive locum cover, but also the added benefit of cross cover provided by an individual who knows there way round the Trust, its systems, policies and procedures, so provides much safer patient care too.

#### Who was involved?

The Rota Co-ordination function was based on an idea the Medical Director read in a publication which led a top down approach, and was initially rolled out to cover the Medical and Elderly Specialties.

Engagement was sought from the Departmental Clinical and Management team in order to support the implementation of the post. There was an initial reluctance from the clinicians; however the rota coordinators raised their profile by regularly attending Directorate meetings and were able to build successful working partnerships with the clinicians.

### **Key Learning**

We are now working with the Bed Managers to implement similar processes that would work Out of Hours to ensure that where possible we are making efficiency savings, whilst providing the best flexible workforce to meet patient needs.

# **Sustainability**

The posts have been in place for several years now and since the initial single rota Co-ordinator for Medicine and Elderly was appointed, the team has expanded in numbers and now operates over two sites. It took some time to get those previously managed the rota's to relinquish them, however the benefits of freeing up their team and having a Centralised Function providing the day to day administration was soon demonstrated.

We have over the years developed procedures and processes to support the service that the team provide.

With continued reductions in junior doctor training posts, it is evident that we need to maintain the internal locum bank to ensure that we can meet service needs and achieve locum cost savings.

For more information contact.

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