

Self-development time case study 2: Brighton and Sussex University Hospitals NHS Trust

Brighton and Sussex University Hospitals (BSUH) NHS Trust is already satisfying the recommendation for self-development time following the introduction in 2015 of a new rota system, using annualisation and self-preferencing of shifts to try and ameliorate the A&E staffing crisis they had previously been experiencing.

Initially only implemented in the emergency department, the scheme allows doctors three hours per week for self-development. It is now being rolled out into other hospital departments following impressive results. The man behind the idea is Dr Rob Galloway, an A&E consultant and clinical workforce lead.

Introducing self-development time

In 2014, our trust was in trouble. We could not recruit, could not retain, our medical students were being deterred from a career in A&E, we were spending over £1 million on junior locums each year and most importantly patients were suffering.

As well as experiencing the usual high-pressured environment of A&E, foundation doctors faced challenges in the way their shifts were organised and a lack of flexibility. We wanted to improve management of our FY1s and FY2s so we introduced a system that had not been used in the NHS before. It involved rota annualisation and self-preferencing of shifts – methods that have not only ensured foundation doctors now get sufficient time for self-development without it affecting patient care, but have significantly helped reverse the department's crisis. The new system allows three hours of non-rostered time each week and has become a major factor in retention and recruitment.

How it works in practice

Under annualisation, foundation doctors' rotas are calculated in terms of number of hours per year. At the start of the year we ask them when they want to be off work. Then we block that time off the rota in order not to roster them during those periods. Next, we factor in the three hours per week for self-development, as well as hours for annual leave, study leave and bank holidays. After this is deducted from their total, we can establish the number of clinical hours they must work.

On an app, the doctors state which shifts they cannot do and then bespoke rotas are produced based on the following principles: they follow rules for rota compliance; they give trainees the time off they need for whatever reason; they allow continuity on a ward setting and they ensure the correct number of doctors are working each day, with no peaks and troughs of staffing. If doctors want to swap with colleagues after the rota is done, they can do so easily via the app.

The importance of having self-development time factored in this way cannot be overestimated. FY1s and FY2s feel valued and this has a positive impact on their welfare and training, as well as on other members of the team. They are well-managed, happier and better-utilised, and patient care has been improved which was the reason for initiating the project in the first place. As a result, the trust has experienced a substantial expansion and retention of staff.

Factors that make the model work

The principles of annualisation are not commonly used for doctors and because of this it is essential to develop a rota system that will roster clinical staff for the correct number of hours. We would not have been able to achieve it using the traditional rota system based on a nine-to-five, five days a week model. The lack of flexibility in the traditional rota had become a significant factor in convincing staff to leave the trust.

Other factors underpinning the success of our project was the decision to involve junior doctors in designing the new rota, as well as the introduction of a clinical fellow recruitment scheme. Both aspects have helped create a workplace that offers sustainable, flexible jobs that cater for special interests and has clear career progression routes in place. The trust now has a full rota of junior doctors and many have returned from Australia for the jobs or stayed in medicine where before they would have quit. This has saved more than £1 million per year on locum agency costs and stopped the exodus of FY2s at the end of their foundation training because of burnout and stress.

Aspects to consider for implementation

For annualised rotas to be effective, it is important to choose the right technology partner. There are IT rota companies who say they can achieve annualisation but in reality, they cannot. This is because their software is not set up for a medical doctor's way of working (for instance, taking account of the need for continuity on the wards, etc). While we designed our rota, it was the IT developers who turned it into a fully functioning online system using technology developed by the team at <https://healthrota.co.uk> (*HEE does not recommend any particular supplier*).

The Royal College of Emergency Medicine has published national guidance on [introducing rota annualisation which is available here](#).

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