How Northern Devon evolved its implementation strategy and successfully moved 60 per cent of its medical workforce to eRostering

Northern Devon Healthcare Trust began its doctor rostering journey when it adopted HealthMedics software in August 2011 and has overcome several obstacles to become the leading trust in the south west region for doctor rostering coverage. The trust is now reaping the benefits of eRostering, including gaining full visibility of staff and ensuring rosters are fair, consistent and fit for purpose.

Our challenge

The major challenge we faced when rolling out eRostering software was getting our medical workforce to engage with it and understand the benefits. Our experience of implementation with our first two specialties – ophthalmology and trauma and orthopaedics – taught us a lot about what does and doesn’t work. We built our knowledge with these teams, working out how best to build the roster demand using ActivityManager and improving our understanding of how our medics work on a day-to-day basis. This learning informed our later implementation in other specialties, including anaesthetics, urology, general surgery and general medicine.

Our approach

We found it useful to introduce MedicOnline for leave management prior to the full rollout. Doctors like the ability to view and book leave remotely, and this leads them to explore other benefits of the system. It is important to recognise that the implementation approach for other staff groups will not work for doctors. You need to allow longer than the usual six weeks for the initial set up.

As of May 2019, we had a total of 213 medical staff (non-consultant and consultants) fully rostered using HealthRoster. When implementing each department our approach is to include all grades of doctors, which ensures we have maximum visibility.

There is still a lot of work to be done to finish implementation for all doctors, as well as reviewing and maintaining existing rosters, but staff engagement with the software has vastly improved, and we now have doctors asking if they can be added to the system.

Our achievements

The HealthMedics software has had significant benefits for the trust. We have seen improvements in the monitoring and management of sickness and absence, which has enabled our medical staffing department to more easily identify trends and priorities for action. Accuracy around recording of study leave has also improved, and lead clinicians have reported that it is easier to ensure staff stay within their annual leave entitlements.

We set up rules in NHS Mail for each specialty so that leave approval notifications are distributed to nominated staff managing clinic or theatre cancellations. This helps to ensure that when doctors have leave approved or cancelled, all of the relevant members of staff are informed instantly. This has led to a reduction in short-notice clinic cancellations.

Another of the KPIs outlined in the LOA for eRostering is the percentage of rosters approved six weeks ahead of the roster start date. We aim to publish doctor rosters as far in advance as possible – the rosters for all of our fully rostered units are added to HealthRoster between six weeks and up to 12 months in advance.

Doctors are obligated to request their leave at least six weeks in advance. Leave requests submitted with less than six weeks’ notice are flagged by HealthRoster, as per the trust’s medical and dental annual leave policy. When leave requests are approved an email alert is triggered that goes to the staff responsible for making arrangements for the cover or cancellation of activities.

Lessons for others

With the eRosters, we found it was useful to mimic excel rotas wherever possible for continuity, such as using familiar names for shifts and activities.

It is essential to involve your medical staffing department from the outset of your project and you ensure you have skilled, dedicated rota coordinators to take over the reins once the software goes live.