The Covid-19 pandemic

In the early months of 2020, when news that the Covid-19 pandemic was to become a serious global threat, the UK Government had to plan healthcare provision against a backdrop of “reasonable worst-case scenario” of numbers of deaths. With a total population in The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust of around 550,000, which rises during the Summer months, that ‘reasonable worst-case scenario’ equates to a potentially overwhelming number of Covid-19 patients that would require care in both the Emergency Department (ED) and the Intensive Care Unit (ICU).

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust knew it needed to redeploy almost its entire staff to the Covid-19 wards in order to manage acute patient demand, and with 200 medical staff and 60 consultants to consider, it became obvious at a very early stage that all staff would need to be rostered in order to provide the visibility required to ensure all Covid-19 patients received the best care possible, 24 hours per day.

What challenges did the trust face?

Although the trust had been e-rostering for around 10 years, users of the software were predominantly among the nursing and junior doctor population and, in common with many trusts, getting senior medics and consultants onto a rostering system had historically been challenging.

It was also evident, that while IT and HR departments acted immediately to ensure that staff across the trust were redeployed effectively and efficiently to make Covid-19 patients a priority, challenges from both a workforce supply and workforce demand perspective created new obstacles in tracking its entire staff.

On the supply side, a high number of clinical staff needed to shield at home from possible infection, while a smaller, yet still significant, number of staff were reluctant to come to work at all due to their concerns around the virus and potential impact on their families.

On the demand side, while agency and previously retired staff were theoretically available, it was nearly impossible to trace the previous whereabouts of agency workers, making the hiring of these people potentially dangerous to the existing workforce.

How did the trust respond?

12 months prior to the Covid-19 outbreak, Dr Becky Jupp - Clinical Director for the Stroke and Older Persons’ Medicine (OPM) at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, had used Allocate's HealthRoster solution for a particular project that had benefited from successful outcomes from both a patient care and safety perspective as well as consultant relationship perspective.

Dr Jupp had also extended rostering requirements across the Stroke and OPM departments that she was responsible for.

Building on her previous experience, and working with the IT team, Dr Jupp once again turned to HealthRoster to create a roster that would ensure the right care was in place 24x7 during the Covid-19 pandemic. A clear pattern of three x 12 hour shifts was created for consultants, with four consultants working nightshifts.
Reflecting on learnings during the pandemic

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust needed senior buy-in to, and engagement with, an e-rostering approach. While the arrival of Covid-19 was catastrophic, it did nevertheless provide the stimulus required to adopt the e-rostering approach and the positive results experienced in terms of efficiency of service means it will remain within the trust.

Dr Becky Jupp
Clinical Director for the Stroke and Older Persons’ Medicine (OPM) at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

Extending across the trust to all staffing groups

With the consultant pattern established, Dr Jupp then created four teams across the hospital in a ‘house’ system which included the nursing staff and junior doctors, so everyone was on the same key roster. Staff were then in ‘houses’ working long shifts, but the system ran smoothly with all staff having full visibility of rotas via the ME app, or by looking at the desktop site.

Overall, there was an extremely positive reaction to the roster, and I am absolutely sold on it! We used it throughout April and May, although by June we felt more comfortable that we didn’t need such arduous shift patterns, and so more ‘business as usual’ measures were introduced at that point. All of this was communicated via the ME app which worked really well for us and people are still using it. It’s great because you have oversight of both your team, as well as any other team you’re interested in.

Dr Becky Jupp
Clinical Director for the Stroke and Older Persons’ Medicine (OPM) at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

Preparing for a second wave and winter pressures

Although the trust was fully prepared for a significant influx of Covid-19 patients, those numbers, thankfully, never materialised. However, with a global situation that is changing on a daily basis and the winter months approaching, the trust is aware that patient numbers may well see a sharp increase in the near future. Fortunately, its hospitals and staff are now fully prepared to cope with, and care for, these patients as efficiently as possible.

The trust now has administrative staff across the hospitals who are trained to use the Allocate HealthRoster software and can, at a glance, recognise and fill any gaps in service provision. The few remaining areas within the trust not previously using Allocate have now engaged with the IT team and are in conversation about extending the use of e-rostering to those departments.

“The situation has been a complex one, and our first rota took a year to put together, but we’re now designing rotas for multiple departments in just 48 hours! In all honesty, I don’t know how we would have coped with resourcing during Covid-19 without Allocate and their HealthRoster solution. With 60 consultants to schedule, Excel simply wouldn’t have cut it!”

Dr Becky Jupp
Clinical Director for the Stroke and Older Persons’ Medicine (OPM) at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.