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NHS

SevernSide
Integrated Urgent Care

Integrated Urgent Care Rota Management

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Contents

INTRODUCTION

The Severnside Integrated Urgent Care (IUC) service rotas cover all clinical and operational staff who work in the service; they include both the Weekday Professional Line (WDPL),out of hours (OOHs) and System CAS (SCAS) teams. The rota is rolled on a four-week basis, with people having regular “default” shifts which they work in a fourweek pattern. All shifts in the operational rota, SCAS 'Severnside' shifts and the WDPL clinical rota are planned to be filled with employed co-owners. Gaps may exist in the rota due to sickness, annual leave, training, or vacancy. These gaps are managed on a week-by-week basis and are covered by a combination of additional hours, bank staff or locums. The OOHs clinical rota is covered with a combination of employed and self-employed; GPs, nurses, ECPs and Pharmacists. Approximately 25-30% of hours are covered by employed clinicians. The planned rota split is circa 55-60% GPs and 40-45% nurse and AHPs.

OBJECTIVES OF THE PROCEDURE

This procedure ensures that the IUC Service is supported by a robust and resilient team, so that the responsiveness and accessibility of the service is always optimised to meet demand and ensure patient safety. The process ensures that all staff are offered equitable access to shifts, and that individuals are not working excessive hours that may compromise physical and mental well-being.

THE STANDARD OPERATING PROCEDURE

Rota planning

The Head of IUC is responsible for the development of the IUC rotas. The planned clinical rota hours are save S:\Service Delivery Team\!Clinical Rota hours.

The Rota Team, together with the support of the Service Delivery Team Managers are responsible for the day-to-day maintenance of the rotas; ensuring sufficient hours are covered to ensure shifts are filled to match the rota plan.

The Rota Team work within processes defined in the 'Rota Team Handbook - IUC Clinical’ and ‘Rota Team Handbook - IUC Operational'.

The IUC Operational Leads monitor the clinical and operational rotas to ensure that adjustments are made, and contingency plans can be put in place when needed.

Good communication its critical to ensure that the clinical rota is balanced with all key gaps covered to ensure a safe service can be delivered for patients. The IUC Operational Leads, or Senior Team Manager in their absence, maintains the overview of the rota position and is responsible for communication with the Rota Team daily and escalating issues to the Head of IUC.

Weekday Professional Line clinical rota

The WDPL rota is static and planned to meet any seasonal surges in demand.

The standard WDPL rota has the following profile:

• 1 x 08:00-16:00 hours shift

• 2 x 10:30-18:30 hours shifts

This translates to:

• 08:00-10:30 hours x 1 clinician

• 10:30-16:00 hours x 3 clinicians

• 16:00-18:30 hours x 2 clinicians

Out of Hours clinical rota

The OOHs clinical rota is designed based on patient demand and the average length of clinical consultations. Together this information shapes an annual rota that considers seasonal surges in demand. There are six 'level's' to the rota with level one being the base line and operated all year round, and levels 2-5 implemented throughout the year (see below table) during periods of higher demand and surge ,i.e. bank holidays.

As well as additional levels to manage during busier periods the rota also reflects traditionally calmer times. For the period of June to September the number of Treatment Centres are reduced on weekday evenings from five to three to enable a reduction in capacity to match the reduction in demand. Clevedon and Greenway Treatment Centres

The following tables set out the plan for the OOHs clinical rota:

New hours post 111 First launch 1/12/2020							
Rota Level	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Level 1*	103.5	103.5	103.5	103.5	121.25	405	367
Level 2	8	8	8	8	4	0	0
Level3						20	20
Level 4						12	
Level 5						12	20

Month	Level 1	Level 2	Level 3	Level 4	Level 5
April	Yes	Yes			
May	Yes	Yes			
June	Yes				
July	Yes				
August	Yes				
September	Yes	Yes			
October	Yes	Yes	Yes		
November	Yes	Yes	Yes	Yes	
December	Yes	Yes	Yes	Yes	Yes
January	Yes	Yes	Yes	Yes	Yes
February	Yes	Yes	Yes	Yes	Yes

March	Yes	Yes	Yes

Good Friday	500
Easter Saturday	500
Easter Sunday	400
Easter Monday	450
May Day Saturday	420
May Day Sunday	420
May Day Monday	400
Late May Day Saturday	450
Late May Day Sunday	420
Late May Day BH Monday	400
August Saturday	450
August Sunday	410
August BH Monday	410
Christmas Saturday	500
Christmas Sunday	500
Christmas Day Monday (STC)	300
Boxing Day Tuesday (STC)	450
New Year Friday (STC)	450
New Year Saturday	500
New Years Day Sunday	450

Rota Fill Principles

The clinical skill mix of the our of hours rota is GPs, Nurses, Paramedics and Pharmacists. Please ensure the following principles are applied when fill the rota:

- Evening and Weekend/Bank Holiday daytime:
  - A minimum of one GP at Marksbury Road, Cossham, Greenway and 168 Locking Road
  - A minimum of one of the mobile shifts having a GP
- Overnight:
  - Two GPs overnight (a minimum of one)
  - No less than four clinicians working from a base (one in each overnight base and a visiting clinician)
- No less than 75% of clinical hours to be remote

System CAS clinical rota

The SCAS rota includes shifts to be covered by Severnside, General Practice and Acute Trusts. BrisDoc is responsible for 2 x 14:00-22:00 Monday-Friday shifts. We can also fill any vacant General Practice of Acute shifts with Severnside clinicians if available.

We should always aim for 100% 'Severnside' shift rota fill. The rota is covered by employed clinicians. Vacant shifts can also be covered by bank and self-employed.

Frailty ACE clinical rota

The Frailty ACE (F-ACE) rota includes shifts to be covered by SevernSide, Sirona and Social Care. BrisDoc is responsible for 3 x eight-hour shifts Monday-Friday. This shift times are 2 x 09:00-17:00 and 1 x 10:00-18:00.

We should always aim for 100% 'SevernSide' shift rota fill. The rota is covered by employed and self-employed clinicians. The skill mix should be either 3 x GPs, or 2 x GP and 1 (ideally 1 of the 09:00-17:00 shifts) can be a prescribing nurse or ECP.

Operational rota

The operational rota is static with capacity for surge built in. The operational default rota is recorded in RotaMaster.

Whilst rotas are planned, demand and capacity are monitored closely through Shift Manager reports, weekly and monthly activity, and performance dashboards to ensure we can be responsive to any changes to pressures across the service.

All changes to the rota will be approved by the Head of IUC.

Contingency planning

There will be occasions when contingency will need to be considered for example, because demand exceeds capacity due to either, reduced resourcing, increased demand, or both, or we are unable to fill a shift to keep a base open.

WDPL contingency for clinical cover

Vacant shifts can be covered by contracted team members or locum GPs familiar with WDPL processes. If due to annual leave or sickness we are unable to get full cover, we could consider additional telephone nurse advice cover to help with the '24hr CAS' cases to enable the WDPL to focus on admission avoidance calls. This cover could be by either coming into Osprey court or remote working.

When there is annual leave or sickness in the team, we would always endeavour to cover the vacant shift; although there are occasions when this is not possible. To ensure we can maintain a safe and effective service the minimum cover should be in place as follows:

• 08:00-10:30 hours x 1 clinician

• 10:30-18:30 hours x 2 clinicians

Annual leave should be managed in such a way that we do not have less than the minimum cover in the team, i.e., no more than one person on annual leave per day. All vacant shifts created because of annual leave should plan to be covered. If the full shift cannot be covered, we should move, split, or extend shifts to meet the minimum cover requirements. If the minimum shift cover has not been met after advertising of the vacant shift this should be **escalated to the Operational Lead** for the following actions to be considered:

• Would offering an enhanced rate secure the minimum cover requirements?

• Are the IUC Clinical Leads available to offer any support?

• Are the Urgent Care Deputy Medical Director available to offer any support?

OOH contingency for clinical cover

The OOHs clinical rota operates with continual vacant shifts due to 70+% of them being covered by self-employed and bank clinicians. We can continue to provide a safe and effective service with less than 100% rota fill (target hours set out in the table above). However, when the rota fill is significantly under plan this may lead to poor patient experience, increased clinical risk, and reduction in staff morale, and health and well-being.

If minimum rota thresholds have not been met (set out below) we need to consider options for increasing capacity and managing risk. The below set out options for the Rota Team and Operational Leads to consider when escalating the position to the Head of IUC. The Head of IUC will be responsible for authorising shift enhancements and closure of Treatment Centres. In the absence of the Head of IUC, financial incentives will need to be approved by the Managing Director; Treatment Centre closures will be delegated to the Operational Leads.

Actions to consider:

• Sliding/swapping shifts to cover key gaps

• Extending shifts

• Less than 75% rota fill five (two for weekdays) days in advance consider enhancing rates for all shifts including those already booked into

• Less than 85% rota fill five (two for weekdays) days in advance consider enhancing rates for additional hours offered for those already in the rota

• Consolidating resources and reducing the number of Treatment Centres (see OOH Treatment Centre Closure section)

• Additional Clinical Navigator shifts to monitor clinical risk in the service

If after considering all the above the clinical rota position has not improved or key gaps have not been covered this should be escalated to the Operational Lead or Head of IUC in their absence. The Operational Lead after discussion with the Head of IUC will then discuss the options to maintain a safe service with the nominated Clinical Lead. The expectation of the nominated Clinical Lead is to share risk, not to cover all or part of any keys gaps identified.

Operational rota

Vacant shifts will be covered by a combination of additional hours and bank staff. If a shift cannot be covered the SDT team managers will decide on if the shift is a ‘must fill’. If the shift is a ‘must fill’ the SDT will proactively seek cover, where this is not successful, they will consider:

• Splitting the shift times

• Sliding shifts

• Moving people out of a non-critical shift to cover the ‘must fill’ shift

If no cover is found this will be escalated to the Operational Leads (or Senior Team Manager in their absence). The decision will then be made whether:

• the SDT will be asked to cover the shift

• enhanced rates will be offered

• a Treatment Centre needs to close (see OOH Treatment Centre Closure section)

OOH Treatment Centre closure

There are occasions when it is necessary to reduce Treatment Centre opening times or close completely. This could be planned, or on the day.

Planned closures will include the seasonal adjustments to the rota; for the months of June to August inclusive we operate a reduce Treatment Centre rota on weekdays. Greenway is closed Monday to Thursday, and Clevedon is closed Monday to Friday. This is based on historical trends, patient demand and seasonal capacity.

As well this it may be necessary to close a Treatment Centre in advance of the shift. For example, if there is no clinician in the shift and we are unable to cover it, or if a decision is made to that a 'must fill' shift is needed to be covered which can only be done so by moving a clinician from one location to another.

The recommendation to close a based must be discussed with and approved by the Head of IUC, or in their absence the Operational Lead.

We will also aim to have at least one Treatment Centre open across the patch, north (Cossham or Greemway, central (Marksbury Road) and south (168 Locking Road or Clevedon).

On occasions it might be necessary to close a Treatment Centre at short notice due to sickness, or if a clinician or Host does not arrive for their shift. In this situation the Shift Manager should escalate to the On Call Manager to review the options available. If the outcome is a recommendation to close the Treatment Centre the On Call Manager will need to dvise the Senior on call or in their absence the Head of IUC.

All discussions and decisions should be documented by the Shift Manager on the Shift Manager Report.

Change Register

Date	Author	Version	Comments
15th September 2023	Lucy Grinnell	2.0	Full review. Addition of SCAS, removal of Treatment Centre Log, clinical rota plan spreadsheet and update of Rota SoP names.
03.07.2024	Lucy Grinnell	2.1	Addition of F-ACE section and rota fill principles for Out of Hours clinical rota