

# DRS and Realtime Rostering: a brief history

Skills for Health is unwavering in its support of the UK's healthcare sector to develop solutions that meet the ever-changing needs of the workforce. Our specialist rostering consultants have a long history working with NHS trusts and have been at the forefront of modernising rostering solutions for nearly 30 years.

*In 1993, the long-awaited New Deal Junior Doctors Contract finally defined working times, shifts and rest for Junior Doctors in the UK. Prior to this, doctors traditionally worked an on-call work pattern (they worked a normal day then covered emergencies from 5pm and slept in hospital on-call rooms). This system had not been reviewed since the introduction of the NHS in 1948 and was therefore drastically in need of revision.*








Between 1948 and 1993 healthcare changed dramatically, with care now available in hospitals 24/7, compared to a very different reality when the NHS first launched. This meant a big shift in the demand for Junior Doctors, from rarely being called during the night in 1948, to being awake all night from the mid-1980s onwards. This was a huge concern, not just to the doctors themselves, but also to patient safety, as tired doctors can lead to mistakes.

With the introduction of the New Deal contract, Trusts were required to ensure that rotas were compliant with the rules and monitor their doctors actual working hours against the templates to ensure compliance. Failure to meet the requirements meant Doctors were entitled to more pay.

At the time, Regional Task Forces were created to support Trusts in reducing Junior Doctors hours and "good rostering" became vital to maximise the hours available both for Trusts and Junior Doctors and uphold patient safety.

The London Regional Action Team (LRAT) developed New Deal 2000 software to help Trusts design rota patterns which were compatible with the New Deal regulations. New Deal 2000 was later developed into DRS3 (Doctors Rostering System), with the introduction of the Banding Contract in 2000.

The New Deal introduced in 1993 included the following:

-  The concept of full, and partial shift work patterns with designated rest requirements as well as the more traditional on-call
-  A maximum number of 13 consecutive days worked
-  The requirement to get both a 48 and a 56-hour weekend rest over a 28-day period whilst on an on-call rota
-  Maximum full-length shift became 14 hours
-  Minimum requirement of 8 hours off duty between shifts and 12 hours off between on-calls,
-  No consecutive on-calls except on Saturday and Sunday
-  Minimum of 4 doctors on each rota



# DRS and Realtime Rostering: where we are today

DRS3 checks that rotas meet the New Deal rules and assesses pay banding for each rota. This was crucial for Trusts to ensure accuracy with New deal compliance and pay. Failure to get this correct meant potentially huge cost implications for Trusts.

*To add further complication, the European Working time directive became applicable to doctors in 2 stages; a 58-hour week limit in 2003, and a 48-hour limit in 2009. The directive also re-defined work as 'being in your employers place of work', meaning residential on-call work patterns were no longer permitted.*








In 2003 the functions that were once part of the LRAT, were transferred to the Strategic Health Authorities and North Central London Strategic Health Authority, took over management of DRS3. Later, in 2007, DRS3 became part of a collection of total workforce solutions, delivered by sector skills council, Skills for Health.

In 2016 Lord Carter Published the 'Operational Productivity and performance in English Acute NHS Trusts' report, which recommended Trusts use their resources more effectively, particularly their people. In 2016 over £45.3 Billion was spent on NHS staff costs. The report recommended that Trusts use electronic rosters, to better manage their workforce. 2016 was also the introduction of a new Junior Doctor Contract. This was controversial as it was not part of an agreed negotiation with Junior Doctors in England. Scotland, Northern Ireland and Wales chose not to impose this contract and remain on the 1993 New Deal Terms and Conditions.

The new contract introduced further safety regulations to safeguard both patients and Junior Doctors. It restricted the maximum number of consecutive days worked to 8 and introduced a maximum of 72 working hours in 7 days. In 2019 this contract was further ratified and endorsed by the British Medical Association, and more changes were introduced including a maximum of 7 consecutive shifts and 72 hours worked in any 168 hours.

It therefore became crucial that Trusts utilise their rosters for the maximum benefit to both staff and patients. With recent changes to rules and contract updates, it's vital to have access to an adaptable, simple and user-friendly rostering solution, that flexes as quickly as demand.

Realtime Rostering was developed to support Trusts in managing live rosters, ensuring the right people are in the right place at the right time.

-  Allows managers to convert rota patterns into operational rosters for any and every staff group
-  Produce simple and effective staff and ward rosters providing total workforce visibility
-  Manage swap and leave effectively, including staff requests that work in realtime, without compromising on service levels
-  Help improve work/life balance for staff with a self-service portal to show availability and allow the selection of shift preferences
-  Extract a wealth of information for easy analysis and reporting, helping you plan the future and improve effectiveness
-  Fully auditable against planned roster including when changes are made and by who
-  Trace working hours, monitor hourly-based staff and ensure they are paid correctly



We manage every element of rostering implementation, workforce planning and learning management. If you'd like more information about Realtime Rostering or our other services, please get in touch.

## Find out more

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