

Bringing fairness, flexibility and confidence to Emergency Department rostering through digital self-rostering



Summary

Royal Surrey NHS Foundation Trust provides acute care, including emergency and general hospital services to over 330,000 residents in South West Surrey, as well as providing regional specialist cancer services for up to two million people. Within its busy Emergency Department, Consultant workforce sustainability, fairness and wellbeing had become a growing priority.

Using RLDatix Optima, the Trust introduced Consultant self-rostering, supported by live session balance monitoring. Underpinned by robust job planning in RLDatix JobPlan and configuration of contracted activity using Activity Manager, Royal Surrey moved away from a traditional, top-down approach to rota planning towards a more transparent, collaborative and equitable model, with Consultants able to submit and manage their shift preferences, and review their PA balances, through Loop.

Designing the approach around service demand, job planning and real clinical workflows has enabled Consultants to take greater ownership of when and how they work, while maintaining safe staffing and contractual compliance. The result has been improved flexibility, clearer visibility of workload, and increased confidence among Consultants in the fairness of the roster.

Today, self-rostering is embedded as business-as-usual in the Emergency Department and is being actively explored for wider rollout across other staff groups and specialties.

Hanna Kelly-Peberdy, Medical Rostering Manager at Royal Surrey reflects:

“This is more than technology. It’s really a cultural change towards shared responsibility, transparency and trust.”

Hanna Kelly-Peberdy,
Medical Rostering Manager
Royal Surrey

The challenge

Before the introduction of digital self-rostering, Consultant rota planning in the Emergency Department was widely perceived as inflexible and, at times, unfair.

Rosters were built through a traditional, centrally managed process that offered limited visibility for Consultants and little opportunity to influence shift patterns. This often resulted in frustration, frequent swap requests and a heavy administrative burden for rota coordinators and operational teams.

As outlined by Hanna:

“Traditional rota planning can be quite rigid. It’s not always collaborative. It’s not always fully transparent.”

Hanna Kelly-Peberdy,
Medical Rostering Manager
Royal Surrey

In a high-pressure ED environment, this lack of flexibility amplified existing workforce pressures, contributing to burnout risk and making recruitment and retention more challenging. Consultants had limited control over work–life balance, and concerns around equity in shift distribution were difficult to evidence or resolve.

At the same time, manual and paper-based processes made it harder to ensure that workloads aligned consistently with agreed job plans and contractual commitments.

The Trust recognised the need for a different approach – one that could improve wellbeing and engagement without compromising patient safety or service delivery.

The approach

Royal Surrey introduced Consultant self-rostering in the Emergency Department using RLDatix Optima, supported by live session balance monitoring aligned to individual job plans held in RLDatix JobPlan.

Rather than imposing a fixed model, the approach was co-designed with Consultants, Emergency Medicine clinical leads, operational managers, Medical Workforce and Medical Rostering teams. The aim was to create a process that reflected real service demand while giving Consultants meaningful input into how the roster is built, supporting fairness, transparency and inclusion.

As Kerry Steele, Head of Medical Workforce explains: **“This came from the department and the Consultants themselves, which really helped with engagement.”**

Key principles shaped the design:

- Clear minimum safe staffing templates to protect patient safety
- Strong job planning foundations through JobPlan to underpin fairness and equity
- Regular self-rostering cycles with agreed rules and clinical oversight
- Real-time visibility of delivered activity through Optima session balance monitoring

Within Optima, Activity Manager was used to configure contracted activities and activity profiles, enabling delivered work on the roster to be monitored against agreed job plans in real time.

The Trust adopted a quarterly self-rostering cycle. With adequate notice, Consultants submit preferred shifts within agreed staffing parameters, using Loop to request and manage duties in line with the agreed process. These are finalised collaboratively in self-rostering meetings, overseen by the clinical lead. As Hanna explains:

“It’s about giving staff more control over when they work, while ensuring the service still runs safely.”

Hanna Kelly-Peberdy,
Medical Rostering Manager
Royal Surrey

The implementation was iterative, with early feedback used to refine both system configuration and ways of working. Close collaboration with RLDatix supported the development of functionality aligned to operational needs.

What changed

Greater flexibility and ownership

One of the most significant shifts has been the level of autonomy Consultants now have over their working patterns.

Through self-rostering, clinicians are able to plan shifts

around personal and professional commitments while staying within agreed service and contractual boundaries, with Loop providing a straightforward way to request and adjust duties as part of that process. This has led to improved engagement and a stronger sense of ownership of the roster.

Survey feedback suggests Consultants report increased autonomy and greater transparency in how shifts are allocated:

- 100% of Consultants reported improved control over their schedules
- 87% said the process made it easier to plan time outside work
- 87% felt the new approach was fairer

A more transparent and equitable process

By aligning self-rostering with formal job planning and live monitoring, the Trust has introduced a much clearer and more consistent framework for fairness.

Rather than relying on perceptions or informal adjustments, workload balance is now visible and measurable. This transparency has helped build trust across the Consultant group and address earlier concerns about equity.

As Hanna adds, **“Because the session balance is live and visible, there’s clear transparency and shared ownership.”**

Fewer revisions are required after the roster is published, reducing last-minute changes and administrative burden.

Reduced administrative complexity

The previous model placed a heavy workload on rota coordinators and operational teams, who managed frequent swaps and changes.

With Consultants actively involved in building the roster and using Loop to request duties with clear rules in place, the process is now more streamlined. Configuration of contracted activities using Activity Manager, alongside session balance visibility in Optima, has reduced the need for retrospective checks and manual calculations.

This has freed up time for teams to focus on oversight, improvement and future planning rather than constant reactive adjustments.

Supporting wellbeing without compromising safety

Crucially, these improvements have been achieved while maintaining safe staffing levels in a high-demand ED environment.

Because all rostering decisions sit within predefined staffing templates and are aligned to job plans held in JobPlan, patient safety remains central. In fact, the increased engagement and flexibility have helped the department be more resilient during busy periods.

Hanna describes the impact: **“You’ve got a happier workforce, more consistent care, and better resilience.”**

Learning and wider impact

While the Emergency Department was the starting point, the Trust has always viewed this work as a foundation for wider improvement.

Self-rostering for ED Consultants is now fully embedded as business-as-usual, and preparations are underway to extend the approach to SAS and other medical staff groups, adapting the model to different contractual requirements within JobPlan and eRota.

Royal Surrey has also shared its learning externally, leading national working groups and supporting other Trusts interested in adopting similar approaches.

As Kerry reflects: **“We’ve helped show how self-rostering can work even in complex, high-pressure environments.”**

The Trust has been recognised by RLDatix as a leading organisation in the use of self-rostering with session balance monitoring, reinforcing confidence in both the approach and the outcomes achieved.

A foundation for sustainable workforce models

Royal Surrey’s experience highlights that successful workforce transformation is not just about introducing new functionality, but about culture, collaboration and continuous improvement.

As Hanna comments: **“Even imperfect beginnings can lead to sustainable change when clinicians are involved early and listened to.”**

By aligning robust job planning, live visibility of delivered activity and clinician ownership of the roster through Optima, Activity Manager and JobPlan, the Trust has demonstrated how wellbeing and safe service delivery can be supported together, even in a high-pressure Emergency Department environment.

The result is a more transparent, flexible and data-informed rostering model that provides a stronger foundation for Consultant wellbeing, fairness and long-term sustainability, while continuing to deliver safe, effective patient care. The model now offers a scalable template for broader adoption, supporting long-term workforce resilience across the organisation.

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