

CASE STUDY NHS WORKFORCE TRANSFORMATION

# How Newham University Hospital's Medical Department cut resident doctor locum usage by 70%

A clinically led rota redesign and workforce-planning programme, with Medical Rota implemented to support and sustain the new model.

**70%**

observed reduction during the wider programme

**£700k+**

estimated savings during the wider programme

**6 months**

comparison period

Newham University Hospital, part of Barts Health NHS Trust, faced a challenge familiar to acute medical services across the NHS: increasing rota complexity, rising reliance on locums and limited visibility of future staffing gaps.

Under the leadership of Dr Daniel McGuinness, Consultant and Divisional Director of Medicine, and Chantel Davies, Director of Operations, Newham's medical and operational teams recognised the existing rota model could no longer keep pace with the demands of the service. This was not simply a rota administration issue. It was a wider rota-design and workforce-planning challenge.

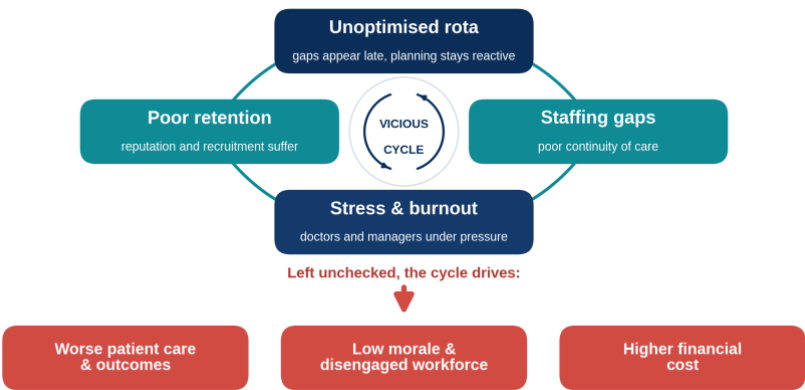
Working with A&A Healthcare Solutions, the team redesigned the rota around service need, strengthened workforce-planning processes and implemented Medical Rota, a bespoke digital platform built to support long-term workforce planning and day-to-day rota coordination.



## The challenge

Rota management in acute and specialty medicine directly affects service resilience, staff experience, quality of care and financial sustainability. At Newham, the medical rota had to support a demanding service spanning SDEC, on-call, wards and additional clinical areas.

The existing model was not built to meet that demand efficiently. The rota was not structured around the department's real needs, and the processes around it offered little visibility or control - making it hard to see staffing clearly, identify future gaps early, or plan recruitment ahead. Left unaddressed, these issues compound into a self-reinforcing cycle of reactive cover and short-notice locum bookings.



*An unoptimised rota is self-reinforcing: gaps drive burnout and attrition, which create further gaps and rising cost.*

Breaking this cycle meant addressing the root cause rather than the symptoms. Rather than booking more locums to plug the gaps, Newham worked with A&A Healthcare Solutions to rethink how the rota itself was designed and run.



## The approach

Reversing the cycle started with the rota, not the software. The redesign reshaped the rota system around the way the department needed to operate. It considered:

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| ✓ <b>On-call staffing, medical SDEC, out-of-hours support and acute/specialty capacity</b> | ✓ <b>Reduced reliance on reactive locum bookings</b> |
| ✓ <b>Leave planning and staff wellbeing</b>                                                | ✓ <b>More efficient rota practices</b>               |
| ✓ <b>Better use of substantive staff</b>                                                   | ✓ <b>Barriers to recruitment</b>                     |
| ✓ <b>Earlier identification of gaps</b>                                                    | ✓ <b>Teamwork and continuity</b>                     |

With this in mind, the service was redesigned around the needs of the local population, the workforce was shaped to deliver it, and the rota was crafted to optimise delivery. The aim was not to stretch the existing workforce further, but to build a rota model that matched service need - and a stable foundation the department could manage proactively.



## Implementing Medical Rota

As part of the service sustainability, Newham in conjunction with A&A Healthcare Solutions, implemented Medical Rota: a bespoke platform that gives staff and rota teams a clear, shared view of staffing and shifts. It was developed and shaped through working with key stakeholders to build on what worked and designing out what did not.

|                                                                                                          |                                                                                              |                                                                                                       |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| ✓ <b>Clear visibility</b><br>Shifts, staffing and cover in one shared view.                              | ✓ <b>Earlier gap identification</b><br>Upcoming gaps surface sooner, not at the last minute. | ✓ <b>Easier leave tracking</b><br>Leave and entitlements are simpler to manage.                       |
| ✓ <b>Better rotas for doctors</b><br>Smart allocation that respects leave and improves shift continuity. | ✓ <b>Reduced admin</b><br>Less manual rota work and duplication.                             | ✓ <b>Proactive planning</b><br>Planning ahead means fewer gaps over time and less reliance on locums. |

The platform was embedded alongside new rota processes and staff training, helping the department move from reactive gap-filling towards proactive workforce planning and better operational oversight.





## The impact

These are observed outcomes of the wider Medicine workforce and rota transformation programme and should not be attributed to Medical Rota as a standalone intervention. Over six months, resident doctor locum hours fell from 12,912 to 3,886.

**12,912 to 3,886**

resident doctor locum hours

**70%**

observed programme reduction

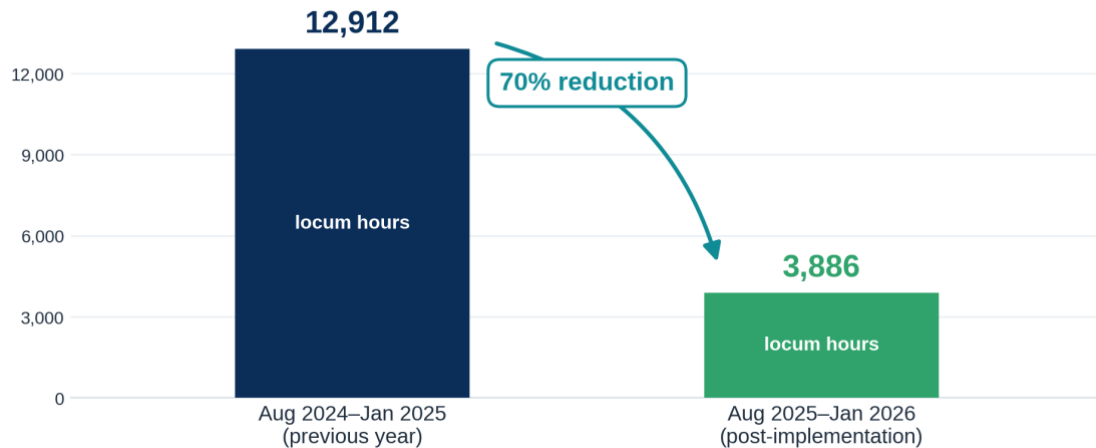
**£700,000+**

estimated programme savings

**6 months**

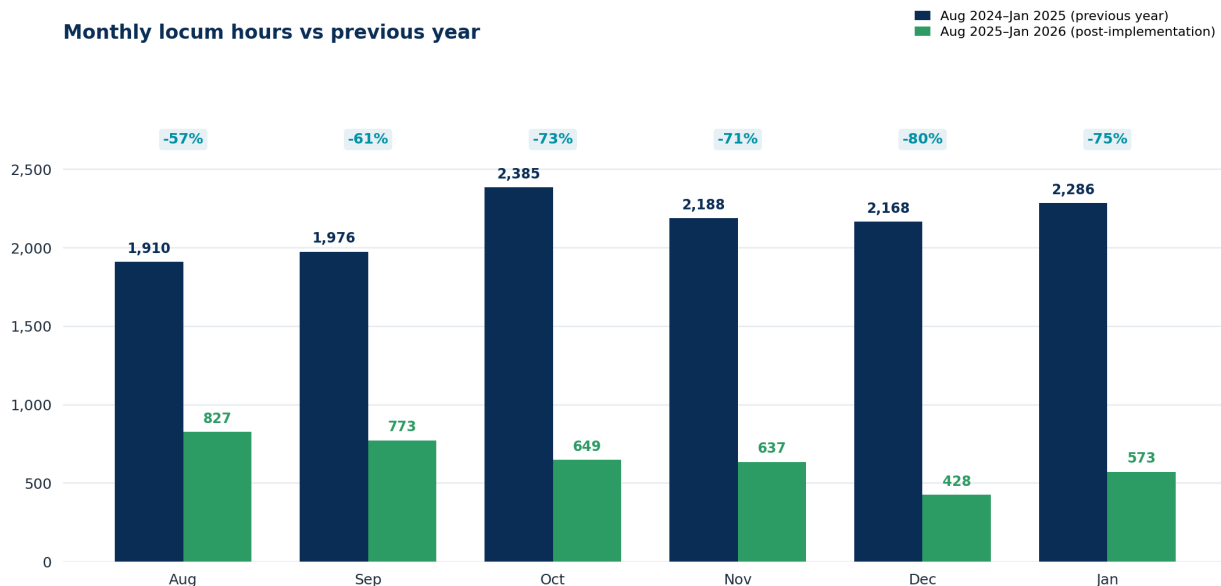
comparison period

Resident doctor locum hours: before and after



**Resident doctor locum hours reduced by 9,026 hours over the six-month comparison period.**

Monthly locum hours vs previous year



**Locum reductions were sustained every month across the six-month comparison period, ranging from 57% to 80%.**



## What staff said

Staff across the department reported improved visibility, planning and rota management. This made work more predictable, helped doctors secure and plan their leave more reliably, and reduced the administrative burden associated with rota management. Staff agreed that these improvements had a meaningful impact on their working lives and wellbeing, while also contributing to better patient care.



*Medical Rota has made it much easier to see my shifts, who I am working with and where I am expected to be.*

**Dr Abdurahman Maolin**  
Acute Medicine SHO



*The platform makes it much easier to see who is working and where gaps might be coming up. It helps us plan ahead and reduces manual admin.*

**Dr Rory McDermott**  
Respiratory Consultant



*Improved visibility! We can see upcoming gaps earlier and action them before they become last-minute problems.*

**Rota Coordinator**  
Rota Team



*Transparency and autonomy using the app is excellent. Staff can see their shifts, who they are working with and their leave entitlement, and it makes allocating resident doctors much easier.*

**Bola Yussuf**  
Acute Medicine Rota Departmental Lead



## Why the project worked

The project worked because it was, first and foremost, a clinically led redesign of how the rota worked - made sustainable by a tool built for that redesign, rather than the other way round.

**Clinically led service and workflow redesign**

ENABLED BY

**A purpose-built digital tool: Medical Rota**

WHICH DELIVERS

✓ Improved visibility

✓ Better workforce planning



## Learning for other NHS organisations

**Wider workforce transformation**



**Redesigned rota and processes**



**Medical Rota supporting and sustaining the new model**

**Role of Medical Rota: support and sustain the redesigned model.**

For NHS trusts facing high temporary-staffing costs, the lesson is clear: sustainable locum reduction takes more than filling gaps faster. It requires better visibility, stronger workforce planning, engaged clinical leadership and systems that make good rota management easier to sustain.

During the wider workforce and rota transformation programme, resident doctor locum hours reduced by 70%, with estimated associated savings of £700,000+ over six months. Medical Rota was implemented as part of the programme to support and sustain the redesigned rota and workforce-planning processes.

## Bring Medical Rota to your trust

If your department is facing rising locum costs and limited rota visibility, A&A Healthcare Solutions can help you redesign the rota around service need and embed a platform that supports and sustains the new model.

**Start with a no-obligation discovery session** → [www.aahealthcaresolutionsltd.com](http://www.aahealthcaresolutionsltd.com)

## About A&A Healthcare Solutions

A&A Healthcare Solutions is a clinician-led healthcare consultancy supporting NHS organisations with workforce transformation, rota redesign, operational improvement and digital innovation.

Medical Rota is A&A Healthcare Solutions' bespoke rostering and workforce-planning platform, designed to improve rota visibility, identify staffing gaps earlier, optimise workforce deployment and reduce avoidable reliance on temporary staffing.