



**AGENDA ITEM**

6.7

**AUDIT & RISK COMMITTEE**

**MEDICAL & DENTAL ROSTERING – INTERNAL AUDIT**

**Date of meeting**

08/02/2021

**FOI Status**

Open/Public

**If closed please indicate reason**

Not Applicable - Public Report

**Prepared by**

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**Presented by**

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**Approving Executive Sponsor**

Executive Medical Director

**Report purpose**

FOR NOTING

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

**Committee/Group/Individuals**

**Date**

**Outcome**

Choose an item.

**ACRONYMS**

ACT

Anaesthetics, Critical Care and Theatres

AM

Activity Manager

CTM

Cwm Taf Morgannwg



MD	Medical Director
MOD	Medic on duty
POW	Princess of Wales Hospital
UHB	University health board

## 1. **SITUATION/BACKGROUND**

The purpose of this report is to provide the Committee with an update on the progress of the previously submitted response to the audit report around Medical Rostering.

There has been significant change in the landscape inside the UHB in the last 9 months. The unforeseen impact of the Covid19 pandemic has meant that a considerable amount of the work around improving Rostering has stalled or ceased.

## 2. **SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING – INTERNAL AUDIT REPORT FINDINGS 1-10**

### 2.1 Systems used and support - ONGOING

Allocate Health Roster has now been rolled out for the whole of the UHB with the exception of ACT and the POW Emergency Department (ED). This is due to these areas using separate products to Health Roster that they are unwilling to give up, until the functionality in their own systems is recreated in Health Roster.

Although Health Roster is rolled out in all ILGs now, the data suggests that full uptake and utilisation of the systems capabilities is still relatively low.

For ED POW and ACT to transition to Health Roster, the additional functionality they require is contained within the 2 modules recently purchased from Allocate. The 2 modules are Medic On Duty (MOD) and Activity Manager (AM).

These modules will require roll out across the whole UHB, starting with POW to enable 100% uptake of Health Roster.

This work will not take place until the pandemic is over, due to the current main focus within both the Departments and eRostering being maintenance of current service.

Started: June 2020

Complete by: April 2022 (Originally Mar 2021)

Confidence: Moderate

## 2.2 Project Plan - COMPLETE

A revised project plan has been completed to refresh all areas in the use of Health Roster, including the roll out of additional modules such as Activity Manager, Safe Care and Medic on Duty.

This identifies the time and resource required to complete the project.

This project work will commence after the pandemic.

Started: June 2020

Complete by: Sept 2020

Confidence: High

## 2.3 Lessons learnt - COMPLETE

A user group has been set up with all the Roster managers to discuss and feedback any problems identified with the system. Additionally, rostering compliance and completion has been incorporated into the new ILG efficiency meetings.

Support is offered virtually and remotely to each area.

Started: June 2020

Complete by: Sept 2020

Confidence: High

## 2.4 Policy and procedures - ONGOING

A rostering policy will be developed in a collaboration between the Medical Director (MD), Assistant Medical Director and Medical Workforce. Sitting alongside this needs to be the development of establishments of all areas for true and accurate rostering.

There are end user accessible guides on how to use Health Roster already held within the system. However, these will be tailored to be

more relevant to Cwm Taf Morgannwg and shared via internal communication channels and held on the intranet to be available when needed.

Separate guides for non eRostering areas are no longer required as most areas (apart from ACT and ED) are now on Health Roster.

Started: June 2020

Complete by: Dec 2021 (Originally Mar 2021)

Confidence: Medium

## 2.5 Recording of annual leave and sick leave on ESR - ONGOING

All areas within the UHB will be using Health Roster by the end of the refreshed implementation plan for annual leave and sickness.

The addition of POW to Health Roster has already moved a great way towards achieving this. The next phase will be completed when ED POW and ACT are fully using Health Roster.

Started: June 2020

Complete by: Dec 2021 (Originally Sept 2020)

Confidence: Medium

## 2.6 Monitoring of rosters - ONGOING

For effective Rotas and Rosters to be built, establishments need to be developed. Once this work is done they can actually be monitored for effectiveness, as a set agreed standard is present to be monitored against.

Systems such as Health Roster can easily monitor metrics such as EWTD. This is monitored locally by the Roster managers for each area, as they have oversight and intimate knowledge of the day to day running of their rosters. If there is a requirement to turn this setting off once implemented UHB wide, it can only be removed centrally by the eRostering lead.

Key Performance Indicators (KPIs) will be introduced for Medical rostering, which will be reported on at the ILG efficiency meetings. These KPIs will be developed alongside the rostering policy and held within the policy.



As the development and recording of establishment work is still in its infancy, this work cannot be completed until this data is held.

Started: June 2020

Complete by: Dec 2021 (Originally Mar 2021)

Confidence: Medium

## 2.7 Training on rostering systems – COMPLETE (led to ongoing work)

Every area that has been introduced to Heath Roster has been trained on the use of the system. This has also taken place with the POW roll out. Everyone who has received training in POW has been recorded centrally in eRostering.

As part of the comprehensive revisit of all other areas of the UHB, training has been offered to all not utilising the system properly.

eRostering will now offer rolling training sessions to all areas, as it is recognised that refresher training is needed as an ongoing activity due to staff movements.

Started: June 2020

Complete by: No end date, as it's now a continuous piece of work (Originally Sept 2020)

Confidence: High

## 2.8 Annual leave and study leave approval - ONGOING

A policy has recently been finalised covering study leave entitlements across CTM. This clarifies how much is available and how to apply for it.

This is awaiting sight and comment from the LNC. The last LNC was cancelled due to the pandemic activity, and further dates have not yet been identified.

Once all areas are using Health Roster fully, rules can be set on the roster to ensure the correct amount of staff are permitted to take leave in any given period.

Started: June 2020

Complete by: Dec 2021 (Originally Sept 2020)

Confidence: Medium



## 2.9 Alignment to job plans - ONGOING

This required the roll out and implementation of MOD and AM. This work will not be complete until at least December 2021, so the alignment work will be tied to that.

These applications automate the upload of the job plan. This will ensure exact reflection of the agreed job plan.

Local management will play a vital role in this, ensuring that job plans reflect what is shown on the Health Roster as the activity. Additionally for best results, the job plan should meet the identified need AM will provide to the clinical areas to build job plans around.

Started: June 2020

Complete by: Dec 2021 (Originally Mar 2021)

Confidence: Medium

## 2.10 Amendments to rosters - COMPLETE

Health Roster provides various ways to Audit changes to the roster.

1. Notes can be added to shifts.
2. If rosters are approved you can then run a roster stats report to show how much of the roster has been changed.
3. A unit audit report can be run to show in depth all changes that have happened on the roster.

All these will be available on completion of refreshing all areas on the correct use of Health Roster.

Started: June 2020

Complete by: Sept 2020

Confidence: High

## 3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 We are asking the Committee to note the risk will be more fully understood following the piece of work we are commissioning on rostering and establishment.



#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	Correct and current rostering allows for better planning around staff levels and availability. This has a direct impact on quality, safety and experience.
<b>Related Health and Care standard(s)</b>	Staff and Resources
	If more than one Healthcare Standard applies please list below:
<b>Equality impact assessment completed</b>	Not required
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Well-being Objectives</b>	Provide high quality, evidence based, and accessible care

#### 5. RECOMMENDATION

- 5.1 That the Committee **NOTE** the report and the update that has been provided.