# AUDIT & RISK COMMITTEE

## MEDICAL & DENTAL ROSTERING – UPDATE

| Date of meeting | 04/10/2021 |
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| FOI Status | Open/Public |
|---|---|

| If closed please indicate reason | Not Applicable - Public Report |
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| Prepared by | Paul Harrison<br>Head of Workforce Productivity and eSystems |
|---|---|
| Presented by | Dr Dom Hurford<br>Executive Medical Director |
| 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 paper is to give the Committee 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 since the audit report was completed. The 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 extra modules to be from Allocate. The 2 modules are Medic On Duty (MOD) and Activity Manager (AM). AM is yet to be purchased.
- The additional functionality of the products were recently showcased to ED in POW, to an audience containing the clinical and administration staff. Feedback was not supportive of adopting the allocate packages as a rostering system, wishing to remain with their current product.
- Conversion of ACT & ED will not be revisited 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 of 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 setup 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 is in draft form that was developed in collaboration between the Assistant Medical Director and Medical Workforce. This will be developed further in partnership through the LNC.
- There are end user accessible guides on how to use Health Roster already held within the system and now on an intranet eRostering site, alongside video guides for the most common queries.
- 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, except ED POW & ACT, are now active on Health Roster due to the refreshed implementation plan undertaken by the medical eSystems team.
- The final phase will be completed when ED POW and ACT are fully using Health Roster.
- Sick leave recorded on Health Roster automatically feeds into ESR.

Started: June 2020
Complete by: April 2022 (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 monitor EWTD and set limits on amount of hours worked. This is then additionally 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, it can only be removed centrally by the eRostering lead.
- 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: April 2022 (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 was taken to the LNC for agreement in partnership in August. The LNC staff representatives raised some areas of the policy they would like changed and a separate meeting has now been setup to work the comments into the policy, to allow for the policy to be agreed

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 April 2022, 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: Apr 2022 (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   If you identify any additional risks/matters when reviewing this document, the author would welcome the feedback.

## 4.   IMPACT ASSESSMENT

| | |
|---|---|
| **Quality/Safety/Patient Experience implications** | 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. |
| **Related Health and Care standard(s)** | Staff and Resources |
| | If more than one Healthcare Standard applies please list below: |
| **Equality impact assessment completed** | Not required |
| | |

| | |
|---|---|
| **Legal implications / impact** | There are no specific legal implications related to the activity outlined in this report. |
| | |
| **Resource (Capital/Revenue £/Workforce) implications / Impact** | There is no direct impact on resources as a result of the activity outlined in this report. |
| | |
| **Link to Main Strategic Objective** | To Improve Quality, Safety & Patient Experience |
| **Link to Main WBFG Act Objective** | Service delivery will be innovative, reflect the principles of prudent health care and promote better value for users |

## 5. RECOMMENDATION

5.1 The Committee are requested to **NOTE** the report and the update provided.