

Follow-up: Medical & Dental Rostering Final Internal Audit Report

June 2022

Cwm Taf Morgannwg University Health Board



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Executive Summary

Purpose

The overall objective of the audit was to provide the Health Board with assurance regarding the implementation of the agreed management responses from the rostering for Medical and Dental staff review that was reported as part of our 2019/20 work programme.



Overview of findings

Action has been taken by Management for all of the high recommendations, resulting in these either being closed or reassessed as a medium priority rating.

The areas where further action is needed are:

- A decision needs to be made whether the Health Board will pursue further roll out of Health Roster beyond the current roll out and ensure departments use the rostering module.
- Work still needs to be undertaken to formalise a number of related policies.
- Job planning compliance needs to improve to allow managers to ensure rosters are aligning to job plans.

Follow-up Report Classification

		Trend
Reasonable 	Follow up: All high priority recommendations implemented and progress on the medium and low priority recommendations.	

Progress Summary

Previous Matters Arising	Previous Priority Rating	Direction of Travel	Current Priority Rating
1 Rostering system used and support	High	↑	Medium
2 Project plan	High	↑	Superseded
3 Lessons learnt from earlier roll out	Medium	↑	Closed
4 Policies and procedures	High	↑	Medium
5 Recording annual leave and sickness in ESR	High	↑	Closed
6 Monitoring of rosters	High	↑	Closed
7 Training on rostering systems	Medium	↑	Closed
8 Annual leave and study leave	Medium	↔	Medium
9 Alignment to job plans	Medium	↔	Medium
10 Amendments to rosters	Medium	↑	Closed

1. Introduction

- 1.1 The follow-up review of rostering for Medical and Dental staff was completed in line with the 2021/22 Internal Audit Plan for Cwm Taf Morgannwg University Health Board (the 'Health Board').
- 1.2 Our original Medical and Dental rostering audit was carried out in late 2019/20. Ten recommendations were made, all of which were High or Medium priority. This resulted in an overall assurance rating of 'Limited Assurance'.
- 1.3 Due to the pressures of the pandemic, progress implementing the agreed recommendations has been slower than originally indicated so our follow up work has been undertaken later than originally planned.
- 1.4 Management has monitored progress against the agreed actions and provided periodic updates to the People and Culture Committee. In addition, in October 2021 a progress report against our recommendations was presented to the Audit and Risk Committee.
- 1.5 Progress has also been monitored using the Health Board's audit tracker. This indicates that a number of the recommendations are closed, whilst other are in the process of being implemented.
- 1.6 The relevant leads for the review are the Executive Director of Workforce and Organisational Development and the Medical Director.
- 1.7 The potential risks considered during our original review were:
 - The efficiency benefits of having a single electronic rostering system, that links to other Health Board systems is not realised where multiple, disparate systems are used.
 - Ineffective use of the system where appropriate guidance and training is not available.
 - Greater clinical risk if the correct staffing levels and skill mix are not applied.
 - Inefficiencies caused by poor utilisation of existing staff and higher usage of agency and locum staff.
 - Poor decisions made and ineffective monitoring taking place where inaccurate management information is in place.
 - Reputational implications associated with non-compliance with legislation such as working time directives.

2. Findings

2.1 The table below provides an overview of progress in implementing the previous internal audit recommendations:

Original Priority Rating	Number of Recommendations	Implemented / Obsolete (Closed - No Further Action Required)	Action Ongoing (Further Action Required)	Not implemented (Further Action Required)
High	5	2	3	
Medium	5	3	1	1
Low	0	-	-	-
Total	10	5	4	1

2.2 Full details of recommendations requiring further action are provided in the **Management Action Plan** in **Appendix A**.

2.3 For the five recommendations that have been closed management have taken sufficient actions to address the matter arising raised in our original report. These include:

- Feedback has been sought as modules of Health Roster are rolled out.
- The Health Roster module for recording annual leave and sick leave has been rolled out to all areas, and our testing in three departments confirmed that the system is being used to capture this information.
- Where possible checks are being undertaken to monitor rosters and ensure roster patterns are in line with the agreed job plans.
- Health Roster system training has been provided as modules have been rolled out and refresher training for those staff that required it.
- Amendments to rosters are being monitored.

Appendix A: Management Action Plan

Previous Matter Arising 1: Systems used and support (Operating effectiveness)		
Original Recommendation	Original Priority	
The Health Board should continue to move to using a single medical and dental rostering system that would allow efficiencies in usage, especially where links can be made to other Health Board systems such as consultant job planning. This will also enable the Workforce Development team to provide consistent support across the Health Board.	High	
Management Response	Target Date	Responsible Officer
<p>Allocate Health Roster has now rolled out for the whole of the UHB with the exception of ACT and PoW ED. In particular, the rollout was extended to Princess of Wales (PoW) medics during April and May.</p> <p>ACT currently use a separate rostering product called CLW and have for many years. This is also the case in a number of Health Boards and Trusts as the rostering features have been specifically designed for Anaesthetic rosters. Historically, and prior to the transfer on 1 April 2020 POW Emergency Department have used a separate rostering product.</p> <p>For ED POW and ACT to move over to Health Roster, the additional functionality needed would require the purchase of 2 additional modules from Allocate. The 2 modules are Medic on Duty (MOD) and Activity Manager (AM). In addition, this would require further discussions with Consultants and directorate colleagues as their current processes are considered to be perfectly suitable and adequate for their rostering arrangements and would not be a priority.</p> <p>The link of eJob Planning to health roster is the ultimate gold standard and is fully supported. For this to be possible it requires the purchase of additional e-rostering products, to allow for the interface and indeed for all business areas to be using the Activity manager.</p>	<p>June 2020 – Approval sought, and authorisation given to purchase: Medic on Duty and Activity Manager.</p> <p>December 2020 – Start to roll out the Rostering module – Activity Manager. This project would take approximately 12 months and would be dependent on buy-in from the Consultants and supporting resource.</p>	Paul Harrison

Current findings		Residual Risk	
<p>Whilst work has been undertaken to roll out Health Roster to all departments, there remains a small number of departments who believe their existing systems, that were built specifically for their speciality, are more suitable. As such, the Emergency Departments and Anaesthetics do not plan to move to Health Roster.</p> <p>We reviewed the roster summary document maintained by the Workforce department and identified that all other departments have received Health Roster and are using it for recording annual leave and sickness. In addition, a number of departments use Health Roster for Junior Doctors and Consultant on-call. However, only one department fully uses the Health Roster system and they were using it at the time of our previous audit.</p> <p>During the audit we met with managers from a small number of departments that use the Junior Doctor and Consultant on-call modules and it was apparent there was an appetite to use more of the functionality of the system.</p> <p>The Health Board has purchased the 'Medic on Duty' module, but does not have the 'Activity Manager' module.</p> <p>Conclusion: Whilst there has been progress in rolling out aspects of the Health Roster system to more areas in the Health Board, full roll out that would see potential efficiencies and links to other systems has not happened. We consider this action partially implemented.</p>		<p>There are inefficiencies and inconsistencies in medical and dental rostering due to the different approaches used.</p>	
New Recommendations		Priority	
1.1	<p>The Health Board needs to determine its long-term objective in the use of Health Roster for Medical and Dental staff, and decide if further roll out of the full system i.e., the rostering module is to be pursued in order to achieve the efficiencies the system will generate.</p> <p>If there is to be roll out of the rostering module, work should be carried out to determine those areas that are already expressing an interest in using this module. A new project plan should be developed with achievable timeframes and appropriate resources to support the roll out.</p>	<p>Medium</p>	
Management Response		Target Date	Responsible Officer
1.1	<p>The Health Board has rolled out allocate health roster to all areas except Anaesthetics (ACT) & the Emergency Department (ED). ACT continue to use CLW and ED have transitioned to health rota, an ED specific rostering system.</p>	N/A	N/A

Both specialist areas have been shown and trialled health roster. Neither want to transition to the allocate software after the trial and will therefore use the previously mentioned systems, as they offer additional functionality that health roster doesn't.

There is no current plan to purchase the additional module 'Activity Manager' or to develop a project plan to roll out a package that has not been purchased by the UHB.

Previous Matter Arising 2: Project plan (Control design)		
Original Recommendation		Original Priority
<ol style="list-style-type: none"> 1. The current project plan should be reviewed and updated so an accurate plan can be put in place with achievable timeframes for the roll out of the Health Roster system to medical and dental staff. 2. An analysis of the resource requirements needed to roll out the rostering system to all medical and dental areas, whilst also providing support to those areas (including nursing) that are already using the system, should be carried out. 3. There should be a process of ongoing monitoring and review of the project plan to ensure it remains a current, live document, with delays around roll out escalated as necessary. 		High
Management Response	Target Date	Responsible Officer
<p>A programme board has been discussed and agreed with the Medical Director, Finance Director and W&OD Director to ensure oversight of the Rostering project. Rostering forms one strand of the Medical Efficiency programme which will be monitored through highlight reports a PID and Project Plan. Within the rostering project plan, the resource, time requirements and milestones will be set.</p> <p>A live record of the project will be maintained and presented to the programme board to demonstrate progress against the plan.</p>	<p>October 2020 – Programme Board to be established for Medical Efficiency</p>	Paul Harrison
Current findings		Residual Risk
<p>We understand that a revised project plan was developed for the roll out of the annual leave, sickness, Junior Doctor and Consultant on-call Health Roster modules that are now in use. However, the Health Board’s intention in relation to rolling out the rostering module to other departments is not clear. As such, we have not seen any further project plans in relation to this work.</p> <p>Conclusion: Whilst an updated project plan was put in place, the Health Board’s intention for rolling out the rostering modules of Health Roster is unclear. We consider this action partially implemented. The recommendation in relation to this has been incorporated into Matter Arising 1.</p>		<p>There are inefficiencies and inconsistencies in medical and dental rostering due to the different approaches used.</p>

New Recommendations		Priority
2.1	See Matter Arising 1	

Previous Matter Arising 4: Policy and procedures (Control design)		
Original Recommendation	Original Priority	
<ol style="list-style-type: none"> 1. The Health Board should develop a rostering policy specific to medical and dental staff. To ensure consistency and no conflict or duplication, consideration should be given to any other related policies and future financial control procedures such as medical variable pay. The policy should also give clear guidance on the alignment between the roster development process, consultant job plans and service demands. 2. The current set of Health Roster 'how to' guides should be reviewed to ensure they are comprehensive and can be used in all areas of the Health Board as Health Roster is rolled out. It should be ensured that any procedures or guides created align to the roster policy and cover both the use of the system to create rosters and the use of the system by medical and dental staff to manage their time. For example, booking annual leave and making amendment requests. 3. For areas where the roll out of Health Roster is not imminent, separate 'how to' guides on that system should be developed. The guides should include the step-by-step process for creating the rosters and also guides for users of the system, allowing consistency during unexpected periods of absence. 	High	
Management Response	Target Date	Responsible Officer
<p>A rostering policy will be developed in a collaboration with the ILGs to ensure they are brought into the guidance.</p> <p>Sitting alongside this a separate 'medical establishment' project which will identify the funded posts in each of the ILGs. This is critical to inform the true and accurate development and recording of rosters.</p> <p>There are user guides on how use Health Roster within the Allocate Health Roster system so further guidance would not be relevant. If there is a requirement to refine this guidance, following feedback from Super Users, only then will the Allocate guidance be further developed.</p>	September 2020	Paul Harrison

Current findings		Residual Risk	
<p>Health Roster user guides are available for staff to access within the system. In addition, the user guide can be accessed via the Intranet.</p> <p>We looked at the rostering within two departments that did not fully use Health Roster. For these departments, the approach to rostering was not complicated and did not need a guidance document. We attempted to review rostering guidance in one other department, but by the end of our fieldwork we had not been able to meet with the relevant staff. We understand that Workforce consider the development of guidance for departments own roster systems to be the responsibility of individual departments.</p> <p>A Medics Rostering policy has been drafted in line with the Nurse Rostering policy. At the time of our fieldwork the policy was in draft. The policy requires feedback from the Medical Workforce Sustainability Group before being taken to the Local Negotiating Committee (LNC) for consideration, and finally to the Health Board’s Policy Subgroup for consultation.</p> <p>Conclusion: As some progress has been made in drafting a Medical Rostering Policy, we consider this action partially implemented.</p>		<p>Ineffective use of the system where appropriate guidance and training is not available</p>	
New Recommendations		Priority	
3.1	The draft Medics Rostering Policy should be further reviewed to remove any legacy references to the Nursing Rostering Policy. Feedback should then sought from the appropriate groups and approval obtained from the appropriate committee ahead of making the policy available to all relevant staff.	Medium	
3.2	For areas where the full roll out of Health Roster is not imminent, separate 'how to' guides on the local system used should be considered. The guides should include the step-by-step process for creating the rosters and also guides for users of the system, allowing consistency during unexpected periods of absence.	Medium	
Management Response		Target Date	Responsible Officer
3.1	The draft has been reviewed substantially and is now complete. The policy has been submitted to the Medical Workforce Sustainability Group (MWSG) for review.	November 2022	Paul Harrison

	This will be set as an agenda item for the next meeting and then progress through the formal Health Board route to ratification.		
3.2	How to guides will be developed by ACT & ED for use of their respective systems.	November 2022	ACT Manager & Roster manager ED Manager & Roster manager

Previous Matter Arising 8: Annual leave and study leave approval (Operating effectiveness)		
Original Recommendation		Original Priority
<ol style="list-style-type: none"> 1. Management should ensure that on granting annual and study leave to staff, that consideration is taken to ensure there are enough Consultants in place to cover all shifts and they are not all granted leave at the same time. 2. The process for requesting and approving annual and study leave should be clearly set out in departmental procedure notes so that all are clear on the expectation of the department. 		Medium
Management Response	Target Date	Responsible Officer
<p>A policy has recently been finalised covering study leave entitlements across CTM. This clarifies how much is available and how to record it via the Health Roster system. This policy is awaiting ratification by the LNC.</p> <p>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 be off per day/ week.</p>	November 2020	Paul Harrison
Current findings		Residual Risk
<p>The Study Leave policy has been drafted and reviewed by the LNC a number of times but is yet to be approved. Rules have been set within the Health Roster system regarding the number of staff that can take annual leave at one time.</p> <p>We met two managers who receive annual leave and study leave requests and they advised that they review the rosters to ensure there are enough Consultants in place to cover all shifts ahead of approving leave requests.</p> <p>Conclusion: We consider this action partially implemented.</p>		Greater clinical risk if the correct staffing levels and skill mix are not applied.
New Recommendation(s)		Priority
4.1	Management should ensure that the Study Leave policy is approved and circulated within the Health Board.	Medium

Management Response	Target Date	Responsible Officer
<p>4.1 Discussion around agreeing a Health Board wide policy is still ongoing between the Medical Director and the BMA.</p> <p>This is due to the differences between provision for study leave contained in the previous Cwm Taf and Swansea Bay policies.</p> <p>Agreement needs to be reached between the involved parties, to allow for the new policy to progress and be ratified through the formal UHB policy route.</p>	November 2022	Dom Hurford Medical Director





Previous Matter Arising 9: Alignment to job plans (Operating effectiveness)		
Original Recommendation		Original Priority
Management should ensure when they are producing the rosters that the Supporting Professional Activity (SPA) and Direct Clinical Care (DCC) sessions align to the agreed job plans.		Medium
Management Response	Target Date	Responsible Officer
If the Medic on Duty and Activity Manager modules are purchased and integrated into the process, this can automate the upload of the Job Plan into Health Roster. This will demonstrate whether or not there is a reflection of the agreed job plan. However, this does need to be enforced and managed by each of ILG management teams, not by Workforce. ILG management will need to ensure that actual job plans reflect what is shown on the Roster.	Roll out of MoD and AM from December 2020	Paul Harrison
Current findings		Residual Risk
<p>Whilst the Medic on Duty module in Health Roster has been purchased, the Activity Manager module has not yet been purchased due to its cost. Therefore, the automated upload of job plans into Health Roster does not happen.</p> <p>Furthermore, as job planning was suspended during the pandemic, as at April 2022 only 25% of consultants and 18% of SAS doctors had up to date job plans in place, meaning that rosters cannot be readily checked to job plans.</p> <p>Conclusion: We consider this action not implemented.</p>		Greater clinical risk if the correct staffing levels and skill mix are not applied.
New Recommendation(s)		Priority
5.1	As the Health Board makes progress in increasing the job planning compliance rates, management need to ensure that rosters align to the updated job plans, including ensuring SPA and DCC sessions align to the agreed job plans.	Medium

Management Response	Target Date	Responsible Officer
<p>5.1 As there is no automatic or software solution to ensuring rosters align to job plans, it is therefore a fundamental part of local management of the Medics working in each specialty.</p> <p>This is due to the service and roster managers being the responsible staff for determining the job plans and also administering the rostering system that these job plans align to.</p> <p>Workforce & OD will reiterate via a general communication the responsibility for aligning job plans to rosters is a fundamental part of running an effective service, that the local managers are responsible for.</p>	<p>September 2022</p>	<p>ILG Directors, CSG Managers and Deputy CSG Managers.</p>

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<p>Substantial assurance</p>	<p>Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure. Follow up: All recommendations implemented and operating as expected</p>
	<p>Reasonable assurance</p>	<p>Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved. Follow up: All high priority recommendations implemented and progress on the medium and low priority recommendations.</p>
	<p>Limited assurance</p>	<p>More significant matters require management attention. Moderate impact on residual risk exposure until resolved. Follow up: No high priority recommendations implemented but progress on most of the medium and low priority recommendations.</p>
	<p>No assurance</p>	<p>Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved. Follow up: No action taken to implement recommendations</p>

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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