



**GIG**  
CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	<b>27<sup>th</sup> February 2019</b>	<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	<b>E-Rostering Analysis &amp; Deployment</b>		
<b>Report Author</b>	Emma Owen, E-rostering Project Manager Allison Rees, E-rostering Corporate Matron		
<b>Report Sponsor</b>	Cathy Dowling, Deputy Director of Nursing & Patient Experience Kathryn Jones, Assistant Director Workforce and OD – Staff Experience		
<b>Presented by</b>	Gareth Howells Director of Nursing and Patient Experience		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This paper is to inform the workforce and OD committee of the progress that has been made in relation to the E-rostering rollout.		
<b>Key Issues</b>	Progress being made to rollout an electronic system to support effective rostering. Highlight operational practices that are impacting on effective rostering.		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the contents of this paper</li> </ul>		

# **E-ROSTERING ANALYSIS & DEPLOYMENT**

## **1. INTRODUCTION**

Inefficient rostering has a direct impact on clinical safety and quality, effective use of NHS funded resources, and staff experience. The staff survey has evidenced that staff morale and experience is variable and dependent upon work and rostering practices.

The Health Board's variable pay expenditure and the internal audit report conducted in 2016, demonstrated evidence of inefficient rostering. Patient experience data within the Health Board also identifies a mismatch between clinical care needs and available staff resources.

Consequently, in 2018 the Health Board implemented a rostering programme that seeks to support managers in identifying the most efficient roster that will deliver high quality patient care, and ensure that resources are utilised in the most efficient manner.

## **2. BACKGROUND**

The Health Board obtained funding via the Welsh Government Invest to Save initiative to move all nursing staff over to an integrated Nurse Rostering and bank system. The migration identified a number of both clinical and non-clinical benefits to the Health Board and the services that are delivered. The initial scope of the project covered the migration of approximately 4,000 staff and was identified as an 18 month programme.

The Health Board identified that there were a number of shift patterns that were being worked to accommodate a number of variables that were affecting the ability to roster efficiently. Consequently, as a pre-cursor to the rollout each Delivery Unit implemented standardised shift patterns and break times.

## **3. PROGRESS TO DATE AND NEXT STEPS**

The transfer process begun in 2018 and to date 94 rosters have been created with 1733 staff having been transferred to E-Rostering. The rollout of E-Rostering has recently been completed within Singleton Delivery Unit with all wards being live on the system.

The rollout programme has been well received by both nursing and management staff as the system is very transparent and there are a number of reports that are available to support them in making staffing decisions, benefits include:

- Integrated rostering and bank system
- Visibility of shifts, gaps, working patterns, contracted hours
- Increased reporting
- Employee on-line functionality for staff to view and manage their shifts 24 hours a day.
- Ability to produce high level rostering reports for Delivery units

Work has begun within Morriston and to date 54 clinical areas (comprising of wards/ clinics and specialist nurses) within the Delivery Unit have migrated over to Healthroster. The implementation has been well received by both staff and managers.

The rollout across both Delivery Units has highlighted a number of issues that impact on rostering. These include:

- Mismanagement of hours – Examples of both staff owing and being owed hours.
- Annual Leave – Staff working and being paid overtime
- Flexible working arrangements that have not been reviewed or formally agreed.
- Local agreements that have been in place for many years without executive sign off or review.
- Creation of shifts that fall outside of the standardised shift patterns.

The implementation team has been funded from Invest to Save money on a fixed term basis for 18 months. As these are specialist posts, recruitment has been difficult and the resources appointed have been taken from rostering teams both internal and external to the Health Board. As a result of the Bridgend boundary changes and appointment to substantive positions the implementation team will be reduced to 1 implementation officer. The impact of which is that project implementation will take longer. Morriston is due to complete rollout in August 2019. Following Morriston, migration work is still needed within Mental Health & LD, Primary Care & Community Services, and Neath Port Talbot delivery Unit. Although the migration in these areas is significantly smaller than the work undertaken within Morriston and Singleton.

Different options are being explored to limit the impact on the overall project implementation. The Health Board is exploring the option of contracting Allocate to support the implementation that will cost approximately £56,000. The benefit of this is that a number of areas would be migrated to Healthroster within an 8 week period. However, a significant piece of work would still be needed to address the rostering practices and cultural changes of migrating to a new system.

#### **4. GOVERNANCE AND RISK ISSUES**

During the rollout programme a number of historical practices have been identified that impact on efficient rostering. Issues identified include:

- Staff working both over and under their contracted hours.
- Contracted hours were being managed differently within services.
- Incompliant practice that contradicts the Nurse Rostering policy.
- Operational pressures which are impacting on roster creation and shift finalisation for pay.

- Discrepancies with working templates.
- Management of leave.

Whilst rollout is taking place, issues highlighted have been resolved within the Delivery Unit to ensure that they are not continued. An issues log is also completed to ensure that consistent themes are escalated for further discussion and if appropriate to revise the respective policies. A separate governance group has been set up to oversee the issues that are being raised which are having a Health Board impact across all professions.

The support during the rollout of the system has been critical to successful implementation.

During the rollout within Singleton staff from the E-Rostering team have been on-site to

provide direct support to both staff and managers. Since rollout has been completed within the Delivery Unit there has been a reduction in the direct support which, in some areas, has impacted on the effective use of the system.

### **Benefits realisation**

The implementation of an integrated rostering and bank system can provide a number of benefits to the Health Board and the services that it delivers. Since implementation has completed within Singleton Delivery Unit it has been noted that some old practices are beginning to return. In order to achieve efficiency it is crucial that scrutiny should be an on-going continual process. Without sufficient dedicated resource, it is likely that old practices will return which will impact on resource efficiency.

The E-Rostering rollout has provided a number of non-clinical benefits and work is on-going to ensure that the Health Board adopts a methodical benefits realisation process. Following implementation the system and rostering process will provide intelligence on the efficiency of the rosters that are created and worked.

As Singleton Delivery Unit has been fully implemented, it is now possible to produce a high level report based on the key performance indicators contained within the Nurse rostering policy. Singleton Delivery Unit is currently working on developing a robust process that ensures governance, compliance and efficiency for workforce metrics.

### **Corporate reporting**

Once rollout is complete it will be possible to produce corporate reports that outline the key performance indicators specified in the Nurse Rostering Policy. This will support the Health Board to have valuable metrics regarding the efficient use of resources.

## **5. FINANCIAL IMPLICATIONS**

The Invest to save project obtained funding for a Corporate Matron plus three implementation officers to rollout the rostering project. Due to staff movement and the Bridgend boundary changes there will be a change in the resources available that will impact on the timescales of rollout.

There is no dedicated support to Delivery Units once rollout is completed. It is essential that for the Health Board to embed a sustained change to rostering which will support efficiency that resource options are considered to provide direct support to Delivery units.

## **6. RECOMMENDATION**

Members are asked to:

- **NOTE** the contents of this paper

<b>Governance and Assurance</b>							
<b>Link to corporate objectives</b> <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
			✓		✓	✓	
<b>Link to Health and Care Standards</b> <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
		✓	✓				✓
<b>Quality, Safety and Patient Experience</b>							
<p>Effective rostering will have a direct impact on the resources available to delivery patient care.</p> <p>Staff working practices will be easily monitored and highlight unsafe working.</p>							
<b>Financial Implications</b>							
The implementation of an electronic rostering system will support managers to ensure that resources are utilised appropriately.							
<b>Legal Implications (including equality and diversity assessment)</b>							
The Health Board will be able to comply and report with the Safer staffing levels Act.							
<b>Staffing Implications</b>							
Improved efficiency will ensure that resources are utilised appropriately to deliver patient care.							
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>							
<b>Report History</b>	N/a						
<b>Appendices</b>							