Meeting Date	12ᵗʰ October 2021	Agenda Item	2.2
Report Title	E-rostering update		
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Report Sponsor	Julian Quirk Assistant Director Workforce and OD - systems		
Presented by	Julian Quirk Assistant Director Workforce and OD - systems		
Freedom of Information	Open		
Purpose of the Report	To set out for the Workforce and OD Committee an update of the E-rostering rollout.		
Key Issues	To report current progress on the rollout of the E-rostering system.		

Specific Action Required *(please choose one only)*	Information	Discussion	Assurance	Approval
	☒	☐	☐	☐

Recommendations	Workforce and OD Committee are asked to: • **Note** the existing progress. • **Note** the continued plans for 2021/2022.

E-ROSTERING ROLLOUT

1. INTRODUCTION

As part of the digitalisation strategy and efficiency programmes the Health Board have made significant progress in implementing new systems across service and professional groups.

2. BACKGROUND

Nursing

System implementation

The Health Board has migrated all nurses in both acute sites and primary care to an electronic rostering system that is integrated with the Nurse Bank module. Work is taking place with mental Health to complete the rollout of community based teams and is due to complete in January 2022.

As part of the digitalisation agenda the Health Board is now moving to the next phase of the project to implement the acuity based rostering tool. National work has been undertaken to standardise the use of Safecare and to develop the system to meet the requirements of the Act. Consequently, Safecare has been modified to remove the multipliers within the staffing calculation and to also enhance the reporting functionality.

It has been planned that Safecare will begin rollout from 1st November and will take approximately 26 weeks to complete. However, given the operational challenges that are being experienced these timescales may change.

Scrutiny

In order to support the clinical needs of services and the efficiency programme a scrutiny framework has been implemented across service groups.

- Nurse staffing workforce planning meetings
- Service Group Scrutiny
- Increased reporting
- Roster sign off meetings
- Full roster scrutiny

The use of Healthroster and the scrutiny process is embedded across the service groups. Each service group must report their key performance indicators that are set out in the in Health Board Nurse rostering policy. Continued support work with the service groups is required to ensure maximum use of the system to support the delivery of clinical care. Challenges experienced include:

- Challenging staffing which frequently means that nurse managers are working within the clinical team and do not have sufficient time to dedicate to rostering.
- Rosters not being maintained in a timely manner
- Errors on rosters that are impacting on staff payments.

Medical

In 2019 the Health Board begun a digital improvement programme for the way in which medical staff are managed. To date the Health Board have successfully implemented the electronic job planning and locum management system. During the COVID pandemic several measures were introduced to assist the delivery of clinical services which directly impacted on the benefits realisation that was anticipated from the introduction of the systems.

The Health Board has procured the Medic on Duty (referred to as activity manager) module of Allocate that will assist in the deployment of medical staff across the Health Board.

The implementation of the system will mean that the Health Board will move from using Intrepid to Medic on Duty for all specialist and consultant grade medical staff.

The system will provide a high-level overview of medical staff and the activity that is assigned to them daily. Consequently, it is critical that Medic on Duty accurately reflects the daily activities allocated. Therefore, it is essential that there is an appropriate infrastructure in place within the service groups to ensure that the system can be maintained to reflect the activity.

The system implementation begun in Medicine in Morriston and is due to be complete in August 2021. Once completed the Health Board will have the same oversight for medical staff as it currently has for nursing.

Medicine in Morriston was the early adopter of the system and is currently utilising it for junior medical staff. Work has begun with Paediatrics and Neonatal who will be rostering all medical staff on Medic on Duty. Albeit a challenging migration the system has been received positively by the specialties. To date challenges identified have included:

- Resources – there is disparity across the specialties in relation to the resources to support management of medical staff. Whilst most rota co-ordinators focus on junior doctors the same arrangements do not always exist for SAS and consultant grades. Consequently, each service group has been advised that these arrangements need to be in place in time for the Medic on Duty rollout.
- Job planning – the job planning process is an integral part of the implementation of Medic on Duty as all SAS and consultant staff mush have an up to date signed off job plan that will feed in to the system. It has been noted that the quality of job plans vary.
- Management of leave - There is a myriad of leave options being utilised for medical staff that are being recorded on intrepid. Cleansing work has been undertaken to rationalise the options available to ensure consistent reporting. It has also been identified that there are not always clear lines of accountability in terms of requesting/approving leave types.
- Rotational information – Junior doctors have specific rota patterns to ensure service delivery and quality of training experience. The management of the rotas is critical as it also influences the banding of the junior doctors. It has been

identified that frequently rotas are changing and are not always being recorded appropriately.

- Additional resources – it has been noted that additional locum staff are being utilised generally and not for specific gaps in the rotas.

Other professions

Due to benefits that nursing services have experienced with Healthroster other professions have sought to use the system to assist with the rostering of their staff. These areas include:

- Parts of therapies
- Pharmacy – migration is due to complete early 2022
- Phlebotomy

GOVERNANCE AND RISK ISSUES

Greater governance has been achieved through the introduction of systems due to the increased reporting resulting in greater transparency.

3. RECOMMENDATIONS

The Workforce and OD Committee are asked to:

- **Note** the metrics and associated costs including the early indications that utilisation and costs could possibly be falling
- **Note** the continued plans for 2021.

Governance and Assurance		
Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☐
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☐
	Excellent Staff	☒
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☐
	Effective Care	☐
	Dignified Care	☐
	Timely Care	☐
	Individual Care	☐
	Staff and Resources	☒
Quality, Safety and Patient Experience		
Whilst there are significant recruitment difficulties the supply of locum doctors is vital to safe patient care		
Financial Implications		
Securing these doctors at appropriate rates is also key to the recovery and sustainability of the Health Board		
Legal Implications (including equality and diversity assessment)		
Not applicable.		
Staffing Implications		
None other than the need to improve the supply of the medical workforce.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Not applicable		
Report History	This is the 13th Report	
Appendices	None	