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| AGENDA ITEM |
| 4.6 |

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| AUDIT & RISK COMMITTEE |
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| MEDICAL ROSTERING |
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| Date of meeting | 12/12/2022 |
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| FOI Status | Open/Public |
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| If closed please indicate reason | Not Applicable - Public Report |
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| Prepared by | Paul Harrison, Head of Workforce Productivity and eSystems. |
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| Presented by | Dr Nerys Conway, Assistant Medical Director, Medical Workforce |
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| Approving Executive Sponsor | Executive Medical Director |
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| Report purpose | FOR NOTING |
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| Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group) |
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| Committee/Group/Individuals | Date | Outcome |
|-----------------------------|--------------|-----------------|
| (Insert Name) | (DD/MM/YYYY) | Choose an item. |

| ACRONYMS | |
|-----------------|--|
| AMD | Assistant Medical Director |
| BMA | British Medical Association |
| ED | Emergency Department |
| MD | Medical Director |
| MWSG | Medical Workforce Sustainability Group |

1. SITUATION/BACKGROUND

1.1 The purpose of this paper is to give the committee an update on the progress achieved in relation to the audit report on Medical Rostering.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Recommendation 1.1

Responsible person: Assistant Medical Director (AMD) for Workforce

"The Health Board should determine its long-term objective in the use of Health Roster for Medical and Dental staff to generate rosters and achieve the potential efficiencies the system will generate.

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."

Update - Complete

All areas using Health Roster have been through a programme of training, with a recorded attendance, showcasing the system capabilities and how to use it. This does not include the areas in ACT and ED.

2.2 Recommendation 3.1

Responsible person: AMD for Workforce

"The draft Medics Rostering Policy should be further reviewed to remove any legacy references to the Nursing Rostering Policy. Feedback should then be sought from the appropriate groups and approval obtained from the appropriate committee ahead of making the policy available to all relevant staff."

Update – In progress

The Medical Workforce Sustainability Group (MWSG) has not met since the policy was completed. The MWSG has now been disbanded as a formal group, which was the agreed route for medical policies to follow for ratification.

The policy will now go through the Policy Review Group, and then progress to the Local Negotiating Committee (LNC) for noting.

2.3 Recommendation 3.2

Responsible person: Anaesthetics & Emergency Department (ED) roster managers

"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."

Update – In progress

How to guides are yet to be developed or shared by Anaesthetics or Emergency Department (ED) colleagues.

2.4 Recommendation 4.1

Responsible person: Executive Medical Director (MD)

“Management should ensure that the Study Leave policy is approved and circulated within the Health Board.”

Update – In progress

The MD is in active talks with the BMA to come to solution to the differences in study leave entitlements.

The former Cwm Taf policy and the Swansea Bay policy have some fundamental differences that ideally need to be harmonised across the whole of Cwm Taf Morgannwg University Health Board.

This is not in the gift of the Health Board to do unilaterally, it needs to be agreed in partnership.

2.5 Recommendation 5.1

Responsible person: Integrated Locality Group Directors

"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."

Update - Complete

Training has been offered to all areas on job planning and relating it to activity on rosters. A general guide for job planning has also been issued and is available to all staff to access.

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

- 3.1 There is a risk the BMA will not accept any changes to the Study leave policy for former Swansea Bay employees, if it is detrimental to offer in comparison to the current policy.

4. IMPACT ASSESSMENT

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| Quality/Safety/Patient Experience implications | Yes (Please see detail below) |
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| | Staff and Resources |



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| Related Health and Care standard(s) | If more than one Healthcare Standard applies please list below: |
| Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services. | No (Include further detail below) |
| | If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. |
| | If no, please provide reasons why an EIA was not considered to be required in the box below. |
| | Not a policy |
| 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 Strategic Goals | Improving Care |

5. RECOMMENDATION

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