Board of Directors' Meeting: 9 May 2024

Agenda item	076/24
Report Title	Medical Rostering Implementation Update
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CQC Domain:		Link to Strategic Goal:		Link to BAF / risk:
Safe	√	Our patients and community	√	BAF 3, BAF 4
Effective	√	Our people	√	
Caring	√	Our service delivery	√	**Trust Risk Register id:**
Responsive	√	Our governance	√	
Well Led	√	Our partners	√	

Consultation Communication	

| **Executive summary:** | 1. The Board's attention is drawn to section 1, outlining the current situation and challenges in regard to the implementation of the medical rostering system, together with section two, recommendations on how to address these challenges.

2. The risk of not fully implementing the electronic rostering system and continuing to use different systems reduces the level of assurance in relation to safe working hours of our medical workforce.

3. We are recommending investment and support with this system and a change of delivery approach. |
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| **Recommendations for the Board:** | The Board of Directors is asked to **note** this report, with particular regard to the recommendations required to fully implement the medical rostering system. |
| **Appendices:** | |

1.0   Background

1.1   The Trust has purchased licences to use the Medic on Duty (MoD), ERota and E Job Planning (EJP) programmes from RLDatix (formerly Allocate). MoD was purchased to support the effective rostering of medical staff with an initial focus on Junior Doctors with the intention that this would facilitate enhanced visibility and system controls and support the generation of safeguarding staffing reports. The Trust already uses RLDatix Healthroster across all non-medical areas and MoD is the medics version of this.

1.2   The MoD system was purchased just before the COVID-19 pandemic impacted the UK, which resulted in the implementation of the system being paused. During this time resources were re-allocated to address the challenges of the pandemic. The project re-commenced in 2021/22, with a revised project plan and renewed focus to implement this system for all junior doctor rosters. It should be noted that the setup of this Trust wide system requires the build of rosters, configuration of systems and design of processes prior to any implementation which has been complex with several challenges needing to be resolved.

1.3   There has been significant system configuration work to support MoD which includes being the first Trust in the UK to successfully implement the ESRGo, which is an interface to facilitate the automation of contractual changes for doctors between our Employee Staff Record (ESR) system and MoD.

1.4   Following this extensive configuration of the system, stakeholders and system users attended training sessions in August 2023. Subsequently, MoD is now live and being utilised for Junior Doctors within General Surgery, ENT, Oral & Maxillofacial Surgery, Trauma and Orthopaedics and Emergency Medicine. Rota Co-ordinators have been engaged and continue to provide support in updating the system.

1.5   Our aim has always been to roll out this system across all specialties and to have one system in place that is integrated with our wider workforce systems and is the only way to have full visibility of the working arrangements of our workforce. Despite implementing this system as far as we can at this point, it is not fully rolled out across all specialties.

1.6   The project has encountered some challenges in further deploying MoD due to existing systems already being used in some areas of the organisation to roster staff. There are two other electronic medical rostering systems that exist in our Trust, Medirota and CLW. Divisions using Medirota and CLW are not comfortable to transition to using MoD as they feel the systems they use are sufficient for their requirements at an operational level. These systems however do not provide the functionality that MoD provides. These solutions:

   • Are not interoperable with other solutions.
   • Require manual intervention to update.
   • Hamper the organisation from having full oversight of staffing.
   • Are unable to provide organisational level assurances on safe working practices.

2.0   Recommendation

2.1   The recommendation is to progress with the implementation of MoD but to broaden the scope to incorporate all medics, including those who are job planned. It is acknowledged that this will require the procurement of Activity Manager, however this will enable an activity-based approach to rostering for all job planned medics, provide organisational level oversight, and further strengthen demand and capacity modelling. However, it is not envisaged that this will be required for the initial stages of implementation which will continue to be focused on Junior Doctors.

2.2   It is further recommended that responsibility for the implementation programme transitions from Medical People Services (MPS) to the Trust's E-rostering team with the teams continuing to work in close collaboration. As part of the project review, roles and responsibilities between the teams will be established to ensure a long-term mechanism to deliver a business-as-usual model.

2.3   There is a draft structure within the E-rostering team which already has budgetary approval to support this type of approach. It will provide a structure to support the long-term deployment and on-going maintenance of the architecture for MoD and Activity Manager. The implementation programme will be led by the E-Rostering Systems Manager (8a) which is a newly created permanent role within the proposed structure that is yet to be appointed to.

2.4   Further to the implementation of this structure, there are several key workstreams that will need to be established to progress the project to full completion. These include:

- Establishing a roles and responsibilities framework.
- Assessment of the rotas currently on MoD and review of existing functionality.
- Development of a refreshed full implementation plan for Junior Doctors; to be undertaken as an improvement project.
- Review of reporting requirements to facilitate efficient process for safe staffing reports.
- Building demand templates using ERota for remaining junior medical staff.
- Recording of annual leave for all medical staff which will then provide organisational level oversight of all annual leave across the Trust for all staff groups.
- Review of appropriate resources and processes necessary to maintain live rosters e.g., rota co-ordinators supporting each division reporting directly to the MPS, and processes to support annual leave and duty swaps.
- Review the interface between MoD and the programme supported by Agile to manage locum medical staff.
- Progress with an implementation plan for consultants and job planned medics, contingent upon the procurement of Activity Manager; undertaken as an improvement project.

2.5   To achieve these work streams may take between 18 to 24 months. The work would be managed as a project reporting to a MoD governance structure consisting of key stakeholders.

3.0   Conclusion

3.1   Substantial progress has been made in the delivery of this medical rostering system to date. However, to overcome some the barriers and challenges in operating a fully integrated system, we must now invest in the system, gain support and commitment from our leaders to deliver the system as described and adjust our delivery approach for the next stage of implementation.

Simon Balderstone
Deputy Director People Operations
April 2024