

Mr Greg Piper MP
Chair
Public Accounts Committee
Parliament of New South Wales
Macquarie Street
SYDNEY NSW 2000

Our ref H20/14211

Dear Mr Piper

Response to Public Accounts Committee request for further information relating to Auditor-General's performance audit on HealthRoster Benefits Realisation

I am writing in response to your letter dated 12 December 2019, seeking further information relating to NSW Health's submission to the Public Accounts Committee on our progress on implementing the recommendations of the Auditor-General's report titled *HealthRoster Benefits Realisation*.

Please see below NSW Health's response to the questions raised in your letter.

Report Content

The Auditor-General's report notes on page 9 that 'In 2009, the NSW Government approved the HealthRoster business case with a capital cost of \$88.6 million and implementation planned between 2011 and 2013. NSW Health has approved two changes to the project time frame and budget. As a result, the capital cost has increased by 42 per cent to \$125.6 million and implementation will run from 2015 until 2019.'

Have all LHDs and SHNs now implemented HealthRoster? If so, what was the final cost?

Response

All LHDs and SHNs have now implemented HealthRoster with the final cost matching the approved program budget of \$125.6m.

Recommendation 2

The response to the audit indicated that the Secretary had written to all LHD and SHN Chief Executives requesting that they all complete their benefits methodology and commence the monitoring of benefits by December 2019. The Ministry of Health was also following up specific plans with each LHD/SHN.

Have all LHDs and SHNs completed their benefits methodology plan and commenced the monitoring of benefits? If not, what action is being taken to follow this up?

Response

To date all except 2 LHDs have submitted a Chief Executive endorsed Rostering Benefits Realisation Plan and have commenced monitoring of rostering benefits. The remaining two LHDs have been contacted and have recently employed rostering improvement resources to develop and implement their rostering benefits plan. The Ministry of Health continues to

work with these and all LHDs to support and oversight rostering improvement initiatives and benefits realisation.

Recommendation 3

The audit recommended that NSW Health regularly measure benefits realised at State and local district level from the State-wide implementation of HealthRoster. The response indicated that NSW Health is measuring rostering related metrics for those LHDs/SHNs that have completed their implementation.

Have all LHDs/SHNs now completed their annual monitoring tool? If not, what action is being taken to follow this up? What does the tool itself monitor?

Response

The deadline for completion of the rostering monitoring tool was 31 January 2020 and the Ministry of Health's Workforce Planning and Talent Development Team is currently in the process of collating responses and following up with LHDs that have yet to respond.

The monitoring tool requests an update from each LHD against their specific benefits realisation plan and provides a snapshot of each LHDs performance against key rostering related metrics including:

Roster Accuracy and Governance

% Rosters published on time
% Rosters Force Finalised
% of unused contracted hours
% Retrospective adjustments

Demand Management

% demand unfilled
% additional duties

Premium Labour Use

% overtime
% agency use

Staff Engagement

% employee online usage
% pay period confirmation

LHDs are asked to comment on each metric and identify local initiatives in progress or planned to support continuous improvement across each of these.

Has NSW Health completed its annual monitoring of benefits realisation and what was the outcome of the latest review by the State-wide Rostering Steering Committee?

Response

As above, the response from the first annual monitoring request was due on 31 January 2020 and the Ministry of Health is in the process of consolidating data from LHDs. This will be reviewed at the next quarterly Steering Committee in March 2020.

Can you outline the steps taken to meet the goals identified in the Framework for Rostering in NSW Health 2018-2023?

Response

The annual rostering monitoring framework is structured around the goals identified in the Framework for Rostering in NSW Health 2018 – 2023. The responses from LHDs will be consolidated into key themes and shared with all LHDs to support the dissemination of good rostering practice and sharing of lessons across the system. The responses will also inform a roadmap of potential future state-wide rostering improvement initiatives to support realisation of Rostering Framework as well as new content for the NSW Health Rostering Portal and Rostering Capability Framework which support capability development for roster managers.

Recommendation 3

The audit report also notes on page 2 that 'NSW Health is also yet to define any state-wide benefits targets or report against them.'

Has NSW Health defined any established such targets, what are they, and are they reporting against them?

Response

The metrics identified above in response to recommendation 3 represent the benefit metrics that NSW Health will track at a state-level. However, due to the varying nature of service demand and delivery models across LHDs a single state-wide target for each of these metrics is not appropriate. For example, due to availability of specific workforce groups in rural areas, the use of premium labour in rural LHDs tends to be higher than for metropolitan LHDs. Within local benefits plans and the rostering monitoring framework a specific target relevant to each LHDs has been established and is tracked through the annual monitoring tool.

Recommendation 4

The response noted that monitoring by NSW Health indicates poor demand management at some LHD/SHNs and that NSW Health is working to refine templates when issues are identified.


What progress has been made in ensuring that all LHDs are effectively using demand based rostering?

Response

Refinement of demand templates and demand based rostering is an ongoing continuous improvement activity that eHealth NSW support through regular discussion and review of templates with Local Roster Administrators and which the Ministry of Health supports through the rolling program of work that the Rostering Best Practice team undertake with each LHD. The above metrics related to demand management are key indicators of how effective demand templates are and these are monitored via the State-wide Steering Committee and locally through the RosterPerform analytics platform that supplements HealthRoster. In addition the Ministry of Health is working with eHealth NSW to develop new automated rostering analytics dashboards that will highlight to LHD users when demand based metrics breach agreed thresholds and demand templates may need to be reviewed.

Thank you for this opportunity to clarify NSW Health's progress on the HealthRoster program. If you have any further queries, please contact [REDACTED]

Yours sincerely



Elizabeth Koff

Secretary, NSW Health

14/2/20