Examination of Auditor-General's performance audit reports February 2018 - July 2018

Organisation: NSW Health

Date Received: 29 July 2019

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

Your ref D19/23583

Our ref S19/269

Dear Mr Piper

Thank you for your letter on behalf of the Public Accounts Committee about NSW Health's response to the Auditor-General's report HealthRoster Benefits Realisation.

The Auditor-General provided four recommendations relating to operational improvement of the HealthRoster system and all have been accepted by NSW Health. Activities are underway to regularly measure the benefits and improve HealthRoster related processes and practices across NSW Health.

Please refer to the attached table for further details about the activities underway.

Thank you again for writing to me. If you would like more information, please contact

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Yours sincerely

Elizabeth Koff
Secretary, NSW Health

Encl.   29/7/19

IMPLEMENTATION OF
RECOMMENDATIONS

NSW Ministry of Health

HealthRoster Benefits Realisation

RECOMMENDATION	ACCEPTED OR REJECTED	ACTIONS TO BE TAKEN	DUE DATE	STATUS and COMMENT	AGENCY RESPONSIBLE FOR IMPLEMENTATION

1 Review the use of HealthRoster in Local Health Districts (LHD) and Specialty Health Networks (SHN) in clusters 1 and 2 and assist them to improve their HealthRoster related processes and practices.	Accepted	a) Rostering improvement activities with all cluster 1 and 2 LHD/SHNs and further round of roster improvement targeting outstanding process issues raised during audit with cluster 1 and 2 LHD/SHNs	Dec 2018	**Completed**
				
				eHealth NSW has provided rostering improvement support in two key areas for Cluster 1 and Cluster 2 LHDs/SHNs.
				1. Building effective demand rostering templates:
				  • Provided assistance to better align demand templates to service needs.
				  • Provided short videos on the demand based rostering concept and roster approval for publication to roster managers.
				  • Completed an analysis of demand templates across all LHD/SHNs to identify anomalies and provided advice on priority templates to be reviewed and strategies for improving the effectiveness of the template to support best practice rostering.
				
				2. Two-step review and approval of rosters prior to submission to payroll:
				  • Highlighted system reporting mechanisms to Cluster 1 and 2, to enable the monitoring of compliance to award conditions relating to roster approval for publication
				  • Raised system enhancement ideas to support reporting on best practice in roster approvals for publication and governance
				  • Offered support in implementing Pay Period Confirmation (PPC) functionality which enables employees to review and agree to their roster prior to payroll. The intent is to increase employee accountability for the accuracy of rosters and to drive discussions between employees and managers where worked hours are not accurately recorded. This functionality requires roster managers to have published their roster to enable employees to view hours
					eHealth NSW

					recorded. All LHD/SHNs are offered this functionality, but only some have implemented it. • Provided a sponsor workshop pack focused on roster expectations to encourage senior managers to express, model and reinforce expectations. Cluster 1 and 2 sites continue to be engaged and are improving their use of HealthRoster.	
2	Ensure that LHD/SHNs undertake benefits realisation planning according to the NSW Health benefits realisation framework	Accepted	a) All LHD/SHNs using HealthRoster to complete a Benefits Management Framework	Dec 2018	**In progress** 15 of the 18 LHD/SHNs have a local Benefits Management Framework for rostering (8 endorsed by the CE and 7 in draft). The Secretary wrote to all LHD/SHNs Chief Executives in December 2018, and again in June 2019, reiterating the importance of the benefits methodology. It was requested that all LHD/SHNs complete their benefits methodology and commence the monitoring of benefits by December 2019. The Ministry of Health (MoH) is following up with each of the LHD/SHNs regarding their specific plan. Monitoring of key rostering related metrics is done at a state level through the State-wide Rostering Steering Committee. This committee has recently been re-established to consider holistic rostering improvement, including process, practice, capability and technology use. Some LHD/SHNs have invested in dedicated local rostering improvement resources who monitor local rostering metrics and engage with roster managers to support continuous improvement in rostering outcomes. This has demonstrated positive results. The MoH has encouraged all LHD/SHNs to adopt similar models and is working on additional reporting and analytics tools to assist with this.	The Ministry of Health is progressing this work
			b) Review all existing LHD/SHN benefits realisation plans to ensure they are consistent with the state level benefits realisation framework	Dec 2018	**In progress** All LHD/SHNs that have completed a benefits realisation plan followed the standard benefits management realisation framework. LHD/SHNs may have selected rostering related metrics that are relevant to their operating environment to focus on as a priority. For example, some LHD/SHNs use agency staffing extensively and have the opportunity to optimise their utilisation of this resource, whilst for others the use of agency staff is minimal.	The Ministry of Health is progressing this work

			c)	LHD/SHNs reporting to State-wide Rostering Steering Committee on progress towards completion of a Benefits Management Framework from July 2018	Dec 2018	**Ongoing** The State-wide Rostering Implementation Steering Committee has recently been re-established to consider rostering improvement more holistically to include process, practice, capability development and technology use. This committee continues to track the completion of benefits plans and considers progress towards achieving benefits at a state level. LHD/SHNs also share local initiatives where improvement in rostering outcomes has been achieved to support others in identifying opportunities.	The Ministry of Health is progressing this work
3	Regularly measure benefits realised, at state and local health district levels, from the state-wide implementation of HealthRoster.	Accepted	a)	A set of benefit measures will be agreed by LHD/SHN management and MOH and measurements for all LHDs will be reported to the State-wide Rostering Steering Committee	Dec 2018	**Ongoing** Since August 2018, eHealth NSW has been measuring a number of rostering related metrics for all LHD/SHNs that have completed implementation. These metrics are reviewed at the now quarterly State-wide Rostering Steering Committee. Rostering metrics relate to premium labour use, demand management, roster accuracy and governance. In addition, the Ministry of Health will be requesting that all LHD/SNs complete an annual monitoring tool from September 2019. This monitoring tool will ask LHDs to provide information on progress against their local benefits plan as well as other local initiatives to support realisation of the goals identified in the Framework for Rostering in NSW Health 2018 – 2023.	The Ministry of Health is progressing this work
4	Ensure that all LHD/SHNs are effectively using demand-based rostering.	Accepted	a)	The program will commence gathering metrics by LHD/SHNs around demand-based rostering in July 2018 at the State-wide Rostering Steering Committee level	June 2019	**Ongoing** Demand Management is one of the rostering metrics that is monitored by the State-wide Rostering Steering Committee. It provides an indicator of how well roster managers are rostering staff to meet the expected patient demand. In addition, MoH is working with eHealth NSW to develop new reporting and analytics tools to LHD/SHNs to better report, monitor and analyse rostering data locally. The key measures listed below are indicators of effective demand management and have a target of stable or declining trend: • % of shifts unfilled • % of additional shifts added to roster It should be noted that some LHD/SHNs have results that indicated poor demand management. This was found to be due to poor template set up rather than unsafe or inefficient rostering. The MoH Rostering Best Practice Team and eHealth NSW continues to work with LHDs to refine	eHealth NSW

					demand templates as needed where such issues are identified.	
			b)	Monitoring and reporting against the Framework for Rostering in NSW Health 2018-2023 will be used as a mechanism to track effective demand-based rostering going forward once the program completes	June 2019	**Ongoing** Monitored through the Statewide Rostering Steering Committee which meets quarterly and via an annual monitoring tool which each LHD/SHN will be asked to complete from September 2019. This monitoring tool will ask LHD/SHNs to provide information on local initiatives to support realisation of the goals identified in the Framework for Rostering in NSW Health 2018 – 2023.	The Ministry of Health is progressing this work