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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	15th November 2018	Agenda Item	4c.
Report Title	Improving the Management of Locum Shifts		
Report Author	Emma Owen , Rostering Manager and Sharon Vickery - Assistant Director of Workforce -Delivery Units and Medical Staffing		
Report Sponsor	Hazel Robinson – Director of Workforce & OD		
Presented by	Hazel Robinson – Director of Workforce & OD		
Freedom of Information	Open		
Purpose of the Report	This paper is to inform the Audit Committee of the progress achieved following an internal audit of the operational management of locum shifts.		
Key Issues	An internal audit conducted in 2017 identified a number of weaknesses in the existing system for managing locum shifts. These issues pose a risk to the Health Board..		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the content of the paper. • NOTE the approach undertaken by the Health Board. 		

IMPROVING THE MANAGEMENT OF LOCUM SHIFTS

1. INTRODUCTION

In 2017 an internal audit review highlighted concerns in relation to the management of locum staff and their associated payments. The report identified a number of issues and broad themes that include:

- Lack of application of policies & standard operating procedures
- Lack of auditability to test compliance in relation to Breaks & EWTD
- Lack of general auditability
- Inappropriate authorisation processes relating to financial controls
- Lack of transparency in relation to the shifts that are booked and paid.
- Lack of auditability and approval that validates the difference in the hours booked and worked.

The implementation of the revised locum arrangements in Wales has complicated the locum booking process and could potentially impact on fill rates of vacant shifts which could impact on the clinical delivery of services. The adoption of the capped rates requires robust management at both local and corporate levels. The manual processes within the Heath Board provide limited assurance that the capped rates are being managed appropriately.

In Internal Audit work programme has scheduled a re-audit to commence in November/December 2018.

Many of the shortcomings identified with the original audit still remain. As a consequence of the historical and current manual processes the fundamental issues identified in the original audit report still remain unresolved. However, plans have been developed to fully address these issues, which include:

- The procurement and implementation of an electronic solution – Locum on Duty
- Centralisation and improved co-ordination and management of rota co-ordinators

It therefore proposed that the re-audit is deferred until the new software system has been introduced.

2. BACKGROUND

In 2017, Welsh Government introduced changes to locum arrangements to ensure continuity of service provision and fairness in payments amongst Health Board in Wales. The standards:

- Introduced central reporting arrangements for locum payments.
- Introduced capped rates for locum payments

- Challenged each Health Board and Trust to make a reduction in external agency spend of 35% by the end of October 2018
- Set out that each Health Board needed to develop clear internal escalation processes
- Remove the payment of travel and accommodation for locum shifts.

The Health Board currently spends approximately £7.2m per annum on locum agency shifts and as a result of the national changes has introduced manual reporting mechanisms to ensure compliance and reporting against the standards. Reporting processes are cumbersome and may not accurately capture the true demand for locum shifts. Monthly reports indicate that on average the Health Board is using approximately 8,000 locum hours per month (650 duties). It should be noted that Medacs provide agency locums via the Vantage and Direct Engagement models. This has automated part of the process in terms of paying individuals and in providing good quality information. Locum on Duty will however introduce an electronic system that will greatly improve the quality of the management process for both agency and internal locums.

The Health Board does not have a wholesale standardised and electronic approach in the management and payment of locum duty payments. Currently each Service Delivery Unit have a range of rota co-ordinators who manage the locum booking process. There are in excess of 100 rota co-ordinators across the Health Board that include secretaries, junior doctors and other staff. There are no dedicated staff who are solely responsible for managing rotas and locum duties as this is included as a duty which is part of a broader substantive role. The risks of this include:

- Lack of continuity in process application
- Potential governance issues
- Inconsistency in the skills of the rota coordinators
- Lack of robust reporting
- Lack of auditability in relation to locum shifts
- Weaknesses in the processing of payments
- Inability to centrally scrutinise locum shifts retrospectively and prospectively
- Locum shifts are dependent upon rota coordinators being available to publicise the shifts.

In addition to the operational challenges that a paper based system presents there are also issues relating to the efficiency of filling vacant shifts. Antiquated paper processes require manual filling of vacant shifts which is both time consuming and problematic for rota coordinators and clinical areas. Issues include:

- Limited ability to publicise locum shifts in advance to all appropriate locums which will improve fill rates.
- Limited ability to ensure equity of locum shifts offered to appropriately qualified doctors.
- Limited ability to provide up to date information to clinical areas regarding the details of locums who are booked to fill vacant shifts.

- Manual payment process that does not allow transparency for locum staff to adequately check their payments.
- Very few reports available to scrutinise activity.

It should be noted that the role of rota coordinators must be considered once the boundary change is completed. The rota coordinators are critical in the management of the medical staff within the Health Board. As there are many variables in the duties of rota coordinators the Health Board must define the remit of the role and ensure consistency. This will include an analysis on the most appropriate structure that will be needed to fully support the Delivery Units. At this early stage it is thought there may be benefits in each Delivery Unit possibly centralises a small team of dedicated rota coordinators to undertake these duties.

In October 2018, the Health Board approved an investment bid to procure a technological solution that will manage locum shifts. The implementation of Locum on Duty will allow the Health Board to implement a range of processes that support the management of these duties and will also improve analytical analysis. The Health Board has also applied to the Invest to Save initiative in Welsh Government to seek funding to support the implementation of this electronic solution. Roll out of the new system should commence in February 2019 once staff have been recruited. Implementation should be complete, albeit there may be some teething problems, by early Winter 2019. It is acknowledged that should there be the need to re-audit before this date, then some early testing could be undertaken in areas that are complete whilst implementation is finished in other areas, with a full follow up audit undertaken post implementation. The bid is attached as Appendix 1.

The internal Audit report of 2017 was carried out before the WG processes were implemented. The Management response highlighted the need for an electronic solution to solve the Audit Department's concerns. This paper has been written in light of the fact that this audit was due to be revisited by the Audit Department but it has been suggested that this be delayed until the electronic solution is implemented.

3. GOVERNANCE AND RISK ISSUES

The Internal Audit report of 2017 highlighted key risks in relation to existing practices. The implementation of Locum on Duty will overcome these risks in the following manner:

Authorised signatories – Currently finance are working on a revised authorised signatory list which will be implemented for the disaggregation of the services that are transferring to Cwm Taf University Health Board. The implementation of Locum on Duty will allow the Health Board to set up a system hierarchy to comply with the appropriate delegated budget holders.

No documented policy – There is a lack of standardisation of process with the current paper based system. The Health Board will be developing a locum staffing policy that will complement the implementation of Locum on Duty. This will set out the standardised process that must be followed when advertising locum shifts.

Changes in the financial commitment of shifts – Whilst Locum on Duty still allows for duties to be altered there will be a full auditable process which outlines the reason for the change and that it has been approved by an appropriate person. Only managers will have the permission to edit shift times and approve these for payment.

Compliance with break times – The Locum on Duty system will automatically include a break for all shifts that are advertised. Only an appropriate manager will have the ability to override the break time. Whilst the ability to override a break exists there will be reporting available to identify why the break was not achieved and who approved it.

Lack of documentation – Current paper based processes have limited documentation that do not explain the history of the locum shift. The system will allow us to fully audit all of the shifts.

EWTD Compliance – There are no processes in place that monitor the amount of locum hours that are being undertaken by the Medical staff. The implementation of Locum on Duty will allow the Health Board to analyse the amount of hours that are being worked as locum shifts and allow us to gather intelligence on working practices. This will assist the Health Board in managing junior grade doctors more robustly.

The Health Board has also invested in a scrutiny post that will be responsible for analysing usage and identifying issues. The impact of this is that the Health Board will be able to assess both prospective and retrospective demand to ensure that it is in line with service delivery.

4. FINANCIAL IMPLICATIONS

The Health Board has already committed to the implementation of Locum on Duty and is currently awaiting the decision of the Welsh Government 'Invest to Save' panel, therefore no additional financial support is being requested as part of this paper.

In addition to the quality and scrutiny the system will provide it is also expected that the external agency usage will decrease. In 2017/2018 the Health Board spend is approximately £600,000 per month on internal medical locum costs to cover rota gaps and a further £650,000 per month on external medical agency. If the Health Board achieves a 5% reduction in the internal medical spend then a return of £30,000 per month (£360,000 per annum) will be achieved. Further financial modelling is illustrated in the Invest to Save application attached as an Appendix to this report.

5. RECOMMENDATION

The Audit Committee:-

- Note the benefits that Locum on Duty will provide.
- Supports the proposed delay of the follow up audit
- Agrees that this matter should be re-audited once the electronic system has been implemented and embedded. Proposed date to be agreed with Internal Audit.

Governance and Assurance										
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
							✓			
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care		Dignified Care	Timely Care	Individual Care	Staff and Resources		
Quality, Safety and Patient Experience										
The implementation of the system will support the quality and safety of the delivery of services by ensuring that where medical gaps exist in the rota are advertised to a wide range of individuals with the appropriate skills which increases the clinical delivery of services.										
Financial Implications										
The project implementation has been budgeted with resource costs to ensure successful delivery. Recurrent funding has been identified to support the administration of the system and to apply scrutiny.										
Legal Implications (including equality and diversity assessment)										
The implementation of the Locum on Duty system will allow the Health Board to comply with the reporting requirements of Welsh Government to demonstrate effective management and use of Locum staff.										
Staffing Implications										
The definition of the role of the rota coordinators may impact on existing operational arrangements within the Delivery Units.										
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015 - https://futuregenerations.wales/about-us/future-generations-act/)										
The implementation of the system will allow more flexibility for locum staff to identify which shifts they are available to work.										
Report History		None								
Appendices		Locum on Duty Welsh Government Invest to Save application								



INVEST TO SAVE: APPLICATION FORM

Before completing this form you should refer to the guidance and scoring criteria which can be found at [link]

It is also recommended that you discuss the proposal with a member of the team, the contact number is 0300 0259110 or email: I2Sinvestmentfund@wales.gsi.gov.uk

1. Project Title
Implementing an Electronic Locum Duty Management System

2. Name, address and contact details of the lead organisation (charity number also required if applicable):

Contact Name *Emma Owen*
Organisation *ABMU Health Board*

Address *One Talbot Gateway*
 Baglan Energy Park
 Baglan
 Port Talbot
 SA12 7BR

Email address emma.owen@wales.nhs.uk

Phone Number *07817445375*

Charity Number (if applicable)

SECTION 1 – THE PROBLEM

1. Explain the service area where you work in with a focus on who your service users are and their needs and behaviours.

The Health Board in line with the Welsh Health Circular introduced agency caps in November 2017 for locum doctors. A manual system was introduced to underpin the process which is extremely labour intensive and inefficient. This system is managed through Workforce and OD.

This project will focus on digitilising this process and establishing a medical bank for all grades of doctors.

2. Explain the particular problem or opportunity which you've identified. Where possible make sure that this is backed up with the necessary evidence, facts and figures. There is no need to go into the solution as this will be covered in a later section.

In 2017 Welsh Government introduced changes to locum arrangements to ensure continuity of service provision and fairness in payments amongst Health Board in Wales. The standards:

- Introduced central reporting arrangements for locum payments.
- Introduced capped rates for locum payments
- Challenged each Health Board and Trust to make a reduction in external agency spend of 35% by the end of October 2018
- Set out that each Health Board needed to develop clear internal escalation processes
- Remove the payment of travel and accommodation for locum shifts.

The Health Board currently spends approximately £7.2m per annum on locum agency shifts and as a result of the national changes has introduced manual reporting mechanisms to ensure compliance and reporting against the standards. Reporting processes are cumbersome and are not accurately capturing the true demand of locum duties. Monthly reports indicate that on average the Health Board is using approximately 8,000 locum hours per month (650 duties). Currently, the Health Board is only able to analyse retrospective demand. In order to achieve any reduction in locum usage the Health Board must be able to scrutinise prospective shifts.

As part of the new arrangements an all Wales contract is being considered to harmonise the working arrangements for all locums across Wales. Currently, under existing arrangements locum duties are not paid any additional uplift to include payment for annual leave. The implementation of an all Wales locum

contract will ensure consistency and will need to have standardised processes to ensure correct application of payments.

3. Tell us about the scale of the problem or opportunity. Is it limited to your organisation or does it exist elsewhere? Can you quantify it? How many people are affected? What sort of cost does it impose?

The Health Board does not have a standardised and electronic approach in the management and payment of locum duty payments. Currently each Service Delivery Unit have a range of rota co-ordinators who manage the locum booking process. There are in excess of 100 rota co-ordinators across the Health Board that include secretaries, junior doctors and other staff. There are no dedicated staff who are solely responsible for managing rotas and locum duties as this is included as a duty which is part of a broader substantive role. The risks of this include:

- Lack of continuity in process application
- Potential governance issues
- Inconsistency in the skills of the rota coordinators
- Lack of robust reporting
- Lack of auditability in relation to locum shifts
- Weaknesses in the processing of payments
- Inability to centrally scrutinise locum shifts retrospectively and prospectively
- Locum shifts are dependent upon rota coordinators being available to publicise the shifts.

SECTION 2 – THE PROPOSAL

1. Explain the proposal which is designed to resolve the problem which you have or which will enable you to take advantage of the opportunity which you have identified. You should also tell us if:

In 2017 an internal audit review highlighted concerns in relation to the management of locum staff and their associated payments. The report identified a number of issues and broad themes that include:

- Lack of application of policies & standard operating procedures
- Lack of auditability to test compliance in relation to Breaks & EWTD
- Lack of general auditability
- Inappropriate authorisation processes relating to financial controls
- Lack of transparency in relation to the shifts that are booked and paid.
- Lack of auditability and approval that validates the difference in the hours booked and worked.

The implementation of the revised locum arrangements in Wales has complicated the locum booking process and could potentially impact on fill rates of vacant shifts which could impact on the clinical delivery of services. The adoption of the capped rates requires robust management at both local and corporate levels. The manual processes within the Heath Board provide limited assurance that the capped rates are being managed appropriately.

In addition to the operational challenges that a paper based system provides there are also issues relating to the efficiency of vacant shifts. Antiquated paper processes require manual filling of vacant shifts which is time consuming and problematic for rota coordinators and clinical areas. Issues include:

- Limited ability to publicise locum shifts in advance to all appropriate locums which will improve fill rates.
- Limited ability to ensure equity of locum shifts offered to appropriately qualified doctors.
- Limited ability to provide up to date information to clinical areas regarding the details of locums who are booked in to fill vacant shifts.
- Manual payment process that does not allow transparency for locum staff to adequately check their payments.
- Very few reports available to scrutinise activity.

In October 2017 the Health Board implemented a technological solution to manage the temporary nursing workforce. The system has additional bespoke functionality that has been designed to support locum working. As the Health Board has already purchased the main platform of the system the additional functionality can be accessed for £16,000 per annum.

The management benefits of the system include:

- Continuity in the standard operating procedures of booking locums.
- Reduction in the use of external locums which reduce the overall agency spend.
- Significant reduction in the manual administration work undertaken by rota coordinators.
- Ability to cap the rates of locum shifts that can only be removed by delegated permissions
- Ability to view locums that have been booked into vacant shifts
- The ability to manage locum shifts 24 hours a day
- Clear visibility on the likely cost of the shift
- Publication of vacant shifts to all locums with the appropriate skills which will potentially improve fill rates.
- Workforce intelligence on the number of locum hours that are being worked.
- Fully auditable process for all shifts
- Ability to monitor and test compliance with breaks and EWTD requirements
- Delegated hierarchy to ensure financial control of shifts

- Live to pay functionality which removes the need to complete and process manual payments
- Enhanced reporting facilities including capped rate reports
- Central information system to validate external invoice payments
- Functionality to upload CV's to the system so that delegated clinical leads can review at any time.
- Analytical information relating to the fill rates of specialities and SDU's.
- Analytical information relating to the working habits of locum doctors
- Block booking functionality
- Ability to scrutinise retrospective and prospective bookings

In addition to the operational management benefits of the system there are also a number of aspects that improve the process for individual locums. These include:

- A dedicated app that can be accessed 24 hours a day allowing the viewing and booking of shifts
- Ability to stipulate when locums are available to work which will assist in filling urgent locum shifts.
- A central calendar outlining the shifts that have been booked.
- Timesheet functionality providing details on the shifts that have been worked and their place in the payment process.
- Retrospective timesheets for all shifts that have managed by the system.
- Ability to view substantive and locum shifts on one calendar if part of a roster that sits on Health roster.
- Ability to view the team roster so that they can see if other locums are working in the same specialty.

The Health Board has already benefitted from the implementation of the Bank System within nursing. Each SDU has access to a range of qualitative and quantitative intelligence relating to the use of the temporary workforce that is being included within the performance reporting framework. Approximately 80% of shifts are now booked via the ward or directly by the employees themselves which has allowed the Nurse Bank office to re-design its administrative functionality to increase the focus on the quality of the service provided. The live to pay functionality ensures that staff are paid for the shifts that have been validated by the appropriate manager in a timely manner as the system is no longer reliant upon paper timesheets being approved and processed via payroll. Consequently, Bank staff are proactive in accessing their online timesheets and raising issues with payments.

The use of an electronic system will allow the Health Board to advertise locum shifts as soon as gaps arise. The likely impact of this is that fill rates of internal locums will increase and the reliance on external agencies to fill gaps will reduce.

Betsi Cadwaladr HB have recognised the benefits of using software to manage their workforce and as a consequence have heavily invested in the

systems available. During recent years where they have been subject to special measure arrangements and they have purchased all of the Allocate software available that relates to Medical and Nursing staff to drive efficiencies. During 2018 Betsi Cadwaladr Health Board implemented the Locum on Duty Module. Currently there are no financial reports available however, the Health Board have reported that they have seen a significant increase in the up take by internal locums as opposed to Agency staff and their fill rates internally have improved markedly. Cwm Taf has indicated that it is interested in purchasing this product.

The Locum on Duty module is a relatively new product and has been available for approximately 11 months. Allocate are in the process of undertaking both qualitative and quantitative assessments with individual Trusts and Health Boards to identify a savings profile that can be attributed to the product. Research undertaken by the Allocate insight service has identified that "Organisations that use bank direct booking use 24% less agency". When the Health Board implemented the Nurse Bank system there was an increase in the number of internal staff booking into vacant shifts. There was also an increase in the number of substantive staff who were inactive on the Nurse bank who reregistered and booked shifts due to the ability to view all applicable shifts.

The Trusts and Health Board using the Locum on Duty system are reporting that Locum on Duty has been well received from both management and Medical staff. Frimley Park Hospital implemented Locum on Duty in May 2018 and within the first three days of going live over 200hrs internal locum hours were booked using the system. They also reported that once the system went live they had over 750 Doctors actively using the system to manage locum duties.

The implementation of Locum on Duty module will provide the Health Board with a number of non-financial benefits including the ability to scrutinise and challenge locum shifts that are planned. The Health Board currently has no ability to challenge existing and future bookings as there is no central process system that captures this information. In order to change practices and be able to full assess the demand on locum usage the Health Board must have a range of central intelligence that will assist in the planning of our services.

2. Explain how the idea will create improvements in the service for users.

The implementation of Locum on Duty will not affect the role of the existing rota co-ordinators. The system will improve continuity, process and assist the rota coordinators in the locum booking process. The Health Board will need to assess the impact of the implementation of the system in relation to the role of the coordinators and develop a long-term strategy.

3. Explain how the proposal will create savings for your organisation, the anticipated value of those savings and the time scale over which they will be realised.

This proposal outlines the investment required to support the system along with the staffing resource to implement, manage, and maintain the system. These costs will be offset by the financial savings this opportunity presents.

In 2017/2018 ABMU spend approximately £600,000 per month on internal medical locum costs to cover rota gaps and a further £650,000 per month on external medical agency.

As outlined in the previous sections there is evidence on the impact an electronic full has on agency which are summarized below:

- Drawing parallels with the identified savings from the E-Rostering work for nursing, the Health Board achieved a 5% reduction. If we apply this to the internal medical locum spend then this will give the Health Board a return of £30,000 per month (£360,000 per annum).
- Betsi Cadwaladr Health Board have reported that they have seen a significant increase in the up take by internal locums as opposed to Agency staff and their fill rates internally have improved markedly.
- Research by Allocate indicates that bank direct booking use 24% less agency.

Example:

In June 2018 the Health Board contracted 6,700 external agency hours. If through the implementation of the system 10% of those were filled by internal locums at for example £10 lower per hour, this would save £6,700 per month and an additional £80,400 per annum. Further modelling based on the June data is as follows:-

Percentage transfer to internal supply	Monthly saving £000	Annual saving £000
<i>10% £10 cheaper per hour</i>	7	80
<i>25% £10 cheaper per hour</i>	17	201
<i>10% £20 cheaper per hour</i>	13	161
<i>25% £20 cheaper per hour</i>	34	402
<i>50% £10 cheaper per hour</i>	34	402
<i>50% £20 cheaper per hour</i>	67	804

It should be noted that at present vacant shifts are only advertised within a specialty or to doctors that are on Rota Coordinator's lists. Through the system

we will create an internal medical bank. All shifts will be visible to doctors registered on the bank which can be accessed via an app direct to the doctor's preferred phone, tablet or PC. We also have a few hundred locums sitting on the payroll on zero hour contracts. This system would give these doctors access to all the shifts available. This means we will be creating an internal market where the supply of doctors should increase significantly based on other organisation's limited experience. Market forces would suggest that this should drive down the cost of locum services as supply increases.

4. Tell us about any legislation or guidance which may inform or create barriers for this particular idea.

The greatest barrier to the rollout to date has been the resource to deliver. The project is reliant on good engagement from rota coordinators and service managers. We do not anticipate any issues with doctors using the system as they will like the flexibility the system offers.

5. Do you anticipate any secondary or other non-financial benefits accruing from this project? If so please explain them below.

There are a range of non-financial benefits from the project:

- Continuity in the standard operating procedures of booking locums.
- Reduction in the use of external locums which reduce the overall agency spend.
- Significant reduction in the manual administration work undertaken by rota coordinators.
- Ability to cap the rates of locum shifts that can only be removed by delegated permissions
- Ability to view locums that have been booked into vacant shifts
- The ability to manage locum shifts 24 hours a day
- Clear visibility on the likely cost of the shift
- Publication of vacant shifts to all locums with the appropriate skills which will potentially improve fill rates.
- Workforce intelligence on the number of locum hours that are being worked.
- Fully auditable process for all shifts
- Ability to monitor and test compliance with breaks and EWTD requirements
- Delegated hierarchy to ensure financial control of shifts
- Live to pay functionality which removes the need to complete and process manual payments
- Enhanced reporting facilities including capped rate reports
- Central information system to validate external invoice payments
- Functionality to upload CV's to the system so that delegated clinical leads can review at any time.

- Analytical information relating to the fill rates of specialities and SDU's.
- Analytical information relating to the working habits of locum doctors
- Block booking functionality
- Ability to scrutinise retrospective and prospective bookings

In addition to the operational management benefits of the system there are also a number of aspects that improve the process for individual locums. These include:

- A dedicated app that can be accessed 24 hours a day allowing the viewing and booking of shifts
- Ability to stipulate when locums are available to work which will assist in filling urgent locum shifts.
- A central calendar outlining the shifts that have been booked.
- Timesheet functionality providing details on the shifts that have been worked and their place in the payment process.
- Retrospective timesheets for all shifts that have managed by the system.
- Ability to view substantive and locum shifts on one calendar if part of a roster that sits on Health roster.
- Ability to view the team roster so that they can see if other locums are working in the same specialty.

6. Tell us how the idea was formulated – who was informed of the process, has this been tried outside of your organisation in the past, does it build on existing practice or thinking?

Betsi Cadwaladr HB have recognised the benefits of using software to manage their workforce and as a consequence have heavily invested in the systems available. During recent years where they have been subject to special measure arrangements and they have purchased all of the Allocate software available that relates to Medical and Nursing staff to drive efficiencies. During 2018 Betsi Cadwaladr Health Board implemented the Locum on Duty Module. Currently there are no financial reports available however, the Health Board have reported that they have seen a significant increase in the up take by internal locums as opposed to Agency staff and their fill rates internally have improved markedly. Cwm Taf has indicated that it is interested in purchasing this product.

The Locum on Duty module is a relatively new product and has been available for approximately 11 months. Allocate are in the process of undertaking both qualitative and quantitative assessments with individual Trusts and Health Boards to identify a savings profile that can be attributed to the product. Research undertaken by the Allocate insight service has identified that "Organisations that use bank direct booking use 24% less agency". When the Health Board implemented the Nurse Bank system there was an increase in the number of internal staff booking into vacant shifts. There was also an increase in the number of substantive staff who were

inactive on the Nurse bank who reregistered and booked shifts due to the ability to view all applicable shifts.

The Trusts and Health Board using the Locum on Duty system are reporting that Locum on Duty has been well received from both management and Medical staff. Frimley Park Hospital implemented Locum on Duty in May 2018 and within the first three days of going live over 200hrs internal locum hours were booked using the system. They also reported that once the system went live they had over 750 Doctors actively using the system to manage locum duties.

SECTION 3 – THE PEOPLE

1. Project Manager Details

Name Emma Owen

Job Title Rostering Manager

Organisation ABMU Health Board

*Address One Talbot Gateway
Baglan Energy Park
Baglan
Port Talbot
SA12 7BR*

Email Address emma.owen@wales.nhs.uk

Phone Number 07817445375

Please tell us about the project manager's current role and why they have been chosen to lead on this project.

Emma is the Rostering Manager and is already responsible for the roll out of electronic rostering across the Health Board and for driving improvements in rostering practices. Increasingly she is leading the digitalisation of the workforce.

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2. Executive Sponsor

Please provide us with the name, job title, contact details and a supporting statement (attached to the Expression of Interest) from your executive sponsor. This should be a senior member of staff who should indicate their support for the project and why it is strategically important for your organisation.

Name Hazel Robinson

Job Title Director of Workforce & OD

Organisation ABMU Health Board

*Address One Talbot Gateway
Baglan Energy Park
Baglan
Port Talbot
SA12 7BR*

Email Address Hazel.Robinson2@wales.nhs.uk

Phone Number 01656 752752

Please attach a supporting statement from your executive sponsor.

The introduction of Locum on Duty is critical to the Health Board managing effectively its agency spend on medical staff. It will also increase greater uptake from internal doctors, reducing agency locums and improve the continuity and quality of patient care. There has been a great deal of focus on improving the utilisation of the nursing workforce and it is assumed that if the same diligence is afforded to the medical workforce that greater efficiency and effectiveness will follow.

3. Additional partners or team members

Please tell us about any additional partners or team members, their role, experience and the reason why they have been included in the project

SECTION 4 – THE PLAN

Please tell us about how you intend to implement the proposal, the timescales, investment profile, benefits (including financial savings) and repayment proposals.

Timetable

Activity	Completion Date
Appoint Project Support Manager, Establish Project Board & Define Project Plan	October 2018
Commence rollout programme	November 2018
Complete phase 1 rollout	January 2019
Complete phase 2 rollout	February 2019
Complete phase 3 rollout	March 2019
Complete phase 4 rollout	May 2019
Project Evaluation	August 2019

Costs

Please set out the costs which you expect to incur implementing the programme. You should include any costs relating to evaluation (these are eligible for support).

	2018/19 £000	2019/20# £000	2020/21# £000
Project Manager	24	8	0
System Admin	14	5	0
Locum Liaison	20	41	41
System processor	12	24	24
Total Staff Costs	70	78	65
Licences/Software	8	16	16
Set up costs- IT etc	8		
Total Costs	86	94	81

whilst there will be ongoing revenue costs these will be met by the savings delivered by the project.

Investment Requirement (maximum of 75% of total project costs)

	2017-18 £000	2018-19 £000	2019-20 £000	2021-22 £000
Revenue	0	64	0	0
Capital	0	0	0	0

Benefits Realisation – Cash Savings

	2018-19## £000	2019-20 £000	2020-21 £000	2021-22 £000
Revenue	0	100	250	430
Capital	0	0	0	0

- to allow the project the necessary timescales to embed within ABMU have been prudent and not identified savings linked to this project until 2019/2020

Non-Financial Benefits

Area/Activity	Approximate Date
Safer patient care by filling shifts internally	From November 18 onwards (date will be aligned to rollout of the system)
Reduces management time in managing paper based systems	From November 18 onwards (date will be aligned to rollout of the system)
Increased fill rate benefiting patient care	From November 18 onwards (date will be aligned to rollout of the system)
More attractive to doctors through the flexibility offered by the system	From November 18 onwards (date will be aligned to rollout of the system)
Reduces administration time for Rota Coordinators	From November 18 onwards (date will be aligned to rollout of the system)

Repayment Profile

	2018-19 £000	2019-20 £000	2020-21 £000	2022-23 £000
Revenue	0	0	64	0
Capital	0	0	0	0

(Expand as appropriate)