SBAR REPORT	
Subject: Locum on Duty Implimentation	Date:
Health & Care Standard:	Agenda Item:
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Situation:	This Paper is to advise on the implementation of the Locum on Duty (LOD) module.
Background:	The Health Board will be implementing an electronic solution to manage locum shifts. The system will facilitate one process mechanism for the booking, management and payment of internal medical locums. The system was planned to go live in early November 2019 but has experienced some issues during implementation. The impact of these issues has delayed implementation until December 2019.
Assessment	During the last 6 months, work has been ongoing to implement the Locum on Duty module. The implementation of the system has been complex and a number of contributory factors have impacted on the go live date. **Resources –** recruitment into the identified resources was difficult which resulted in changes to the implementation team. The system lead was in position at the end of April and due to being an existing member of staff within the rostering team worked in a split role to support the system changes with the Bridgend Boundary changes. Whilst the service transfer took place on 1st April, the ongoing system work continued until June 2019. This impacted on the ability to have dedicated resources for LOD. **Direct Engagement agreement with Medacs** – during the process mapping for Medacs there have been extensive meetings/discussions with Medacs, Allocate, technical specialists and local teams to ensure that the system could fully support the requirements of the direct engagement model. Whilst the system fully supports external agency working the complexities of the direct engagement model posed a number of challenges. Currently, national work is taking place with Medacs and Allocate to build an interface between the two platforms to support the transfer of information between systems where direct engagement models exist. This connection is ongoing and as yet there is no timescale to interface the two systems. As a result discussions begun with Medacs in May to explore the options available and their associated impact. In September, Medacs proposed an option that included technical development that would incur a charge. As work between the

two companies is ongoing and the direct engagement agreement is due for renewal in 2020 it was determined that an alternative solution was needed. Consequently, further mapping was undertaken to identify an appropriate process that would support both the Health Board and Medacs requirements. This work had a major impact timescales.

Medical terms of engagement – Swansea Bay will be the first Health Board in Wales to issue formal terms of engagement to medical bank staff which will set out the hourly rate for set shifts plus the payment of annual leave. Whilst discussions had taken place at an all Wales level there was not an agreed terms of engagement in place, therefore, discussions with other Health Boards and Legal and Risk were needed. The terms of engagement have been agreed and ready to be issued to staff. This again has had an impact on timescales..

Rate Card – Most Health Boards and Trusts that have a locum bank have an agreed rate card. The LOD system must be configured so that each shift is mapped against the appropriate rate to ensure that correct payment is made. Each shift must also be configured to accept negotiated rates. Each time a rate card has been developed the system configuration must be amended to reflect the change. Each change then had to be tested with payroll to ensure that the correct elements were feeding through to ESR correctly. The Swansea Bay rate card has a banding structure which holds different rates for the grades, consequently, each department has been configured with 24 different grades.

The complexities with the rate card have impacted on the LOD system set up, requiring multiple reconfigurations as the rate care changed, communication and the ability to begin system training.

System configuration– as the Healthroster and bank system have never been utilised for medical staff a significant amount of data cleansing and system establishment management changes were needed. System configuration also included setting up payroll functionality, differing user feature access, Medacs set up, employee data uploads, rate card information, user accounts, pay frequency data and data extraction from ESR.

Payroll set up – A significant amount of time has been undertaken in testing the different payroll elements. The system has been configured to interface all rates held within the rate card in addition to be able to manage the complexity of negotiated rates. Work with shared services was required to identify the correct elements within ESR to direct the different payments. This work required changing payfile information and directing the different fields to the correct elements in ESR. The application and payment of the WTD annual leave percentage has also been tested against each of the elements to ensure that it is correctly applied and paid.

ESR set up – Existing staff who worked locum shifts are still being costed to their substantive roles irrespective of where the locum shifts were being covered. A separate cost centre has been created for locum medical staff to ensure that costs are allocated to the correct cost centres. As part of this work a number of new position numbers were needed to be created and built into ESR.

Locum recruitment – In addition to existing medical locum staff (as part of the junior doctor rotation in August) approximately 200 internal locums

have signed up to the locum bank. Each individual needed to complete a mini enrolment form which outlined their specialties and grades that were required for system set up. The system has been configured so that staff can view and book shifts that they were qualified to undertake. Terms of engagements will be issued once the rate card has been agreed. Given the recent agreement this is now planned. Wider recruitment events are planned for both internal and external locums.

Engagement – A number of sessions with medical staff, service managers, and rota co-ordinators have taken place. There have been a number of discussions with the staff involved to ensure that process mapping is correct and to identify any potential operational issues that may impact on the booking processes.

Process mapping – extensive work has been undertaken to ensure that that process mapping is robust. Each step of the locum process has been assessed to highlight any potential negative impact on the operational delivery of services and the move to the system. A process map has been developed and agreed by the Project Board.

Data gathering – Each Delivery Unit (with exception of Primary care) were issued data gathering workbooks to identify their requirements to support system configuration. Each workbook contained the shift requirements being worked, access information, hierarchy approval and specific requirements for that area. Each service area received support to complete the workbooks. The accurate completion of the workbooks is critical to successful system configuration and usability. All data gathering workbooks have been received and validated.

Next steps

A significant amount of system configuration and testing has taken place. A go live date must fit in with payroll dates to ensure that shifts are paid correctly. In order to achieve a December 15th Go live date the following plan is recommended:

W/c 20th October	System configuration with new approved rates
	Contact Payroll to create short codes for ESR
	final Payroll testing
	ESR Position number confirmation
	Confirm agency booking process to service managers
W/c 27th October	Terms of Engagement issued to staff
	Comms on bulletin confirming go live
	Upload revised Locum details
W/c 3rd November	Manager training
	System checks
	Creation of Employee on-line user accounts
	Upload Agency Staff information
W/c 10th November	Manager training
	EOL training
	Upload pre booked shifts post go live

	W/c 17th November	Manager training
		EOL training
		Attend service meetings - confirming process
	W/c 24th November	Manager training
		EOL training
		Attend service meetings - confirming process
	W/c 1st December	Manager training
		EOL training
		System scrutiny - rectify issues
	W/c 8th December	Final system checks
		Final system payroll checks
	W/c 15th December	Go Live
		Comms -to remind that no ADH forms to be submitted to payroll after this date
	W/c 22nd December	First weekly payfile to be run
	W/c 02.02.20	First monthly payfile for shifts worked from 15.12.19 - 18.01.20 to be paid in Feb
Recommendation:	➢ To note the content of this paper. ➢ To support the proposed implementation	