



Appendix two – About the audit

Audit objective

The Audit assessed the effectiveness of the HealthRoster system in delivering business benefits. We assessed whether:

1. expected business benefits of the HealthRoster system have been well-defined
2. the HealthRoster system is achieving business benefits where implemented.

Audit criteria

We addressed the audit objective through the following criteria:

1. Expected business benefits identified for the project accurately reflect business needs and addresses issues experienced in previous rostering systems:
 - a) business benefits identified for the project accurately reflect business needs and addresses issues experienced in previous rostering systems
 - b) significant variations to the expected business benefits have been justified and approved.
2. The HealthRoster system is achieving business benefits where implemented:
 - a) significant issues raised during system implementation are being addressed
 - b) resolutions and lessons learnt are being applied effectively to all HealthRoster implementations
 - c) business benefits are being measured, tracked and recorded.

Audit scope and focus

The audit assumptions are as follows:

1. Benefits include the expected outcomes or objectives of the HealthRoster system, savings, financial and non-financial benefits such as more coordinated patient care, and better management of staff work practices.
2. The type and value of benefits of the HealthRoster system may be different for each location and this should have been defined and verified.
3. Government guidelines include:
 - a) NSW Treasury: Guidelines for Capital Business Cases, December 2008
 - b) Department of Finance, Services and Innovation: Benefits Realisation Management Framework, October 2015 Version 2
 - c) ICT Assurance Framework, September 2016.

We examined the HealthRoster implementation in LHDs, and other NSW Health organisations, included in cluster 1, 2 and 4, excluding eHealth NSW, HealthShare NSW, Justice Health and Forensic Mental Health Network and NSW Health Pathology.

We focused on the project implementation period from 2015 to early 2018.

Audit exclusions

The audit did not look at:

- other ICT systems currently been implemented by eHealth
- initial cost benefit analysis to gain approval for the project
- whether the system implemented matched the originally scoped version
- local health districts where HealthRoster is currently being implemented
- HealthRoster implementations in eHealth NSW, HealthShare NSW, Justice Health and Forensic Mental Health Network and NSW Health Pathology
- question the merits of government policy objectives.

Audit approach

Our procedures included:

1. Interviewing staff from:
 - eHealth, the Ministry of Health and selected local health districts. We have visited sites and interviewed staff from the LHDs involved in cluster 1, 2 and 4 implementations. This excludes eHealth NSW, HealthShare NSW, Justice Health and Forensic Mental Health Network and NSW Health Pathology.

Implementation cluster	Hospital	LHDs
Cluster 1	The Children's Hospital at Westmead	Sydney Children's Hospitals Network
Cluster 1	Port Macquarie Base Hospital	Mid North Coast LHD
Cluster 2	Royal Prince Alfred	Sydney LHD
Cluster 2	Dubbo Base Hospital	Western NSW LHD
Cluster 4	Westmead Hospital	Western Sydney LHD
Cluster 4	Broken Hill Base Hospital	Far West LHD

2. The audit involved consultation with other stakeholders including:
 - Department of Finance, Services and Innovation.
3. Examining:
 - a) The HealthRoster business case
 - b) eHealth Program & Change Management Office (PCMO) Benefits Management Framework
 - c) Documentation substantiating approval for any significant variations from original business benefits or objectives
 - d) Documentation that articulates the business needs addressed and not addressed by HealthRoster
 - e) Documentation for consultation process followed
 - f) Guidelines and policies on processes to be followed to approve significant variations to expected benefits
 - g) Documentary evidence justifying and supporting the approval of significant variations to expected benefits
 - h) Policies/guidelines of processes to be followed to log issues during system implementation
 - i) Issues, lessons learnt log
 - j) The review and reporting process for benefits realisation
 - k) The benefits realisation register
 - l) Benefits monitoring report documentation for LHDs selected for site visits

- m) Documentation articulating how business needs that were not intended to be addressed by HealthRoster will be addressed.
4. Analysed data:
- a) Supporting benefits defined and achieved
 - b) relevant key performance indicators for the HealthRoster project (such as trends in unplanned overtime pre- and post- implementation)
 - c) relevant to the project held by eHealth and selected local health districts.
5. We also examined:
- a) Supporting benefits defined and achieved
 - b) documentation from other stakeholders obtained throughout the audit such as research and studies, statistical data and analysis
 - c) International and Australian research on benefits realisation management in comparative service industries and systems.

The audit approach was complemented by quality assurance processes within the Audit Office to ensure compliance with professional standards.

Audit methodology

Our performance audit methodology is designed to satisfy Australian Audit Standards ASAE 3500. Performance engagements and other professional standards. The standards require the audit team to comply with relevant ethical requirements and plan and perform the audit to obtain reasonable assurance and draw a conclusion on the audit objective. Our processes have also been designed to comply with requirements specified in the *Public Finance and Audit Act 1983* and the *Local Government Act 1993*.

Acknowledgements

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Audit cost

Including staff costs, travel and overheads, the estimated cost of the audit is \$320,000.