

Agency Rostering Final Internal Audit Report March 2024

Hywel Dda University Health Board

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Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement:

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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Executive Summary

Purpose

The overall objective of this audit was to establish and review the systems and processes in place to manage and control agency use and to assess progress in implementing recommendations arising from the previous internal audit (report HDUHB-2223-06 refers).

Overview

We have issued **reasonable** assurance on this area.

The matters requiring management attention include:

- Roster audit process does not include confirmation that recommended remedial action has been implemented to address issues identified.
- Roster audits indicate issues with roster efficiency. There is no training available for staff on how to roster efficiently.
- Additional duties shifts retrospectively added/authorised, or added well in advance of the shift date.

Full details of matters arising are provided in Appendix A.

Report Opinion

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Trend



2022/23

Assurance summary¹

Objectives	Assurance
1 Rosters are produced, approved and published in line with the roster procedure.	Reasonable
2 Agency nursing staff are only engaged where necessary, as a temporary solution and after alternative more cost-effective options have been explored.	Substantial
3 Agency nursing usage and spend is monitored and there is engagement with Workforce & OD to identify a longer term, more cost-effective solutions where appropriate.	Substantial

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1	Roster Audit Process	Design	Medium
2	Roster Training	Design	Medium
3	Additional Duties Shifts	Operational	Medium

1. Introduction

- 1.1 The Nurse Staffing Levels (Wales) Act 2016 places a statutory duty on Health Boards to take 'all reasonable steps' to maintain safe nurse staffing levels. This includes the temporary use of staff, appropriate to the skill mix set out in the planned roster, from nurse bank, other areas within the organisation or a nursing agency.
- 1.2 Effective staff rostering processes are fundamental to ensuring that services have appropriate staffing levels and skills mix to maximise the quality of care provided and reduce the risk of harm to patients. It requires consideration of the needs of patients, staff and the organisation, as well as the availability of resources and skills required to deliver services. The Health Board's Rostering policy provides guidance on the creation and management of staff rosters.
- 1.3 Nursing & Midwifery agency and bank spend for 2023/24 to date exceeds £2.9 million as at the end of November 2023. In efforts to cut agency spending, the Health Board has made the step to end 'off contract' agency use with framework agencies only approached after bank resources have been explored.
- 1.4 The ability to attract, retain and develop staff with the right skills is a risk reflected on the Health Board's Board Assurance Framework (ref 1186). Failure to achieve this results in greater reliance on temporary staffing solutions, increasing financial pressures and potentially impacting on patient and staff experience.
- 1.5 Following the audit and recommendations raised in the previous audit in 2022/23 (report HDUHB-2223-06 refers), the aim of this audit was to further explore the systems and processes in place with an emphasis on further testing around the management actions taken.
- 1.6 The risks associated with the review are:
 - Non-compliance with Health Board policies and procedures.
 - Failure to maintain adequate nurse staffing levels and appropriate skill mix, impacting on the quality of care provided to patients, potentially resulting in patient harm and/or negative patient experience.
 - Failure to obtain value for money due to inappropriate use of agency nursing resource.
 - Reputational damage.

2. Detailed Audit Findings

Objective 1: Rosters are produced, approved and published in line with the roster procedure

Review & Approval of Rosters

- 2.1 Our audit in 2022/23 highlighted that whilst rosters were not subject to a final sign off by senior management although it is expected that Senior Nurse Managers (SNM) regularly review rosters to assess efficiency and effectiveness.
- 2.2 The agreed management action was to ensure that regular reporting and roster audits were undertaken by the Roster Team with engagement from the SNM's and senior management.

Reporting

- 2.3 Regular reporting by the Roster Team to the SNM's and senior management was observed, with reports highlighting the issues arising within their rosters. Key to this is the *Temporary Workforce Utilisation Tool* highlighting use of overtime, additional duties, nurse bank and agency. The following reports are also distributed, with accompanying guidance on how to rectify issues identified:

Weekly Reporting		Monthly Reporting
Incorrect Recorded Toil	Open Ended Sickness	Finalisation Reminder
Annual Leave Entitlement Report	Roster Calendar Chase log	Urgent Finalisation

- 2.4 Initial discussions have taken place at the newly established (December 23) Nursing Rostering Group around what is currently reported and areas to consider for future reporting to aid scrutiny of the rosters.

Roster Audits

- 2.5 Review of the roster audit process was undertaken to ensure the audits conducted by the Rostering Advisors captured and relayed any rostering inefficiencies to the service.
- 2.6 The Roster Team currently manages just over 200 rosters (nursing and non-nursing), and an audit plan has recently been developed to ensure that each roster will be audited at least annually. Each audit covers three roster periods to review hours carried/brought forward between roster periods.
- 2.5 A Roster Advisor vacancy and absence within the team which has impacted on the number of audits completed during December 2023 and January 2024. A new roster audit plan has now been implemented, based on current capacity within the team, to ensure all rosters are audited annually. At the time of reporting, 12 of the 16 audits planned for February 2024 had been completed.
- 2.7 Roster audits assess 11 indicators of efficiency and effectiveness as detailed in the table below. Each indicator is RAG rated with actions to address any issues identified within the report to the SNM.

Time balances managed effectively	Volume of retrospective shifts entered
Rosters published 6 weeks in advance	Sickness absence recorded correctly
Payroll verification deadlines	Unavailability being recorded correctly
Annual leave management	Overtime/Additional hours assigned correctly
Roster template reflects current planned activity (review of additional duties created)	
Timing of shifts being requested for agency cover	
Shift patterns compliant with policy (review of shifts outside of rostering rules)	

2.8 Sample review of completed audits highlighted that there is no follow up process to confirm that action has been taken to rectify any issues identified in the roster audits. In theory these would be reviewed in the subsequent audit, although this may be in a years’ time. **[Matter Arising 1]**

2.9 Audit results are summarised on a tracker spreadsheet. Results of the 120 audits undertaken between October 2023 – February 2024 indicate issues with rostering efficiency:

Indicator	“Time Balances well managed”	“AL well managed 14.6% and balanced”	“Unavailabilities recorded correctly”	“Timing of temporary staffing shifts requested”
Red / Amber Rating %	59%	65%	23%	43%

2.10 Whilst the key principles of rostering are covered in the policy and training on use of the Health Roster system is available, discussions with the Roster Team and Nurse Staffing Team highlighted that there is no training on how to roster to ensure optimum efficiency. **[Matter Arising 2]**

Additional Duties (Over-Establishment Shifts)

2.11 If additional resources are required over and above the agreed establishment recorded in Health Roster the additional shifts must be added to the roster by the SNM or higher – this is enforced through system access controls.

2.12 For the roster periods reviewed, it was evident that additional duties shifts are regularly required to meet the requirements for safer staffing. A Health Roster report for three sampled roster periods identified that an average of 3500 additional duties shifts are utilised each month, representing a 9% increase on the average observed in the previous audit. The rationale for each additional shift is recorded on the roster, with 89% stated as ‘high patient acuity’, ‘enhanced patient support’ or ‘additional beds (surge)’.

2.13 The previous audit reported that up to 20% of additional duties shifts sampled had been retrospectively added to the roster, which was common practice for shifts required at short notice outside of the SNM working hours.

2.14 The agreed management action was to ensure managers are sufficiently trained to administer additional shifts to the roster and that approval processes for out-of-hour shifts were shared for occasions when additional shifts are required. Site Management Teams are responsible for and have roster access for out-of-hours

approval of additional duties shifts. Relevant staff have been reminded of the procedures in place.

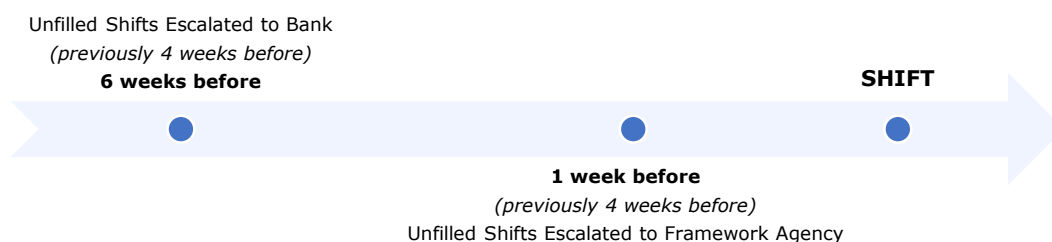
- 2.15 Sample testing of 25 additional duties shifts to establish whether correct procedures for authorisation had been followed identified two (8%) shifts retrospectively added to the roster. We were unable to ascertain the reasons for this. **[Matter Arising 3]**
- 2.16 Testing also highlighted 16 instances where additional duties shifts have been entered onto the roster well in advance of the shift. Review with the Senior Workforce Manager deemed all but one instance as acceptable on the basis that the wards concerned experience frequent, long-standing (and therefore predictable) high acuity and surge. This issue has been identified by the Roster Team and is being discussed and monitored at the Nurse Rostering Group. **[Matter Arising 3]**

Conclusion:

- 2.17 Regular reporting to management prompts regular review and draws attention to roster anomalies. Whilst roster audits are being conducted, the process could be enhanced by ensuring that evidence of required action identified is actioned thus ensuring the feedback loop is being closed.
- 2.18 Testing highlighted instances of additional duties shifts authorised retrospectively (although incidence has reduced since the previous audit), and the allocation of additional duties shifts a considerable time in advance of the shift date.
- 2.19 We have concluded **Reasonable** assurance for this objective.

Objective 2: Agency nursing staff are only engaged where necessary, as a temporary solution and after alternative more cost-effective options have been explored

- 2.20 The Health Board ceased using non-framework agencies at the end of June 2023 and review of invoice data for July 2023 to January 2024 indicates that this is being complied with.
- 2.21 The previous audit recommended that the processes for resource priority and escalation should be formally documented, and that shifts escalated to bank/agency less than 28 days before the shift should be prioritised to bank.
- 2.22 The process has been updated and documented on SharePoint and any escalation outside of process must be approved by an Executive Director:



2.23 Sample testing of 15 additional duties shifts assigned to bank or agency confirmed that all had been administered in line with the new procedures with no issues identified.

Conclusion:

2.24 Noting the above we have concluded **Substantial** assurance for this objective.

Objective 3: Agency nursing usage and spend is monitored and there is engagement with Workforce & OD to identify a longer term, more cost-effective solutions where appropriate

2.25 We recommended in 2022/23 that Directorates should be provided with regular reports on agency use to ensure adequate and consistent monitoring, until they are confident in doing this independently in the Health Roster system, and that agency use should be reported regularly to the Director of Nursing.

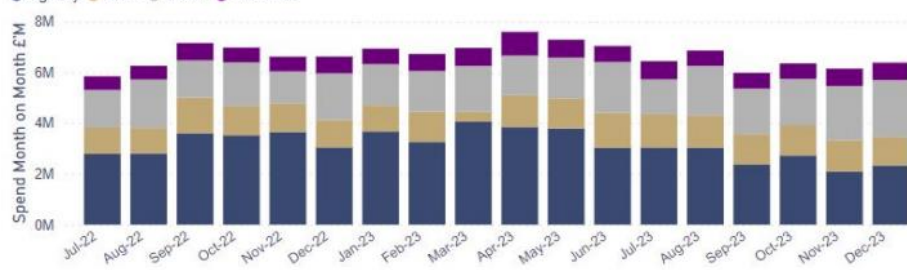
2.26 As highlighted in Objective 1 above (see para 2.3), weekly reports are distributed to management, including the *Temporary Workforce Utilisation Tool* outlining the overtime, additional duties, nurse bank and agency use.

2.27 Management action also highlighted that training would be put in place to ensure they are confident of data analysis within the Health Roster system. We confirmed that training is offered by the Roster Team on a weekly basis and on request. Emails sent out from the Roster Team to managers and roster administrators demonstrated engagement regarding training, and evidence of training attendance was provided.

2.28 Agency and temporary workforce utilisation continues to be a key metric in the *Performance Assurance and Workforce Metrics Report* to the People, Organisational Development & Culture Committee (PODCC).

2.29 Variable pay costs have reduced since April 2023, whilst agency spend as a percentage of the total pay bill has significantly reduced following the decision to cease non-framework agency use in June 2023, and continues to show a reducing trend:

Variable Pay Month on Month



Agency Spend as a percentage (%) of the total pay bill

Month Name	2020/2021	2021/2022	2022/2023	2023/2024
April	3.36%	6.84%	6.46%	7.82%
May	3.19%	7.04%	6.12%	7.62%
June	3.45%	7.47%	6.94%	5.09%
July	3.89%	7.95%	6.42%	5.62%
August	4.58%	7.01%	6.46%	6.05%
September	5.07%	6.79%	6.52%	4.81%
October	5.84%	8.33%	6.94%	5.25%
November	6.23%	7.77%	9.27%	4.19%
December	6.07%	7.18%	6.23%	4.64%
January	6.92%	7.15%	7.83%	
February	3.98%	7.08%	6.89%	
March	3.12%	5.13%	7.80%	

Conclusion:

2.30 Noting the above we have concluded **Substantial** assurance for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Roster Audit Feedback Follow Up (Design)		Impact
<p>We highlighted that following a roster audit, remedial actions required to be undertaken by Ward Managers/SNM to address anomalies within their roster was not followed up to ensure completion. Identification of whether action was taken would only be identified in the next round of audit, which in theory could be in a years' time.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Failure to maintain adequate nurse staffing levels and appropriate skill mix, impacting on the quality of care provided to patients, potentially resulting in patient harm and/or negative patient experience.
Recommendations		Priority
1.1	<p>To ensure actions are taken to address anomalies within rosters and encourage thorough review, consideration should be given to amending the roster audit process to include a deadline for completion of actions to be taken by the Ward Manager/SNM, and confirmation to be provided to the Roster Team when they have done so.</p>	Medium
Agreed Management Action		Target Date
1.1	<p>The audit process will be updated to include a deadline for completion of the actions taken by the Ward Manager/Senior Nurse Manager and for confirming to the Roster Team.</p>	30 th September 2024
		Responsible Officer
		Senior Workforce Manager: Bank & E-Roster

Matter Arising 2: Roster Training (Design)		Impact	
Results of the 120 audits undertaken between October 2023 – February 2024 indicate issues with rostering efficiency. Whilst the key principles of rostering are covered in the policy and training on use of the Health Roster system is available, discussions with the Roster Team and Nurse Staffing Team highlighted that there is no training on how to roster to ensure optimum efficiency.		Potential risk of: <ul style="list-style-type: none"> • Non-compliance with Health Board policies and procedures. 	
Recommendations		Priority	
2.1	Consider the merits of providing training on effective rostering practices to support efficient rostering.	Medium	
Agreed Management Action		Target Date	Responsible Officer
2.1	Develop a training guide on how to roster to ensure optimum efficiency, and develop a training programme and schedule to ensure all new roster managers are trained on effective rostering practices.	30 th September 2024	Senior Workforce Manager: Bank & E-Roster

Matter Arising 3: Retrospective recording/approval of additional duties shifts (Operation)		Impact
Testing of additional duties shifts highlighted: <ul style="list-style-type: none"> i) Additional duties shifts retrospectively added and/or approved ii) Additional duties shifts added a considerable time before the shift date 		Potential risk of: <ul style="list-style-type: none"> • Non-compliance with Health Board policies and procedures.
Recommendations		Priority
3.1 Monitor additional duties shifts to scrutinise rationale for use and identify those added and/or approved retrospectively or added well in advance of the shift. Rosters with high incidence should be further investigated in conjunction with the Nurse Staffing Team to establish and address the root cause. Reports of additional duties shifts should be included in the weekly/monthly reporting to SNMs.		Medium
Agreed Management Action	Target Date	Responsible Officer
3.1 Reporting to be enhanced to provide information on additional shifts added, report to be distributed to Heads of Nursing and Senior Nurse managers. Usage across all areas to be discussed with the Nurse Staffing Team to establish and address the root cause. Metrics within 'Our Performance' dashboard to be developed to include Additional duties, with usage feeding into the Directorate Improving Together reporting pack.	30 th September 2024 31 st December 2024	Senior Workforce Manager: Systems and Workforce Senior Workforce Manager: Systems and Workforce

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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