

Bundle Finance Committee 27 January 2020

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Workforce Pay Controls

Presenter: Lisa Gostling

2 5 Finance Committee Workforce Pay Controls SBAR

2 5 Appendix 1 Finance Committee Workforce Pay Controls Report

PWYLLGOR CYLLID FINANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 January 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce Pay Controls – KPMG Grip and Control Action Plan Update and Establishment Control Project Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Annmarie Thomas, Head of Workforce: Resourcing and Utilisation

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report provides the Finance Committee with an outline of the KPMG Grip and Control workstream, together with a progress update on agreed actions. The report also provides an update on the Establishment Control Project (ECP).

The Finance Committee is asked to note the progress against the KPMG Grip and Control Action Plan and the ECP.

At the last meeting of the Finance Committee (19th December 2019), a request was made for the following information, which has been included in the main report (Appendix 1):

- In addition to the estimated date for completion of each action, further dates for completing the expected outputs from the action;
- Health Board Lead view regarding whether the KPMG savings identified are realistic, and, if not, what savings are anticipated;
- Actual savings tracked and delivered to date.

Cefndir / Background

KPMG Grip and Control Action Plan Update

KPMG were asked to assess the control environment operating in Hywel Dda University Health Board (HDdUHB) and to identify areas for improvement.

Establishment Control Project Update

Establishment Control is the formal process for matching information relating to funded posts on the General Ledger to the details of staff currently employed in those posts, as held on the Electronic Staff Record (ESR) system, which ultimately links to E-Rostering.

Asesiad / Assessment

KPMG Grip and Control Action Plan Update

The draft findings make a number of recommendations in respect of pay controls. Following a workshop held on 5th September 2019, attended by a range of key stakeholders, a number of initial actions were developed to address the recommendations. An update of progress against the Action Plan is included at Appendix 1.

Establishment Control Project Update

KPMG have developed a Headcount Tracker Dashboard to replace the current ECP Tool; a full demonstration is being given by KPMG on 13th January 2020, with roll-out planned by the end of January 2020.

The Nurse Staffing Risk Assessment Form has been devised for use for all requests to take staffing levels above planned rosters for the number of open beds on all section 25B wards. The reasons for requesting temporary staff within the e-rostering system have been reviewed to ensure any duplication or mis-categorisation is minimised, and that reported data relating to the usage of temporary nursing staff is accurate and meaningful.

Argymhelliad / Recommendation

The Finance Committee is asked to:

- Note progress against the KPMG Grip and Control Action Plan;
- Note progress against the Establishment Control Project.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.5 Provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, giving early warning on potential performance issues and making recommendations for action to continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	735 (score 16) There is a risk of the Health Board not achieving its agreed financial plan for the 2019/20 financial year. 646 (score 12) There is a risk of the Health Board not achieving breakeven over the medium term.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5. Timely Care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention

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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on HDdUHB's financial reporting system.
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial implications are inherent within the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	The impact on patient care will be assessed when each action is progressed.
Gweithlu: Workforce:	The report considers the financial implications of our workforce.
Risg: Risk:	Financial risks are detailed in the report.
Cyfreithiol: Legal:	HDdUHB has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
Enw Da: Reputational	Adverse variance against HDdUHB's financial plan will affect reputation with Welsh Government, Wales Audit Office, and with external stakeholders.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Appendix 1: Workforce Pay Controls

The Grip and Control Workshop held in September 2019 identified specific action plans to address the weaknesses described in KPMG's initial assessment.

Medical Workforce Controls

Control area	1.1 Acting Down
Weakness to overcome	Consultants have been required to "act down" at 3 times their rate, which should only be the case if Specialty and Associate Specialist (SAS) Doctors are unable to cover at short-notice.
Actions required:	<ul style="list-style-type: none"> Analyse the data to ensure rates are not being mis-applied i.e. ensure Consultants are not being paid at this rate for planned cover; Review the policy and test impact of changes.
Impact sought	To ensure proper procedures are followed and appropriate rates are paid.
Health Board (HB) Lead	Bethan Griffiths, Senior Medical Staffing Manager
Progress Update since workshop held 05.09.19	<p>Work is on-going, with review of current practices across the Directorates and an analysis of the shifts where Consultants have acted down, identifying whether terms and conditions have been applied consistently.</p> <p>A paper will now be finalised and presented to the Executive Director of Operations, Medical Executive Director and Executive Director of Workforce & Organisational Development (W&OD) in the first instance to explore options for resolution and recommendations.</p>
Estimated Date for Completion of the Action	31 st December 2019 (review completed) 28 th February 2020 (paper to be finalised and presented)
Date for Completing the Expected Outputs From the Action	31 st March 2020
Action Open or Closed	Open
Financial Savings predicted by KPMG	£0.1m
HB Lead view regarding whether the KPMG savings identified are realistic and, if not, estimation of savings	The paper which has now been finalised has been shared with Ellis Williams (Finance Directorate) for costing analysis work to be undertaken.
Actual Savings Tracked and Delivered to Date	No savings tracked to date as the action is not yet complete.

Control area	1.2 Job Plans
Weakness to overcome	Inconsistencies within specialities and sites, resulting in sub-optimal

	resource management. Less than 10% of job plans are electronic.
Actions required:	<ul style="list-style-type: none"> • Establish a review process, to be carried out by a central team, to ensure consistency across job plans; • Enable electronic job (e-job) planning across all teams; • Include job planning as part of the revalidation process for medical staff to ensure compliance with job plans and increase productivity.
Impact sought	Improvement in the efficiency of job planning.
Health Board Lead	John Evans, Assistant Director – Medical Directorate
Progress Update	<p>This action is now implemented.</p> <p>As per recent Audit and Risk Assurance Committee (ARAC) discussions – e-job planning is now mandated from 01.01.20.</p> <p>The trajectory for full compliance (100%) of completed e-job plans is 31.12.20. However, 100% compliance for all job plans (paper and e-job plans) is expected and on trajectory for 31.03.20.</p> <p>A group met to discuss means of evidencing actual and projected savings from implementation of the e-job planning system. The discussion included an acknowledgement that the savings would be included within service/ operational budgets, and consideration was given to how best to extrapolate savings from the consolidated position.</p> <p>To support this, a Task and Finish Group (TFG) will evaluate the impact of e-job planning on Obstetrics and Gynaecology (O&G) Directorate medical payments, where e-job planning is fully implemented. Finance and W&OD colleagues will support the O&G service and the Medical Directorate in undertaking this piece of work, which can then be used to extrapolate savings projections across the HB.</p>
Estimated Date for Completion	31 st March 2020
Date for Completing the Expected Outputs From the Action	31 st Dec 2020
Action Open or Closed	Open
Financial Savings predicted by KPMG	£1.0m - £2.0m
Financial savings predicted as set out in the Invest to Save bid.	£1,230,548
HB Lead view on whether the KPMG savings identified are realistic, and if not, estimation of savings	The piece of work to consider O&G Directorate savings will provide some evidence to support total savings projections and is expected to conclude imminently. HB-wide savings can then be extrapolated.

Actual Savings Identified to Date	No savings tracked to date because the action is not yet complete.
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Control area	1.3 Rota Management
Weakness to overcome	The decentralised Rota Management System is a driver of high agency spend. There is no current database or alert process to inform medical staff of available shifts to cover rota gaps, and no easy method for managers to access contact/ rate information for medical staff.
Actions required:	<ul style="list-style-type: none"> • Consider piloting a single rota for Accident & Emergency (A&E) across Health Boards to reduce significant agency spend; • Assess the benefits of central rota management; • Develop a database of medical staff to allow off-site managers to access contact information and see previous rates paid.
Impact sought	To ensure a cohesive approach to rota management.
Health Board Leads	John Evans, Assistant Medical Director Bethan Griffiths, Senior Medical Workforce Manager Anmarie Thomas, Head of Workforce: Resourcing and Utilisation
Progress Update since workshop held 05.09.19	<p>Single Rota for A&E Conversations have been held with General Managers and Health Directors at Worthybush General Hospital (WGH) and Glangwili General Hospital (GGH) regarding the potential benefits for improved rota management and associated efficiencies within Emergency Departments (ED). This initiative has been highlighted further by the additional fragility in both the Consultant and Middle grade rotas at these two sites, resulting from recent reductions in substantive staff members. An Urgent Response Group (URG) has been created to respond to this additional fragility, with a single rota proposal being one option considered. This piece of work will be progressed by the A&E URG group.</p> <p>Centralised Rota Management/ Electronic Rostering System for Medical and Dental (M&D) Staff Group It is recommended that this be treated as a medium-term objective. The current Nurse rostering system is being upgraded, and e-job planning for the M&D staff group is being progressed. These two programmes of work need to be prioritised.</p> <p>Medical Bank Model to manage Demand and Supply for Roster Gaps HB representatives will shortly attend an NHS Wales workshop to review options for HB, Regional or NHS Wales Medical Bank models.</p> <p>Rate Control The Standardised Rate Card has already been implemented (October 2017). Any breaches of the Rate Card must be requested for approval by the Workforce Expenditure Control Panel.</p>

<p>Estimated Date for Completion</p>	<p><u>Single rota for A&E:</u> 31st December 2019</p> <p><u>Centralised Rota Management/ Electronic Rostering System for M&D Staff Group</u> Timescales are influenced by capacity linked to roll-out of new rostering system for Nursing and successful implementation of e-job planning.</p> <p><u>Medical Bank Model to manage Demand and Supply for Roster Gaps</u> Timescales are influenced by NHS Wales work. Discussion has been held with a representative from Welsh Government (WG), who indicated that a workshop would be arranged to assess baseline provision across NHS Wales and the options for collaborative working.</p>
<p>Date for Completing the Expected Outputs From the Action</p>	<p><u>Single rota for A&E:</u> The centralisation of rotas for Emergency Department (ED) is included in the review of ED and Performance Management across the Health Board. The implications extend beyond ED and will impact upon patient pathways for specialities not supported 24 hours-a-day on some sites. This will be taken forward by the Chief Operating Officer and reported back over the coming months.</p> <p><u>Centralised Rota Management / Electronic Rostering System for M&D Staff Group</u> Timescales will be influenced by capacity, linked to roll-out of new rostering system for Nursing and successful implementation of e-job planning. At this stage a date cannot be provided to progress e-rostering for medical staff.</p> <p><u>Medical Bank Model to manage Demand and Supply for Roster Gaps</u> Timescales are influenced by NHS Wales work. Discussion has been held with WG, who indicate that a workshop will be arranged to assess baseline provision across NHS Wales and options for collaborative working. Estimated completion date between 30.09.20 and 31.03.21 depending on NHS Wales work direction. WG has provided no further update, and further contact was made 06.01.20. Clarity was also sought from Procurement colleagues regarding the date for the workshop. A meeting between Head of Workforce: Resourcing and Utilisation and a WG representative has been arranged for 13.01.20.</p>
<p>Action Open or Closed</p>	<p>Open</p>
<p>Financial Savings predicted by KPMG</p>	<p>£1.0-2.0m</p>
<p>HB Lead view on whether the KPMG savings identified are realistic, and if not, estimation of savings</p>	<p><u>Single rota for A&E:</u> financial savings projections require clarification regarding the level of centralisation to be included within a single ED Rota. The level of savings will vary depending on whether the SAS and Junior Doctor rotas are included, and the timescales for this transition.</p>

	Centralised Rota Management / Medical Bank Model No internal assessment is available to determine whether the estimated savings are realistic at this stage. E-Rostering for medical staff and a Medical Bank Model combined are likely to deliver savings if the case studies reported by providers of services in other NHS organisations are accurate. Confident assessment of whether predicted savings are realistic is not possible at this stage. Potentially, the £1m savings figure may be realistic if both objectives were fully implemented, but a figure of £2m appears very optimistic.
Actual Savings Identified to Date	No savings tracked to date because the action is not yet complete.

Control area	1.4 Agency Mileage
Weakness to overcome	Some medical agency staff are claiming mileage; however this should only be allowed for inter-site travel.
Actions required:	<ul style="list-style-type: none"> • Check Medacs M1 report for travel costs on a monthly basis; • Use findings of Medacs report to undertake audit of high risk areas in order to identify any illegitimate agency mileage claims.
Impact sought	To prevent future illegitimate expenses being paid.
Health Board Lead	Annmarie Thomas, Head of Workforce: Resourcing and Utilisation
Progress Update since workshop held 05.09.19	Data audited. One example of 'home to assignment' mileage claimed in error by Agency Worker and approved in error by the Authoriser of the timesheet. Error addressed and refund being processed. Guidelines for authorisers of timesheets re-issued to stress that only internal mileage from base site of assignment to another Health Board site can be claimed.
Estimated Date for Completion	30.09.19
Date for Completing the Expected Outputs From the Action	N/A – no further opportunities for savings linked to this objective.
Action Open or Closed	Closed
Financial Savings predicted by KPMG	None indicated.
HB Lead view on whether the KPMG savings identified are realistic, and if not, estimation of savings	N/A – No savings indicated by KPMG.
Actual Savings Identified to Date	None. No further opportunities for savings linked to this objective.

Control area	1.5 Unpaid breaks
Weakness to overcome	Unlike Medical Agency workers, rest breaks for internal Doctors are not automatically deducted. Current controls surrounding rest breaks are able to be 'worked around' on timesheets.
Actions required:	<ul style="list-style-type: none"> • Re-issue guidance note to explain the responsibility of time-sheet Authorisers;

	<ul style="list-style-type: none"> • Review whether current time-sheet Authorisers are appropriately placed to exercise grip and control; • Consider introducing online timesheets for medical staff; • Issue letter to agencies explaining issues around payment for unpaid breaks, informing them that invoices submitted to the HB will be returned for ratification.
Impact sought	Improvement in accuracy of time recording.
Health Board Lead	Anmarie Thomas, Head of Workforce: Resourcing and Utilisation
Progress Update since workshop held 05.09.19	<p>Actions will differ, depending on whether the finding relates to Medical Agency or internal ad hoc Locum. Clarity from KPMG required.</p> <p>No action required with regard to Medical Agency cases, as rest breaks are deducted automatically using an electronic system for timesheet approval. Internal ad hoc Locum cases link to a much larger piece of work to introduce a Medical Bank Model, involving significant capacity requirements in order to complete at pace in this financial year. Further discussion needed, linked to the vision for a Medical Bank Model and to the pace of developments at NHS Wales level relating to this matter.</p>
Estimated Date for Completion	<p>Timescales influenced by NHS Wales work. Re-assessment will be required in the New Year. Discussions held with WG indicate that a workshop would be arranged to assess baseline provision across NHS Wales and options for collaborative working.</p> <p>WG contacted on 20.12.19 to ask for a progress update regarding the workshop. No response was received so further contact was made on 06.01.20. Clarity also sought from Procurement colleagues regarding the date for the workshop. Meeting between Head of Workforce: Resourcing and Utilisation and WG representative arranged for 13.01.20.</p>
Date for Completing the Expected Outputs From the Action	30.09.20 - 31.3.21, depending on NHS Wales work direction and timescales and whether the HB can proceed independently to introduce a Medical Bank Model.
Action Open or Closed	Open
Financial Savings predicted by KPMG	£0.05m - £0.10m
HB Lead view on whether the KPMG savings identified are realistic, and if not, estimation of savings	The above savings are potentially realistic. Increased control of the deduction of unpaid rest breaks for Medical Agency workers resulted in savings of approximately £350k. The volume of activity is higher for Medical Bank staff, but a full appreciation of the baseline is not in place to enable accurate assessment of opportunities. Previous benchmarking across NHS Wales confirms that other HBs are not deducting unpaid rest breaks from this category of worker, so implementing this practice will be exceptionally challenging.
Actual Savings Identified to Date	Savings for Medical Agency unpaid rest break deduction already delivered in 2017/18.

	No savings tracked to date because the action is not yet complete for Medical Bank staff.
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Control area	1.6 Long Term Temporary Staff
Weakness to overcome	Medical staff recruitment and retention is a challenge for the Health Board. For the first 14 weeks of the year, there were 7 agency medical workers who worked in excess of 30 hours per week. Visibility regarding the extent to which Locums are working regularly across the HB is limited.
Actions required:	<ul style="list-style-type: none"> • Give ownership to Consultants to have conversations regarding recruitment at conferences etc; • Introduce a 'Refer a Friend' scheme, with financial incentive for participants; • Introduce a referral system between specialities/ wards whereby candidates are recruited through another area rather than being turned away if they meet the application threshold but the position is filled.
Impact sought	Increase in recruitment numbers.
Health Board Lead	Anmarie Thomas, Head of Workforce: Resourcing and Utilisation
Progress Update since workshop held 05.09.19	<ul style="list-style-type: none"> • A) A meeting has taken place to improve tracking of exit strategies for agency workers, to include progress since last update and tracker against recruitment. The intention is to present this at Holding to Account (HTA) meetings, with variable pay metrics for medical staffing due to the Urgent Response Group being disbanded. The KMPG dashboard will include metrics relating to Medical Agency workers. A meeting has been arranged with Mark Henwood, Anmarie Thomas and Medacs on 15.01.20 to review all progress against the exit strategies. • B) A draft paper has prepared on the 'Refer a Friend' scheme. • C) Issues relating to conference attendance will be revisited through the Consultant Study Leave approval process and Medical Director newsletter.
Estimated Date for Completion	31.01.20
Date for Completing the Expected Outputs From the Action	Output A 31.01.20 Output B 30.04.20 Output C 30.04.20
Action Open or Closed	Open
Financial Savings predicted by KPMG	£1.0m - £2.0m
HB Lead view on whether the KPMG savings identified are realistic, and if not,	It is unlikely that these three specific actions will lead to savings of £1.0m - £2.0m. Other actions are taking place via campaigns, delivering presentations to Senior Clinicians during Leadership training etc. to increase the number of offers of employment being

estimation of savings	made to medical staff. Given exit of around 15 agency worker assignments of the current total of 30 assignments savings of approximately £1m may be realised, but this would be exceptionally challenging to achieve in light of current labour market conditions. The Doctors in these assignments are covering fragile rotas and services.
Actual Savings Identified to Date	Savings relating to two transfers of agency workers to Medical Bank are in the process of being calculated.

Nursing Agency controls

Control area	2.1 Agency Booking Process and Control
Weakness to overcome	Current controls allow Senior Sisters on wards to request agency cover without further checks, and previous controls requiring Nursing Director sign-off for Thornbury bookings have been removed.
Actions required:	<ul style="list-style-type: none"> • Letter to be sent to agencies addressing the limited access to agency on weekends; • Review contracts with agencies to ensure the proper procurement process is being followed; • Issue an e-mail to prevent wards from circumventing the process by booking directly with the agency; • Undertake a risk assessment of hours worked after 8pm (Bank Office Close); • Tier the availability of shifts to Agency e.g. 12 week roster publication 4-12 weeks - only permanent/ Bank/ Part Time staff can apply for the vacant shift under 4 weeks on contract agency notified; • Discussions around block booking agreement when planned Whole Time Equivalent (WTE) is not being fulfilled: agreement 0-6 weeks authorised by Senior Nurse: 6-12 weeks authorised by Head of Nursing: 12 weeks+ authorised by Nursing AD and Director. • Pilot longer term rostering plans.
Impact sought	Reduction in use of agency workers.
Health Board Lead	Dan Owen, Senior Workforce Manager – Bank & eRostering
Progress Update	Letter drafted with Legal Team for sign-off before being sent – Meeting arranged with contract agencies – Email sent from Nurse Directorate regarding agency booking – currently undergoing Bank opening time work – publication of shifts to 12 week long term goal – blocked booking process live from 16 th September.
Progress Update	Letter to Agencies sent – 23.10.2019. Direct booking in GGH not allowed – in other hospitals direct booking is still done in response to increase in fill rate required due to winter pressures. Risk assessment still with Nursing to finalise. Tier – Trial with Richmond Agency block booking and cover requests ongoing. Block booking ahead with Heads of Nursing in all hospitals. Pilot Long Term Rostering – in line with allocate rollout.

	Risk assessments are live for all areas, ensuring correct use of Thornbury. Block bookings maximised where possible dependant on on-contract agency cover (due to geographic situation of Bronglais General Hospital and WGH resulting in challenges to provision of cover over Winter periods).
Estimated Date for Completion	Completed
Date for Completing the Expected Outputs From the Action	Financial Year 2020/2021
Action Open or Closed	Open
Financial Savings predicted by KPMG	£1.0m - £2.0m
HB Lead view on whether the KPMG savings identified are realistic, and if not, estimation of savings	Financial Savings need to be tracked over a longer period of time, due to increased Winter pressure costs Due to inability of on-contract to cover fill rate due to winter pressures and surge, savings will be lower than predicted.
Actual Savings Identified to Date	Financial Savings need to be tracked over a longer period of time.

Control area	2.2 Target Reduction in Thornbury Usage
Weakness to overcome	A high number of agency shifts have been fulfilled by Thornbury, which typically charges double the rate of other agencies.
Actions required:	<ul style="list-style-type: none"> • No direct booking to be made with Thornbury; all requests will be sent through Bank Office in hours with authorisation; • Authorisation of Thornbury needs to be agreed by Assistant Director or Director of Nursing; • On call Executive – provide Thornbury with authorisation list of Executives that can authorise Thornbury spend out of hours; • Extend specialist roles to Clinical Decision Unit (CDU), as this would improve cover with Bank and contract agency; • Review policy on nursing staff returning as agency staff. Agreed 6 month ban to be managed through Bank Office, with any issues discussed with Heads of Nursing.
Impact sought	Reduction in agency cost.
Health Board Lead	Dan Owen, Senior Workforce Manager – Bank & eRostering
Progress Update	<p>CDU specialist role to be confirmed. Discussions held with Nursing Directorate. Bans live around leavers from HB Bank to agency within 6 months.</p> <p>Direct booking stopped in GGH only.</p> <p>Large gap in CDU establishment – recruitment drive to support CDU.</p> <p>On-contract agencies unable to fill requirement over Winter pressure period from beginning of November due to this increase in off-</p>

	<p>contract spend, including surge, within A&E.</p> <p>Plan to review use of specialist Bank staff for CDU; Intensive Therapy Unit (ITU), even with specialist Bank staff, have had to increase use of off-contract staff due to Winter pressures.</p> <p>Thornbury are also struggling to fill – with only a 49% cover rate in December 2019.</p>
Estimated Date for Completion	31 st March 2020
Date for Completing the Expected Outputs From the Action	Financial Year 2020/2021
Action Open or Closed	Open
Financial Savings predicted by KPMG	£0.3m - £0.4m
HB Lead view on whether the KPMG savings identified are realistic, and, if not, estimation of savings	<p>Financial Savings need to be tracked over a longer period of time, due to increased Winter pressure costs.</p> <p>Specialist Bank rates have not reduced Thornbury spend during Winter periods.</p>
Actual Savings Identified to Date	Financial Savings need to be tracked over a longer period of time.

Control area	2.3 Health Care Support Worker (HCSW) Agency
Weakness to overcome	There were approximately 100 HSCW shifts worked to Month 3 this financial year, including 15 through Thornbury.
Actions required:	<ul style="list-style-type: none"> • Develop a mechanism in conjunction with Mental Health Directorate to utilise Bank staff; • Explore ways to promote Bank recruitment for HCSW staff; • HCSW agency requests to be approved by Director/ Deputy Director of Nursing to discourage agency use; • Temporary ban on use of HCSW with Mental Health (MH) patients– discussions around level 4 assessments (action to monitor level 4 assessments).
Impact sought	<p>Reduction in use of agency staff.</p> <p>Promotion of Bank staff use.</p>
Health Board Lead	Dan Owen, Senior Workforce Manager – Bank & eRostering
Progress Update since workshop held 05.09.19	MH HCSW need level 4 training – Recruitment Team plan an intake early 2020 –an offer will be made to existing staff in the meantime.
Progress update	<p>Issues with MH Recruitment – new plan for 2020/2021 to ensure HCSW for MH prioritised for Bank and then Level 4 RSI Training.</p> <p>Issue raised around communications – in contact with Communications Team to look into setting up Facebook page for vacant shifts for HCSW.</p>

	<p>Plan discussed around need for MH-specific HCSW recruitment – new plan for HCSW recruitment in 2020 drafted.</p> <p>Discussions around moving variable pay into substantive posts; average Full Time Equivalent (FTE) for Bank cover for band 2 staff 12FTE per month since April (until end of November).</p> <p>Meeting arranged with Mental Health and Learning Disabilities (MHL) Directorate in February 2020 to look into the issues above.</p>
Estimated Date for Completion	31 st March 2020
Date for Completing the Expected Outputs From the Action	Financial Year 2020/2021
Action Open or Closed	Open
Financial Savings predicted by KPMG	£0.01m
HB Lead view on whether the KPMG savings identified are realistic, and if not, estimation of savings	Improvement around substantive funding should remove the costs above, using Bank as a temporary staffing solution instead of a planned need.
Actual Savings Identified to Date	Financial savings need to be tracked over a longer period of time.

Control area	2.4 Promote Bank Sign-up/ Usage
Weakness to overcome	Sign-up of substantive nursing staff is low in comparison to other health providers.
Actions required:	<ul style="list-style-type: none"> • Training – linking with nursing; • Advertise internally by writing to all nurses; • Consider moving from 'opt in' to 'opt out' for all nursing staff; • Explore changes required to the roster system in order to promote Bank usage; • <i>Invest to Save</i> scheme with WG to procure system fit for purpose e.g. <i>Allocate</i>; • Recruitment campaigns managed without W&OD team; • Letter to be drafted to all staff who do not currently work overtime and are not on the Bank to offer them chance to sign up; • Approach staff to join Bank during induction – ensure process is easier for substantive staff – no additional interviews required etc making it simple to join.
Impact sought	Reduce total agency use/ cost.
Health Board Lead	Dan Owen, Senior Workforce Manager – Bank & eRostering
Progress Update	Process changed for substantive nursing – staff now able to get secondary assignment within 72hrs working with Recruitment and Payroll – business case to support new roster system to improve Bank functionality and ease of use.

	<p>As at 03.12.19, <i>Allocate</i> has been procured and contract signed - final sign-off awaited to move to plan project – Opt out of Bank discussed not viable at the moment – Letter drafted to all band 2 HCSW about Bank.</p> <p>Facebook page plan drafted - awaiting feedback from Governance to go live.</p> <p>Working with new nurses in area and existing staff to sign them up onto Nurse Bank; also working with community to provide a larger Bank for nurses instead of the use of on-contract agency staff.</p>
Estimated Date for Completion	31 st March 2020
Date for Completing the Expected Outputs From the Action	Financial year 2020/2021
Action Open or Closed	Open
Financial Savings predicted by KPMG	None provided but likely to be covered by the figures already stated for roster efficiency in other actions
HB Lead view on whether the KPMG savings identified are realistic, and if not, estimation of savings	N/A
Actual Savings Identified to Date	Financial Savings need to be tracked over a longer period of time. Unable to extrapolate the exact savings generated from this action in isolation.

Control area	2.5 Overtime/ Additional Hours
Weakness to overcome	Overtime bill is contributing significantly to the total staffing charge.
Actions required:	<ul style="list-style-type: none"> • Use the Establishment Control tool already in place to extract data relating to staff overtime; • Identify and inspect hot spot areas.
Impact sought	Identification of areas where overtime charges are high.
Health Board Lead	Dan Owen, Senior Workforce Manager – Nurse Bank & eRostering Annmarie Thomas, Head of Workforce: Resourcing and Utilisation– all other staff groups
Progress Update since workshop held 05.09.19	<p>Overtime breakdown provided weekly to all Senior Operational Managers.</p> <p>Project Management Office (PMO) Team leading a review of overtime trends across all staff groups with a focus on alternative solutions.</p>
Estimated Date for Completion	31 st March 2020
Date for Completing the Expected Outputs	Financial year 2020/2021

From the Action	
Action Open or Closed	Open
Financial Savings predicted by KPMG	£0.5-1.0m
HB Lead view on whether the KPMG savings identified are realistic, and if not, estimation of savings	There is clearly potential in this area if overtime costs at 1.5 times the hourly rate are switched to substantive pay costs or alternative Bank worker models. Review of some higher cost areas has commenced, leading to a better understanding once the first reviews are completed. The opportunity saving is more likely to be nearer £0.5m than £1.0m.
Actual Savings Identified to Date	No savings tracked to date because the action is not yet complete.

Nursing Rostering controls

Control area	3.1 Rostering
Weakness to overcome	Over-establishment identified in wards based on a sample tested.
Actions required:	<ul style="list-style-type: none"> • Explore whether it is possible to automate the rostering process; • Tracker to be shared with Executive Team to illustrate continual roll out of E-Roster to all wards; • Task and Finish group to submit/ review/ authorise all roster changes; • Abstraction tracking to be used to track correct allocation of planned and unplanned activity e.g. peak sickness/ annual leave etc.; • Key roster issues to be factored into the Holding to Account (HTA) process; • Guidelines required to ensure managers use the tools/ reports available; • Review option to move the publication date from 6 weeks to 12 weeks with Assistant Director of Nursing.
Impact sought	Improve rostering efficiency.
Health Board Lead	Dan Owen, Senior Workforce Manager – Bank & eRostering
Progress Update	Demand and Capacity meeting to be arranged.
Progress Update	KPMG dashboard to be developed to provide reporting functionality to Health Board. Demand and capacity detail to be discussed in an <i>Allocate</i> Project Implementation Group meeting with all rotas Red/ Amber/ Green (RAG)-scored prior to sign-off by Steering Group.
Estimated Date for Completion	Difficult to estimate a date, as this will run concurrently with the introduction of <i>Allocate</i> .
Date for Completing the Expected Outputs From the Action	Rolling programme of implementation. Benefits will be realised as each Ward area goes live.
Action Open or Closed	Open

Financial Savings predicted by KPMG	£2.0m - £3-4.6m
HB Lead view on whether the KPMG savings identified are realistic, and if not, estimation of savings	Financial Savings need to be tracked over a longer period of time. It is too early to predict whether these savings are realistic or not. Assessment and tracking of savings across the HB may be undertaken following successful go-live for some wards.
Actual Savings Identified to Date	No savings tracked to date because the action is not yet complete.

Control area	3.2 Rostering Policy
Weakness to overcome	Policy was last updated in 2015; a revised version has been in draft since mid-2018.
Actions required:	<ul style="list-style-type: none"> Review the rostering policy to ensure that processes relating to swapping shifts, Time off In Lieu (TOIL) etc. are clear; Create procedures for booking Annual Leave/ swapping shifts to support policy; Consider drafting Policy appendices for information relating to specific staffing groups.
Impact sought	Improvement in rostering efficiency.
Health Board Lead	Dan Owen, Senior Workforce Manager – Bank & eRostering
Progress Update	Overarching policy to be reviewed, and specific Nursing appendix added to provide guidance on efficient staffing of wards in line with nursing staffing levels in Wales.
Progress	Nursing Roster Guidance ready to be signed off, and will then be complete. Overarching policy for Health Board in draft form.
Estimated Date for Completion	31 st March 2020
Date for Completing the Expected Outputs From the Action	Aligned with the roll out of <i>Allocate</i> .
Action Open or Closed	Open
Financial Savings predicted by KPMG	None provided, but likely to be covered by the figures already stated for roster efficiency in other actions
HB Lead view on whether the KPMG savings identified are realistic, and if not, estimation of savings	N/A
Actual Savings Identified to Date	N/A

General Workforce Controls

Control area	4.1 Sickness
Weakness to overcome	High sickness absence rate for 18/19 (4.86%) in comparison to other health providers has cost an estimated £12.6m.

Actions required	<ul style="list-style-type: none"> Progress formal review of Sickness Policy, focusing upon reducing sickness rates. Analyse non-ward-based sickness levels by directorate and carry out checks on the top 'red' areas. Review Sickness Policy to ensure that there is no incentive for staff to take additional sick days (i.e. ensure no scope for abuse).
Impact sought	<p>Reduction in sickness rates.</p> <p>Reduction in cost of sickness absence.</p>
Health Board Lead	Kim Warlow, Head of County Workforce (West)
Progress Update since workshop held 5.9.19	Focus upon Wellbeing, with events planned for early next year. Training is being rolled out to managers, focusing on the Compassionate Leadership element. Hywel Dda University Health Board (HDdUHB) continues to have the lowest sickness absence rates among the larger Health Boards. Sickness absence data is regularly issued to Directorates and discussed at HTA meetings, and is regularly reviewed at W&OD Sub-Committee meetings.
Estimated Date for Completion	A range of measures to support a reduction in sickness absence is in place.
Date for Completing the Expected Outputs From the Action	Rolling programme of activity – no end date for actions.
Action Open or Closed	Closed – action plans already in place to address this finding.
Financial Savings predicted by KPMG	£1.0 - £2.0m
HB Lead view on whether the KPMG savings identified are realistic, and if not, estimation of savings	A 0.5% reduction in sickness absence would equate to approximately £100k saving per month. HDdUHB continues to have the lowest sickness absence rates among the larger Health Boards; a further 0.5% reduction would therefore be difficult. In this connection, the saving is likely to be closer to the £1m estimate if a 0.5% reduction was achieved.
Actual Savings Identified to Date	Financial Savings need to be tracked over a longer period of time.

Control area	4.2 Staff Overpayments
Weakness to overcome	A weakness in controls over leavers has been identified, with 154 instances of staff overpayments in 18/19. The current outstanding overpayment balance is £120k.
Actions required:	<ul style="list-style-type: none"> Emphasis to be placed on individuals to inform ESR of their resignation. HR and payroll to be notified automatically when the request is placed by the individual and again when approved by the line manager; Use Workforce Control Panel (WCP) to map leaver resignation dates and feed the information to HR to improve the speed of recruitment; Analyse data for the current overpayments to identify any trends that can be used to prevent future overpayments;

	<ul style="list-style-type: none"> • Capture any instances where a line manager agrees a shorter notice period than that contracted; • Undertake a review of Overpayment Policy to identify whether overpayments are being paid back at the appropriate rate; • Explore the benefits of invoicing for overpayments, ensuring that financial help in the form of a payment plan is clearly offered with any invoice requesting payment from an individual.
Impact sought	<p>Claw-back of overpayments due.</p> <p>Prevention of overpayments to future leavers.</p>
Health Board Lead	Michelle James, Head of Workforce Intelligence
Progress Update	<p>A Task and Finish Group has been set up, with representation from Finance, Payroll, ESR and Counter-Fraud Departments.</p> <ul style="list-style-type: none"> • An All Wales overpayment policy is being developed. Payroll Department will link in to ensure changes required to strengthen the process are included. • A resource pack will be developed to ensure all forms/ links to forms are easily accessed, and that there is clear signposting and clarity around the Termination process. • Communication will be sent to managers via the Global Email system and a 'Manager's Communication List' will be developed, comprising managers within Manager Self Service (MSS) in ESR to allow reminders to be distributed. • Work is ongoing between HDdUHB and NHS Wales Shared Services Partnership (NWSSP) to develop electronic forms for roll-out in March 2020. An issue has been identified with regard to HDdUHB's roll-out of Office 365. IT will be tasked to identify whether this will impact the roll-out of the electronic forms. • Overpayments are in future to be reported to the Directorate Performance Reviews to ensure increased accountability.
Estimated Date for Completion	31 st January 2020
Date for Completing the Expected Outputs From the Action	31 st January 2020
Action Open or Closed	Open
Financial Savings predicted by KPMG	£0.2m - £0.5m
HB Lead view on whether the KPMG savings identified are realistic, and if not, estimation of savings	<p>The savings identified are not realistic. With current resources it is not possible to capture instances where a Line Manager agrees a shorter notice period than that contracted.</p> <p>Workforce Control Panel are unable to map Leaver resignation dates and feed the information to HR to improve the speed of recruitment. Processes are not in place to prompt individuals to inform ESR of their resignation. The current system is not configured to automatically notify HR and Payroll when requests are placed by individuals, and again when approved by Line Managers.</p>

Actual Savings Identified to Date	No savings have been identified to date.
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