

Temporary Staffing Costs Final Internal Audit Report

June 2024

Cardiff & Vale University Health Board

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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 review the processes and controls in place relating to the Health Board’s costs in relation to Temporary Staffing (Agency & Bank).

Overview

We have issued Limited assurance on this area.

The Health Board has and continues to make significant progress with its ambition to curb reliance on agency staffing. We note that since spring 2023, the Health Board has implemented additional controls and mechanisms to scrutinise the use of temporary staff and ensure that these are only engaged where necessary after alternative and more cost-effective options have been explored.

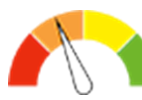
As of the end of March 2024, the Health Board met its target to cut Nurse agency staffing costs by 50% and we recognise this as an important achievement. However, workforce challenges remain as the Health Board and the wider NHS continues to tackle unprecedented levels of service demand compounded by vacancy levels and sickness rates.

For the short term and in order to deliver high-quality and safe care for patients, the Health Board must consider all options available including the sourcing of temporary staffing. For the longer term, consistent and concerted action at both local and national level will be required to address wide ranging issues such as workforce planning, pay, training and staff wellbeing. We note that the Health Board is undertaking a number of projects to improve its ability to recruit and retain.

The matters that require management attention include:

- Inconsistent staff rostering approaches within Capital, Estates and Facilities.
- Requirement to drive efficiencies and savings through the timely and correct use of Health Roster system as a workforce planning tool.

Report Opinion

	<p>Limited More significant matters require management attention.</p> <p>Moderate impact on residual risk exposure until resolved.</p>	N/A
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Assurance summary¹

Objectives	Assurance
1 Policies and Procedures	Substantial
2 Efficient use of temporary staffing	Limited
3 Shift justification and authorisation	Limited
4 Provision for temporary staff	Reasonable
5 Shift verification and finalisation before payment	Reasonable
6 Temporary staff usage and cost reporting	Reasonable

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

- Bank shifts are not always being advertised in a timely manner and/or in line with the Rostering Procedures.
- Capital, Estates and Facilities are not approving bank shifts in line with the Workforce Sustainability Scheme of Delegations.
- Nursing staff agency requests are not always being produced, reviewed and signed off in line with the Workforce Scheme of Delegation.
- Shift verification and finalisation within the Health Roster system continues to be an issue.

Other recommendations / advisory points are within the detail of the report.

Key Matters Arising		Objective	Control Design or Operation	Recommendation Priority
3	Self-allocation of bank shifts by staff member	2	Design	High
6	Missing and incomplete Temporary Staffing requests	3	Operation	High
7	Bank shift allocation effectiveness	5	Operation	High
1	Inconsistent rostering practices	2	Design	Medium
2	Rostering effectiveness	2	Operation	Medium
4	Timely advertisement of temporary staffing shifts	2	Operation	Medium
5	Temporary staffing requests not approved in line with Workforce Sustainability Scheme of Delegation	3	Operation	Medium

1. Introduction

- 1.1 Our audit review of Temporary Staffing Costs was completed in line with the 2023/24 internal audit plan for Cardiff and Vale University Health Board (the 'Health Board').
- 1.2 All National Health Service organisations rely on a level of temporary and / or additional staff resources, in order to maintain service continuity. The inherent nature of providing health services, with the variations in demand, capacity and workforce availability dictate that such expenditure is unavoidable. However, areas can influence the demand for and cost of this additional staffing through the development and utilisation of robust governance and control processes.
- 1.3 The Annual Accounts for 2022/23 confirmed that the Agency staff costs were £36,443,000 with a line for Other staff costs of £9,181,000 which included Medacs/staff-flow contracted medical staff. ¹
- 1.4 Variable Pay (Bank, Agency and Overtime) is reported as part of the Integrated Performance Report which is reported to the People and Culture Committee and the Board. It was acknowledged that the spend on variable pay has been as high as 10.85% of the total spend on pay, but in Jul-23 was 9.93%. The Report presented to the September 2023 Board confirmed that there is a Sustainability Programme Board in place and one of the programmes of work is Workforce Sustainability, which is focusing on significantly reducing variable pay through reducing reliance on agency workers, effective rostering, appropriate use of overtime and bank. ²
- 1.5 The work undertaken as part of our audit included sample testing within Clinical Nursing, Management & Administration and Capital, Estates & Facilities to confirm adherence to processes.
- 1.6 The Executive Director of People and Culture and the Executive Director of Finance are the lead Executives for this review.
- 1.7 The potential risks considered as part of this audit are:
 - Non-compliance with Health Board policies and procedures; and
 - Failure to obtain value for money due to inappropriate use of temporary staffing resources.

¹ cavuhb.nhs.wales/files/board-and-committees/board-2023-24/7-7d-draft-annual-report-2022-23-v26-final-pdf/ pg 201

² cavuhb.nhs.wales/files/board-and-committees/board-2023-24/2023-09-28-public-board-papers-v4-pdf/ pg 156

2. Detailed Audit Findings

Objective 1: Health Board policy, procedures and guidance are in place to efficiently direct the use of temporary (bank and agency) staff, which is appropriate and up to date.

- 2.1 To inform this objective we held meetings with operational and executive management and performed a high-level review of the strategies, policies and procedures in place to determine the transparency and level of corporate direction provided to all staff on the use of temporary staff.
- 2.2 As part of the Financial Sustainability Programme for 2023/24, the Health Board identified workforce as a key area and set a target of £8m savings. A Workforce Sustainability Roadmap has been developed and this visualizes the phased approach to reduce reliance on temporary staffing for the year.
- 2.3 Building workforce sustainability is a key priority of the Health Board's three-year workforce strategy: "People and Culture Plan 2022-25". The plan consists of seven themes three of which relate to:
- Implementation of Seamless Workforce Models – one of the measures of success for this theme is to "Reduce bank and agency spend."
 - Attract, Recruit and Retain – one of the challenges of this theme is the "High reliance on bank and agency."
 - Workforce Supply and Shape.
- 2.4 In light of the financial pressures and forecast deficit faced by the Health Board in 2023/24, executive decisions by the Sustainability Programme Board were made to stop agency use in the following areas:
- Clinical Nursing (Health Care Support Workers) – Cessation from 1st April 2023.
 - Capital, Estates and Facilities – Cessation from 1st May 2023.
 - Management and Administration – Cessation from 1st May 2023.

The above decisions were communicated in a timely manner to all areas by corporate correspondence signed by the relevant Executive Director. Areas with no alternative than to engage with agency staff have been required to escalate their requests to the wider Executive Team for approval.

- 2.5 One of the key commitments of the Health Board's Recruitment and Selection Policy, which was approved by the Strategy and Delivery Committee in September 2022 is to "*Endeavor to engage workers as employees whenever possible. If this is not possible temporary staff bank should be used before engaging agency staff.*"
- 2.6 The Health Board's Rostering Procedures, which were last approved in November 2023, apply to all staff groups, and outline the processes and mechanisms in place for ensuring that staff are rostered efficiently to ensure high quality of care whilst

minimising operational and clinical risk. A review of the procedures confirmed that there are several management principles that make explicit reference to the use of temporary staffing:

- Requirement for producing the staff rosters 6 weeks in advance to "*reduce the reliance on bank, overtime and agency by giving managers clear visibility of staff's contracted hours*".
- Timely annual leave planning and approval to "*minimise the need for bank staff, overtime and agency cover.*"
- Timely reporting of short- and long-term sickness enabling management to plan appropriately and thus minimising, where possible, the use of temporary staff.

Conclusion:

2.7 We can confirm that the Health Board has developed comprehensive documentation to direct the use of temporary staff. All documentation reviewed was up to date and readily accessible via the Health Board's intranet/internet. The Executive Team has issued corporate communication to all staff to instruct the cessation of agency staff for selected staff groups. We have provided **Substantial Assurance** for this objective.

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

2.8 We note that the Health Board has implemented Health Roster, an electronic management system and workforce tool that if used correctly can enable the effective, safe, and equitable utilisation of staff and resources. Not all clinical wards/service areas and corporate departments have gone live with the system, however we note that there are plans in place for the E-Rostering Team to phase the remaining areas where staff work shift patterns into Health Roster, with Radiology and Capital, Estates and Facilities priority areas over the next 12 months.

2.9 Inadequate management oversight of the rostering process can result in inefficient rostering arrangements, which may impact patient safety, staff wellbeing, and increase the financial burden on the Health Board as staff shortages are not addressed in time leaving no other option but to engage with temporary staffing (bank/agency).

2.10 To confirm the rostering arrangements in place we performed several deep dives within our sampled areas to determine compliance with the Roster Procedures. We found inconsistent approaches to staff rostering within service areas for Capital, Estates and Facilities, some of which were not in line with the principles set out within the Roster Procedures. **(Matter Arising One – Medium Priority)**

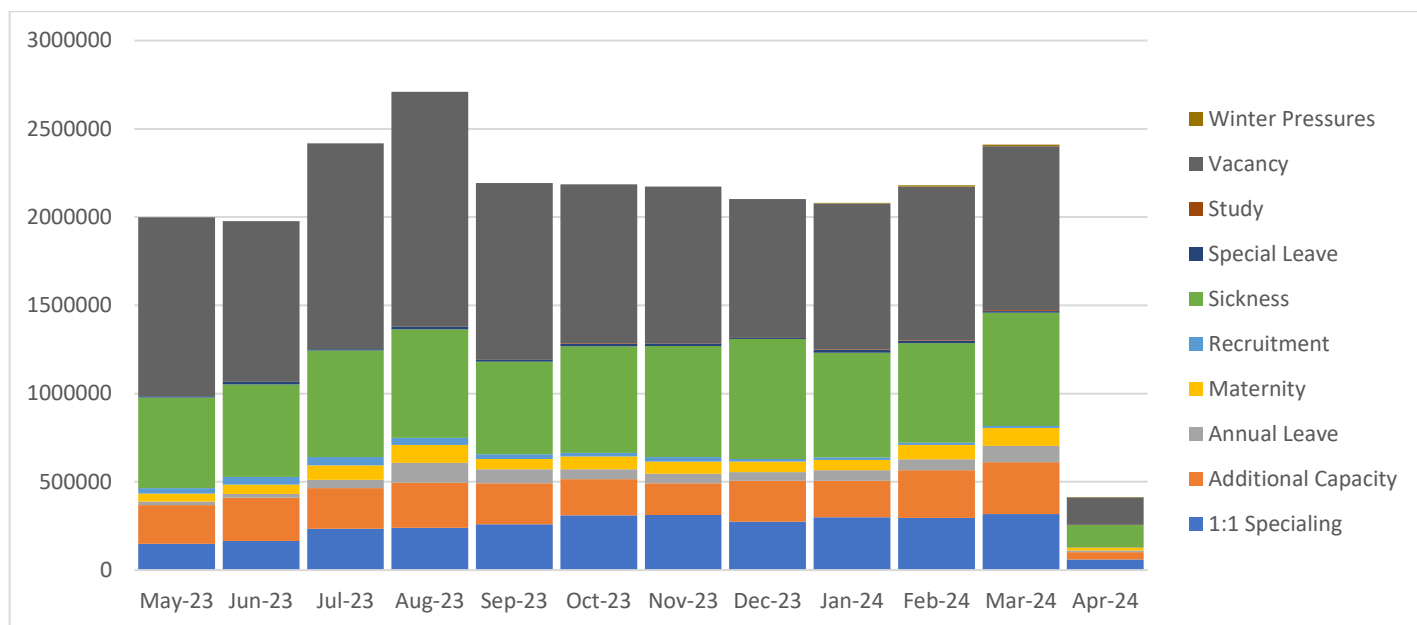
2.11 The rostering arrangements for the majority of units/wards (clinical nursing) are managed through the Health Roster system. Ward/Roster Managers are

responsible for creating the rosters and submitting these to the Senior Nursing Managers for final review and approval. In order to drive efficiencies and cost savings, the Health Board has agreed a number of principles which management need to consider when planning rosters, some of which are below:

- Preparation, approval and publishing of rosters up to 6 weeks in advance.
- Segregation of duties between the person preparing the roster and the person approving.
- Staff should work their contracted hours before shortages/gaps are advertised to bank or agency. We note that working time directive rules must be complied with and consideration is to be given to work/life balance of staff as a priority.
- Consideration be given to short/long term absence of staff whether due to sickness or leave. Annual leave should be requested, processed and approved in a timely manner.

We performed a roster effectiveness analysis for wards/service areas within our samples and identified that whilst improvements are being made further work must continue to drive efficiencies and cost savings through the timely and correct use of Health Roster system as a workforce deployment tool.
(Matter Arising Two – Medium Priority)

- 2.12 As part of our analysis in paragraph 2.11 we identified a number of instances whereby bank shifts were being assigned to higher bandings than advertised/requested. Further investigation of the Health Roster system identified additional issues with the user access parameters which have allowed some staff to self-allocate bank shifts to themselves. **(Matter arising Three – High Priority)**.
- 2.13 Discussions with management across our sampled areas confirmed that there is a general consensus that temporary staffing should be utilised as a last resort and that there are benefits to planning and producing rosters early in advance as staff are more prepared. Shifts are allocated firstly to staff on the ward/areas, then bank staff and finally agency staff as a last resort.
- 2.14 When posting adverts within the Health Roster system, managers are required to include a "Reason" for posting out to bank/agency. Data within the Health Roster system was reviewed to determine the most common reasons for temporary staffing being relied upon. We have included a snapshot of the data as a bar chart for the total cost recorded of all bank/agency shifts requested between May 2023 and March 2024 summarised by the reason (April 2024 data was being finalised at the time of the audit).



The chart indicates that the predominant reasons for reliance on temporary staff are due to vacancies and high levels of sickness. These workforce challenges remain as the Health Board and the wider NHS continues to tackle unprecedented levels of demand. Discussions with senior and executive management including the Executive Director of Nursing, Directors and Deputy Directors of Nursing and Corporate Services noted that several projects, which are fundamental to the People and Culture Plan, are underway to address short- and long-term workforce challenges. These challenges are also recorded on the Board Assurance Framework (BAF) and reported into Board.

2.15 We performed an analysis of the Health Roster system to determine the average lead times for advertisement of bank and agency shifts. Our findings indicate that generally, bank shifts are being advertised up to three weeks before the shift date and if bank shifts are not filled, then the adverts are posted out to agencies. We did identify some areas which were not advertising posts in a timely manner. **(Matter Arising Four – Medium Priority)**

Conclusion:

2.16 The Health Board has implemented a number of mechanisms and controls to ensure that workforce deployment is undertaken efficiently. Managers have tools available to them to ensure that temporary staff are only engaged where necessary and only after alternative, more cost-effective options have been explored. Our testing identified that the Health Board still needs to drive efficiencies and savings through the timely and correct use of Health Roster system as a workforce deployment tool. We have provided **Limited Assurance** for this objective.

Objective 3: All requests for temporary staff are supported by appropriate justification and authorisation.

- 2.17 In August 2023, as part of the implementation of the Workforce Sustainability Programme, the Health Board introduced a Scheme of Delegation for the authorisation of temporary staffing requests.
- 2.18 We found that whilst there were agreed mechanisms in place to document temporary staffing requests, not all of our sampled areas were operating the authorisation in line with the agreed Workforce Sustainability Scheme of Delegation **(Matter Arising Five - Medium Priority)**.
- 2.19 We also performed sample testing to verify that each request was appropriately documented, with a justification for requiring temporary staffing that was signed and approved by the relevant individual in line with the Workforce Sustainability Scheme of Delegation. Our findings identified a number of issues. **(Matter Arising Six – High Priority)**

Conclusion:

- 2.20 The Health Board has agreed a process for documenting and approving agency and bank requests before these are advertised. Our sample testing noted that these processes are not always being followed. We were also unable to locate documentation and/or approval for 50% of our sample of nursing agency requests. We have provided **Limited Assurance** for this objective.

Objective 4: Temporary staff are obtained from the most cost-effective providers.

- 2.21 The Health Board has signed up to the All-Wales Framework for provision of Medical Agency staff. The contract is due for renewal in 2025 and the retendering exercise will be facilitated by NHS Wales Shared Services Partnership and include input from all Health Boards and Trusts in Wales. Discussions with senior and executive management confirmed that there is an expectation that the agreed hourly rates, which have remained unchanged since 2020, are likely to increase.
- 2.22 As part of the implementation of the Workforce Sustainability Programme, the Health Board has undertaken a large exercise to increase the supply of bank workers, in particular HCSW and Registered Nurses. This process has been coordinated across all Clinical Boards with operational input from the relevant clinical areas, workforce, recruitment and the Temporary Staffing Unit. At the time of the review, the Health Board's bank worker pool stood at just over 4,000. The staffing groups relevant for this review are as follows:
- 2,415 Health Care Support Workers.
 - 833 Registered Nurses.
 - 287 Admin and Clerical.
 - 263 Facilities.

The numbers are a clear indication of the Health Board's commitment to reducing cost and its reliance on agencies.

- 2.23 Discussions with senior management from Capital, Estates and Facilities and a review of corporate communication issued by the Health Board's Executive Team noted that since May 2023 there has been a cessation of agency staff both for administrative and clerical but also for management staffing groups. Since May 2023, these staff groups have been recruited under the normal arrangements via TRAC.
- 2.24 We note that for the majority of service areas within Capital, Estates and Facilities staff shortages/gaps are being addressed by utilising the pool of Facilities bank workers.
- 2.25 We performed a review of all bank shifts advertised to the bank between January and April 2024 for our sampled areas. We then compared the shift's original requested grade/banding to the banding/grade of the person that actually worked the shift. We found 71 instances where band 5 advertised roles had been assigned and finalised/paid at band 7 grading. **(Matters Arising Seven – High Priority)**
- 2.26 Bank workers are paid in accordance with the NHS Terms and Conditions pay scales and these are discussed and agreed with new starters at interview stage. Further testing has been undertaken under objective 5 to validate that bank shifts are being paid at the correct rates.
- 2.27 Discussions with the Assistant Director of People Resourcing confirmed that over the last 12 months, the Health Board has undertaken a number of projects to review performance and quality of service being provided by nursing agencies. The source data derives from the Health Roster system but is also collected from feedback from clinical areas. Currently, the Health Board is looking to address issues of "late cancellation" of agency shifts by a provider.

Conclusion:

- 2.28 Our findings suggest that the Health Board has mechanisms and controls in place for ensuring that management have the tools available to them to source temporary staff from the most cost-effective providers. The Health Board is signed up to the All-Wales Nursing Agency Framework and monitors performance and quality of service provision of agencies on a regular basis. Our findings indicate that there is room for improvement of cost-effectiveness when allocating and approving bank shifts within the Clinical Service area. We provided **Reasonable Assurance** for this objective.

Objective 5: All completed temporary staff shifts are effectively verified and authorised prior to payment at the correct rate.

- 2.29 Roster verification should be undertaken by the Roster Managers on a regular basis to confirm that shifts have been worked as planned and to account for any changes that have occurred and reflect these within the roster accordingly.

- 2.30 Shifts need to be recorded as finalised within the HealthRoster system so that the data can be submitted to payroll. If shifts are not finalised in a timely manner, there is the risk that the pay run data is not accurate and could either omit shifts that have been worked or include shifts that have not been worked resulting in staff being under/overpaid. This is particularly important for temporary staffing shifts to ensure that the Health Board is accounting for the costs in a timely manner.
- 2.31 As previously stated not all areas of the Health Board have fully migrated to the Health Roster system for full roster management purposes. Within Capital, Estates and Facilities (CEF) only one service area - Estates/Capital Maintenance had migrated fully across. The remaining service areas (Facilities) have been set up on the Health Roster system but only to be able to process and finalise bank shifts. The full rosters (which include all shifts worked) are currently being verified and finalised locally by the respective Head of Service.
- 2.32 We performed a review of all bank shifts worked within CEF and for Administrative and Clerical staff between January and April 2024 and can confirm that these had been paid at the correct rate. We also performed a sample review of 20 bank shifts worked within CEF and 20 shifts worked by Administrative and Clerical bank staff to confirm that these had been verified and finalised appropriately. No issues were found.
- 2.33 On a monthly basis, the E-Roster Team review the system for unfinalised shifts and chase/remind Roster Managers to finalise these. Roster Managers are shown how to generate these reports as part of their initial training and should be reviewing the system in a timely manner to ensure the data within the rosters is accurate for pay run purposes.
- 2.34 A review of the HealthRoster system as of the 15th April 2024 noted that there were a significant number of shifts that were still awaiting finalisation (12,930). We identified a similar issue in a previous review of the "Implementation of the Health Roster" completed in November 2023 (audit report reference: CVU 2324-09). This continues to be a challenge particularly for the E-Rostering Team as they are having to spend a significant amount of time liaising with Roster Managers as it is their duty to confirm that the shifts have been worked as planned. We have not raised another recommendation within this report but reference the High Priority Matter Arising 8 "Roster verification and finalisation" of our previous report.
- 2.35 Despite the high number of unfinalised shifts in the HealthRoster system we were still able to undertake validation testing for the remaining finalised shifts between January and April 2024. This confirmed that those finalised temporary staffing shifts (Bank and Agency) were being paid at the correct rates.

Conclusion:

- 2.36 Our findings indicate that substantive staff and temporary staffing (bank and agency) shifts are not being verified and finalised in a timely manner by Roster

Managers. This is having a significant impact on the accuracy of the pay run data with the risk of staff being over/under paid. We have provided **Reasonable Assurance** for this objective.

Objective 6: Accurate and timely reports on temporary staff usage and costs are produced and distributed to appropriate staff and groups/committees within the Health Board. Reports are subject to effective scrutiny and actions are taken where required.

2.37 The Nurse Staffing/Workforce group (NPG) meets on a monthly basis and is chaired by the Executive Director of Nursing and attended by all Directors of Nursing from the Clinical Boards, Workforce and Corporate Leads. The group reviews performance for each clinical board including the following:

- Staffing vacancies.
- Unfinalised shifts.
- Monthly sickness rates.
- Agency and bank projections and utilisations.
- Monthly bank and agency expenditure against budget.
- Statutory and mandatory training compliance.
- Recruitment updates.

2.38 The Health Roster Team produce a plethora of reports and issue these to roster managers on a weekly basis. These reports include roster efficiency information but also trends of the use and cost information in relation to temporary staff (agency and bank). The reports provide an overview at both Clinical Board level and also at a departmental/unit level.

2.39 The Assistant Director of People Resourcing is leading on the development of a revised "Performance Metrics Template" which will be shared with all Clinical Boards on a monthly basis. The report will highlight the following key information relating to the temporary staffing (bank and agency):

- Active numbers of staff on the bank.
- Bank recruitment by grade.
- Bank staff sickness rates.
- Number of complaints.
- Agency cancellation rates.
- Shift fill rates (bank and agency)
- Financial position.

2.40 We also noted that all Directors of Nursing, Directors of Operations, Executive Directors and Directors of Corporate Services have access to the Workforce Sustainability Teams Channel. Each week, the Head of People Analytics shares the

Workforce Dashboard report which includes historical data on the usage of bank and agency for Clinical Boards, Corporate Executive departments (including Admin & Clerical and Capital, Estates and Facilities). The data is summarised by week and by month and includes graphs to show the yearly trend.

- 2.41 Whilst our report has made a significant number of findings, most of which relate to the current use of the Health Roster system, we do note that the Health Board has made significant progress with its objective to reduce reliance on agency use. As at March 2024 the Health Board met its target to reduce Nursing agency staffing costs by 50% and we recognise this as an important achievement.
- 2.42 Reduction of variable pay, which includes temporary staffing spend, is a key priority of the Health Board's Integrated Medium Term Plan. We confirm that temporary staffing headline spend is being reported to the Finance and Performance Committee on a monthly basis as part of the Integrated Performance Report. The Integrated Performance Report is also discussed at the People and Culture Committee and Board.

Conclusion:

- 2.43 Whilst our findings indicate that the Health Board is producing accurate and timely reports on temporary staff usage and costs and is distributing these appropriately, rostering efficiency needs to improve. We note that the Health Board is facing workforce challenges as it continues to tackle unprecedented levels of service demand compounded by high vacancy numbers and sickness rates. Work must continue to re-design services and to realise efficiencies and cost savings through the timely and correct use of the Health Roster system as a workforce deployment tool. We have provided **Reasonable Assurance** for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Inconsistent rostering practices (Design)		Impact
<p>We performed a deep dive into Capital, Estates and Facilities to determine the rostering arrangements in place. As part of this exercise we met with operational management of the department and with team leaders for the service areas (Facilities, Security, Portering, Catering, Housekeeping and Estate/capital Maintenance). We noted that there are different approaches in place to staff rostering, some of which do not align with the principles as set out within the Roster Procedures:</p> <ul style="list-style-type: none"> Catering Services – The rotas are not managed through the Health Roster system however the service area is scheduled to be phased into the system over the next 6 months. Currently, the rotas are planned a week in advance. The Roster Procedures state that rosters/rotas should be developed at least 6 weeks in advance to ensure management have visibility of upcoming staff shortages so that cost effective alternative options can be explored before engaging bank/agency staff. Waste and housekeeping – As per catering services rotas are planned one week in advance. The service area is also scheduled to be phased into the Health Roster system over the next 6 months. Security and Portering – The rotas for these service areas are spreadsheet based and are currently being produced up to a year in advance. The Head of Security and Portering is responsible for managing the rotas and will engage with agency/bank subject to approval by the Head of Estates. Estate and Capital Maintenance – The service area manages its roster via the Health Roster system. 		<p>Potential risk of:</p> <ul style="list-style-type: none"> Non-compliance with Health Board policies and procedures; and Failure to obtain value for money due to inappropriate use of temporary staffing resources.
Recommendations		Priority
1.1	A consistent approach to roster management should be implemented within Capital, Estates and Facilities to ensure compliance with the Health Board wide Rostering Procedures.	Medium
Agreed Management Action		Target Date
1.1	The E-Rostering team are working closely with Heads of Service within CEF to prepare the service for the implementation of HealthRoster. However, it is	31/12/24
		Responsible Officer
		Geoff Walsh, CEF Director &

	<p>recognised that there is significant work in rolling out the roster within CEF due to the differing shift patterns that are present across the services and within the individual services. This will require a significant time commitment from the services within CEF and therefore cost, whilst still trying to deliver operational services. CEF is committed to complete the implementation within the next 6 months.</p>		<p>Paul Jones, E-Rostering Manager</p>
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Matter Arising 2: Rostering effectiveness (Operation)	Impact
<p>We performed a roster effectiveness analysis for wards/service areas within our sample. We considered the following roster management principles which are in place to ensure that rosters are planned effectively and in a timely manner to plan for staff shortages/gaps that if not addressed, may lead to dependencies on temporary staffing (Bank/Agency):</p> <p>Roster production, approval and publishing</p> <p><u>Clinical Nursing</u></p> <p>We reviewed a total of 30 rosters for wards/units across the Clinical Boards. Our findings indicated that rosters are not being produced and approved in a timely manner. This continues to be an issue already reported as part of a previous internal audit review undertaken in November 2023 "Health Roster Implementation Audit" (reference CVU 2324-09).</p> <p><u>Capital Estates and Facilities (CEF)</u></p> <p>As per Matter Arising One, there are differing roosting practices being applied within CEF. Estate/Capital Maintenance was the only service area that had gone live onto Health Roster system, and we could confirm that staff rosters for this area were being produced, approved and published in a timely manner.</p> <p><u>Administration & Clerical (Inc. Management)</u></p> <p>Discussions with senior management and with the E-Roster Manager confirmed that there is no centralised cost centre or department which captures the working patterns for admin & clerical staff. These roles are an integral part for wards/service areas within clinical boards and corporate services therefore these staff would reside within the respective rosters.</p> <p>Annual leave management and planning</p> <p>Discussions with roster managers within our sampled areas confirmed that for roosting purposes, annual leave should be processed via ESR but also via the Health Roster system. The latter is applicable for those wards/areas that have gone live with the Health Roster system as this enables management to see upcoming unavailability for staff and plan rosters accordingly avoiding reliance on temporary staff (bank and agency). For areas that are not on the Health Roster system (CEF - Facilities, Security, Portering, Catering,</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> • Inadequate management oversight of the roosting process may result in inefficient roosting arrangements, which may impact patient safety, staff wellbeing and increase the financial burden on the Health Board. • Failure to obtain value for money due to inappropriate use of temporary staffing resources.

Housekeeping) Roster managers are notified through ESR and are responsible for considering these when preparing the rosters.

We performed an analysis of the processed annual leave within the Health Roster system between January and April 2024 for all units/service areas within our samples. The findings have been summarised in the table below:

Clinical Board/Corporate Service	Annual leave entered by Management without staff request	Annual leave entered requested by staff and approved by management	Total annual leave requests	Audit comments
Medicine	4,401	498 (10%)	4,899	See Note 1
Surgical	3,392	445 (12%)	3,837	
Specialist	2,887	790 (21%)	3,677	
Mental Health	2,143	272 (11%)	2,415	
Children and Women	1,460	693 (32%)	2,153	
CD&T	75	25 (25%)	100	
CEF – (Estates/Capital)	729	1 (0%)	730	
Total Average	15,087	2,724 (15%)		

Note 1: Whilst all staff should request their annual leave via ESR, there is currently no functionality to automatically import annual leave requests from ESR and populate directly into the Health Roster system. The data indicates that staff are not requesting annual leave within the Health Roster system (irrespective of ESR). Roster managers have therefore limited visibility of upcoming annual leave when planning the rosters.

Recommendations		Priority
2.1	Further work must continue to drive workforce resource efficiencies and cost savings through the timely and correct use of Health Roster system as a workforce deployment tool.	Medium
Agreed Management Action		Responsible Officer
		Target Date

<p>2.1</p>	<p>Monitoring - A BI dashboard has been developed which provides detail on the head room built into each roster. This includes annual leave allocation, sickness and study leave. Reports are also generated by the E-Rostering team that show hours that are owed to the roster by individuals so that action can be taken.</p> <p>The Executive Director of Nursing has initiated a core team consisting of a Director of Nursing, Safe Care Lead, Digital Lead for Corporate Nursing and E-rostering Manager. They are meeting with every Ward Sister/Charge Nurse, Senior and/or Lead Nurse in meetings from May 31st to end June 2024. There will also be support from Finance Business Partners, People Services Team and the Change Hub.</p> <p>The aim is to support the staff to ensure rostering is as efficient as possible, reducing reliance on temporary staffing.</p>	<p>28/06/24</p>	<p>Carys Fox, Director of Nursing Strategic Nursing & Midwifery Workforce & CB Directors of Nursing.</p>
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Matter Arising 3: Self-allocation of bank shifts by staff member (Design)		Impact
<p>As part of the analysis of bank shifts, we identified an unusual number of bank shifts linked to a member of staff. Further investigation identified that the member of staff had system permissions to raise and self-allocate bank shifts and had been performing this practice since January 2023.</p> <p>Key issues:</p> <ul style="list-style-type: none"> We found a scheduled pattern of the allocated shifts and of the significant costs associated by the way these shifts were being allocated (Saturday/Sunday). We also noted that whilst the bank shifts were being advertised as band 5, the individual was allocating the shifts at a band 7 grade. The additional bank shifts allocated between January 2023 and April 2024 have amounted to £36k. These shifts have been self-allocated in advance of the published rosters and in some cases up to 130 days in advance, prioritising over other staff working requests/availabilities. <p>The findings were shared with the Director of Strategic Nursing and Midwifery Workforce, with the E-Roster Manager and also with the relevant Clinical Board’s Director of Nursing.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Inadequate management oversight of the rostering process may result in inefficient rostering arrangements, which may impact patient safety, staff wellbeing and increase the financial burden on the Health Board.
Recommendations		Priority
3.1	System permissions be reviewed and amended so that staff are not able to self-administer Bank shifts in this way using HealthRoster system and a separate review be undertaken to ensure Senior Managers system access and permissions are appropriate.	High
Agreed Management Action		Target Date
3.1	<p>The system permissions cannot be adapted to prevent staff self-administering Bank shifts, however what the audit has identified is the need to develop an escalation process to gain the appropriate approval where there is no alternative than to fill gaps in the roster with higher banded staff, e.g., patient safety, risk, etc. This will ensure that the appropriate level of scrutiny is in place.</p> <p>Overtime - The system prevents individuals from being able to self-allocate overtime shifts. All entered shifts require approval by a more senior person. The</p>	28/06/24
		Responsible Officer
		Carys Fox, Director of Nursing Strategic Nursing & Midwifery Workforce

<p>revised Scheme of Delegation introduced on 03/06/24 requires overtime shifts to be approved by a Lead Nurse (b2-6) and CB Director of Nursing for B7. Any weekend or bank holiday overtime need to be approved by the Executive Director of Nursing.</p> <p>Weekly monitoring reports are produced by the e-rostering team to show bank, overtime, agency and additional hours worked. The report is sent out weekly to Clinical Board Directors of Nursing and is available via the Workforce Dashboard on the Sustainability Teams channel.</p> <p>The Scheme of Delegation was amended and distributed by the Chief Operating Officer to Clinical Boards and Corporate departments on 28/05/24.</p> <p>The situation will also be monitored on a weekly basis.</p>		<p>CB Directors of Nursing</p>
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Matter Arising 4: Average lead times for advertising Bank and Agency shifts (Operation) Impact

We performed an analysis of the Health Roster system to determine the average lead times for advertising bank and agency shifts within our sampled areas for the period January to April 2024. The findings of the analysis are set out below:

Note 1: Lead advertising could maximise reach and fill
Note 2: analysis of Roster noted ward 7765"

Clinical Board/Corporate Service	Average lead time for advertising bank shifts (days)	Average lead time for advertising Agency shifts (days)	Audit comments
Children and Women	8	1	See note 1
CD&T	20	1	Reasonable
Medicine	21	3	Reasonable
Mental Health	19	-15	See note 2
Specialist	23	2	Reasonable
Surgical	19	1	Reasonable
Clinical Board Averages	18	-1	
CEF – Facilities (Catering)	3	None advertised	See note 1
CEF – Facilities (Housekeeping)	-3	None advertised	See note 3
CEF – Facilities (Security)	3	None advertised	See note 1
CEF Averages	1	N/A	
Admin and Clerical (Inc. Management)	20	None advertised	Reasonable
Total Average	13	-1	

predominantly responsible for skewing the average agency lead time. Discussions with the E-Roster manager confirmed that this is a virtual ward set up on the system to roster agency and bank staff working with a high-risk and specialist needs patient between the months of January and April 2024. We can confirm that no further temporary staffing activity has taken place since April 2024 and that apart from Elm Ward, the average advertisement time for Mental Health Clinical Board was reasonable.

Note 3: Further analysis of the Health Roster system noted that for 201 bank shifts advertised during the period, 167 (83%) were requested on the Health Roster system after the shift start date. This indicates that bank shifts are being verbally agreed and then being processed on the Health Roster system retrospectively.

Potential risk of:

- Non-compliance with Health Board policies and procedures; and
- Failure to obtain value for money due to inappropriate use of temporary staffing resources.

time for bank shifts improve to audience rate.
Further Health that "Elm was

Recommendations		Priority	
4.1	All roster managers should be reminded of the importance of processing and advertising bank shifts in a timely manner and in line with the Rostering Procedures to ensure that these are published in a timely manner to maximised audience reach and fill rate.	Medium	
Agreed Management Action		Target Date	Responsible Officer
4.1	We will will reiterate use of "Rostering Principles and Good Practice Guidelines" at meetings with ward Sister/Charge Nurses. Senior Nursing Leadership team with support from the People & Culture team will monitor compliance through the dashboard, health roster reports and confirm and challenge in CB meetings. Clinical Board action plans in place.	28/06/24	Clinical Board Directors of Nursing
		31/07/24	Clinical Board Directors of Nursing

Matter Arising 5: Temporary staffing requests not approved in line with Workforce Sustainability Scheme of Delegation (Operation)	Impact
<p>Discussions were held with senior management from the sampled areas to determine the arrangements in place for documenting justifications and approvals for temporary staffing requests.</p> <p>Clinical Nursing across all Clinical Boards</p> <p>A review of the Scheme of Delegation confirmed that there is no requirement to obtain executive approval for bank shifts. For agency requests however, the relevant roster/ward managers must complete "Agency request forms" and submit these to the relevant Executive/Deputy Director in line with the Scheme of Delegation. We reviewed the template forms and can confirm that the following information must be recorded:</p> <ul style="list-style-type: none"> • Shift information – Date of shift, ward, shift type and the optimal roster establishment. • Justification - Actual shortfall/deficit compared to roster establishment, patient acuity information/risks and request reason. • Compliance with rostering standards – confirmation that rosters are up to date, contracted hours met, no hours owed exceed 24 hours. • Staff pooling/SafeCare – confirmation that SafeCare has been reviewed across all sites and that staff from other areas can be pooled in to support. • Authorisation – required in line with the Scheme of Delegation. <p>All clinical boards have set up Teams channels to store the documentation.</p> <p>Admin and Clerical (Including management)</p> <p>Discussions with the Temporary Staffing Bank Manager confirmed that there has been a freeze on agency admin and clerical roles since May 2023.</p> <p>Capital, Estates and Facilities</p> <p>As per the Scheme of Delegation, bank staffing requests processed during working hours must be reviewed and approved by the Director of Capital, Estates and Facilities. For bank requests outside working hours these should be approved by the most executive staff on call. For agency requests, these can only be approved during working hours by the Executive Director of Finance.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> • Non-compliance with Health Board policies and procedures; and • Failure to obtain value for money due to inappropriate use of temporary staffing resources.

At the time of the audit, the Head of Capital, Estates and Facilities confirmed that the department had placed a freeze on agency staffing in line with the executive decision made by the Health Board in Summer 2023. As such there was no testing to be undertaken in relation to agency requests.

For bank staff requests, we noted that CEF have implemented an internal process for documenting the justification and approval. Master spreadsheets are available to all Heads of Service, and these must be updated with the following information:

- Shift information - Date of shift, site, shift type, hours requested and "lost hours for service" (equivalent of the optimal roster establishment).
- Justification – reason for requesting the shift and impact for not providing cover.
- Compliance with rostering standards – Vacancies within the team, sickness balances and other leave

We noted that following completion of the bank requests these are reviewed and approved by the relevant Head of Service with oversight by the Head of Capital, Estates and Facilities. This practice is not currently in line with the Workforce Sustainability Scheme of Delegation which state that all bank/agency shifts need to be formally authorised by the Director of Capital Estates and Facilities. At the time of the audit, the Head of Capital, Estates and Facilities was not aware of the existence of the Workforce Sustainability Scheme of Delegation but stated that there may be merit in amending the delegation to reflect current practices.

Recommendations		Priority	
5.1	A review of the Workforce Sustainability Scheme of Delegation be undertaken to ensure the delegated approvals for Capital, Estates and Facilities are adequate and reflect current arrangements.	Medium	
Agreed Management Action		Target Date	Responsible Officer
5.1	The Scheme of Delegation was reviewed and amended by the Executive Team, it was re-issued to the UHB on 29 th May 2024	Complete	Lianne Morse, Deputy Director of People & Culture

	Approval for CEF agency workers needs to be granted by Executive Director of Finance and any bank/overtime by the Director of CEF. Implementation of the revised Scheme of Delegation.	07/06/24	Geoff Walsh, CEF Director
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Matter Arising 6: Missing and incomplete temporary staffing requests (Operation) **Impact**

We extracted a report from the Health Roster system of all agency and bank shifts requested between January and April 2024. We then selected a sample of finalised shifts and reviewed the source documentation in place that listed the justification and approval. Our findings are in the tables below:

Clinical Nursing

We selected a sample of 40 Agency shift request across all clinical boards.

Outcome of testing	Total	As a percentage of total sample (40)
Documented justification request approved in line with the Workforce Sustainability Scheme of Delegation	20	50%
Documented justification request in place but no evidence of approval	4	10%
No documented justification request in place	16	40%

Capital, Estates and Facilities

We selected a sample of 20 Bank shifts requests across service areas and found that all were supported by justification and approval, albeit by the Head of Capital, Estate and Facilities and not by the Director of Capital, Estates and Facilities as mandated by the Workforce Sustainability Scheme of Delegation (See Matters Arising 5)

- Potential risk of:
- Non-compliance with Health Board policies and procedures; and
 - Failure to obtain value for money due to inappropriate use of temporary staffing resources.

Recommendations **Priority**

6.1 All nursing agency requests must be documented and approved in line with the Workforce Sustainability Scheme of Delegation.

High

Agreed Management Action **Target Date** **Responsible Officer**


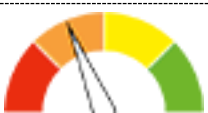

6.1	The agency shift request form contains all the information required above. All agency shifts Mon-Saturday long day are signed off by the CB Director of Nursing or in their absence the Director of Operations. Saturday night to Mon morning shifts signed off by Executive Director of Nursing (in hours) or Executive Director on call out of hours.	07/06/24	Clinical Board Directors of Nursing
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Matter Arising 7: Bank shift allocation effectiveness (Operation)		Impact	
<p>We performed an analysis of all bank shifts advertised and worked between January and April 2024 to confirm that the shifts had been paid accordingly and in line with the correct grading. Our findings were as follows:</p> <ul style="list-style-type: none"> • Within clinical nursing (across all clinical boards) – We found that 71 (6%) bank shifts, out of a total of 1056, were advertised as band 5 grading however had been allocated to band 7 bank staff and paid at a band 7 grade. • Admin and Clerical – no issues were found. • Capital, Estates and Facilities – no issues were found. <p>Upon reviewing the rosters for our clinical nursing sample there was no notes/information on the system as to the reasons for allocating bank shifts to staff with higher gradings than required.</p> <p>The Health Roster system has built in parameters which notify/flag the roster managers when a person’s grade doesn’t match the required grade.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Non-compliance with Health Board policies and procedures; and • Failure to obtain value for money due to inappropriate use of temporary staffing resources. 	
Recommendations		Priority	
7.1	<p>Roster managers need to ensure that bank shifts are being allocated, authorised and paid accordingly at the correct required banding/grade.</p> <p>Where there is a justifiable reason for allocation of a shift to a higher grade then this must be recorded within the Health Roster system.</p>	<p>High</p>	
Agreed Management Action		Target Date	Responsible Officer
7.1	<p>Develop a robust approval process that will be part of the Scheme of Delegation for Nursing to ensure the appropriate approval is sought where there is no alternative than to fill gaps in the roster with higher banded staff, e.g., patient safety, risk, etc. This will ensure that the appropriate level of scrutiny is in place.</p>	28/06/24	Carys Fox, Director of Nursing Strategic Nursing & Midwifery 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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