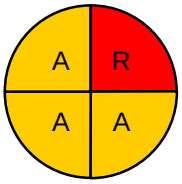
Internal Audit

Cardiac Perfusion Services

August 2015

Report Assessment



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Introduction

Cardiac Perfusion Services provides a regional service across South East Scotland and Tayside. It is based at the Royal Infirmary of Edinburgh. The team is led by the Clinical Perfusion Manager and has an establishment of 7.5 WTE.

There is a national shortage of perfusionists, which has been reflected in ongoing difficulties within NHS Lothian to recruit perfusionists. This has lead to the ongoing use of agency staff to complement the establishment staff in order to meet demand. In April 2013, there was no perfusion cover for one weekend resulting in all emergency cardiac surgery being transferred to the Golden Jubilee Hospital. As a result, it was agreed by Human Resources and Partnership that where a rota cannot be completely filled by NHS Lothian staff, then locum staff will be used and, if the required locum staff are not available, the shortfall will be addressed through NHS Lothian staff working overtime. The cost of agency staff during 2014-15 was £401,000.

This review of the cardiac perfusion rota process was requested due to the importance of this process in maintaining effective cardiac perfusion services.

Scope

We reviewed the arrangements for managing rotas within Cardiac Perfusion Services, including how rotas are filled, how changes are authorised, and how time off in lieu is recorded and managed.

Acknowledgements

We would like to thank all staff consulted during this review, for their assistance and cooperation.

Executive Summary

Conclusion

While there is an ongoing requirement for the use of locum staff within the Cardiac Perfusion Service, the controls in place to manage the staff rotas are inadequate and ineffective, and therefore management is unable to obtain assurance that the service is providing value for money.

Summary of Findings

The table below summarises our assessment of the adequacy and effectiveness of the controls in place to meet each of the objectives agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 1.

No.	Control Objective	Control objective assessment	Number of actions by action rating			
			Critical	Significant	Important	Minor
1	Rotas are filled based on approved policies and procedures, including the use of locum staff.	Red	-	2	2	-
2	Rotas are filled using NHS Lothian staff where possible, with locum usage minimised.	Amber	-	1	2	-
3	Changes to rotas are authorised and agree to supporting documentation.	Amber	-	-	2	1
4	Time in lieu is authorised and reclaimed appropriately.	Amber	-	1	1	-

Control Objective Ratings

Action Ratings	Definition
Red	Fundamental absence or failure of controls requiring immediate attention (60 points and above)
Amber	Control objective not achieved - controls in place are inadequate or ineffective (21 – 59 points)
Green	Control objective achieved – no major weaknesses in controls but may be scope for improvement (20 points or less)

Main findings

As noted in the introduction to this report, there is a national shortage of clinical perfusionists, which is reflected at NHS Lothian. NHS Lothian has explored a number of options to address the shortage, including providing enhanced terms and conditions to staff, taking on trainee perfusionists and, as is currently the position, regular and ongoing use of locums to fill gaps in the rotas.

Although it is recognised that the current use of locum staff is an expensive way to provide the service, the limited success of other actions to address the situation means senior management agreed that, in the current circumstances, the use of locums within the Cardiac Perfusion Service (CPS) does not require the same level of prior authorisation as would be usually expected.

Although Internal Audit recognises the requirement to use locums in order to maintain service delivery, we identified four significant weaknesses within the current controls over the management of CPS staff rotas:

- There is no current contract in place for the services provided by one of the CPS locums, who has been working regularly at NHS Lothian for over two years. NHS Lothian is invoiced for this individual's services by [redacted].

- There is no contract in place to define the terms and conditions of the relationship between NHS Lothian and [redacted], the agency which supplies the majority of locum services to the CPS.

- The Clinical Perfusion Manager is currently responsible for setting the weekly rota, inputting required locum shifts onto the staff bank system, approving the time worked by locums as listed in the agency invoices, while also providing locum services on occasion. This represents a lack of segregation of duties.

- There are no controls in place to confirm that staff maintain complete and accurate records of TOIL accrued and used. Our testing found that the forms currently used to record additional hours were not complete and accurate in all cases, and they do not capture evidence of review by the Clinical Perfusion Manager.

Further details of these points, along with seven important issues and one minor issue are set out in the Management Action Plan.

Management Action Plan

Control objective 1: Rotas are filled based on approved policies and procedures, including the use of locum staff.	
1.1: There is no contract in place to cover the services provided by one locum used by CPS.	**Significant**

Observation and Risk

The CPS team uses the services of one locum on a regular basis. The services to be provided by this locum were set out in a service agreement between [redacted] and NHS Lothian for the period covering May 2013 to July 2014. The agreement states that the supplier (the individual locum concerned) would provide 3 to 5 days per week for the period to July 2014. These services would be, and are, invoiced weekly.

However, it is not clear whether the agreement was signed by NHS Lothian at the time, and it was not extended or renewed in July 2014. There is therefore no current contract in place for the services provided by this locum, who has been working regularly at NHS Lothian for over two years.

There is a risk that NHS Lothian cannot demonstrate value for money in the use of this individual to provide locum services. There is a further risk that the employment status of this individual as a locum employed through an agency may be open to question.

Recommendation

NHS Lothian should review the relationship with [redacted] and the individual locum, to confirm that it is appropriate for [redacted] to be treated as an agency, and the individual as an agency locum.

The continued use of [redacted] should be included in the tendering process recommended at 1.2. Once the tendering process has completed, a formal contract should be put in place.

Management Response: The use of locum staff has been required due to complex recruitment issues with a highly specialised and limited workforce.

Management Action: A formal review of these arrangements will be undertaken in September 2015, in conjunction with Procurement and Finance. Contractual arrangements will then be formalised via a tender or waiver agreement.

Responsibility: SMT / Hospital Site Director, RIE	**Target date:** 1 October 2015

1.2: NHS Lothian does not have a formal contract in place with the agency [redacted].	**Significant**

Observation and Risk

Tendering processes are undertaken to help ensure that NHS Lothian uses contractors that provide the required service for the best price in order to ensure value for money is delivered. In addition, formal contracts allow NHS Lothian to ensure that external contractors can be held to account for the level of service that they provide.

There is no contract in place to define the terms and conditions of the relationship between NHS Lothian and [redacted]. NHS Lothian started using the services of [redacted] in 2013, due to staffing shortages in CPS. At the time, CPS entered into discussions with two agencies, [redacted]. We were informed by the Operational Manager (RIE), that [redacted] was not able to supply sufficient staff and so NHS Lothian uses [redacted] as the sole agency.

There is a risk that NHS Lothian is not securing value for money with the use of [redacted]. In addition, the lack of a formal contract with [redacted] increases the risk that the agency could be held accountable for poor performance, if required.

Recommendation

NHS Lothian should undertake a full tendering process to select a perfusionist agency. Once the agency has been selected a formal contract should be put in place. Performance against the contract terms and conditions should be monitored in-line with NHS Lothian's agreed policies and procedures.

Management Response and Action: Once the contractual arrangements are formalised a service agreement will be developed.

Responsibility: Hospital Site Director, RIE	**Target date:** 1 October 2015

1.3: There are no documented procedures in place for creating rotas.	**Important**

Observation and Risk

Rotas for CPS are created by the Clinical Perfusion Manager. Each rota covers a five-week period. The rota sets out the staff who will work each day, including those that are on-call.

Although the Clinical Perfusion Manager is experienced in creating the rotas, there are no formal documented procedures in place to direct how to do this. This is especially important if the Clinical Perfusion Manager is absent and the completion of rotas is tasked to his deputies, who may not be as skilled or experienced as him in creating complex rotas. There are national guidelines and legislation that need to be taken into account when creating rotas, such as the EWTD.

If a procedure for creating rotas is not in place there is an increased risk that rotas are not completed properly, especially when the Clinical Perfusion Manager is absent.

Recommendation

A standard operating procedure should be created by the Clinical Perfusion Manager which should set out the method for creating the staff rotas, including the steps to be taken to approve any required use of agency staff. The SOP should be made available to all relevant staff and kept up-to-date.

Management Response and Action: The Clinical Perfusion Manager (or delegated deputy) will be responsible for developing an SOP for the service. The SOP will be validated by the Clinical Service Manager for CTR.

Responsibility: Clinical Perfusion Manager	**Target date:** 30 September 2015

1.4: No regular confirmation that locums are still required.	**Important**

Observation and Risk

NHS Lothian procedures require that line managers must seek approval from senior managers before using locum staff. This authorisation process is designed to ensure that agency staff are only used where absolutely necessary and when all other possibilities have been exhausted.

Due to chronic understaffing within CPS the use of agency staffing has been determined to be a necessity and, as such, no day-to-day approval is required to use locums. However, this approach means that senior managers do not receive regular assurance that locums continue to be required and does not provide them with updates on steps being taken to recruit additional staff.

If senior management do not receive regular updates on the use of locums and the staffing position within CPS, there is an increased risk that locums are used for longer than required.

Recommendation

The Clinical Perfusion Manager and Clinical Service Manager (CTR) should provide quarterly reports to the Chief Officer stating the expected use of locum staff for the next quarter and the progress being made to recruit additional staff.

Management Response: Currently A *Record of Staffing Risk Assessment* form is produced by the Head of Clinical Perfusion on a monthly basis, prior to agency staff being required. The form details the expected number of locum shifts required for that month, why the locum is required and the current staffing position.

Management Action: The Clinical Perfusion Manager and Clinical Service Manager will produce a quarterly report of predicted locum usage. The report will be sent to the Chief Officer.

Responsibility: Clinical Perfusion Manager & Clinical Service Manager	**Target date:** 1 September 2015

Control objective 2: Rotas are filled using NHS Lothian staff where possible, with locum usage minimised.	
2.1: There is a lack of segregation of duties in the process for approval of invoices for agency staff.	**Significant**

Observation and Risk

Once a weekly rota has been completed, which quantifies the requirement for agency staff, the Clinical Perfusion Manager adds the locum shifts required into the staff bank system. This effectively acts as the "purchase order" for the locum requirement.

When NHS Lothian receives an invoice from the agency, staff bank staff check it against the shifts in the staff bank system and if the two match, the invoice is paid. The invoice includes copy timesheets signed by the Clinical Perfusion Manager to confirm the shifts worked by the locums. Where the Clinical Perfusion Manager has completed shifts as a locum, his agency timesheet is signed by another member of the CPS team.

There is no segregation of duties in the process to allow independent authorisation of either the agency shifts input into the staff bank system, or of the invoice received from the agency.

There is a risk that over-use of agency staff, or inaccurate invoicing by the agency will not be detected and corrected.

Recommendation

The Clinical Service Manager (CTR) should review and approve all agency shifts before they are entered onto the staff bank system, and the copy invoices currently sent to the Clinical Perfusion Manager should be sent instead to the Clinical Service Manager (CTR).

In addition, the Clinical Service Manager (CTR) should sign the agency timesheets for all locum shifts worked by the Clinical Perfusion Manager.

Management Response and Action: Agreed. Going forward the Clinical Service Manager will be sighted on agency shifts prospectively. Invoices will be sent in first instance to Clinical Perfusion Manager, verified and countersigned by Clinical Service Manager. The CSM should sign off timesheets for Clinical Perfusion Manager, though copies of invoices will still go to the Head of Clinical Perfusion as they have the ability to identify any discrepancies.

Responsibility: Clinical Perfusion Manager	**Target date:** 1 September 2015

2.2: There is no written record of weekly requests for agency staff.	**Important**

Observation and Risk

As noted at 1.2, the majority of locums used by the CPS team are provided through the agency [redacted]. The owner of the [redacted] agency also works as a locum at NHS Lothian (as described at 1.1) and is frequently on-site.

Currently the Clinical Perfusion Manager places verbal requests to [redacted] for locum staff. This approach means that an evidence trail is not maintained.

Similarly, there is no written documentation from [redacted] to inform NHS Lothian of the locums is proposes to provide to NHS Lothian, along with confirmation that no other locums are available on occasions where CPS team members are acting as locums.

There is a risk that the lack of documentation around the services provided by [redacted] means that NHS Lothian is unable to hold the supplier to account if required.

Recommendation

The Clinical Perfusion Manager should submit all requests for agency staff in writing (for example by email). The agency should respond in writing to list the locums who will be provided, confirming that, where NHS Lothian staff is included, that no other locums are available for the shifts in question.

The Clinical Service Manager (CTR) should be copied into all such correspondence.

Management Response and Action: Agreed. The CPM will liaise with the agency in writing in order to implement the above recommendation.

Responsibility: Clinical Perfusion Manager	**Target date:** 1 September 2015

2.3: Budget statements not reviewed by all line managers.	**Important**

Observation and Risk

Finance provides budget statements to budget holders on a monthly basis. The statements should be reviewed by budget holders to determine if spending is in line both with budgets and expectations.

However, we were informed that although the budget statements are discussed by Clinical Service Manager (CTR) and a Finance Manager each month, the Clinical Perfusion Manager is not involved in the budget monitoring process.

Given that the Cardiac Perfusion Manager is heavily involved in the perfusion staffing costs, his lack of involvement in budget monitoring could lead to issues, such as incorrect budget allocations or budget overspends not being identified and addressed.

Recommendation

The Clinical Perfusion Manager should review the budget statements provided by Finance each month and either provide the Clinical Service Manager (CTR) with comments for discussion at the monthly meetings with Finance, or attend the meetings as well.

Management Response and Action: Finance currently provides monthly budget information on perfusion costs to the Clinical Service Manager in order to monitor financial performance. The Clinical Perfusion Manager attends monthly business meeting where finance is discussed and will monitor spend each month. We will ensure that the Clinical Perfusion Manager is more actively involved in the budget monitoring process going forward.

Responsibility: Clinical Perfusion Manager & Clinical Service Manager	**Target date:** 30 September 2015

Control objective 3: Changes to rotas are authorised and agree to supporting documentation.	
3.1: European Working Time Directive compliance is not reviewed and controlled.	**Important**

Observation and Risk

NHS Lothian is required to adhere to the EWTD, which requires that staff should not work excessive hours, should receive sufficient rest and, in particular, staff are limited to working 48 hours per week (calculated as an average over a 26 week period).

While staff within the CPS team are rostered to work 37.5 hours per week, the team's time records indicate that over-time is a reasonably frequent occurrence. In addition, some members of the team also work as locums, including for NHS Lothian. We noted two CPS staff members worked as locums for NHS Lothian for the equivalent of 4 and 4.5 weeks respectively during 2014-15.

Both the Clinical Service Manager (CTR) and the Operational Manager (RIE) have stated that CPS staff are aware of their responsibilities. However, no analysis has been performed to determine whether EWTD guidelines have been met.

There is a risk that CPS is unable to demonstrate it is taking reasonable steps to confirm compliance with the EWTD. Where staff are overworked, this could lead to inadequate care being provided to patients.

Recommendation

The Clinical Service Manager (CTR) should perform a periodic (e.g. quarterly) review of all staff working within CPS (both establishment and agency) to determine if any are in breach of the EWTD. Confirmation of this review and the results should be provided to HR.

In addition, as part of agreeing the contract with the agency selected as part of the tendering process (set out at Issue 1.1), NHS Lothian should include a requirement that the agency provides periodic confirmation that all of their staff working within NHS Lothian are complying with the requirements of the EWTD.

Management Response and Action: A review of working hours against the EWTD will be completed quarterly for all perfusion staff. To enable this we will develop a process for reporting on working times and compliance with EWTD that will be presented to HR and/or SMT for approval.

Responsibility: Clinical Service Manager	**Target date:** 30 September 2015

3.2: There is no documented authorisation of claims for additional hours.	**Important**

Observation and Risk

The CPS team uses an On-Call form to record instances when a staff member is on-call. The form is also used to record over-time hours, for example where additional hours were worked due to a theatre over-run. The information on these forms is used to update SSTS and generate the additional payment earned by the staff member concerned.

Our testing identified a small number of instances in which there was a discrepancy between SSTS and the On-Call form. We confirmed that SSTS and the payment made were correct, indicating that the On-Call form was an incomplete record.

The on-call form does include a section for line manager approval, but our testing noted that this section is not routinely completed. There is therefore no evidence that the Clinical Perfusion Manager has reviewed and authorised the additional payments.

If the forms are not completely and accurately filled in, and subject to evidenced review and authorisation, there is a risk that staff member may not receive the correct additional payment, leading to financial loss for either the staff member or NHS Lothian.

Recommendation

The Clinical Perfusion Manager should agree the on-call and overtime time claimed on the On-Call sheet to the planned rota and theatre records, as part of the process to enter data into SSTS. He should record evidence of this check by signing the On-Call sheet.

The Clinical Service Manager (CTR) should review and approve the Clinical Perfusion Manager's On-Call Sheet.

Management Response and Action: Agreed. A new single form for recording on-call and TOIL will be introduced and each instance will be signed-off by the relevant manager.

Responsibility: Clinical Perfusion Manager	**Target date:** 30 September 2015

3.3: No authorisation required for shift swaps.	**Minor**
Observation and Risk The Clinical Perfusion Manager rosters staff in advance, in order to meet theatre requirements, and to make efficient and effective use of staff, with use of locums kept to a minimum where possible. However, we noted that CPS staff swap shifts amongst themselves without first obtaining the approval of the Clinical Perfusion Manager. Although this does not have any clinical impact, as staff skill sets are sufficiently similar, if the Clinical Perfusion Manager does not approve the shift swaps in advance, there is an increased risk that SSTS records may not be updated correctly, or that the planned rotas do not match the SSTS records and there is no recorded explanation for the variance.	
Recommendation The CPS staff should be asked to obtain advance approval from the Clinical Perfusion Manager for shift swaps. The Clinical Perfusion Manager should then record to change on the rotas so it is possible to agree SSTS records of actual time worked back to the planned rotas.	
Management Response and Action: A pilot process will be developed and tested to support this recommendation.	
Responsibility: Hospital Site Director, RIE	**Target date:** 30 September 2015

Control objective 4: Time in lieu is authorised and reclaimed appropriately.	
4.1: TOIL claimed is not properly recorded and authorised.	**Significant**

Observation and Risk

Some members of staff within the CPS team are entitled to take Time Off in Lieu (TOIL) rather than payment for overtime worked. Currently a "Protected Hours Record" form (the form) is used to record additional hours, although it was not specifically designed to do so. Staff should complete the form noting the additional hours worked the date, the start and end points, the theatre in question, the reason for the additional hours worked, and the running balance of TOIL. Where TOIL is taken, this should also be recorded on the form.

However, our testing identified several instances where the form had not been filled in completely, including one instance where nine hours of TOIL taken by a CPS staff member was not recorded, meaning that the TOIL balance was overstated.

In addition, we noted that the design of the form does not capture evidence of any review and authorisation of the entries to the form by the Clinical Perfusion Manager. There is therefore no evidence that the additional hours recorded by staff have been checked and approved as correct, and that any use of TOIL balances have been authorised.

If the forms are not completely and accurately filled in, and subject to evidenced review and authorisation, there is a risk that staff may claim TOIL incorrectly, leading to financial loss for either the staff member or NHS Lothian.

Recommendation

The Clinical Perfusion Manager and the Clinical Service Manager (CTR) should agree a process for recording of additional hours by all staff. For each instance of additional time worked, the staff member should record the additional hours worked, the date, the start and end points, the theatre in question, the reason for the additional hours worked, and the updated running balance of TOIL. Similarly, any planned use of TOIL should be recorded on the form, along with the updated running balance of TOIL.

Once the Clinical Perfusion Manager is satisfied that the additional hours being claimed have actually been worked, and that the TOIL balance claimed matches time taken, he should sign the form to evidence his authorisation. The Clinical Service Manager (CTR) should review and approve the Clinical Perfusion Manager's form.

The review and approval of these forms should occur weekly, at the same time as SSTS is updated for staff hours, so the Clinical Perfusion Manager can confirm the two records match.

Management Response and Action: Agreed. A new form will be introduced to cover all out-of-hours working, and each instance will be signed-off by the relevant manager.

Responsibility: Clinical Perfusion Manager	**Target date:** 30 September 2015

4.2: The use of three processes for recording time is inefficient and prone to errors.	**Important**

Observation and Risk

Staff time is currently recorded on SSTS, which is linked to the payroll system and which generates and overtime payments. We were informed that if those staff entitled to take TOIL do so, it is entered into SSTS only when the time taken is greater than 0.5 days. However, our testing of a sample of staff records identified that on one occasion, TOIL of 19 hours was noted recorded on SSTS.

Staff should also record all additional hours worked on a "Protected Hours Record" form. Again, our testing identified that staff did not record additional hours on these forms completely and accurately.

Finally, staff use an On-Call form to record overtime as well as periods when they are on-call. Our testing also identified inaccuracies within these records.

While we did note issues with the completeness and accuracy of the time records listed above, we confirmed that the payments generated through SSTS were in line with the ORSOS theatre records.

As demonstrated by the results of our testing, the inconsistent use of these three systems for capturing time records increases the risk of errors, which could lead to over or under-claiming of TOIL or inaccurate payments to staff.

Recommendation

The CPS should have one process for recording all time, including on-call, overtime and TOIL. The primary record of time should be SSTS as it is the electronic system which links to payroll. In order to update SSTS the Cardiac Perfusion Manager should ask staff within the team to complete one form, preferably electronically, which will show:

- Standard hours worked
- Overtime worked, and reasons for overtime (e.g. theatre over-run)
- Whether overtime will be taken as TOIL or paid
- On-call sessions, and details of any call-outs
- Where TOIL is taken, the impact on the individual's TOIL balance.

The form should be signed by the Clinical Perfusion Manager when reviewed and all data on the form should be input to SSTS. The Clinical Perfusion Manager's form should be reviewed and signed by the Clinical Service Manager (CTR).

Management Response and Action: Agreed. A new form will be introduced to cover all out-

of-hours working, and each instance will be signed-off by the relevant manager.	
Responsibility: Clinical Perfusion Manager & Clinical Service Manager	**Target date:** 30 September 2015

Appendix 1 - Definition of Ratings

Management Action Ratings

Action Ratings	Definition
Critical	The issue has a material effect upon the wider organisation – 60 points
Significant	The issue is material for the subject under review – 20 points
Important	The issue is relevant for the subject under review – 10 points
Minor	This issue is a housekeeping point for the subject under review – 5 points

Control Objective Ratings

Action Ratings	Definition
Red	Fundamental absence or failure of controls requiring immediate attention (60 points and above)
Amber	Control objective not achieved - controls in place are inadequate or ineffective (21 – 59 points)
Green	Control objective achieved – no major weaknesses in controls but may be scope for improvement (20 points or less)