NHS Lothian
Internal Audit Report 2022/23
Use of Bank and Agency Staff

Assurance Rating: Moderate Assurance

Date: 8 November 2022

Contents

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Timetable

- Date closing meeting held: 17 October 2022

- Date draft report issued: 28 October 2022

- Date management comments received: 7 November 2022

- Date Final report issued: 8 November 2022

- Date presented to Audit and Risk Committee: 21 November 2022

Executive Summary

Introduction

NHS Lothian utilise bank staff to supplement their substantive workforce. The purpose of the staff bank is "to co-ordinate and develop supplementary staffing to support direct and indirect patient care services". The staff bank supplies various supplementary staffing to all areas of NHS Lothian, including doctors, registered nurses, midwives, Allied Health Professionals, non-registered care assistants, estates and facilities staff, administration and clerical staff. The staff bank recruits workers, coordinates staff deployments, processes payment and supports learning and development.

A Procedure for Use of Supplementary Staff is in place, supported by Procedures for requesting, booking and paying for supplementary staff.

NHS Lothian also uses agency staff to meet staffing shortfalls. Agency staff should only be used where the staffing shortfalls cannot be met through overtime or use of bank staff, due to the additional costs involved. In 2021/22, NHS Lothian incurred circa £72.4 million (£62 million in 2020/21) on bank and agency staff (£15.8 million on agency staff and £56.6 million on bank staff), including locum medical staff. It is noted that this will be higher than normal years due to the need for bank and agency staff to support operations during the Covid-19 pandemic. For comparison, spend on bank agency staff for 2018/19 and 2019/20 was £51.4 million (£42.7 million on bank staff and £8.7 million on agency staff) and £58.1 million (£45.5 million on bank staff and £12.6 million on agency staff) respectively.

Use of both bank and agency staffing must be supported by robust controls and processes to ensure these staff are only utilised where required.

Scope

The objective of the audit was to evaluate the adequacy of internal controls in place around Use of Bank and Agency Staff and review the design and operating effectiveness of the controls in place to mitigate against the following potential risk areas:

- There is a lack of knowledge and expectations over the processes relating to the use of bank/agency staff and as a result, staffing budgets and rosters are not effectively managed.

- Processes in relation to booking bank/agency staff are not followed, resulting in an increased financial burden being placed on NHS Lothian.

- There is limited or no monitoring and reporting of time worked by bank and agency staff and this results in the organisation being unable to assess the impact of bank/agency staff usage to inform recruitment as well as identify root causes where high numbers are used.

Approach

Our audit approach was as follows:

- Obtain understanding of the key areas outlined in scope above, through discussions with key personnel, review of management information and walkthrough test, where appropriate.

- Identify the key risks relevant within the processes surrounding the Use of Bank Staff.

- Evaluate the design of the controls in place to address the key risks.

- Test the operating effectiveness of the controls in place.

It is Management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit should not be seen as a substitute for Management's responsibilities for the design and operation of these systems.

A complete list of staff involved in the audit and documents reviewed can be seen at Appendix 1.

Acknowledgments

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

Limitations in Scope

Please note that our conclusion is limited by scope. It is limited to the risks outlined above. Other risks that exist in this process are out with the scope of this review and therefore our conclusion has not considered these risks. Where sample testing has been undertaken, our findings and conclusions are limited to the items selected for testing.

The review focused on the processes in place for use of such staff (i.e. booking and paying them, rather than for engaging and hiring them in the first place).

This report does not constitute an assurance engagement as set out under ISAE 3000.

Summary of Findings

We have concluded that the controls in place in respect of NHS Lothian's processes for booking and paying bank and agency staff provided a **MODERATE** level of assurance. The table below provides a summary of the findings. The ratings assigned are based on the agreed internal audit rating scale (**Appendix 2**).

Detailed findings, recommendations and agreed management actions are found in Section 2 of this report.

Moderate Assurance			
HIGH	**MEDIUM**	**LOW**	**ADVISORY**
-	4	4	-

Ref	Issue	H	M	L	A
2.1	**Risk area as per scope: Processes in relation to booking bank/agency staff are not followed, resulting in an increased financial burden being placed on NHS Lothian.** Additional duties are not being offered to the bank in the first instance.	-	1	-	-
2.2	**Risk area as per scope: Processes in relation to booking bank/agency staff are not followed, resulting in an increased financial burden being placed on NHS Lothian.** Bank/agency shifts are being requested by staff who do not have the appropriate authority to do so.	-	1	-	-
2.3	**Risk area as per scope: Processes in relation to booking bank/agency staff are not followed, resulting in an increased financial burden being placed on NHS Lothian.** Areas/sites are directly booking bank staff to shifts when there is no emergency circumstance to do so.	-	1	-	-
2.4	**Risk area as per scope: Processes in relation to booking bank/agency staff are not followed, resulting in an increased financial burden being placed on NHS Lothian.** Bank/agency shifts are not being appropriately authorised following completion by staff.	-	1	-	-
2.5	**Risk area as per scope: There is a lack of knowledge and expectations over the processes relating to the use of bank/agency staff and as a result, staffing budgets and rosters are not effectively managed.** Staff could benefit from a more robust training programme in relation to HealthRoster system and the booking of bank/agency staff.	-	-	1	-

Ref	Issue	H	M	L	A
2.6	**Risk area as per scope: There is limited or no monitoring and reporting of time worked by bank and agency staff and this results in the organisation being unable to assess the impact of bank/agency staff usage to inform recruitment as well as identify root causes where high numbers are used.** The current KPIs may not be fit for purpose and additional KPIs need to be considered.	-	-	1	-
2.7	**Risk area as per scope: There is limited or no monitoring and reporting of time worked by bank and agency staff and this results in the organisation being unable to assess the impact of bank/agency staff usage to inform recruitment as well as identify root causes where high numbers are used.** Actions and mitigations are having little or no impact on the key performance indicators set by the HealthRoster team.	-	-	1	-
2.8	**Risk area as per scope: Processes in relation to booking bank/agency staff are not followed, resulting in an increased financial burden being placed on NHS Lothian.** Members of the Bank team are overriding error messages in the Bank system.	-	-	1	-
TOTAL		**-**	**4**	**4**	**-**

Main Findings

We identified a number of areas of good practice during the review. The Staff Bank, along with colleagues in Finance are reporting regularly on the use of bank and agency staff. The Staff Bank General Manager provides data on supplementary staffing demand and fill rates across all acute sites. In addition to additional staffing reasons and bank & agency spend (Site Summary Performance (Acute and Community reports), with Finance staff preparing spreadsheets which includes the financial impact of the use of supplementary staffing in their monthly activity figures (Acute Nursing Dataset).

The Site Summary Performance reports are provided to the Associate Nurse Directors (AND's) and Acute & Community Nursing Workforce Governance Group, where they are discussed and cascaded to service areas as appropriate. This information is used to identify particular issues and develop recruitment strategies to support the ongoing review and update of the Nursing Workforce Prioritisation Plans.

We have noted a number of weaknesses in the controls in place to manage bank and agency staff that require to be addressed. With the majority relating to the proper application of the Procedure for Requesting, Booking & Paying for Supplementary Staff by service areas.

These findings are discussed in full within our Management Action Plan below.

Follow Up

Approximately two weeks following issue of the final Internal Audit report, a member of the Audit Team will issue an evidence requirements' document for those reports where management actions have been agreed.

This document forms part of the follow up process and records what information should be provided to close off the management action. The follow-up process is aligned with the meetings of the Board's Audit & Risk Committee. Audit Sponsors will be contacted on a quarterly basis with a request to provide the necessary evidence for those management actions that are likely to fall due before the next meeting of the Audit and Risk Committee.

Management Action Plan

Risk area as per scope: Processes in relation to booking bank/agency staff are not followed, resulting in an increased financial burden being placed on NHS Lothian.	
Finding 2.1 – Additional duties are not being offered to the bank in the first instance.	Medium

Control

The Procedure for Requesting, Booking and Paying for Supplementary Staffing Resource outlines that within local management arrangements, areas should try to exhaust all other options, such as reallocation of duties / rota, redeployment of staff from another area, cancelling leave before requesting bank/agency staff.

Where a bank/agency staff member is required, the shift should be offered to the bank first and only agencies if it cannot be filled by the bank.

Observation

From a sample of 25 shifts, we identified two shifts (0422935901 and 0622015918 – both were at St John's Hospital) requested well in advance of the shift taking place (18 days and 4 days respectively) that were sent directly to agencies and not the bank in the first instance. A third shift (0622047728 at Royal Infirmary Edinburgh) was requested only eight hours before the shift taking place but was offered and allocated to a bank staff member first. We do note that there can exceptions for sites/areas where there are no bank staff available so there is need to go directly to agencies.

Review of the current Procedure for Requesting, Booking and Paying for Supplementary Staffing Resource, last updated in 2017, did not find any reference to ensuring that shifts are offered to the bank first.

There were some further exceptions noted during our sample testing that may require further review:

- A bank shift being undertaken by a contracted staff member who was on annual leave per the roster (0422905783).
- A contracted staff member had their contracted shift switched to a bank shift with the reason provided as sick leave; however, no one who was rostered was on sick leave (0422948259).
- A contracted staff member was had overtime in their roster as well as a bank shift. however, the overtime could have also been a bank shift as it cheaper (0622047728).

Risk

Where services bypass the Staff Bank and book directly with agencies, there is a risk that NHS Lothian is using agency staff who are not suitable for the role or do not possess the required qualifications and registrations.

Where areas/sites are not exhausting all other options available before using bank/agency staff, there will be increased financial burden placed on the organisation.

Recommendation

The Procedure for Requesting, Booking and Paying for Supplementary Staffing Resource should be updated to outline that shifts should be offered to the bank in the first instance and only then to agencies if they cannot be filled. Any exceptions to this should be clearly outlined also.

As part of monthly spot checks on a sample of shifts, the HealthRoster/Bank team should check that shifts have bank/agency shifts have been requested appropriately and subsequently been offered to bank before being offered to agencies. Action should be taken were instances of shifts going directly to agencies are identified.

Communications should be issued to staff regularly reminding them that bank should be used before agency is considered.

Finding 2.1 continued

Management Response

Acknowledging and accepting the audit findings, it has been known for some shifts to be sent directly to agencies in particular when a Block Booking has been requested. Block booking's can offer the clinical areas some reassurance and consistency from the same staff offering continuity of care. Such bookings have been in the main on St Johns site.

Management Action

1) A planned review of the Procedure for Requesting, Booking and Paying for Supplementary Staffing Resource will be undertaken and completed by the end February 2023. This will be cascaded throughout the organisation.

2) Immediate communication to service users reminding them to ensure all shifts be placed on the BankStaff system either via Healthroster or directly with the booking staff within the Staff Bank. This will ensure all bank staff have the visibility and opportunity to book available shifts.

3) Sample shifts will be audited and monitored and regular updates provided within monthly performance reports.

4) Communication to service users reminding them of financial instruction and that direct bookings with agencies are not permitted

Responsibility: **General Manager** **Corporate Nursing**	Target Date: 1) **28th February 2023** 2) **30th November 2022** 3) **28th February 2023** 4) **30th November 2022**

Risk area as per scope: Processes in relation to booking bank/agency staff are not followed, resulting in an increased financial burden being placed on NHS Lothian.	
Finding 2.2 – Bank/agency shifts are being requested by staff who do not have the appropriate authority to do so.	Medium

Control

The Procedure for Requesting, Booking and Paying for Supplementary Staffing Resource outlines that only individuals with authorisation access via the Authorised Signatory Database can request supplementary staffing. Where any changes to details such as name or job title occurs, this should be reflected in the Authorised Signatory Database.

Observation

From a sample of 25 shifts, we identified three shifts (0422932999, 0622010399 and 0722074350) that had been requested by members of staff who were not possible to locate on the Authorised Signatory Database. If the staff are not on the Authorised Signatory Database then it should not have been possible for these staff members to have been able to submit the request in the HealthRoster system.

However we note that it was difficult to locate some staff members on the Authorised Signatory Database because their name or job title had changed on HealthRoster but had not been reflected in the Authorised Signatory Database.

Risk

Staff may be able to authorise or request their own bank shifts, resulting in it being possible that staff can obtain payment for shifts not worked, either fraudulently or via misappropriation, resulting in financial consequence to the organisation.

The Authorised Signatory Database is not being kept up to date, making it difficult to confirm if staff are authorised or not.

Recommendation

The HealthRoster team should review and update the HealthRoster system to determine if and how it was possible for staff without the appropriate authority to request bank/agency shifts.

As part of monthly spot checks on a sample of shifts, the HealthRoster/Bank team should check that shifts have been requested by staff who have authority to do so via the Authorised Signatory Database. Action should be taken were shifts are identified as having been requested by a staff member without the appropriate authority.

Communications should be issued to staff regularly reminding them that bank/agency shifts should only be requested by staff who have the appropriate authority. Additionally, the communications should remind areas/sites to ensure all staff who have responsibility for requesting bank/agency shifts, are on the Authorised Signatory Database.

Communications should be issued to areas/departments to enforce that managers should ensure the Authorised Signatory Database is up to date for their staff and be reminded that when any names or job titles change, they should request for this to be updated in the Authorised Signatory Database.

Management Response

Accept the findings and recommendations. There is a process in place within the Health Roster team which should prevent such incidences arising. During the interim period of this audit, NHS Lothian have applied a new process for ASD approval status, this needs to be considered for impact and implementation within the service

The Service Level Agreement – Operational Principles has a section pertaining to ASD process within.

Management Action

1) Interrogate the findings within the Healthroster team to review the current process - reviewing requests against ASD signatory database.

2) The Service Level Agreement - Operational Principles has been revised and will be recirculated to all service users Reminding users of their obligation of compliance.

3) Apply revised ASD process to all new requests

Responsibility:	Target Date:
General Manager	1) **30th April 2023**
Corporate Nursing	2) **30th November 2022**
	3) **Immediate effect**

Risk area as per scope: Processes in relation to booking bank/agency staff are not followed, resulting in an increased financial burden being placed on NHS Lothian.	
Finding 2.3 – Areas/sites are directly booking bank staff to shifts when there is no emergency circumstance to do so.	Medium

Control

The Supplementary Staffing Staff Bank Service Level Agreement outlines that bank staff should accept shifts through their Employee Online (EOL) account or on occasion booked directly by an area; however, this should be a last resort or in an emergency situation.

Observation

From a sample of 25 shifts, we identified 14 shifts that were a bank staff member was directly booked immediately following the request being issued on HealthRoster instead of being accepted by the bank staff member. In each case, there was not an emergency circumstance to do so as the shifts had been requested well in advance of the shift taking place.

Risk

Areas/sites may be seen to be giving preferential treatment to staff where they are directly booking shifts.

Recommendation

As part of monthly spot checks on a sample of shifts, the HealthRoster/Bank team should check that where shifts are directly booked, it was in response to an emergency. Action should be taken if this is found to not be case.

Communications should be issued to staff regularly reminding them that bank/agency shifts should only be directly booked in emergency circumstances.

Management Response

Service users can book bank workers directly. This is often beneficial in delivering continuity of care. The current arrangements permit this for placements up to 12 weeks, however longer bookings require authorisation at Director level and we have a process in place for monitoring and reviewing placements.

Management Action

1) The Service Level Agreement - Operational Principles has been revised and will be recirculated to all service users reminding users of their obligation of compliance.

2) A reminder will be issued to the wider organisation/service users reminding of the need to discourage direct booking for longer periods of time.

3) A reminder issued to all bank workers encouraging the use of EOL (Employee on Line) and responsibility for booking own shifts.

Responsibility:	**Target Date:**
General Manager	**30th November 2022**
Corporate Nursing	

Risk area as per scope: Processes in relation to booking bank/agency staff are not followed, resulting in an increased financial burden being placed on NHS Lothian.

Finding 2.4 – Bank/agency shifts are not being appropriately authorised following completion by staff.	Medium

Control

The Procedure for Requesting, Booking and Paying for Supplementary Staffing Resource outlines that managers should identify a sufficient number of people who can confirm the hours that bank or agency staff actually work. These individuals should be able to positively confirm that they saw the bank or agency worker in the workplace for the duration of the shift being confirmed.

The procedure also outlines that the cut off date for confirmation is 8am on a Wednesday morning for the bank worker to receive payment the following week.

The HealthRoster system maintains an audit trail for each bank/agency shift which details how long it took for a shift to authorised following completion. The count should start from the end time of the shift.

Observation

We ascertained that completion of shifts should be authorised within 24 hours of the finish time. This control is not documented within the procedure. As such, from a sample of 25 shifts, we identified 17 shifts that were not authorised within 24 hours of being completed. Areas/sites are provided with reports regularly by the Bank team that identify any unsigned shifts that should be authorised promptly; however, the email in which the reports are provided state that shifts need to be confirmed by 9am on a Thursday morning. As such, there is mixed messaging around this process.

Authorisation should be provided by a staff member who is either the same band or at least one band above the staff member who completed the shift. This is not a control within the current documented procedures. From a sample of 25 shifts, we identified three shifts that were authorised by a staff member who was not the same band or at least one band above the bank/agency staff member who completed the shift. 11 shifts were also approved by staff members who were not on shift with the staff member who completed the bank/agency shift.

We identified that the count on the HealthRoster system for authorisation of shift completion starts from the start time of the shift instead of end time. Therefore, there is the possibility for shifts to appear as though they have not been approved within 24 hours of completion.

Risk

Where shifts are not being signed off/confirmed in a timely manner, payment to the employee may be delayed, this can result in an unwillingness to work in the future. The longer it takes to sign off shifts, the knowledge of who has worked and when they have worked is lessened and the possibility of inaccurate working patterns being signed off, increases.

Where inappropriate authorisation is provided for a shift, it may result in it being possible that staff can obtain payment for shifts not worked, either fraudulently or via misappropriation, resulting in financial consequence to the organisation.

Recommendation

The current controls relating to who should be authorising completed shifts and when this should take place should be documented with the procedure document.

As part of monthly spot checks on a sample of shifts, the HealthRoster/Bank team should check that shifts are being authorised by appropriate members of staff who were on shift in a timely manner. Action should be taken were this is not the case.

Communications should be issued to staff regularly reminding them that bank/agency shifts should only be authorised by appropriate members of staff who were on shift and in a timely manner. This should be captured as part of the creation of a training plan and update to training materials.

The HealthRoster team should investigate the functionality in the system to ensure that the count starts from the end time of shifts.

Finding 2.4 continued

Management Response

A weekly unsigned shift report is sent to all users, this acts as a reminder for service users to sign off shifts in a timely manner.

Authorisation for shifts is the responsibility of the service users.

Management Action

1) The Service Level Agreement - Operational Principles has been revised and will be recirculated to all service users reminding users of their obligation of compliance.

2) The Procedure for Requesting, Booking and Paying for Supplementary Staffing Resource to be updated making specific reference to sign off of bank shifts.

3) Unsigned shift reports will be shared at appropriate Nursing Workforce Governance groups and the Nursing and Midwifery Programme board chaired by Executive Nurse Director.

4) A Lothian wide group is being convened in response to national work directed by the Chief Nursing and Midwifery Office (CNMO) re Supplementary Staffing and this will be used to performance manage unsigned shift reports.

Responsibility:	Target Date:
General Manager	1) **30th November 2022**
Corporate Nursing	2) **30Tth April 2023**
	3) **30th December 2022**
	4) **30th December 2022**

Risk area as per scope: There is a lack of knowledge and expectations over the processes relating to the use of bank/agency staff and as a result, staffing budgets and rosters are not effectively managed.	
Finding 2.5 – Staff could benefit from a more robust training programme in relation to HealthRoster system and the booking of bank/agency staff.	Low

Control

The Supplementary Staffing Staff Bank Service Level Agreement outlines that it is recommended that local induction / orientation for newly appointed managers includes a session with the Staff Bank when this information relating to the booking of bank staff can be explained on a 1:1 basis.

Additionally staff can request support from the HealthRoster team to investigate areas of concern via the Area Support Manager for the service to provide additional training/advice as required.

Observation

We ascertained that the induction training has not been taking place for newly appointed managers.

We obtained a staff demo leaflet from the HealthRoster Area Support Manager for Children's Services, East Lothian, HBCCC, OPD, HMPS, REAS Mental Health and Rehab. This is for Clinical Nurse Managers, Charge Nurses, Deputy Charge Nurses and Nurses at the Royal Hospital for Children and Young People (RHCYP) and will provide them with a demo of the HealthRoster system and allow them to ask questions. We also obtained a presentation deck that will support the onsite demonstration session of the HealthRoster and Tableau systems. However, the presentation deck and demo session are for the use of these systems and does not contain any information relating to the process for booking and paying bank/agency staff. As such there is a need for new materials that cover all aspects of the process.

A diary invite is also placed in their calendar. It is unclear if attendance is taken at these sessions and if these training sessions are also offered at other sites across the organisation.

We also note that given the inaccuracies discovered during our sample testing, it is clear that more robust and regular training is required for staff across the organisation to ensure they know the processes that are to be followed.

Risk

Where staff are not adequately trained over the processes relating to the use of bank/agency staff, staffing budgets and rosters are not effectively managed.

Recommendation

The HealthRoster and Bank teams should put in place a training plan on how and when they can provide training to required staff, as well as update any training materials that can be offered to staff to assist with the use of the systems as well as following process for booking and paying bank/agency staff. Attendance at training should be monitored and reminders should be issued to staff where they fail to attend.

The induction training for new managers should be reintroduced and attendance should be monitored to ensure all new managers complete their induction.

Management Response

The Healthroster team currently offer informal training sessions to new and senior managers. An electronic 'How to guide' is available on the intranet. Each site has an Area Support Manager who can also facilitate training on a individual or group basis.

Pre Covid most newly recruited band 7s would attend the Staff Bank as part of their induction programme.

Management Action

1) Communication will be sent to all Nurse / Associate Nurse Directors and General Managers reminding of the need for training and attendance at such training and to include Staff Bank as part of the induction programme for all newly appointed band 7s and above.

2) General Manager will take reports with the Nurse /Associate Nurse Directors / Facilities / General Mangers (nursing being the largest staff group) and discuss findings and recommendations for any new Mangers including Deputy and Senior Charge Nurses, Directorate Assistants, Team Leads and/or Service Managers come for specific training.

Responsibility:	**Target Date:**
General Manager	1) **30th November 2022**
Corporate Nursing	2) **30th April 2023**

Risk area as per scope: There is limited or no monitoring and reporting of time worked by bank and agency staff and this results in the organisation being unable to assess the impact of bank/agency staff usage to inform recruitment as well as identify root causes where high numbers are used.

Finding 2.6 – The current KPIs may not be fit for purpose and additional KPIs need to be considered.	Low

Control

e-Rostering Key Performance Indicator (KPI) reports for Acute Services are prepared on a monthly basis by the HealthRoster Team and issued to Nursing Directors, Associate Nursing Directors, Site Directors, Finance and Area Support Managers by the HealthRoster Operational Manager. The reporting aims to provide a high level overview of the three main KPI's produced from the e-Rostering system:

-Unused Hours (relates to staff who have not worked their full contracted hours over a 4 week period).

-Additional Duties (shifts created over and above the budgeted number of shifts per area).

-Unavailability's (Predicted Absence Allowance).

Observation

Review of the KPI reporting confirmed that it includes figures for site/area as a whole i.e. Woman's Services, Royal Hospital of Children and Young People (RYCYP), Outpatients & Associated Services, Diagnostics Theatres Anaesthetics & Critical Care (DATCC), St John's Hospital (STJ), Western General Hospital (WGH) and Royal Infirmary Edinburgh (RIE). Trend analysis is included comparing prior month with current month as well as highlighting the top wards/departments across the organisation for each category of report. Recommended actions for discussion are also included with each report. Within email that is sent to staff it is noted that there is the opportunity to drill down further and access additional data on individual wards/areas by accessing Tableau dashboards links in the KPI reporting. However additional KPIs showing ward/departmental level detail are not provided.

The monthly Supplementary Staffing reporting presented at the Nursing Workforce Governance Group documents bank and agency spend. In August 2022, total spend for the six acute sites was £2.9 million which was a £500k increase on the previous month. For the financial year to August 2022 total spend was £12.8 million. There is however no evidence of a target/goal for an acceptable level spend having been set.

There is an opportunity to review if the current KPIs are reporting on the most meaningful and impactful metrics, and if alternative KPIs covering wards or financial spend should be included.

Risk

Problem areas/departments may go unnoticed due to high level KPI reporting which could result in actions to address consistent issues may not be implemented and place continued financial burden on the organisation.

Recommendation

The HealthRoster team should review the current KPIs to determine if they are fit for purpose and providing management with meaningful information. Consideration should be given to whether additional KPIs are required to capture ward/department level detail.

A target / goal for an acceptable level of spend should be set for each of the six sites and then management should measure a KPI or progress against that on a monthly basis.

Finding 2.6 continued

Management Response

The KPI's were recently revised in consultation with the Senior Finance Team however, the roll out of eRostering Pan Lothian will provide opportunity to reconsider organisational priorities for KPIs.

We recognise that the reporting is aimed at Business user level and does not focus or drill down to specific business unit or ward level so has the potential to miss outliers and therefore focus is lost within an overarching report.

Since the audit was conducted the Acute Nursing Workforce Group have developed with the support of strategic planning a revised report, which alludes to and has a focus on Healthroster KPI's, in particular additional duties, unused hours and planned leave.

Business Partners to agree on acceptable budget thresholds for their respective areas, monitoring of spend should be captured within monthly reports

Management Action

1) Communication with wider organisation of the purpose and rational of the reports,

2) Area Support Managers to provide reports by drilling down into specific areas of concern identified in overarching reports.

Responsibility:	Target Date:
General Manager	1) **30th November 2022**
Corporate Nursing	2) **31st March 2023**

Risk area as per scope: There is limited or no monitoring and reporting of time worked by bank and agency staff and this results in the organisation being unable to assess the impact of bank/agency staff usage to inform recruitment as well as identify root causes where high numbers are used. A ne	
Finding 2.7 – Actions and mitigations are having little or no impact on the key performance indicators set by the HealthRoster team.	Low

Control

The HealthRoster Area Support Managers have a Roster Review document that they use to monitor progress and challenge poor practice amongst the areas they manage.

The KPI reporting issued to management on a monthly basis also includes recommendations that each site should be taking on board to address unused hours, additional duties and unavailability's.

From July 2022, a member of the Finance Team prepares a Nursing Workforce Indicators Summary and provides it to the Associate Nurse Directors (ANDs) on a monthly basis. The ask of the ANDs is that the provide commentary in response to a number of questions to demonstrate what actions they are putting in place to address issues with rostering and finances.

Observation

Review of the unused hours KPI reporting highlighted that total unused hours in April 2022 equated to 730 unused shifts and by August 2022 this had only dropped to 676 unused shifts. The three recommended actions for discussion have remained constant during the period suggesting that while some progress has been made to reduce the number of unused shifts, these recommendations are not being fully taken on board by the site/areas. Additionally, the unused hours KPI reporting does not specify a target level that each site/area should be aiming to achieve.

Review of the Additional Duties and Unavailability's April - August 2022 KPI reporting also ascertained that the recommendations for discussion provided are having no impact on the statistics. Additional duties increased from 4065 during April 2022 to 5067 during August 2022. The benchmark for Unavailability's is 21.5%; however, none of the sites/areas have managed to hit that target during the period April - August 2022.

Additionally, the KPI reports do not provide an update on actions taken since the previous month, or assign any responsibility for the recommendations.

We ascertained from the HealthRoster Operational Manager that the Roster Review template is used by all Area Support Managers; however, it is not completed for all areas due to the volume of work this would require (we have 600 rosters currently live on HealthRoster). The current challenge is the volume of training requests/restructuring requests doesn't allow for as many pro-active roster reviews as the HealthRoster team would like.

Risk

Where actions and mitigations are not being implemented adequately and timely, increased financial burden is placed on the organisation through increased use of bank and agency staff.

Recommendation

Specific targets should be set as to how many unused shifts and additional duties areas/departments are allowed for any given month.

Management need to consider more targeted actions to address the key performance indicators and provide updates on the actions.

The HealthRoster team should set parameters for when a Roster Review is required for an area/department. When this parameter is triggered the reviews take place until the areas/departments are back on target. This could help manage the workload for this.

Management Response

While acknowledging and accepting the findings, the preferred action would be to adopt the functionality to add a layer of authorisation to the creation of additional duties; despite previous attempts to implement there has been no appetite within the service areas to add a layer of authorisation for additional duties

Management Action

A proposal with options around setting targets / adding authorisation functionality Pan Lothian will be tabled at the newly established Nursing and Midwifery Programme board chaired by Executive Nurse Director.

Responsibility:	**Target Date:**
Deputy Director of Nursing	**31st January 2023**

Risk area as per scope: Processes in relation to booking bank/agency staff are not followed, resulting in an increased financial burden being placed on NHS Lothian.	
Finding 2.8 – Members of the Bank team are overriding error messages in the Bank system.	Low

Control

The Bank system has system parameter set up that will monitor the hours undertaken by staff to ensure they do not breach the Working Time Regulations. Additionally, mandatory skill requirements are also set up for shifts to ensure only competent staff are booked to shifts. Where staff are booked to shifts that would breach the working time regulations or they do not have the required skills, error messages will be provided by the system.

Observation

From a sample of 25 shifts, we identified two instances were a member of the Bank team ignored an error message created from the system. These were:

- "For the week commencing 04/07/2022, 20:44 hours are permitted, 23:00 are assigned"
- "Person does not have the mandatory unit skill requirement of Surgical"

Risk

Where error messages are being overridden, staff could be booked to shifts where they do not have the required skills or they could breach the working time regulations.

Recommendation

The General Manager Corporate Nursing should issue communications to the Bank team reminding them that they should not be overriding error messages that are presented.

The General Manager Corporate Nursing should consider introducing monitoring for the overriding of error messages.
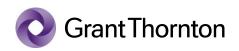
Management Response

We have reviewed the specific shifts detailed in the audit and are satisfied that a manager had oversight and therefore comfortable with the actions taken

Under the current climate and demand for nursing the current skills matrix has been reviewed and updated, therefore broadening the opportunity for more bank workers to work in different areas.

Management Action

Any override of this nature will have the approval by a senior manager

Responsibility:	Target Date:
General Manager	**Immediate effect**
Corporate Nursing	

Appendices

Appendix 1 – Staff Involved and Documents Reviewed

Staff Involved

- Deputy Director of Nursing
- General Manager, Corporate Nursing
- Nurse Director for Community Services
- Associate Nurse Directors
- HealthRoster Operational Manager
- HealthRoster Area Support Managers

Documents Reviewed

- Procedure for Ordering Supplementary Staff v3 2017
- NHS Lothian Supplementary Staffing – Service Level Agreement 2022 draft
- Sample of 25 bank/agency shifts completed between April – August 2022
- NHS Lothian Acute Site Summary Performance March – July 2022
- Nursing Workforce Governance Group Minutes March – August 2022
- Nursing Workforce Governance Group Agenda's August – September 2022
- Community Nursing Workforce Group Minutes June – August 2022
- Royal Infirmary Edinburgh Unsigned Shifts as at 1 October 2022 and 10 October 2022
- Western General Hospital Unsigned Shifts as at 1 October 2022 and 10 October 2022
- East Lothian HSCP Unsigned Shifts 6 September 2022
- Midlothian HSCP Unsigned Shifts 13 September 2022
- St John's Hospital Unsigned Shift Report
- RHCYP Unsigned Shift Report
- Examples of Completed HealthRoster Review Trackers
- Outpatients Additional Duty Report August 2022
- e-Rostering and Finance Presentation RHCYP 2022
- e-Rostering KPI Reporting April – August 2022
- Working Time Directive reporting April – August 2022
- Example emails of the monthly KPI reporting being shared with staff
- eRostering in NHS Lothian presentation to Financial Improvement Network

Appendix 2 – Our IA Report assurance levels

The table below shows the levels of assurance we provide and guidelines for how these are arrived at. We always exercise professional judgement in determining assignment assurance levels, reflective of the circumstances of each individual assignment.

Rating	Definition	When Internal Audit will award this level
Significant assurance	The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective. There may be an insignificant amount of residual risk or none at all.	There is little evidence of system failure and the system appears to be robust and sustainable. The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings)
Moderate Assurance	The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.	In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant". The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings)
Limited Assurance	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	This may be used when: ▪ There are known material weaknesses in key control areas. ▪ It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)
No assurance	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk(for instance one Critical finding or a number of High findings)

Appendix 3 - Continued

The table below describes how we grade our audit recommendations based on risks

Rating	Description	Possible features
High	Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management	- Key activity or control not designed or operating effectively - Potential for fraud identified - Non-compliance with key procedures / standards - Non-compliance with regulation
Medium	Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management	- Important activity or control not designed or operating effectively - Impact is contained within the department and compensating controls would detect errors - Possibility for fraud exists - Control failures identified but not in key controls - Non-compliance with procedures / standards (but not resulting in key control failure)
Low	Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area.	- Minor control design or operational weakness - Minor non-compliance with procedures / standards
Advisory	Items requiring no action but which may be of interest to management or which represent best practice advice	- Information for management - Control operating but not necessarily in accordance with best practice

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