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Use of Temporary Staff – **Aneurin Bevan University Health Board**

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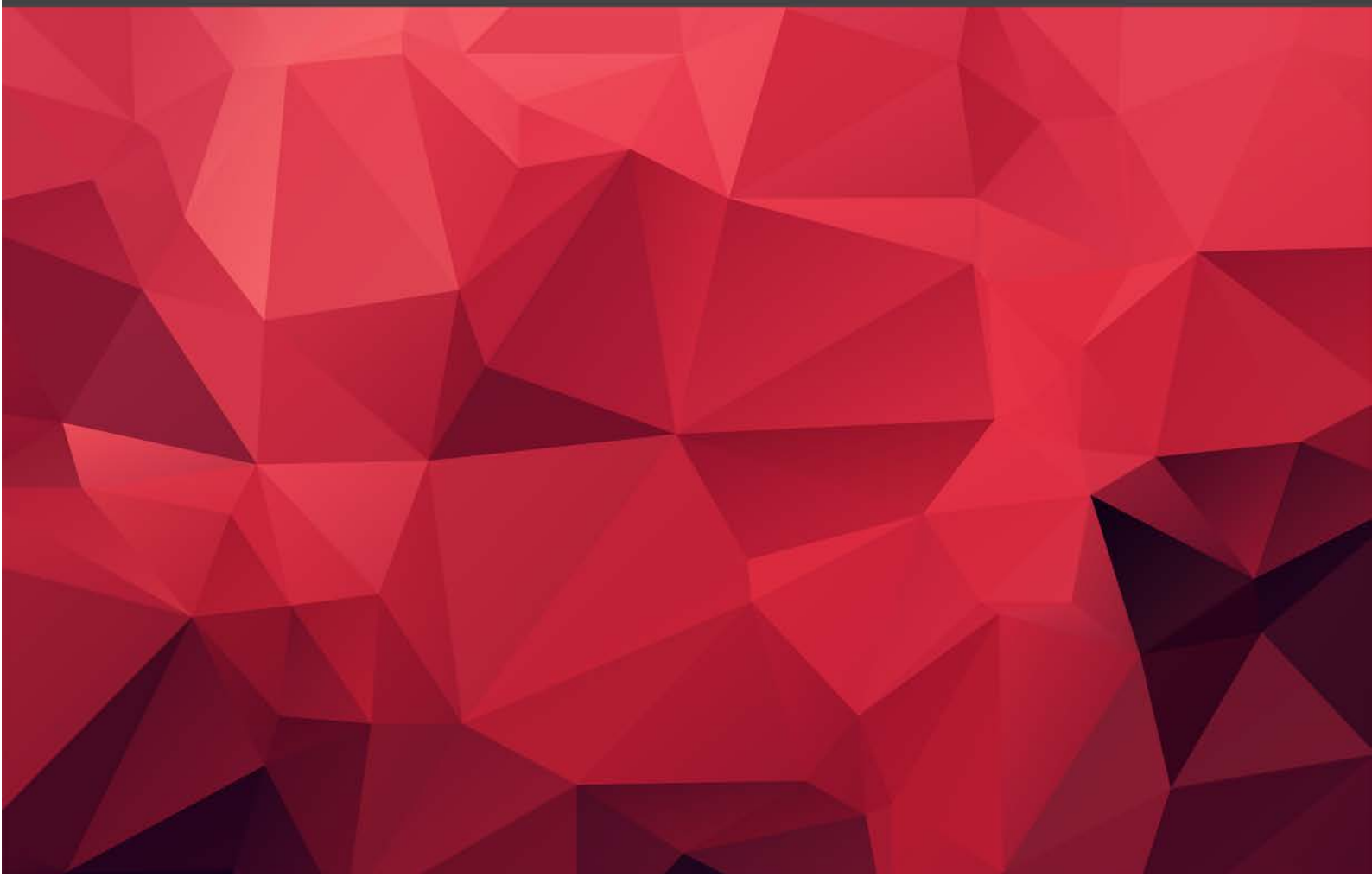

The team who delivered the work were Avril Watkins and Andrew Doughton.

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The Health Board is taking steps to reduce the demand, use and cost of temporary staff, but it is too early to determine if this will lead to sustained improvement. Arrangements to assure the Board on the quality of temporary staff are limited.

Summary report

Introduction

1 Health boards need a flexible approach for meeting staffing needs. It is not acceptable or desirable to close or stop health services because of shortages of clinical staff. Health boards respond to this need by employing a mix of permanent, contracted and agency staff. This approach is an appropriate way of ensuring that the service need is met. However, this approach, if not well managed is costly, inefficient, and could create safety or quality of care risks.

2 To meet the flexible staffing need, Aneurin Bevan University Health Board (the Health Board) employs agency locum doctors, agency registered nurses, and health care support workers. A locum doctor is one who is standing in for an absent doctor, or temporarily covering an absent doctor, or temporarily covering a vacancy for an established post. Locum appointments can be short or long term, supplied internally within the NHS or through an agency.

3 Theoretically, the Health Board can minimise its use of agency staff by employing the right number and balance of doctors, nurses and HCSWs. It can also ensure that it has a sufficient nurse bank pool to draw from to reduce its use of more expensive agency staff. In recent years, the provision of the right number of staff has been made difficult by a number of constraints. These include restructuring, budgetary issues that result in tightening of controls for the recruitment of substantive staff, nursing principles that have increased the nurse-to-patient ratio, recruitment difficulties, increased service demand, the European Working Time Directive[1] and, in future, the requirements of the Nurse Staffing Levels (Wales) Act 2016[2].

4 As well as being more costly, there can be clinical risks associated with the use of agency staff. Even assuming agency nurses and locum doctors are as able as any, the circumstances in which they work can increase clinical risk. Rushed appointments of agency staff, poor induction at the start of the post, inadequate supervision, and lack of awareness of local processes can increase the chances of something going wrong.

[1] The directive lays down minimum safety and health requirements for the organisation of working time and applies to minimum periods of daily rest, weekly rest and annual leave, to breaks and maximum weekly working time, and certain aspects of night work, shift work, and patterns of work.

[2] The Nurse Staffing Levels (Wales) Act 2016 requires health service bodies to make provision for safe nurse staffing levels, and to ensure that nurses are deployed in sufficient numbers to:

- enable the provision of safe nursing care to patients at all times;
- improve working conditions for nursing and other staff; and
- strengthen accountability for the safety, quality and efficacy of workforce planning and management.

5 Use of temporary agency nurses in the Health Board has been increasing year on year, and agency doctor use has not been such a significant issue for the Health Board. The overuse of agency staff, in particular nurses, results in costs which are now unaffordable. It is on this basis, we included a review of temporary staff as part of the local audit programme. To help us focus the review we asked the following question – **Is the Health Board managing its use of temporary (agency) staff effectively?**

6 We undertook our work between September and December 2015. The key findings from our work are set out below and are considered further in the more detailed section of the report.

Our findings

7 We concluded that the Health Board is taking steps to reduce the demand, use and cost of temporary staff, but it is too early to determine if this will lead to sustained improvement. Arrangements to assure the Board on the quality of temporary staff are limited. We reached this conclusion because:

- The Health Board has a comprehensive understanding of demand for temporary staff and is introducing measures to reduce reliance on external agencies, but it is not yet clear if these measures will lead to a sustained reduction:
  - the Health Board has good information to help it understand its demand for temporary staff; and
  - the Health Board has introduced a range of controls to reduce demand, but it is too early to determine whether these controls will result in a sustained reduction in demand in the longer term.
- The Health Board has a good understanding of temporary staffing costs and this is helping it take action to reduce costs. Good arrangements are in place to identify and respond to fraudulent activity:
  - the Health Board has good financial information, which supports financial management and scrutiny of the use of temporary staff;
  - the Health Board is beginning to reduce nursing agency costs, although, demand pressures inhibited overall delivery against the financial plan and the Health Board is at risk of breaching Standing Financial Instructions; and
  - the Health Board has good arrangements to detect and respond to temporary staffing related fraud.
- The Health Board has reasonable quality arrangements for appointing temporary staff, but there is scope to improve induction and training, and quality assurance information:
  - the Health Board is taking reasonable measures to assure the quality of temporary staff before and during their employment;

- information is not sufficient to enable the Health Board to understand patterns of incidents related to temporary staff use, but it does respond and address individual issues as they arise; and
- the Health Board does not have fully effective arrangements for inducting and training its temporary workforce.

Recommendations

Exhibit 1: Recommendations

Table of recommendations for improvement identified as a result of this audit on the use of temporary staff.

Recommendations	
Managing demand for agency staff	
R1	Ensure that the remuneration offer for Bank staff is improving 'attraction rates' while maintaining financial affordability.
R2	Track the rate of completion for Return to Work sickness interviews, aiming for 100 per cent target completion in short-term and long-term sickness absence.
Quality assurance	
R3	Develop a policy, procedure and checklist for ward/department induction of all agency staff. This should incorporate information and IT training that they need to perform their function.
R4	Establish an approach for recording and analysing staff who hold second jobs or are also appointed to agencies, in order to inform management on potential health, safety, and fraud or quality risks.
R5	Develop arrangements within current incident reporting mechanisms to support and provide analysis of incidents by staff type and, from this, routinely produce information that identifies any incident trends from temporary medical and nursing staff.
R6	Determine the required quality assurances needed to inform Quality and Patient safety committee on the Health Board's exposure to quality risk or issues.

Detailed report

The Health Board has a comprehensive understanding of demand for temporary staff and is introducing a range of measures to reduce reliance on external agencies, but it is too early to know whether these measures will lead to a sustained reduction

The Health Board has good information to help it understand its demand for temporary staff

8 The Health Board has a good understanding of the drivers of demand at a local, and a national level for both temporary nursing and doctor use. This includes the causes of the demand, including the numbers of vacancies, staff turnover, retention, and sickness absence.

9 The issue of workforce demand, nurse agency and locum agency usage and spend is regularly discussed and challenged at the Board and in a number of its committees. For example, the Workforce and Organisation Development Committee reports on a quarterly basis, and the Audit Committee has challenged on key points of compliance.

10 The Health Board produces and actively uses agency reports to support management accountability, challenge, and improvement actions. For example, the Health Board produces a report on agency nursing and healthcare support worker spend which tracks the top-20 ward spenders of agency staff. This is useful information which helps the Health Board target any specific actions for a particular area, and address and attempt to reduce the spend. A weekly tracker is produced which reports details by division and ward, bank and agency use, current vacancies, sickness rates, and additional beds required. A separate vacancy tracker report is also produced which details the predicted and actual position on fulfilment of vacancies, on a month-by-month basis against plan within the recruitment strategy.

11 In common with nursing agency use, locum doctor and agency doctor use is mainly driven by vacancy, sickness, maternity, and training/study leave absence. A weekly report is produced which details both internal locum and agency locum use, reason for cover by division and department, the agency that provided the cover, and the hourly cost.

12 From a nursing perspective across Wales, health boards are competing, broadly within the same talent pool, to select and offer new recruits substantive posts within their health board. The effect of the implementation of the 2012 All Wales

Nursing Principles guidance[3] has placed an estimated requirement for an additional 300 whole time equivalent registered nurses across Wales, and 64 whole-time equivalent registered nurses in Aneurin Bevan Health Board. Nursing commissioning figures at that point in time would not have recognised this extra demand. In addition, these nursing recruitment pressures are not limited to Wales, and this limits the degree to which staff can be recruited from England.

13 The minimum staffing guidance, alongside existing staff turnover vacancy pressures, has resulted in a nursing vacancy rate, reported in September 2015 of some 220 registered nurses in the Health Board. Staff retention is also an increasing issue for the Health Board. The Health Board has benchmarked its overall staff turnover against other health boards in Wales. This exercise has shown that the Health Board's turnover rate is seven per cent, which is the third highest in Wales. However, the problem is more acute in the Health Board's medical wards which have a turnover rate of 8.25 per cent.

14 Short-term retention for newly recruited staff raises some concern for the Health Board over the sustainability of current recruitment approaches. The Health Board has analysed its retention rates in relation to new entrants leaving during the first 24 months of service. This work identified particular concerns for staff at the six-to-nine month point in their service. In particular, 10 per cent of newly registered nurses are leaving within nine months from commencement of employment. The Health Board also recognises and manages the 22 per cent dropout rate from European recruitment.

15 The Health Board has good information to determine the extent and areas where sickness absence presents staffing challenges. This rate is analysed on a weekly basis by ward, department and division, and highlights the wards with high sickness absence and use of agency staff. In response, the Health Board is intensifying efforts to drive down its sickness absence rates. Return-to-work interviews are completed in the Health Board, but it does not have arrangements to analyse the interview completion rate within wards or departments.

16 The Workforce and Organisation Development Committee is fully aware of the workforce demand pressures, and the recruitment and retention activity. This committee, alongside other committees and the Board, routinely scrutinises and discusses:

- progress against the recruitment and retention strategy action plan;
- activity to reduce sickness absence;
- impact of increased demand for services; and
- personal appraisal and development review process, as a mechanism that supports retention.

[3] National Assembly for Wales – Nurse staffing levels on hospital wards, July 2013

The Health Board has introduced a range of controls to reduce demand, but it is too early to determine whether these controls will result in a sustained reduction in demand in the longer term

17 In order to reduce the number of nursing vacancies and reduce turnover, the Health Board has developed a recruitment and retention strategy. The strategy has two principal aims, to operate smooth, efficient and effective recruitment, and to understand and maximise staff retention. This is supported by a clear action plan which includes ownership for key actions, defined outcomes, and deadlines. The recruitment plan tracks vacancies against starters and leavers up to March 2016. This is aligned to the agency reduction plan which sets monthly aims for each division, and aimed to eliminate off-contract agency use by the end of the 2015-16 financial year. Recent discussions with the Director of Nursing indicate that this has been achieved, with a very small number of exceptions for justifiable reasons, such as continuity of care or the specialist nature of the nursing placement.

18 Recruitment approaches have been widened and include the established, monthly ongoing cycle of local recruitment exercises, or 'recruitment wheel' events. In addition, the Health Board has undertaken an extensive recruitment drive in Italy, Romania, Croatia and Portugal, with several successful campaigns being conducted during the late summer and autumn of 2015. The Health Board is attempting to over-recruit, to secure more recruits than the current vacancy numbers being held, because of known drop-out rates of candidates, however, it is not clear if overseas recruitment will be a long-term answer to the shortage in staffing.

19 The Health Board analyses the time to recruit for both local and international recruitment. The time it is taking the Health Board to bring staff on board for local recruitment has been shortened, from 64 days to 37 days. The time to bring overseas staff on board can take considerably longer for a number of reasons including time for professional registration. The Health Board is improving the time to recruit by:

- holding NHS Shared Services to account through a service level agreement on the pace of central recruitment; and
- taking local actions for Disclosure and Barring Service and occupation health checks to speed up these processes.

20 The Health Board has, since late summer 2015, recruited 101 registered nurses from overseas and appointed 42 nurses from local recruitment. There have also been an additional 314 Healthcare Support Workers recruited to the staff Resources Bank since May 2015.

21 As a result of the retention and turnover data gathered, the Heath Board has decided to adopt the principles of the **Magnet Recognition Programme**[4] as a strategy to aid nurse and healthcare support worker retention. These principles focus on the provision of a positive work environment, which leads to increased staff satisfaction, and so aids retention. Some of the activities that the Health Board is undertaking to support these principles include a support programme, a 'buddy' system, job rotation opportunities, and career pathways for health care support workers. These actions are aligned and complement the Health Board's Values and Behaviours Framework. Periodic staff surveys and exit interviews, for newly qualified nurses, are being undertaken to obtain fuller information on why these staff are leaving.

22 The Health Board indicates that it uses appraisals, to demonstrate it values, recognises, supports and develops its staff. Recent data demonstrates increased appraisal completion rates, 67.4 per cent, although, there is still more to do to achieve its target of 85 per cent across the Health Board. There are some departments and divisions reporting completion rates well above this overall average, and there are no divisions reporting completion rates of fewer than 58 per cent.

23 The use of a bank pool of nurses provides a flexible workforce which can reduce the use of expensive agency staff. However, the bank pool needs to be sufficient to meet the needs of the service. The bank can consist of 'bank only' staff who are not employed substantively by the organisation, and substantive staff who make themselves available to work on the bank when not working their substantive hours.

24 The Health Board has already established a pool of staff in unscheduled care services and is in the process of establishing a similar pool, in scheduled care services. These pools of staff are, substantive, supernumerary to establishment and provide cover for unexpected, short-term demand, due to sickness or special requests.

25 The Health Board is appropriately focussing on increasing the numbers recruited to the resource bank pool as part of the action plan accompanying the recruitment and retention strategy. As part of this process, and in in order to attract substantive staff to sign up to Bank, the Health Board has sought views from staff to determine the features and benefits that they are looking for. This research undertaken to understand why current substantive staff are not enrolling on to the 'Bank' has identified that remuneration for bank shifts worked is a key factor. The Health Board is also promoting overtime working and is running workshops with ward managers to support their understanding of the use of overtime and consequent impact on variable pay.

[4] Royal College of Nursing, RCN Policy and International Department Discussion Paper 09/2015: The Magnet Recognition Programme, A discussion of its development, success and challenges for adoption in the UK, July 2015.

26 The Health Board applies appropriate controls for appointing temporary staff, which seeks to utilise an internal means of cover in the first instance. If agency recruitment is necessary, a rigorous authorisation process is applied, which includes a challenge and sign-off process. The Health Board is also starting earlier in the process of 'block booking' on contract agencies. It is not yet clear if these actions will lead to sustainable improvements.

27 The Health Board is taking sufficient measures to maximise its available substantive staff; ward managers utilise an electronic rostering system to manage rotas one month in advance. Ward managers apply their own knowledge of staff shift preferences to arrange rotas rather than applying the 'rules' facility in the system, and this is reported as a time consuming process.

The Health Board has a good understanding of temporary staffing costs and this is helping it take action to reduce costs. Good arrangements are in place to identify and respond to fraudulent activity

The Health Board has good financial information, which supports financial management and scrutiny of the use of temporary staff

28 The Health Board knows its high-level nurse agency and locum agency spend and monitors this at its Finance and Performance Committee. More detailed financial information is used to enable management to track and monitor trends in expenditure over time, and take action where required. This provides detailed spend at divisional and departmental level and cumulatively tracks spend for the departments for both internal and agency locum, nurse agency, and health care support worker.

29 The more detailed report supporting the high-level figures tracks the top-twenty cost centre/ward spenders of agency staffing for nurse agency and health care support worker. Our analysis of the December 2015 report indicates that the top spender year to date of agency nursing staff is the Unscheduled Care division at £4,128,194, and this division is also the highest spender for agency health care support worker, but overall year-to-date spend is much lower for health care support worker, at £140,537. (Exhibit 1).

Exhibit 2: Division Nurse Agency Total Expenditure to December 2015

Chart showing the costs of nursing agency staff between April and December 2015 split by organisation division.

Division	Total Nurse Agency Expenditure Year to December 2015 – £
Unscheduled care	4,128,194
Local community care	1,155,759
Continuing health and funded nursing care	770,712
Family and therapies	505,290
Scheduled care	391,235
Mental health and learning disabilities	191,419
Total sum year to date	**7,142,609**

Source: Aneurin Bevan report 2015/16 Cumulative Nurse Agency Expenditure

The Health Board is beginning to reduce nursing agency costs, although, demand pressures inhibited overall delivery against the financial plan and the Health Board is at risk of breaching Standing Financial Instructions

30 The Health Board's actions to reduce expensive off-contract agency spend started to reduce the overall expenditure on agency staffing. The November and December 2015 figures illustrate an improved picture for spend on registered agency nurses, with both months returning a lower spend than each of the first six months of the financial year. This has been secured through improved management control and as a result of the ongoing increased recruitment initiatives. We understand that winter pressures and time to appoint overseas staff resulted in growth in costs in February and March 2016 (Exhibit 2). Of the six larger Health Boards in Wales, Aneurin Bevan University Health Board spend on Nursing agency staff was the second highest at £10.2 million.

Exhibit 3: Nurse Agency Expenditure by Month, 2015-16

Chart showing the overall costs of nursing agency staff by month for the full year from April 2015 to March 2016

Month	Expenditure £'000
April	881
May	806
June	720
July	765
August	827
September	1,082
October	721
November	692
December	689
January	801
February	1,068
March	1,165
Total	**10,217**

Source: NHS Wales Financial Reporting – Monitoring information

31 While monthly 2015-16 costs for agency medical staffing generally have been lower than the nursing agency costs, medical locum agency costs for December and March showed peaks in spend (Exhibit 3). The total medical and dental agency expenditure for the year ended at £5.085 million. Of the six larger Health Boards in Wales, Aneurin Bevan University Health Board had the second lowest spend on medical and dental agency staffing.

Exhibit 4: Medical and Dental Agency Doctor Expenditure by Month 2015-16

Chart showing the overall costs of medical and dental agency staff by month for the full year from April 2015 to March 2016

Month	Expenditure £'000
April	241
May	247
June	459
July	386
August	314

Month	Expenditure £'000
September	232
October	342
November	333
December	735
January	468
February	522
March	806
Total	**5,085**

Source: NHS Wales Financial Reporting – Monitoring information

32 Around 90 per cent of the expenditure for registered nursing during 2015-16 was with an agency supplier for which the Health Board has no contract. The Health Board has put in place mechanisms to limit the use of expensive 'off-contract' nursing agencies, but high demand, combined with a low supply from contract framework agencies, influenced its use of more expensive agency suppliers. The Health Board applies a protocol for appointing temporary staff which prioritises the preferred options to meet staffing needs. This protocol should ensure that staff utilise internal means of cover in the first instance such as shift swap or overtime, before using Bank staff, then turning to contract agency, and as a last resort relying on 'off-contract' agency.

33 The protocol includes a list of all agencies that are on the national contract framework as well as their contact details. However, our interviews did not indicate that staff were fully aware of the range of options or contracted agencies that were available. This may be a factor which has resulted in increased use of expensive 'off-contract' agency suppliers during 2015-16.

34 Another factor is the total regional demand for temporary staff which is outstripping supply. This means that staff looking for additional temporary work can choose to work for off-contract agencies that pay more than the framework agency providers. This limits the ability of approved framework agency suppliers to recruit and therefore is making it difficult to meet the temporary staffing needs of health boards. In turn, this is resulting in the Health Board using, and having to rely on, the option of last resort.

35 The Health Board's use and reliance on 'off-contract' agency has incrementally increased over time, but we understand actions taken have significantly reduced use since the beginning of the 2016-17 financial year. The Health Board may however still be in breach of Standing Financial Instructions while the 'off-contract' agency is used because of the absence of a contract and also OJEU procurement

requirements[5]. The Audit Committee has discussed this in depth and recommended that the range of risks, together with plans for improvement, are set out to inform the Welsh Government on the current position.

The Health Board has good arrangements to detect and respond to temporary staffing related fraud

36 The Health Board is identifying incidents of fraud, and has worked with the Local Counter Fraud team to raise awareness amongst staff of whistle-blowing mechanisms, and is actively investigating and taking action, as appropriate, on a number of cases.

37 The Health Board recognises that fraud incidence is negligible for agency staff and that most cases identified relate to the Health Board's substantive staff. For example, there are small a number of cases either recently concluded or currently under investigation, which relate to allegations of staff absenting themselves through sickness or other reasons, from their employer, only to work in another Health Board as an agency worker or in a private hospital. A counter fraud report to the Audit Committee on 3 December 2015 detailed cases of all incidents of fraud situations and the resulting actions taken, for example, dismissal and/or court proceedings.

38 The Health Board's financial system is set up with appropriate controls to disallow any duplicate invoice numbers in relation to agency staff. This is supported by an audit trail which details who requested the shift, who authorised the shift, and confirmation that the shift was or was not worked. There is also a process for checking and approving agency staff invoices within the staff Bank resource department. Ward managers interviewed as part of this study reported that on occasions, the Bank Resources department can be slow to remove a shift that was not worked/or reflect a name change.

The Health Board has reasonable quality arrangements for appointing temporary staff, but there is scope to improve induction and training and quality assurance information

The Health Board is taking reasonable measures to assure the quality of temporary staff before and during their employment

39 From a medical staffing perspective, a medical staffing co-ordinator is responsible for all employment checks when engaging locum doctors. Internal locum doctor

[5] EU procurement rules – legal rules and implementation

appointments require two consultants' recommendations and a review of the individual's curriculum vitae. If a longer-term locum doctor appointment is made, then the Health Board follows the recruitment process and pre-employment procedure as it does for permanent posts.

40 From a nursing agency perspective, an agency supplier conducts the employment checks and training for the registered nurses it engages. The Health Board has however recently carried out an onsite review of a random sample of 'off-contract' nurse agency supplier staff files and this proved 100 per cent in line with requirements being checked against. The same quality assurance exercise has not been undertaken with framework contract nursing agencies.

41 The main 'off-contract' nursing agency used also provides a feedback mechanism in their timesheet that enables senior Health Board staff to rate and comment on an agency nurse's performance during the shift. Ward managers also have regular dialogue with Resource Bank managers, to feed back any low level performance issues in respect of agency or bank staff, for example, if they demonstrated poor attitude, flexibility or quality concerns. Staff that we interviewed did not report major concerns regarding quality of agency staff received from the off-contract supplier which was, at the time, supplying over 90 per cent of the Health Board's registered agency nursing requirements.

42 Substantive staff are permitted to work for agency suppliers, provided that the shifts they work are not for the Health Board in which they are substantively employed. The Health Board does not currently gather information regarding numbers/names of staff that currently hold a second job with a private agency/hospital. This makes it impossible to determine if its own staff members are breaching the European Working Time Directive, or working excessively to a degree that might impact on the wellbeing and safety of that staff member and/or quality of care. This is a Wales-wide problem and solutions are being considered in partnership with NHS Shared Services.

Information is not sufficient to enable the Health Board to understand patterns of incident related to temporary staff use, but it does respond to and address individual issues as they arise

43 The Health Board routinely records and reports on quality and safety incidents, however, this does not indicate whether any related staff member is permanent or temporary or agency. Currently, the Health Board does not analyse trends in incidents by staff type. This makes it difficult to determine patterns of risk and incidents related to agency and temporary staff use. This needs to be addressed to inform management both in terms of any specific remediation, but also more broadly to inform supplier selection processes.

44 The Health Board, however, does demonstrate that it conducts appropriate investigative arrangements to respond to individual cases of incidents, if and when

they occur. From April 2016, the Quality and Patient Safety Committee will be overseeing quality aspects in relation to agency staffing use. It may be beneficial if the assurances it receives include both internal assurance as well as assurances from the agency staff suppliers.

The Health Board does not have fully effective arrangements for inducting and training its temporary workforce.

45 Induction arrangements for agency nurses and doctors are informal, inconsistent and, as a result will be of variable quality. An induction checklist is used in Critical Care which has its own specific needs, but there is not an agreed standardised checklist to introduce agency nursing and medical staff to wards and departments. During interviews, ward managers described how on arrival a nurse agency worker's identification and PIN numbers are checked and a routine familiarisation takes place, with key aspects of undertaking a shift being covered, for example, the cardiac arrest trolley. For the vast majority of circumstances, however, an induction checklist is not utilised, where a systematic approach to covering all key information is undertaken and agency staff sign to confirm these points have been explained to them. The informal approach, adopted across most areas of the Health Board will result in variable quality and risks of important information not being provided.

46 Long-term locum doctors are recruited and line managed by the Health Board's substantive consultants, however, divisions have their own induction process for short-term locum placements. Senior managers and those involved in medical staffing told us that senior staff on duty will undertake an induction for agency locums, but this is an informal arrangement and is potentially liable to inconsistency and variability of quality dependent on the senior staff on duty at the time.

47 There are no arrangements in place to provide information governance and IT training to temporary staff. These arrangements require strengthening to ensure that temporary staff have sufficient information to be able to work safely, efficiently, and comply with organisation requirements.

Appendix 1

Management response

Exhibit 5: Management response

This management response table shows the recommendations that we made to the Health Board, and the specific actions the Health Board has taken or is taking to address concerns that have been raised.

Ref	Recommendation	Intended outcome/ benefit	High priority	Accepted	Management response	Completion date	Responsible officer
R1	Ensure that the remuneration offer for Bank staff is improving 'attraction rates' while maintaining financial affordability.	To ensure that non-agency alternatives continue to attract staff to meet temporary staffing need.	Yes	Yes	Actioned - Bank Rates have been improved in 2016 in line with Agenda for Change. Bank rates for substantive staff have been bought in line with their Agenda for Change substantive pay. Non- agenda for change band rates e.g. Specialist Rates now includes enhancements. This has increased the University Health Board's Bank fill rate from 90 WTE's per week in 2015 to 130 WTE's in 2016.	01 April 2016	Workforce & OD / Nurse Director

Ref	Recommendation	Intended outcome/ benefit	High priority	Accepted	Management response	Completion date	Responsible officer
R2	Track the rate of completion for Return to Work sickness interviews, aiming for 100 per cent target completion in short-term and long-term sickness absence.	To minimise the loss of staff to sickness absence through introduction of preventative measures, to effectively support those returning to work after a period of sickness absence and to reduce recurrence.	Yes	Yes	Between April 2015 to March 2016, there were 13,566 long and short term absences that would have instigated a Return to Work interview. Current practice recommends that a note of the interview is maintained on the individual's personal file by the manager. To audit this manually to provide 100% assurance would be a heavy workload by managers. The roll out of Self Service enables managers to record return to work interviews for sickness absence on ESR, this rate is currently at 40%, a communication plan is in place to increase this to 100%.	31 March 2017	Workforce & OD Director / Chief Operating Officer

Ref	Recommendation	Intended outcome/ benefit	High priority	Accepted	Management response	Completion date	Responsible officer
R3	Develop a policy, procedure and checklist for ward/department induction of all agency staff. This should incorporate information and IT training that they need to perform their function.	To ensure temporary staff who are not familiar with Health Board policy, procedure and local ward/department arrangements are properly inducted and informed with the aim of: • improving quality of care; • improving compliance with policy and procedure; and • improving operational efficiency	Yes	Yes	There is full induction and training for all bank staff (Registered and HCSW). Agency staff induction is undertaken by the Employing Agency followed by local induction in the clinical environment. "Guidelines for Local Induction for managers and teams" is on the Intranet and includes a checklist for managers to undertake. A detailed checklist has been developed and issued to managers to aid local induction. The viability of agency workers using clinical systems will be scoped going forward and if and where appropriate this would be introduced with the right governance arrangements.	Completed 31 March 2017	Workforce & OD Director / Nurse Director

Ref	Recommendation	Intended outcome/ benefit	High priority	Accepted	Management response	Completion date	Responsible officer
R4	Establish an approach for recording and analysing staff who hold second jobs or are also appointed to agencies.	To inform management on potential health, safety, and fraud or quality risks so that preventative action can be taken.		No	This is managed locally and to support this, the revised PADR documentation in June 2015 includes a question to ask staff of any secondary employment. ESR can establish if employees are also ABUHB Bank Workers but there is no central IT system that collates and reports secondary employment including Agency workers. EWTR reports are sent to managers on a monthly basis to monitor compliance and health and safety at a local level. There are no medium term plans within the next 18 months to enable for secondary jobs to be recorded on ESR.	Approach developed for PADR Completed monthly	Workforce & OD Director

Ref	Recommendation	Intended outcome/ benefit	High priority	Accepted	Management response	Completion date	Responsible officer
R5	Develop arrangements within current incident reporting mechanisms to support and provide analysis of incidents by staff type and from this routinely produce information that identifies any incident trends from temporary medical and nursing staff.	To help identify and reduce any quality concerns related to the use of temporary staffing.	Yes	Yes	Currently the Resource Bank maintains a list of all Bank and Agency Staff incidents which are discussed with Assistant Director of Nursing monthly and reported on an all Wales basis. DATIX has a reporting facility for the managers to include if the incident involved a Bank and Agency worker.	In Place	Nurse Director
R6	Determine the required quality assurances needed to inform Quality and Patient safety committee on the Health Boards exposure to quality risk or issues.	To inform those charged with governance on any quality risks associated with temporary staffing.	Yes	Yes	Quality Assurance Committee – Divisions undertake a regular report into this committee which would also include any Agency related concerns. All cases of Agency incidents are reported and discussed monthly with the Assistant Director of Nursing who attends this committee.	In Place	Nurse Director

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