

# Nurse Rostering Final Internal Audit Report May 2023

Swansea Bay University Health Board



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### Acknowledgement

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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## Executive Summary

### Purpose

To assess the application of the health board's rostering processes to ensure the effective deployment of the workforce.



### Overview

We have issued reasonable assurance on this area.

The matters requiring management attention include:

- The Nursing & Midwifery Rostering Policy should be updated to reflect current practices and the standardisation of scrutiny arrangement within the Service Groups;
- Rosters should be approved in a timely manner in line with the requirements set out in the published roster calendars; and
- The health board should consider including the ward staffing budget on HealthRoster.

### Report Classification

		Trend
Reasonable	Some matters require management attention in control design or compliance.	
	<b>Low to moderate impact</b> on residual risk exposure until resolved.	2019/20

### Assurance summary<sup>1</sup>

Assurance objectives	Assurance
1 Clear and documented process in place.	Reasonable
2 Rotas are produced in advance.	Reasonable
3 Rotas are fit for purpose.	Reasonable
4 Rotas ensure staff work contracted hours.	Reasonable
5 Review and reporting of the effectiveness of the rostering process.	Reasonable

### Key matters arising

	Assurance Objectives	Control Design or Operation	Recommendation Priority
1 Rostering Policy and scrutiny arrangements	1	Design	Medium
2 First and second level roster approvals	2	Operation	Medium
3 Inclusion of staffing budget in HealthRoster	3	Design	Low

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

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## 1. Introduction

- 1.1 To meet demand placed upon its services, Swansea Bay University Health Board (the 'health board') is required to make arrangements to manage the deployment of its workforce efficiently and effectively. In doing so, it must continue to deliver care which is of the highest quality to its service users. Rostering is fundamental to ensuring that staff are deployed in the most efficient way to ensure the best use of public money in the delivery of NHS services, and that the needs of the patient are placed firmly at the centre of the management of the workforce.
- 1.2 The health board revised and approved its 'Nursing and Midwifery Rostering Policy' (the 'policy') in December 2019. The policy recognises that "*The effectiveness of the utilisation of nursing staff and resources within SBU Health Board is crucial to the quality of care patients receive.*" The benefit of doing so will mean that the right staff are in the right place at the right time, so that patients receive the care they need and the health board are better able to manage its workforce and as a consequence, its finances.
- 1.3 Our previous internal audit in this area, 'Nurse Rostering', was undertaken in 2019-20. It reviewed compliance with nurse rostering policy and the effectiveness of use of the e-rostering system (HealthRoster) and provided 'Reasonable' assurance. At the time it was recognised that there was further work to do to standardise scrutiny arrangements within Units, to ensure that they were operating a consistent approach across the health board in accordance with the revised policy. We identified that Units were at different stages of maturity in the use of the new rostering system.
- 1.4 The potential risks considered in this review were ineffective application of rostering practices resulting in:
- Inefficient use of staff and resources;
  - Increased financial costs;
  - Adverse impact on staff wellbeing; and
  - Patient harm.
- 1.5 Our review focussed on nurse and midwifery rostering in line with the risks on the health board's risk register. Management confirmed that medical staff are not included in the Nursing & Midwifery Rostering Policy, rather that there are local arrangements in place, including job plans for consultants, Junior Doctors e-rota. These arrangements were not reviewed during this review. Further, our report does not seek to provide assurance on the health board's reporting of overall compliance with the requirements of the Nurse Staffing Levels (Wales) Act 2016.
- 1.6 Due to industrial action and workload we were advised not to contact ward managers to discuss the rostering process. However, we were provided with read-only access to the HealthRoster system for the sample of wards selected to assist with our fieldwork.

- 1.7 We acknowledge that it would have been difficult for the health board to adhere to their rostering policy during the pandemic and this was taken into consideration during the course of the audit.

## 2. Detailed Audit Findings

- 2.1 The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	-	1	1	2
Operating Effectiveness	-	1	-	1
<b>Total</b>	-	2	1	3

- 2.2 Our detailed audit findings are set out below. All matters arising and the related recommendations and management actions are detailed in [Appendix A](#).

### **Audit objective 1: There is a clear and documented process in place for rostering, which provides clear guidance on the processes to be applied.**

- 2.3 The Nursing and Midwifery Rostering Policy (Policy ID: HB70) determines the effective utilisation of the nursing and midwifery workforce, including staff groups allied to the nursing team. The policy was issued in April 2017 and revised in December 2019 with a next review date of December 2022. At the date of fieldwork, this review had yet to be completed (see **MA1**). The policy was the same policy in place at the date of our previous review, which was produced and approved when e-rostering had not been fully rolled-out in the health board. As such, some appendices and reporting arrangements do not reflect current practices.
- 2.4 HealthRoster procedures are available for all aspects of the roster, from creating to finalising. These were reviewed and found to be concise, yet sufficiently detailed, and included reference to relevant HealthRoster screen shots to facilitate navigation of the system.
- 2.5 Both the policy and HealthRoster procedures are available to all staff on the health board's intranet.
- 2.6 Staff access their roster via the 'Employee Online' system. Whilst training has not been provided on the system, guidance notes are concise and also include slides with step-by-step instructions detailing how staff can access and navigate the system to view their rosters.

## Conclusion:

2.7 There is a policy in place, but this has recently passed its review date and needs to be updated to reflect current practices. Clear procedures and guidance notes are available, to all staff, for both HealthRoster and Employee Online. Noting this, we have assessed this objective as **reasonable** assurance.

### Audit objective 2: Rotas are produced in advance with requests for external providers only made after all other forms of cover have been investigated.

2.8 The roster calendar is published on the staff intranet. This details the key deadlines for approval and covers the 12-month period from January each year. Rosters cover a 4-week period and should be approved 6 weeks before start of the roster period.

2.9 Ward Managers are responsible for creating the rosters and their first-level approval. Matrons (or above) are responsible for second-level approval of rosters, which should be undertaken within 7 days of the first approval. HealthRoster date stamps the first and second-level approval, which ensures that a full audit trail is available of when, and by whom, the roster was approved.

2.10 A sample of 12 rosters across six wards, including four rosters for each acute hospital site, was selected. These related to the 4-week roster period for June (starting 5 June) and September 2022 (starting 28 August). The rosters were reviewed to confirm that first and second level approval was appropriate and timely, in line with the roster calendar:

Audit ref	Site	Month	Roster approval deadline (1)	First level approval date	Roster deadline met	No. of working days roster deadline missed	Roster approval deadline (2)	Second level approval date	Roster deadline met	No. of working days roster deadline missed	
1a	Morrleston	Jun-22	17/04/22	13/04/22	Yes	-	24/04/22	22/04/22	Yes	-	
1b	Morrleston	Sep-22	10/07/22	10/07/22	Yes	-	17/07/22	18/07/22	No	1	
2a	Morrleston	Jun-22	17/04/22	26/04/22	No	7	24/04/22	26/04/22	No	2	
2b	Morrleston	Sep-22	10/07/22	12/08/22	No	25	17/07/22	12/08/22	No	20	
3a	Singleton	Jun-22	17/04/22	15/04/22	Yes	-	24/04/22	22/04/22	Yes	-	
3b	Singleton	Sep-22	10/07/22	10/07/22	Yes	-	17/07/22	29/07/22	No	10	
4a	Singleton	Jun-22	17/04/22	14/04/22	Yes	-	24/04/22	22/04/22	Yes	-	
4b	Singleton	Sep-22	10/07/22	11/07/22	No	1	17/07/22	29/07/22	No	10	
5a	NPT	Jun-22	17/04/22	18/05/22	No	23	24/04/22	18/05/22	No	18	
5b	NPT	Sep-22	10/07/22	02/07/22	Yes	-	17/07/22	29/07/22	No	10	
6a	NPT	Jun-22	17/04/22	15/04/22	Yes	-	24/04/22	10/05/22	No	12	
6b	NPT	Sep-22	10/07/22	04/07/22	Yes	-	17/07/22	27/07/22	No	8	
						<b>Average</b>	<b>14 days</b>			<b>Average</b>	<b>10 days</b>

2.11 It is evident that a number of the roster deadlines have not been met (see **MA2**), yet all have been approved within a reasonable timeframe prior to the start date of the roster. We note the Insight Key Metrics reports for June and September 2022 (see **audit objective 5** and **Appendix B**) showed that the health board had an approval lead time of 5.3 weeks and 5.5 weeks respectively, compared with 3.45 weeks and 3.94 weeks for similar sized health bodies.

2.12 For two of the first level approvals that missed the deadline (audit refs 2a & 5a), we noted that they had been initially approved prior to the deadline (10/04/22

and 14/04/22 respectively) but, due to being rejected at second level, had to be reapproved. The second approval was also after the deadline for both cases and reference is made to para 2.11 regarding timeliness (see **MA2**).

- 2.13 We were informed that HealthRoster is a hierarchical system and it is noted that we did not review the access rights to the system as part of this audit. Ward Managers are unable to undertake both first and second-level approval. However, Matrons are able to undertake both approvals, although we understand that this would be the exception rather than the rule, e.g. if the Ward Manager is unavailable / unable to sign off the roster. Both approvals had been undertaken by the matron for one of the rosters selected (audit ref 2b), however, we acknowledge that this was after the first level approval had been rejected which demonstrates scrutiny of the roster; and therefore no recommendation is raised. It is also acknowledged that any 'dual' approvals will be considered as part of the scrutiny meetings (see **audit objective 5**).
- 2.14 It is acknowledged that it is common for rosters to be amended a number of times following approval, for example arising from requests for annual leave, covering sick leave, and to reflect current bed occupancy and patient acuity (see para 2.24). From review of such changes on HealthRoster, it is noted that there is the capability to filter rosters and add narrative to maintain an audit trail to demonstrate review and approval. Such would also be subject to focus during the scrutiny meetings (see para 2.35).
- 2.15 Staff are grouped on the HealthRoster as RNs, HCSWs and Bank and Agency. We were informed, and have confirmed from review of the sampled rosters, that bank and agency staff would only be used after other internal options of cover have been investigated.

#### Conclusion:

- 2.16 Roster calendars are published on the intranet for the 12-month period starting January each year and detail the key deadlines to ensure that the rosters are approved and published six weeks in advance. Whilst delays in approval were noted from our testing sample, the health board performs favorably against other UK NHS organisations. An audit trail of roster approvals is maintained on HealthRoster. Review of the development of the rosters in our sample confirmed that internal staff are utilised ahead of bank and agency staff. Noting this, we have assessed this objective as **reasonable** assurance.

#### **Audit objective 3: Rotas are fit for purpose with deployment of sufficient numbers and an appropriate skill mix to ensure safe, high-quality standards of care.**

- 2.17 The establishment is reviewed every six months in line with the requirement of the Nurse Staffing Levels (Wales) Act 2016 (NSA). This includes a review of the skills mix in respect of numbers of Registered Nurses (RNs) and Healthcare Support workers (HCSWs) for every ward. As per para 1.5, we have not provided assurance at this review in relation to the compliance with the detail of the Act;

and we acknowledge that the health board is currently undertaking a wider review of its establishment.

- 2.18 We were informed that HealthRoster ward templates are based on the establishment nurse staffing levels, and reflect the required mix of RNs and HCSW. For five of the sample of six wards selected (the information for one was not provided), we compared the HealthRoster ward template to the establishment spreadsheet, prepared and maintained by the Corporate Nursing Team. The numbers for RNs and HCSWs for each shift, i.e., Early (E), Long Day (LD), Late (L) and Night (N), reconciled for all.
- 2.19 The rosters include the names of the individuals that work on the ward, and detail whether they are RNs or HCSWs and their band. This facilitates ensuring the correct staff are selected based on the establishment skills mix.
- 2.20 The policy details that *"50% of annual leave should be agreed with staff by the end of April each year at the latest. Leave requests will be considered in the light of service needs and should be balanced over the year"*. Annual leave is submitted onto HealthRoster which facilitates management of the roster in respect of staff availability. It also facilitates the ability to adhere to the built-in headroom allocation as determined by NSA (26.9%), that allows for staff taking annual leave, sickness and study leave within each funded establishment.
- 2.21 A roster analyser report is generated from the HealthRoster system to provide an at a glance assessment of the roster under review. This provides an analysis of how efficient and safe the roster is, which scrutinised prior to its approval.
- 2.22 The monthly Insight Reports (see para 2.34 and **Appendix B**) also highlights Key Performance Indicators (KPIs) within the roster. Whilst the report includes the ability to report on assessment of budget, the health board has yet to upload ward staffing budget information into Healthroster. See **MA3**.
- 2.23 The HealthRoster system also details the assignment count covering each day of the four-week roster period. This is reviewed in conjunction with the roster analyser report detailed above to review the numbers of staff assigned to each shift.
- 2.24 The health board has also recently rolled out Safecare, a tool that matches staffing levels to patient acuity. It is currently being used by 25B wards, i.e. adult acute medical inpatient wards and adult acute surgical inpatient wards. Management advised that Safecare is updated on a daily basis and allows an instant view of whether actual staffing levels are deemed safe to meet clinical demand, with professional judgement applied to all outputs. However, noting the infancy of this system, we did not review reporting during our fieldwork

#### Conclusion:

- 2.25 Staff and patient safety is considered a priority when approving the rosters. The establishment is reviewed every six months as part of the NSA requirement, and the use of HealthRoster ward templates, and the patient acuity tool where applicable reflects the required skills mix in respect of RNs and HCSWs. The roster



analysers report provides an assessment of how efficient and safe the roster is. However, the ward staffing budget is not reflected on HealthRoster. Noting this, we have assessed this objective as **reasonable** assurance.

#### **Audit objective 4: Rotas are in place to ensure that staff work contracted hours.**

- 2.26 There is an expectation that staff contracted hours should be fully assigned across the 4-week roster period. However, we were informed that there is flexibility on the weekly contracted hours being fully assigned across the rosters.
- 2.27 Staff contracted hours are built into the HealthRoster system. A sample of six individuals (including a mix of RNs and HCSWSs) was selected from across the sample wards and confirmed that the contracted hours on HealthRoster agreed to the contracted hours on ESR in all cases.
- 2.28 For each individual on the roster, the cumulative hours are recorded and this allows monitoring as to whether an individual is in credit or deficit against their contracted hours. Warnings are highlighted on HealthRoster where the individual is assigned over their contracted hours. As per para 2.35, such will be addressed at the scrutiny meetings.
- 2.29 It is noted that annual leave on HealthRoster may not mirror annual leave recorded on ESR; and that the health board has been testing the interface between the two systems to determine if a direct upload can be achieved. Management has confirmed that, from April 2023, all annual leave will be interfaced into ESR; and the health board will implement ESR GO which will enable an automatic transfer of information between HealthRoster and ESR. Any sickness leave recorded on HealthRoster is uploaded onto ESR.

#### **Conclusion:**

- 2.30 Staff contracted hours are built into the HealthRoster system and the individual records detail the number of hours in debit or credit; which can be easily reviewed by the approving Ward Matrons / Ward Managers. Our comparison of six individuals across the six wards confirmed that contracted hours on HealthRoster agreed to contracted hours on ESR. We have assessed this objective as **reasonable** assurance noting the expected system implementation for the transfer of annual leave data between the Healthroster and ESR.

#### **Audit objective 5: There are appropriate management systems in place for reviewing and reporting the effectiveness of the rostering process.**

- 2.31 A Nurse Staffing Act Steering Group meets on a monthly basis to calculate the appropriate skills mix for each ward, which will be reflected in the establishment and Health Roster Ward templates. Standard agenda items include updates on risk assessments per Service Group, and sub-group updates i.e., All Wales Staffing, All Wales District Nursing, All Wales Mental Health.

- 
- 2.32 The health board's risk register includes a risk of non-compliance with the Nurse Staffing (Wales) Act under strategic objective 'Excellent Staff' (risk reference 51: score 20). This highlights the risk that the health board might not be able to maintain safe staffing levels due to staff unavailability, vacancies and sickness levels, with the potential impact being avoidable harm and suspension of services. This risk is assigned to the WOD Committee for scrutiny and we also note that this risk is a standard agenda item.
- 2.33 A monthly Nurse Staffing / Service Group Workforce Transformation meeting is also held. Standard agenda items at this monthly meeting include bank/agenda usage (projection and utilisation), e-roster progress/compliance, rostering headline reports, scrutiny panel updates/templates and Service Group updates (highlights and exceptions). The roster headline reports, prepared from information included in the monthly Insight Reports (see **Appendix B**), include RAG rated information on metrics such as unavailability, bank and agency usage, overtime hours assigned and additional duties, and the approval status of rosters for the Service Group under review.
- 2.34 The health board receives monthly Insight Reports from an external software provider. These reports provide the health board with key metrics for the 4-week roster period, including how the health board compares with other UK health bodies of a similar size. The metrics reported, include:
- temporary staffing;
  - roster approval;
  - unavailability;
  - additional duties;
  - unfilled duties; and
  - hours balances.

The report also details areas where the health board could improve (noting the latest metrics, in Appendix B, report performance as below average for unavailability, additional duties and unfilled duties) along with details of highest and lowest performing wards under each area. These reports are used to inform the Rostering Headline Reports as per para 2.33.

- 2.35 In addition to the first and second level approvals (see *para 2.9*), the rosters are further scrutinised at Service Group Scrutiny meetings. Whilst there is not a consistent approach across the Service Groups, these meetings have included:
- Roster approval compliance;
  - Review of hours (unused in month, over contracted in month, cumulative net hours);
  - Reasons for additional hours, for example, acuity, added capacity, enhanced monitoring;
  - Action logs for matters identified through the Insight Reports (as per para 2.34); and
  - Training compliance.

Attendance at the meetings includes first and second level approvers (e.g. Ward managers and Matrons respectively), representation from the e-rostering team and finance. We have not made a specific recommendation on a consistency of scrutiny meetings, however, any update to the Policy should detail the expectation or accurately reflect the current process for scrutiny and reporting of the rosters. See **MA1**.

- 2.36 As per para 1.3, our previous audit reported that there was further work to be undertaken standardise scrutiny arrangements within Service Groups (previously, Service Units), to ensure that they were operating a consistent approach across the health board in accordance with the policy. We previously reported that scrutiny panels were not operating at Morriston; for our sample of wards it was evidenced that these are now taking place. We understand that the health board is in the process of reviewing the governance arrangements of Service Groups more broadly, following recent focus on the quality management system.

**Conclusion:**

- 2.37 There is a robust framework for the reporting and scrutiny of the rosters, at a corporate, service group and NHS-wide level, and these effectively pick up any issues. Key staff attend these meetings. The method for scrutiny differs across service groups and the policy needs to be updated to reflect the expectation in respect of monitoring and reporting. Noting this, we have assessed this objective as **reasonable** assurance.

## Appendix A: Management Action Plan

### Matter arising 1: Rostering Policy and scrutiny arrangements (Design)

### Impact

The Nursing and Midwifery Rostering Policy (Policy ID: HB70) was issued in April 2017, revised in December 2019 with a next review date of December 2022, which has been missed. The policy was the same policy in place at the date of our previous review, which was produced and approved when e-rostering had not been fully rolled-out in the health board. As such, some appendices and reporting arrangements do not reflect current practices. However, we acknowledge that there is clear and concise guidance notes available to staff on how complete and manage the rosters on HealthRoster.

Potential risk of:

- Ineffective application of rostering practices.

Whilst the level of scrutiny of rosters was found to be robust. There is an inconsistent approach to roster scrutiny across the service groups. Any update to the Policy should detail the expectation or accurately reflect the current process for scrutiny and reporting (including European Working Time Directive) of the rosters across the service groups and centrally.

### Recommendations

### Priority

- 1.1 The policy should be reviewed and updated, as a matter of priority, to reflect the current practices in respect of rostering.

Medium

### Management response

### Target Date

### Responsible Officer

- 1.1 Agreed. Acknowledge that the policy is out of date but also recognise with more workforce moving onto rosters (including medical and therapies) there is a need for a multi-disciplinary policy to be developed. In the development of this policy, we will ensure that there is a specific section on nurse rosters and, within this, include the required arrangements for roster scrutiny.

31 October 2023

Executive Director of Nursing  
in consultation with  
Assistant Director of Workforce  
& Organisational Development

## Matter arising 2: First and second level roster approval (Operation)

## Impact

We reviewed the first and second level approval for 12 rosters against the roster deadlines to confirm timely approval of rosters (see table at *para 2.10*).

It is expected that all rosters are approved 6 weeks in advance; and this is facilitated by deadlines determined for both first and second level approval. Longer approval lead times can have a positive impact on other metrics, such as annual leave, sickness and temporary staff use). Approval lead time is calculated from the day the roster is approved to the day that it is worked. The monthly Insight reports for the sample months selected, June and September 2022, reported that the average approval lead time for the health board was 5.3 weeks and 5.5 weeks respectively compared with 3.45 weeks and 3.94 weeks for similar sized health bodies

For the sampled rosters:

- Four of the first level approvals missed the deadlines; noting that two had been initially approved prior to the deadline (10/04/22 and 14/04/22 respectively) but, due to being rejected at second level, had to be reapproved. The second approval was also after the deadline for both cases; and
- Nine of the second level approvals missed the deadlines.

However, whilst noting the above, all sampled rosters were fully approved ahead of the start of the roster period to which they related.

Potential risk of:

- Adverse impact on staff wellbeing from delay in publishing roster.

## Recommendations

## Priority

2.1 Rosters should be approved in line with the deadlines set out in the roster calendar.

Medium

## Management response

## Target Date

## Responsible Officer

2.1 Agreed. Reminders will be issued to ensure rosters are approved within the required timescales.

30 June 2023

Chief Operating Officer in consultation with Service Nurse Directors

### Matter arising 3: Staffing budget not included in HealthRoster (Design)

### Impact

The Roster Analyser is a Red, Amber, Green (RAG) rated report that provides an overall assessment of the efficiency of the roster which is reviewed ahead of second level approval of the roster. The report provides an assessment of the budget, safety, effectiveness, fairness and annual leave.

The staffing budget for the wards are not included in HealthRoster, as such, the budget is always shown as green. We were informed that the health board does not have the manpower to enter this information due to the different grades and spinal points under Agenda for Change.

However, we acknowledge that scrutiny meetings include finance staff and as such the budgets are considered at this forum.

Potential risk of:

- Increased financial costs.

### Recommendations

### Priority

- 3.1 The health board should consider including the overall budget on HealthRoster to provide an estimate of actual spend against budget.

Low

### Management response

### Target Date

### Responsible Officer

- 3.1 Agreed. This will further inform the scrutiny meetings. It will be a big piece of work and will be linked to the work ongoing at the health board with the implementation ESR-Go; and the appropriate time investment will be required to ensure the effective implementation.

30 April 2024

Director of Workforce &  
Organisational Development

## Appendix B: Extract of Key Metrics Report

The health board receives a monthly Insight Key Metrics report from the HealthRoster software provider. In addition to key metrics, it provides benchmark data for the health board against other (similar sized) health bodies throughout the UK. Detailed below are the metrics for the months sampled during out audit fieldwork, and the latest reported metrics.

Key metric	June 2022		September 2022		January 2023	
	Health Board	Average	Health Board	Average	Health Board	Average
Temporary staffing <b>Note 1*</b>	18%	17.04%	19.1%	18.71%	16.8%	16.99%
Temporary staffing - %age Agency	47.3%	-	48.6%	-	48.9%	-
%age fully approved rosters	84.8%	-	79.3%	-	76.6%	-
Average approval lead time <b>Note 2</b>	5.3 weeks	3.45 weeks	5.5 weeks	3.94 weeks	5.3 weeks	3.45 weeks
Average Unavailability	31.7%	26.3%	33.2%	29.8%	32.8%	31.1%
Average Additional duties <b>Note 3</b>	5.7%	4.29%	6.2%	4.39%	6.5%	4.7%
Total number of additional duties	4,438	-	4,930	-	5,726	-
Average unfilled roster <b>Note 4</b>	32.9%	-	32.0%	-	39.0%	-
Average unfilled duties	33.2%	25.65%	32.1%	25.51%	39.8%	28.48%
4 weekly hours balance <b>Note 5</b>	0.4%	-	0.6%	-	1.0%	-

**Note 1** Total temporary staff use is made up of Bank and Agency assigned shifts. The percentage is a calculated proportion of the substantive shifts put out on a roster. Having rosters approved up to 6 weeks in advance has shown to reduce the reliance on the use of temporary staff.

**Note 2** Average approval lead time is calculated from the day the roster is approved to the day that it is worked. It is recommended that all rosters are approved 6 weeks in advance.

**Note 3** Additional Duties are shifts that are added to the roster above and beyond the established templated duties. Reasons for Additional Duties can vary from legitimate reasons, such as High Patient Acuity, Seasonal Pressures & Enhanced Care, to avoidable reasons, such as using up Staff Hours and Staff Requests. This metric is heavily correlated with high annual leave use and short approval lead times on rosters.

**Note 4** Unfilled duties are shifts that go unworked or are cancelled and not removed from a roster.

**Note 5** The net hour % is the calculated balance between over-contracted and unused hours on the demand template for substantive staff. Best practice has shown that the recommended threshold for both net hours and 4 weekly hours balance should be +/- 2%.

## Appendix C: Assurance opinion and action plan risk rating

### Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>No assurance</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

### Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.





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