

Ultrasound Services

Final Internal Audit Report

August 2024

Hywel Dda University Health Board



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Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement:

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

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Executive Summary

Purpose

To undertake a review of the key controls in place to manage and mitigate the risk of the inability to provide a full range of Ultrasound Services, including antenatal, across the Health Board.

Overview

We can confirm the actions taken to identified and implement key processes and gaps in controls to mitigate the identified risk 797, with satisfactory scrutiny at local group and sub-committee levels was evident.

Two medium priority matters arising were identified in relation to:

- the unavailability of the plan to alleviate pressure in Ultrasound Services; and
- the review and revision of implemented key processes and gaps in control to ensure validity and appropriateness.

We have concluded **Reasonable** assurance for the actions being taken on the identified risk noting further actions are required.

Report Opinion



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary¹

Objectives	Assurance
1 Controls to address the ultrasound service workforce issues have been identified, with appropriate actions to address and gaps in control.	Reasonable
2 Effective arrangements are in place to monitor performance, action implementation and ensure any barriers to achievement of targets are escalated where appropriate.	Reasonable

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

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority	
1	Unavailable Documentation	1	Operation	Medium
2	Revision of Risk Entry Narrative	1 & 2	Design	Medium

1. Introduction

- 1.1 In November 2019, a risk entry (Risk ID. 797) was recorded on the Health Board corporate risk register surrounding ultrasound services (including antenatal) being unable to provide a full range of services due to a number of workforce issues including:
- the retirement and resignation of current sonography staff;
 - low availability of sonographers UK-wide;
 - the inability to recruit to due national shortages of qualified staff; and
 - the inability to release existing workforce to train and develop to meet current service demands.
- 1.2 The risk entry details the actions in place to mitigate the risk. The audit focused on a review of the implemented key controls and progress made in addressing the gaps in controls.
- 1.3 The potential risks considered in the review were as follows:
- delayed access to services resulting in harm to patients; and
 - reputational damage to the Health Board.
- 1.4 The scope of this review was limited to the risk, controls and gaps in controls identified within risk 797 relating to workforce issues within Ultrasound Services.

2. Detailed Audit Findings

Objective 1: Controls to address the ultrasound service workforce issues have been identified, with appropriate actions to address and gaps in control

Key Controls and Progress of Actions

2.1 All entries on the Datix risk register requires the identification and recording of 'existing controls and processes in place to manage the risk'. There are currently three key controls currently in place for risk 797 – see below.

NO.	KEY CONTROLS/PROCESSES
1	Process in place for the movement of staff across the Health Board to maintain capacity where possible.
2	Ultrasound Control Group reconvened in Jan 2024 after having not met since July 2023 due to operational pressures. Meetings take place on a monthly basis.
3	The PPH modality lead has been filled (Feb 2024).

2.2 A review of the supporting documentation and information confirmed that the three key controls and processes listed against risk 797 have been implemented and operating as reported, whilst documentation and information provided to support the ongoing progress being made in addressing the identified gaps in controls were evident.

2.3 However, we were unable to identify a plan to alleviate pressure through increasing the number of growth scan checks undertaken by midwives. **[Matter Arising 1]**

2.4 A review of the risk entry identified the progress of some gaps in control requires updating to reflect current arrangements, whilst other key controls, such as the Cancer Watchtower meetings, have not been recorded. Updating the risk entry should be regularly undertaken to ensure identified actions are progressed and mitigate the inherent risk and score. **[Matter Arising 2]**

Conclusion:

2.5 Whilst confirmation to support the implementation of key controls and progress in the identified gaps in controls was evident, the risk entry should be reviewed and updated to recognise additional controls and gaps in controls ensuring that they help in the mitigation of the inherent risk. In addition, we were unable to identify a plan to alleviate pressure through increasing the number of growth scan checks undertaken by midwives. We have concluded **Reasonable** assurance for this objective.

Objective 2: Effective arrangements are in place to monitor performance, action implementation and ensure any barriers to achievement of targets are escalated where appropriate

Ultrasound Control Group

2.6 The Ultrasound Control Group was established to assess and develop strategies to address the workforce risks around sonographers including corporate risk 797. The

group is chaired by the Director of Secondary Care and reports to the Directorate Quality and Safety Committee and Operational Quality, Safety and Experience Committee.

- 2.7 A review of the June 2024 Ultrasound Control Group minutes confirmed the scrutiny of the risk register on a quarterly basis. We can confirm the updating and closure of listed actions and initiatives.

Radiology Escalation Meeting

- 2.8 As part of the Welsh Government (WG) escalation status from enhanced monitoring to targeted intervention the quarterly Directorate Improving Together Sessions (DITS) have been replaced with the newly established Radiology Escalation Meeting.
- 2.9 This meeting group will report directly to the Integrated Quality, Finance and Performance Delivery Group and the Targeted Intervention Co-ordination Group that have also recently been established.
- 2.10 The Radiology Escalation Meeting pack contains key information used to address identified risks, including risk 797, such as utilising variable pay to increase capacity discussed at the June 2024 meeting.

Strategic Development and Operational Delivery Committee

- 2.11 The Strategic Development and Operational Delivery Committee (SDODC) received regular papers and reports during 2023-24 and 2024-25 in regard to waiting lists, demand and capacity, and performance monitoring.
- 2.12 The latest reports submitted to the SDODC meeting in June 2024 provided assurance of the plans in place to deliver Planning Objective 6 in relation to the development of a Clinical Services Plan that address critical sustainability risks.
- 2.13 SDODC also received A Regional Collaboration for Health (ARCH) Portfolio update on the implementation of the standardised radiology dashboard, and the commencement of a three-part workshop focusing primarily on operational demand and capacity, with a further update of the development of a formal South-West Wales Vascular Network that includes Vascular Interventional Radiology.

Integrated Performance Assurance Reports

- 2.14 Integrated Performance Assurance Reports (IPARs) are regularly presented to both the SDODC and the Health Board that provides progress updates on radiology diagnostic waits, challenges and issues together with identified key actions and initiatives.
- 2.15 The latest IPAR submitted to SDODC in June 2024 highlighted the organisations performance position on key indicators such as referrals to radiology, waiting list breaches and activity levels.
- 2.16 Scrutiny of key challenges and issues outlined in the IPAR that impacts on the service performance position, in addition to identified actions and initiatives to mitigate these risks. However, some of the actions and initiatives listed in the IPAR have not been reflected in the risk register entry. **[Matter Arising 2]**

2.17 The tracking of performance targets against targeted intervention de-escalation criteria for 2024/25 Performance Framework measures was also included in the June 2024 IPAR and highlighted an increasing trend in the % of patients waiting less than eight weeks for non-obstetric ultrasound.

MEASURE	DE-ESCALATION CRITERIA	JAN-24	FEB-24	MAR-24	APR-24	MAY-24
% patients waiting less than 8 weeks for a non-obstetric ultrasound (NOUS)	80% for 3 consecutive months	60.6%	70.3%	79.0%	77.5%	81.8%

2.18 The monthly radiology updates included in the IPAR is included in the Health Board’s submission to WG as part of the cancer performance reports.

Conclusion:

2.19 Whilst satisfactory performance monitoring arrangements in the achievement of Ultrasound Service targets and actions were evident with scrutiny provided at local and sub-committee level, some actions and initiatives listed in the IPAR have not been reflected in the risk register entry. We have concluded **Reasonable** assurance for this objective.

Appendix A: Management Action Plan




Matter Arising 1: Unavailable Documentation (Operation)		Impact	
We were unable to identify a plan to alleviate pressure through increasing the number of growth scan checks undertaken by midwives.		Potential risk of: <ul style="list-style-type: none"> • Delayed access to services resulting in harm to patients. 	
Recommendation		Priority	
1.1	Steps should be taken to implement the identified plan to alleviate pressure through increasing the number of growth scan checks undertaken by midwives.	Medium	
Agreed Management Action		Target Date	Responsible Officer
1.1	There is only one midwife who has the appropriate qualification to undertake growth scans. The plan to increase capacity within the midwifery staff group is linked to access to Sonography training which will commence in January 2025 and conclude in January 2026. This will require support from the Radiology Department which has been agreed.	31 st January 2026	Risk and Governance Midwife & Head of Radiology

Matter Arising 2: Revision of Risk Entry Narrative (Design)		Impact
<p>A review of the risk entry identified the progress of some gaps in control requires updating to reflect current arrangements, whilst other key controls, such as the Cancer Watchtower meetings, have not been recorded. Updating the risk entry should be regularly undertaken to ensure identified actions are progressed and mitigate the inherent risk and score.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Delayed access to services resulting in harm to patients. • Reputational damage to the Health Board.
Recommendation		Priority
2.1	<p>The reviewing and updating of the key controls, gaps in controls, actions and progress should be regularly undertaken to provide an accurate account of the current status of risk 797.</p>	Medium
Agreed Management Action		Target Date
2.1	<p>This risk is regularly updated, however following this audit it is acknowledged that some actions which have progressed to becoming key controls have not been recorded. Therefore, work which has been undertaken has not been reflected, and the associated mitigation demonstrated. This has been a welcomed exercise with extremely valuable learning points. This action will be undertaken at the next review date of this risk on 13th August.</p>	13 th August 2024
		Responsible Officer
		Head of Radiology

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

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

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

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



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